

SHIAWASSEE COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

POLICY AND PROCEDURE MANUAL

Section: Recipient Rights
Policy Number: 66
Subject: **Mental Health Services Suited to
Condition**

Effective Date: 7/27/09
Last Revision Date: 5/10/16
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Policy

It is the policy of the Shiawassee County Community Mental Health Authority (SCCMHA) that a recipient of Board-sponsored services is entitled to mental health services suited to his or her condition, medical care, and medication for mental and physical health, as needed.

Purpose

The purpose of this policy is to establish policy and standards to ensure the rights of recipients of SCCMHA to be entitled to mental health services suited to his or her condition.

Application

This policy shall apply to all SCCMHA programs including employees, volunteers and agent of providers including independent contractors, and contract agencies.

Definitions

Family member means a parent, step parent, spouse, sibling, child or grandparent of a primary recipient, or an individual upon whom a primary recipient is dependent for at least 50% of his or her financial support. Michigan Mental Health Code, Act 258 of 1974, Section 330.1100b (3).

Primary consumer means an individual who has received or is receiving services from the department or a community mental health services program or services from the private sector equivalent to those offered by the department or a community mental health services program. Michigan Mental Health Code, Act 258 of 1974, Section 330.1100c (5).

Recipient means an individual who receives mental health services from the department, a community mental health services program, or a facility or from a provider that is under contract with the department or a community mental health services program. Michigan Mental Health Code, Act 258 of 1974, Section 330.1100c (12).

Service means a mental health service. Michigan Mental Health Code, Act 258 of 1974, Section 330.1100d (1).

Standards

1. SCCMHA's employees, volunteers, or independent contractors shall provide mental health services that are suited to a recipient's condition. [MHC 330.1708 (1)]
2. SCCMHA's employees, volunteers, or independent contractors shall provide mental health services in a safe, sanitary, and human environment. [MHC 330.1708 (2)]
3. SCCMHA's employees, volunteers, or independent contractors shall offer mental health services in the least restrictive setting that is appropriate and available. [MHC 330.1708 (3)]
4. SCCMHA's employees, volunteers, or independent contractors shall treat recipients with dignity and respect. [MHC 330.1708 (4). Refer to policy 54, Dignity and Respect.]
5. Services provided by SCCMHA will be directed to individuals who have a serious mental illness, serious emotional disturbance, or developmental disability.
 - a. Services may be directed by SCCMHA to individuals who have other mental disorders that meet criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association and may also be directed to the prevention of mental disability and promotion of mental health. Utilization of categorical, grant or other resources may be limited to serving specific populations.
 - b. SCCMHA will give priority to the provision of services with the most severe forms of serious mental illness, serious emotional disturbance, and developmental disability. Priority will also be given to services for such individuals in urgent or emergent situations.
 - c. In addition, services funded by Medicaid must be provided to individuals who require access to a comprehensive array of mental health or developmental disabilities services to meet their needs.
 - d. An individual will not be denied services because an individual who is financially liable is unable to pay for services.
 - e. SCCMHA will ensure that a recipient is given a choice of physician or mental health professional within the limits of available staff and resources.

- f. Services will be provided under the supervision of a physician or other licensed practitioner of the healing areas whose certification is relevant to the services being provided.
- g. Services will be coordinated with other community agencies and health care providers.
- h. Services may be provided at or through CMHSP service sites or contractual provider locations, including facility based programs and supported independent living. Services may also be provided in other locations in the community within the limits of availability, in accord with individual need and as clinically appropriate and feasible. This includes recipient's home, and within limitations, nursing homes.
- i. Services provided will be limited to those that are medically necessary and appropriate and that conform to accepted standards of care. Services will be provided in an amount, duration and scope to reasonably achieve the purpose of the service. Criteria for medical necessity and utilization controls for Medicaid funded services will be consistent with the medical necessity criteria and services selection guidelines specified in the MDCH/SCCMHA Master Contract.
- j. A recipient has a right to the mental health services that are identified in his or hers individualized written plan of service.
- k. The individualized written plan of service is the fundamental document in the recipient's record. A provider shall retain all periodic reviews, modifications, and revisions of the plan in the recipient's record. The plan shall identify all of the following:
 - i. All individuals, including family members, friends, and professionals that the individual desires or requires to be part of the planning process.
 - ii. The services, supports and treatments that the recipient requested of the provider.
 - iii. The services, supports, and treatments committed by the responsible mental health agency to honor the recipient's request specified in k.ii.
 - iv. The person or persons who will assume responsibility for assuring that the committed services and supports are delivered.
 - v. When the recipient can reasonably expect each of the committed services and supports to commence, and, in the case of recurring services or supports, how frequently, for what duration, and over what period of time.

- vi. How the committed mental health services and supports will be coordinated with the recipient's natural support systems and the services and supports provide by other public and private organizations.
- vii. Any restrictions or limitations of the recipient's rights. Such restrictions, limitations or any intrusive behavior treatment techniques shall be reviewed and approved by a formally constituted committee of mental health professionals with specific knowledge, training, and expertise in applied behavioral analysis. Any restriction or limitation shall be justified, time-limited, and clearly documented in the plan of service. Documentation shall be included that describes attempts that have been made to avoid such restriction as well as what actions will be taken as part of the plan to ameliorate or eliminate the need for the restrictions in the future.
- viii. Strategies for assuring that recipients have access to needed and available supports identified through a review of their needs. Areas of possible need may include any of the following:
 - 1. Food
 - 2. Shelter
 - 3. Clothing
 - 4. Physical health care
 - 5. Employment
 - 6. Education
 - 7. Legal services
 - 8. Transportation
 - 9. Recreation
- ix. A description of any involuntary procedures and the legal basis for performing them.
- x. A specific date or dates when the overall plan and any of its subcomponents will be formally reviewed for possible modification or revision.
- xi. The plan shall not contain privileged information or communications.
- xii. Except as otherwise noted in xiii, the individual plan of service shall be formally agreed to in whole or in part by the responsible mental health agency and the recipient, his or her guardian, if any, or the parent who has legal custody of a minor recipient. If the appropriate signatures are unobtainable, then the responsible mental health agency shall document witnessing verbal agreement to the plan. Copies of the plan shall be provided to the recipient, his or her guardian, if any, or the parent who has legal custody of a minor recipient.

- xiii. Implementation of a plan without agreement of the recipient, his or her guardian, if any, or parent who has legal custody of a minor recipient may only occur when a recipient has been adjudicated pursuant to the Mental Health Code, section 469a, 472a, 473, 515, 518, or 519. However, if the proposed plan in whole or in part is implemented without the concurrence of the adjudicated recipient or his or her guardian, if any, or the parent who has legal custody of a minor recipient, then the stated objections of the recipient or his or her guardian or the parent who has legal custody of a minor recipient shall be included in the plan.
6. The recipient will be informed orally and in writing of his or her clinical status and progress at reasonable intervals established in the IPOS in a manner appropriate to his or her clinical condition. (MHC 714)
7. If the recipient is not satisfied with his or her individual plan of services, the recipient or his or her guardian or parent of a minor recipient may make a request for review to the designated individual in charge of implementing the plan. (MHC 712 [2]) The above review will be completed within thirty (30) days and is carried out in a manner approved by the CMHSP. (MHC 712 [2])
8. Examples of providing mental health services suited to condition include, but are not limited to the following:
- a. A recipient is entitled to all services that are written in their individual plan of service and in their behavioral treatment plan. Staff are responsible to implement and monitor behavioral treatment plans, individualized service plans and service plan updates.
 - b. For residential and inpatient sites: Toilets and bathing facilities shall be accessible and have appropriate devices for use by physically disabled consumers.
 - c. A recipient is entitled to competent, qualified and trained staff to provide their services.
 - d. A recipient is entitled to all rights from the Michigan Department of Health and Human Services Administrative Rules, Public Act 258 - Michigan Mental Health Code, and from SCCMHA policies, procedures and program guidelines, best practice guidelines, as well as any contract provider policies and procedures.

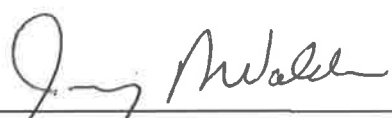
Examples of violating mental health services suited to condition:


- a. An outpatient therapist not providing therapy sessions or the number of therapy sessions authorized in the plan of service.
- b. A service provider not addressing issues and/or services identified by the recipient at the person centered planning meeting in the service plan.
- c. Staff conducting personal business when working with a recipient instead of providing services for a recipient. Examples of conducting personal business: picking up a paycheck, going to the bank to cash a paycheck, staff doing personal shopping.
- d. Staff cannot determine consequences for recipient's behavior that are not in the plan of service or behavior treatment plan.
- e. A staff person in noncompliance with Michigan Department of Health and Human Services Administrative Rules, Public Act 258 - Michigan Mental Health Code, SCCMHA policies, procedures and program guidelines, best practice guidelines, as well as any contract provider policies and procedures.

Compliance

Internal: Recipient Rights System Policy

External: Public Act 258 - Michigan Mental Health Code, revised 2001.
Michigan Department of Health and Human Services Administrative Rules

Approved by:  9-26-2016
Board Chairperson Date

 9/28/16
Chief Executive Officer Date

