Purpose:
To define the policy and practices regarding changes in type of treatment of consumers.

Scope:
This procedure applies to all employees (including full-time and part-time employees), contract providers, volunteers, students, and/or interns, of Huron Behavioral Health (HBH) programs and all consumers served.

Information:

POLICY:
• A consumer shall receive progressive treatment and care until sufficiently rehabilitated or as required by laws, rules, policies, or guidelines, or until the consumer has received the maximum benefit from the program.
• Justification for a change from one type of treatment to another shall be relayed to the consumer and documented in the consumer's case record.
• A consumer will be informed when he/she is ready for change, release, discharge, or when the maximum benefit has been received.

Procedure:

A. The written Individual Plan of Service (IPOS) which is developed through the person-centered planning process is the fundamental document in the consumer’s record (see also “Individual Plan of Service (IPOS) Procedure” QI.2.18). Huron Behavioral Health will retain all periodic reviews, modifications, and revisions of the plan in the consumer’s record.

B. The plan shall identify, at a minimum, all of the following:

1. All individuals, including family members, friends, and professionals that the individual desires or requires to be part of the planning process.
2. The services, supports, and treatments that the consumer requested of the provider.
3. The services, supports, and treatments committed by HBH to honor the consumer’s request and their medical necessity needs specified in subdivision (2) of this sub-rule.
4. The person or persons who will assume responsibility for assuring that the committed services and supports are delivered.
5. When the consumer 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 the services will continue.
6. How the committed HBH services and supports will be coordinated with the consumer’s natural supports system and the services and supports provided by other public and private organization.
7. Any restrictions or limitations of the consumer’s rights. Documentation shall be included that describes attempts that have been made to avoid such restrictions 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 (see also “Behavior Treatment Plan Policy” BM.1.01).
8. Strategies for assuring that consumers have access to needed and available supports identified through a review of their needs. Areas of possible need may include any of the following, as applicable:
   - Food
   - Shelter
   - Clothing
   - Physical Health Care
   - Employment
   - Education
   - Legal Services
   - Transportation
   - Recreation

9. A description of any involuntary procedures and the legal basis for performing them.

10. A specific date or dates when the overall plan, and any of its sub-components will be formally reviewed for possible modification or revision.

11. The frequency of the Periodic Review of the IPOS in accordance with "Periodic Review Policy" (SD.1.07). The plan will be kept current and will be modified/addended as necessary through the periodic review process.

12. The consumer receives a copy of their periodic review which details their clinical status and progress toward their IPOS goals in a manner appropriate to his/her clinical condition.

C. The plan shall not contain privileged information or communications.

D. Except as otherwise noted in sub-rule E of this rule, the individual plan of services shall be formally agreed to in whole or in part by Huron Behavioral Health and the consumer, his/her guardian, if any, or the parent who has legal custody of a minor consumer. If the appropriate signatures are unobtainable, then Huron Behavioral Health shall document witnessing verbal agreement to the plan. Copies of the plan shall be provided to the consumer, his/her guardian, if any, or the parent who has legal custody of a minor consumer.

E. Implementation of a plan without agreement of the consumer, his/her guardian, if any, or parent who has legal custody of a minor consumer may only occur when a consumer has been adjudicated pursuant to the provisions of section 469, 472, 473, 515, 518, or 519 of the act. However, if the proposed plan in whole or in part is implemented without the concurrence of the adjudicated consumer or his/her guardian, if any, then the stated objections of the consumer or his/her guardian shall be included in the plan.

F. If the consumer is not satisfied with his/her individual plan of service, the consumer or his/her guardian or parent of a minor consumer may make a request for review to the individual in charge of implementing the plan. The request can be made verbally or in writing through their case manager or HBH Recipient Rights Officer.

G. The above review (as defined in F. above) is to be completed within thirty (30) days and is carried out in a manner approved by Huron Behavioral Health.

H. If the change in type of service(s) results in a reduction or termination of a service, HBH must provide an Adverse Benefit Determination Notice to the consumer (see also “Grievance and Appeal Procedure” RR.2.36)

COMPLAINT PROCESS:

Consumers have the right to file a complaint regarding decisions concerning a change in treatment. Complaints may be made with the Recipient Rights Office (see also “Grievance and Appeal Procedure” RR.2.36)
Definitions/Acronyms:

HBH – Huron Behavioral Health
IPOS – Individual Plan of Service

Forms:

Adverse Benefit Determination Notice (in EMR)

Records:

N/A

Reference(s) and/or Legal Authority

Mental Health Code 330.1712 and 330.1752
Department of Community Health Administrative Rule 330.7199(2)(j)
QI.2.18 Individual Plan of Service (IPOS) Procedure
RR.2.36 Grievance and Appeals Procedure
SD.1.07 Periodic Review Policy

Change History:

<table>
<thead>
<tr>
<th>Change Letter</th>
<th>Date of Change(s)</th>
<th>Changes</th>
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<tbody>
<tr>
<td>A</td>
<td>05/21/03</td>
<td>Documentation brought into the new procedure format and numbered for tracking minimal changes made to content. Changed recipient to consumer, added complaint process, rewarded to clarify the information section.</td>
</tr>
<tr>
<td>B</td>
<td>03/01/06</td>
<td>Added reference to SD.1.07 (Periodic Review Policy), changed reference to Admin. Rule from 330.7195 to 330.7199(2)(j); in “G” added “(as defined in F, above)”</td>
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<td>C</td>
<td>04/25/11</td>
<td>Reviewed by the Recipient Rights Advisory Committee on 4/18/11 with NO content change.</td>
</tr>
<tr>
<td>D</td>
<td>01/23/12</td>
<td>Reviewed by the Recipient Rights Advisory Committee ON 01/23/12 with NO content change.</td>
</tr>
<tr>
<td>E</td>
<td>06/15/13</td>
<td>Annual review conducted – no content changes made.</td>
</tr>
<tr>
<td>F</td>
<td>01/13/15</td>
<td>Reviewed by the HBH Recipient Rights Advisory Committee - no content changes.</td>
</tr>
<tr>
<td>G</td>
<td>07/27/16</td>
<td>Reviewed by the HBH Recipient Rights Advisory Committee – made several minor wording/grammatical changes/corrections throughout document without changing sentence content.</td>
</tr>
<tr>
<td>H</td>
<td>08/07/18</td>
<td>Reviewed by Recipient Rights Committee – no content changes made.</td>
</tr>
<tr>
<td>I</td>
<td>11/30/18</td>
<td>In “Procedure” section B.12 added “orally and in writing and in a manner appropriate to his/her clinical condition” to comply with Plan of Correction from October 2018 RR System Assessment.</td>
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<tr>
<td>J</td>
<td>08/31/20</td>
<td>Made several minor wording/grammatical changes/corrections throughout procedure without changing sentence content.</td>
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