



# HURON BEHAVIORAL HEALTH POLICY

Procedure #: **SD.1.03**  
Issue Date: **08/08/01**  
Rev. Date: **06/26/21**  
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## Title: **Service Delivery Policy**

Prepared By: **Executive Director**

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### **Purpose:**

To define guidelines for the delivery of services to consumers.

### **Scope:**

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

### **Information:**

1. Individuals with disabilities have the right to full citizenship and involvement in everyday life in their community. Through treatment planning and service delivery, Huron Behavioral Health employees provide assistance, training, and opportunities for each individual to achieve involvement to the maximum extent possible.
2. Principles of normalization and community integration/inclusion shall guide services provided to persons with intellectual/developmental disabilities (I/DD).
3. HBH utilizes standardized assessment tools for specific populations served and as directed by any specific contractual requirements.
4. Regardless of the individual's background, disability, addictions, and/or co-occurring treatment needs, consumers will be welcomed into services with the goal of providing the most holistic and comprehensive treatment approach in which all HBH employees greet the individual with a positive, sensitive approach, devoid of any stigma (see also [SD.1.14 "HBH Welcoming Policy"](#)).
5. The engagement, assessment, and on-going treatment philosophies are characterized by:
  - Respect for the individuals' autonomy
  - Privacy and Confidentiality
  - Sensitivity and non-threatening approaches
  - Engagement and re-engagement techniques for consumer/family
  - Flexibility and persistence
6. Individuals served should have opportunities for both social and physical integration with others in their community who are not recipients of service or service providers of the organization, when this is their choice. HBH provides, or assists the individual, families, and/or caregivers gain access to a variety of community support services, including but not necessarily limited to:
  - Behavioral support
  - Case management
  - Counseling
  - Early intervention services
  - Financial assistance
  - In-home support
  - Public entitlements
  - Respite services
  - Support groups
7. Individuals who receive services through HBH will always be treated with respect and dignity. Staff and other service providers must be sensitive and respond to any unique ethnic and cultural needs of consumers, including cases involving an Indian child. The tribe or local Indian organization shall be considered when coordinating service delivery.
8. Consumers shall receive treatment in a manner that is free from any coercion, disciplinary methods, retaliation, or staff convenience.
9. Consumers are free to exercise their rights without adversely affecting their treatment/services, including their right to refuse treatment (unless mandated by law or court-ordered).
10. HBH staff are never prohibited or restricted from advocating on behalf of the consumer for the:

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- Consumer's health status, medical care or treatment options (including alternative treatments)
  - Information the consumer needs in order to make a determination regarding treatment options
  - Risks, benefits and consequences of treatment or non-treatment
11. If at any time, HBH elects to not provide services based upon moral or religious issues, the Prepaid Inpatient Health Plan (PIHP) will be notified immediately as well as notifying any consumers affected by the decision, at least thirty (30) days before implementation.
  12. HBH staff may request that they not provide treatment to an individual based on personal religious or moral beliefs. In these situations, when it is in the best interest of both the consumer and staff, every effort will be made to promptly and appropriately reassign the case to another worker.
  13. In accordance with the non-discrimination rules under the Affordable Care Act section 1557, HBH shall not discriminate against any individuals in its provision of services based on the individual's race, color, religion, national origin, age, veteran or marital status, or sex (including pregnancy, sexual orientation, gender identity, transgender status, and/or sex stereotyping). However, all individuals must meet specific program eligibility requirements before services are rendered. HBH will provide assistance to persons with Limited English Proficiency (LEP) and will ensure effective communication for individuals with disabilities to assure meaningful access to services. (See also [LEP Accommodations Procedure RR.2.46](#))
  14. If HBH clinical staff become aware of a situation where both the victim and perpetrator are simultaneously in treatment at HBH, staff will collaborate to assure that consumer's appointments do not coincide. HBH will stagger scheduling and/or utilize separate entrances when survivors of violence or exploitation and individuals with a history of violent behavior are served by HBH.
  15. HBH shall not deny any needed services or reduce any needed services solely based upon an individual's diagnosis, illness, or condition. Any service limits imposed shall be in accordance with medical necessity criteria and clinical treatment protocols.
  16. Services shall not be denied to individuals whose financial benefits become exhausted, and in the clinical judgment of their worker, mental health treatment needs to continue. If a consumer loses their third-party benefits or financial resources and does not have the ability to pay for their services, other options will be pursued including utilizing General Funds (GF) if needed to provide the medically necessary treatment.
  17. HBH does not receive nor give any incentives for the denial/limitation of services.
  18. HBH philosophies include:
    - promoting and maintaining maximum independence for persons served
    - supporting individuals in their life choices
    - empowering individuals to live their life in the least restrictive environment possible
  19. HBH also believes and supports the following strategies:
    - defining the service population,
    - assessing the needs of the community,
    - setting service standards,
    - determining array of services, and
    - continuously evaluating the efficiency and effectiveness of its services
  20. HBH provides treatment based upon the best available evidence of service effectiveness and will use evidence-based practices (EBPs) and methods in support of persons served. While HBH supports the use of promising/emerging practices, any interventions that are considered experimental or indicate a risk of harm to persons served, are not supported by HBH. Practices which are not sufficiently evidence-based when found will not be supported. Any promising/emerging EBPs will be conditionally explored where appropriate before widespread implementation. HBH endorses an array of evidence-based practices which best meet the needs of the persons served and these services will appropriately match the presenting clinical needs as well as the demographic and diagnostic characteristics of the individuals served (see also "[HBH Treatment Philosophy, Evidence-Based Practices, and Approved Methods Policy](#)" SD.1.11). EBPs will be monitored, tracked, and reported for evaluating their effectiveness. Staff will be provided training and will be privileged/credentialed as applicable to the EBPs. Consumers and other key stakeholders will be provided information on evidence-based practices, as appropriate to the services provided.

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21. HBH delivers services to individuals on the basis of medical necessity. Most services are provided during normal business hours (Monday through Friday 8:30 a.m. to 5:00 p.m. However, HBH provides emergency/crisis intervention services twenty-four (24) hours a day seven (7) days per week (see [“Emergency Services Policy” ER.1.01](#)). Other medically necessary services may also be provided outside of the normal business hours as appropriate or at the request of the consumer/family (e.g., Home-based services, Assertive Community Treatment (ACT) services, Intensive Crisis Stabilization Services (ICSS), Group therapy, etc.). There is no discrimination in hours of operation for Medicaid recipients versus non-Medicaid persons.
22. In the event that HBH incurs any major changes in its provider network composition that impact the capacity and/or services provided, HBH will notify the PIHP within seven (7) days.
23. Treatment decisions involve a qualified team and are made with consumer/family involvement (see also [“Person-Centered Planning Policy” QI.1.05](#)).

**Policy:**

1. Services shall be provided to the consumer in accordance with the intensity, scope, and duration defined in their Individual Plan of Service (IPOS) which is developed through the person-centered planning process. If services are not delivered in accordance with the individual’s plan, an addendum must be completed (see also [“PCP Addendum Procedure” QI.2.23](#)) and a notice of Adverse Benefits Determination must be sent to the individual at least twelve (12) days before the change is to occur indicating their services are being reduced, suspended, or terminated (see also [“Appeals and Grievance Procedure” RR.2.36](#)).
2. Services will not be provided to consumers unless there is a current and valid IPOS or Addendum to the plan (exceptions include Emergency Services, Hospitalizations, Initial Assessments).
3. If service delivery cannot occur in accordance with the consumer’s IPOS (for example the consumer has been hospitalized, is out of state, etc.), the following guidelines shall be used by staff:
  - If the consumer is hospitalized or out-of-area for up to one (1) month, it is not necessary to addend the IPOS or generate a notice of Adverse Benefits Determination, since the situation is short-term and temporary. However, the worker should document the situation regularly in progress notes as to why the scheduled/routine visits could not be conducted.
  - If the length of time in the hospital or out-of-area exceeds one (1) month in duration, the consumer should be sent a notice of Adverse Benefits Determination identifying the suspension of services in accordance with the [“Appeals and Grievance Procedure” \(RR.2.36\)](#).
4. Consumers are assisted with mastering tasks, accomplishing activities of daily living (ADLs), and exercising the talent and leadership abilities, which they possess.
5. Consumers are provided with the information they need to succeed in achieving maximum independence and the realization of social and vocational goals. These may include:
  - Information about risks and options
  - Exposure and practical experience
  - Adaptations to facilities and equipment
  - Assistive technology
  - Visual aids
  - Physical adjustments for those with motor impairments
  - Education
  - Training and skill development
  - Other adaptations and/or assistance as needed
6. Consumers are provided with assistance, either directly or by referral, in selecting a living arrangement of their choosing which meets their needs, in living with the person/persons of their choice, and in making their own choices about their daily routines and activities within the limits of what is possible.
7. Consumers are assisted with personal financial planning and budgeting and in exploring affordable options for protecting their resources through insurance and other means.

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8. Consumers are offered assistance in understanding and resolving conflicts which may be experienced as a result of a more independent lifestyle.
9. Consumers who encounter barriers to achieving their individual goals are assisted with opportunities to overcome those barriers and when the range of available options is limited, staff and consumers mutually advocate for change in what can be made available.
10. When the individual has had little experience or has limited ability to make independent choices, workers assist the consumer in assuming increasing responsibility and moving toward independence in making his/her own choices.
11. Consumers are allowed to choose their worker to the extent possible and appropriate. To the degree possible, the worker assigned to the consumer should remain as the assigned worker throughout the treatment process and during any period of aftercare. Arbitrary re-assignment should be avoided. Any changes that are made should be in the best interest of the individual served, discussed with them in advance of the change, and reasons for the changes documented in the case record. If a consumer is dissatisfied with their worker, HBH will attempt to make a reassignment to an alternate worker in accordance with the Grievance and Appeals Process (see "[Grievance and Appeals Procedure](#)" RR.2.36).
12. When medically-necessary services cannot be provided by HBH (for example eating disorders therapy, sexual offender's counseling, debt counseling, etc.), HBH will contract with out-of-network providers as needed to meet the consumer's treatment needs at no additional cost to the consumer.
13. If an individual/family is asked to leave HBH services, staff will make every effort to link the individual or family with other appropriate agencies or services.
14. Cases are to be reviewed with supervisors on a regular basis, and should be documented in the case record (see also "[Supervision Policy](#)" HR.1.02). Additionally, the Supervisor reviews and signs the Individual Plans of Service.
15. Employee workloads are regularly reviewed to support the achievement of consumer outcomes during supervision and/or peer staffings, including level of supervision needed, work time required to accomplish tasks, job responsibilities, service populations, and volume.
16. In accordance with the Mid-State Health Network (MSHN), the Pre-paid Inpatient Health Plan (PIHP), of which HBH is a participant in, certain service delivery system activities as well as written policies and procedures shall be developed to support the MSHN operating agreement (see also "[Compliance with PIHP Policies, Procedures, and Protocols Policy](#)" ORI.1.20). HBH will maintain compliance with MSHN standards which meet applicable federal and state requirements which includes:
  - Conducting public, fair, and open processes for provider selection, provider qualifications
  - Provider orientation and training for specific service delivery needs that meets requirements and conforms with applicable best practices
  - Identifying and implementing new workforce training needs
  - Verifying provider qualifications and credentials required to perform service delivery responsibilities in accordance in specific job functions
  - Assigning a compliance officer with responsibilities for maintaining compliance and consistency with standards and requirements
  - Maintaining compliance with applicable state and federal procurement guidelines
  - Obtaining consumer input (where feasible) in the provider selection process, including new program development and/or service array expansion to meet local needs
  - Assuring the entire service array is available to individuals with intellectual/developmental disabilities, mental illness, and/or co-occurring substance use disorders (including [b][3] services), when the individual meets the specific medical necessity criteria for those services
  - Conducting an annual Community Needs Assessment to determine population service needs
17. HBH shall ensure that women who reside within the service area and who qualify for Specialty Substance Use Disorder (SUD) Services are provided those services by a designated provider who conveys an atmosphere that is welcoming, helpful, and informative.

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- a. Priority populations and eligibility criteria include:
  - Pregnant women
  - Women with dependent children
  - Women attempting to regain custody of their children and/or women whose children are at risk of out-of-home placement due to substance abuse
  - Men who are primary caregivers of dependent children
  - Men, established as the primary caregiver, attempting to regain custody of their children and/or men established as the primary caregiver, whose children are at risk for out-of-home placement due to substance abuse
- b. Providers shall adhere to the core values in the delivery of care and service:
  - Person-Centered/Family-centered
  - Family involvement
  - Natural and community supports
  - Strength-based
  - Unconditional-care and Safety focused
  - Collaboration and team-approach across the treatment system
  - Gender/age/culture sensitive
  - Promote education, work, and self-sufficiency
  - Focus on belief in growth, learning, and recovery
  - Outcome-oriented services

**Definitions/Acronyms:**

Acronyms:

- ACT – Assertive Community Treatment
- ADL – Activities of Daily Living
- COA – Council on Accreditation
- EBP – Evidence-Based Practices
- EMR – Electronic Medical Record
- GF – General Funds
- HBH – Huron Behavioral Health
- ICSS – Intensive Crisis Stabilization Services
- I/DD – Intellectual/Developmental Disability
- IPOS – Individual Plan of Service
- LEP – Limited English Proficiency
- MSHN – Mid-State Health Network
- PCP – Person Centered Plan
- PIHP – Prepaid Inpatient Health Plan
- SUD – Substance Use Disorder

Definitions:

*Evidence-Based Practices* – This refers to clinical intervention which has strongly rooted scientific foundation and produces consistent results in assisting consumers achieve their desired goals and outcomes.

**Forms:**

N/A

**Records:**

Records of service delivery are retained in the EMR system in accordance with the [“HBH Record Retention & Storage Policy” QI.1.23.](#)

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COA standards

[ER.1.01 Emergency Services Policy](#)[HR.1.02 Supervision Policy](#)[QI.1.05 Person-Centered Planning Policy](#)[QI.1.23 HBH Record retention & Storage Policy](#)[RR.2.36 Grievance and Appeals Process](#)[RR.2.46 Limited English Proficiency \(LEP\) Procedure](#)[SD.1.14 Welcoming Policy](#)

MSHN Policy - Provider Network Policy, Standardized Assessment Policy, and Evidence-Based Practices Policy

MSHN Policy – Service Delivery – SUD Services – Women’s Specialty Services Policy

Affordable Care Act section 1557

MDHHS Substance Abuse Treatment Policy #12

45 CFR Part 96 section 96.124

**Change History:**

Change Letter	Date of Change(s)	Changes
None		Old procedure brought into new Controlled Documentation format with minimal content changes.
A	02/22/05	Added 5 <sup>th</sup> and Last bullets in “Information” section, added first sentence in #8 to comply with BBA and AAM Protocols
B	03/08/06	Added the 5 <sup>th</sup> and 6 <sup>th</sup> bullets in “Information” section, added 4 <sup>th</sup> sentence in last bullet in “Information” section” to comply with 42 CFR (438.100 & 438.210) and MCO site review requirements.
C	05/09/06	Added numbers 8, 9, & 12 in “Information” section, changed bullets to numbers in “Information” section to enhance readability, added #9 in “Policy” section to comply with MCO Audit POC and document current practices.
D	06/20/06	Revised wording in #9 in “Policy” section to further clarify subcontracting activities for MCO Audit POC and to align with new Regional Handbook language.
E	12/12/06	Added “at no additional cost to the consumer” to the second sentence in Policy section #9, added reference to SD.1.14, added #3 in “Information section”, added “EMR” to “Acronym” section,
F	05/08/07	Added #16 in “Information” section to comply with new MCO Audit requirements (6.4) & BBA.
G	12/03/08	Reviewed and revised to comply with COA 8 <sup>th</sup> Edition Standards and present practices – removed COA chapter-specific references (G1, G7, G9, S5), added last sentence in “Record” section, 3 <sup>rd</sup> bullet in #14 – changed “Enabling” to “Empowering”, added #13 & #16 in “Information” section, added #10 & #12 in “Policy” section, added to #7 in “Information” section “including their right to....”, added to #5 in “Information” section “including cases involving an Indian child. The tribe...”,
H	02/26/09	Added #4 and #20 in “Information” section.
I	11/15/12	Added #1, 2, & 3 in “Policy” section. Reviewed and revised to comply with 8 <sup>th</sup> edition COA standards, added to last sentence in #16 “including level of supervision...”, removed reference to Clinical Supervision Manual, removed last sentence in “Records” section which defined the implementation of the new EMR in 2007, added #13 in “Information” section.
J	05/14/14	Reviewed and revised to comply with MSHN Policy “Provider Network Policy” adopted 12/03/13 – changed “Access Alliance of Michigan/AAM” to “PIHP” (3 places), added “PIHP” and “MSHN” to “Acronym” section and removed “AAM”, made several minor grammatical changes without affecting sentence content, added #16.
K	04/08/15	Added last bullet in #16 to comply with MSHN Delegated Managed Care Audit requirement
L	04/21/15	Revised to include new policy requirements from MSHN (Standardized Assessments Policy & Evidence-Based Practices Policy) – in “Information” section added #3 and #19, in “Acronym” section added “EBP” and “Definition – Evidence-Based Practices”.
M	07/22/15	Revised to comply with new MSHN policy (“SUD Services – Women’s Specialty Services Policy”) – added #17. Added “SUD” in “Acronym” section, added reference to MSHN policy
N	10/04/16	In “References” section added “Affordable Care Act section 1557 and “RR.2.46 LEP Procedure”, in “Information” section #13 added reference to Affordable Care Act section 1557 and added “(including pregnancy, sexual orientation, gender identity, transgender status, and/or sex stereotyping), , veteran or military status, disability, or financial status.” And added “ HBH will provide assistance to persons with Limited English Proficiency (LEP) and will ensure effective communication for individuals with disabilities to assure meaningful access to services. (See also LEP Accommodations Procedure RR.2.46)”
O	09/27/17	In “Information” section added #19 bullets (note: this item previously was contained in BD.4.03).
P	12/05/18	In “Policy” added 17.a and subsequent bullets, in “References” section added “MDHHS Substance Abuse Treatment Policy #12”, & “45 CFR Part 96 section 96.124” .
Q	06/04/19	In “Policy” section #16 added last bullet (note moved from ORI.1.20), changed “Person-Centered Plan (PCP)” to “Individual Plan Of Service (IPOS) throughout document (7 places), in “Acronyms” section added “IPOS”.
R	05/05/21	In “Information” section #14 added second sentence (“HBH will stagger scheduling....served by HBH.”), in #20 added reference to SD.1.11, in “Policy” section #1 & #3 changed “Adequate Notice” to “Notice of Adverse Benefits Determination” (3 places), in #16 added reference to ORI.1.20, in “Acronyms” section added “ACT”, “ADL”, “GF”, “ICSS”, “I/DD”, & “LEP”, in “References” section added ORI.1.20 & SD.1.11, made several minor wording/grammatical changes/corrections throughout policy without changing sentence content.
S	06/26/21	In “Information” section #6 added second sentence and bullets to define existing practices for COA PA-IDDs 7.02.