



HURON BEHAVIORAL HEALTH  
**OPERATIONAL POLICY**

Policy #: **SD.1.12**  
Issue Date: **02/08/05**  
Rev. Date: **01/14/22**  
Page: **1 of 4**

**Title: Consumers Transitioning to Independent Living Policy**

Prepared By: **Clinical Director**

**NOTE: This Document Copy is Uncontrolled and Valid on this date only: February 22, 2022. For Controlled copy, view shared directory I:\ drive**

**Purpose:**

To define the guidelines to use when working with consumers who are transitioning into a more independent living setting, including individuals who are transitioning from institutional settings into the community. This policy will also ensure that Mid-State Health Network (MSHN) and Huron Behavioral Health, as a member of the MSHN, maintains consistent service philosophies across its network of care related to consumers transitioning from institutional care (behavioral health psychiatric care) into the community.

**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.

**Information:**

1. HBH believes that living a self-determined life is a fundamental human right (see also "[Self-Determination and Self-Directed Services Policy](#)" RR.1.10). Self-Determination includes control and choices in the individual's life and in the individual's ability to contribute to his/her community in meaningful ways. To the highest degree possible within the capabilities and safety of the individual, HBH provides supports to individuals to maintain and/or move toward a more independent lifestyle. Services will be selected and provided which represent the least restrictive intervention and environment appropriate, available, and possible. (See also "[Service Delivery Policy](#)" SD.1.03, "[Person-Centered Planning \(PCP\) and Individual Plan of Service \(IPOS\) Procedure](#)" QI.2.18, and "[Recipient Rights - Least Restrictive Treatment Procedure](#)" RR.2.18)
2. HBH believes in a person-centered approach to planning. Person-centered planning is highly individualized and is designed to respond to the individual's medical necessity and treatment needs while including the individual's dreams, goals, and desires (see also "[Person Centered Planning Policy](#)" QI.1.05" and "[Person Centered Planning and Individual Plan of Service \(IPOS\) Procedure](#)" QI.2.18).
3. To the highest degree possible within the capabilities and safety needs of the individual, HBH provides supports to individuals to maintain and/or move toward a more independent lifestyle. This may include assistance with housing needs when the need arises. Efforts are made to assure that housing settings are safe, habitable, and affordable for the individual.

**Policy:**

**A. Transitions to Independent Living:**

1. When appropriate, HBH will assist and support individuals transitioning to independent living arrangements.
2. At a minimum, staff shall assist the individual (and their family or guardian) to assure the basic human needs are met, including:
  - Living/housing arrangements
  - Source(s) of income
  - Access to medical care
  - Access to personal transportation or the demonstrated knowledge and skills to access public transportation
  - Natural Supports and community supports committed to the success of the individual's transition
  - Peer support network

**Title: Consumers Transitioning to Independent Living Policy**

Prepared By: Clinical Director

Policy #: SD.1.12  
Issue Date: 02/08/05  
Rev. Date: 01/14/22  
Page: 2 of 4

**NOTE:** This Document Copy is **Uncontrolled and Valid on this date only: February 22, 2022.** For Controlled copy, view shared directory I:\drive

3. The process for transitioning to a less dependent setting shall be directed by the individual and planned out in the Individual Plan of Service (IPOS) which is developed through the person-centered planning process (see also "[Person Centered Planning Policy](#)" QI.1.05" and "[Person Centered Planning and Individual Plan of Service \(IPOS\) Procedure](#)" QI.2.18). HBH staff shall assist the individual by assessing and planning for services, supports, and/or training needed in areas including, but not limited to:
  - Activities of Daily Living (ADLs) or Life Skills (including medication management and human sexuality)
  - Vocational, technical, or employment training
  - Legal, social service, or other support services
  - Social, cultural, leisure, religious, and/or recreational activities/interests
4. HBH staff will assure the individual receives adequate training to develop needed skills and prepare for a smooth transition to independent living.
5. HBH staff will assist the individual (and/or parent/guardian) in exploring and evaluating the range of available living arrangements. Staff shall provide assistance and guidance as necessary to evaluate the risks and benefits of the various options and assure that the individual's safety needs are met.
6. An Adverse Benefit Determination Notice will be given to the individual if any benefits or HBH services cease upon their transition into independent living.
7. HBH staff will assist the individual (and/or parent/guardian) to obtain or secure documents which may be necessary to function independently. This may include (as appropriate):
  - a. State of Michigan Identification Card
  - b. Driver's License
  - c. Social Security Card
  - d. Appropriate health insurance cards
  - e. Medical records or documentation
  - f. Birth Certificate
  - g. Documents of immigration, citizenship, or naturalization
  - h. A life-book or compilation of personal history as appropriate to the individual's age, if requested
  - i. List of known relatives, including addresses, phone numbers, and permission (release forms) for contacting involved parties
  - j. Educational documents (diplomas, GED, and list of schools attended), as appropriate
8. HBH staff (including Supported Employment staff, if appropriate) will assist the individual with information and linkages for employment and job-seeking opportunities.
9. The individual will be provided with information so that they know how to contact HBH for continued support, crisis intervention/management, counseling, and general information, and/or referral following their move to a more independent lifestyle.
10. The IPOS and/or Discharge Plan (if applicable) shall include emergency contact information, and instructions on how to contact HBH staff should the individual need further assistance achieving the plan.

**B. Transitions from Institutional Care:**

1. HBH shall promote and support a smooth and safe transition for each individual who is transitioned from an institution into a community setting. HBH staff will assist in obtaining placement appropriate to the individual's needs so that the individual will receive the needed supports and services to enable him/her to live successfully in the community.
2. When it has been determined through treatment team review or a continuing stay review that an individual no longer meets the medical necessity criteria for the institutional placement, HBH will explore and assist with locating available alternatives in the community that meet the individual's needs. In seeking other alternatives, HBH will make every effort to ensure that the following standards have been considered:
  - a. An individualized discharge/transition plan is developed in conjunction with the person-centered planning process, incorporating the individual's strengths, needs, abilities, and preferences and with

**Title: Consumers Transitioning to Independent Living Policy**

Prepared By: Clinical Director

Policy #: SD.1.12  
Issue Date: 02/08/05  
Rev. Date: 01/14/22  
Page: 3 of 4

**NOTE:** This Document Copy is **Uncontrolled and Valid on this date only: February 22, 2022.** For Controlled copy, view shared directory I:\drive

input and participation from the individual, family, authorized representatives, treatment team, and other community resources or supports as applicable.

- b. The discharge/transition plan should include needed support systems and types of services that will allow for successful transition and integration into the community.
- c. The individual and/or support team will be educated on the options available for community support services and the types of services needed for a successful transition into the community.
- d. The discharge/transition plan should address any barriers that may interfere with a successful transition. The placement should allow for freedom of choice while ensuring that resources are in place to meet the individual's basic needs and ensure that the safety needs of the individual are met.
- e. Communication and coordination should occur for all services in the community prior to the transition. This includes but is not limited to coordination for continuity of medications and follow-up appointments for continuity of medical and behavioral health treatment.
- f. Referral information and appointments scheduled should be documented and given to the individual and/or authorized representative.
- g. Discharge/transition planning will be consistent with the following Michigan Department of Health and Human Services (MDHHS) Guidelines:
  - Housing Practice Guidelines
  - Person Centered Planning Policy and Guidelines
  - Consumerism Practice Guidelines
  - Inclusion Guidelines

**Definitions/Acronyms:**

ADL – Activities of Daily Living  
COA – Council on Accreditation  
EMR – Electronic Medical Record  
GED - General Educational Development  
HBH – Huron Behavioral Health  
IPOS – Individual Plan of Service  
MDHHS – Michigan Department of Health and Human Services  
MSHN – Mid-State Health Network

**Forms:**

N/A

**Records:**

Consumer records are retained in the consumer's case record in the EMR system in accordance with the ["HBH Record Retention and Storage Policy"](#) (QI.1.23).

**Reference(s) and/or Legal Authority**

COA standards  
MDHHS Contract and Best Practice Guidelines for Housing, Person-Centered Planning, and Inclusion  
MSHN Policy entitled "Service Delivery System – Service Philosophy and Treatment" (12-03-13)  
[QI.1.05 Person-Centered Planning Policy](#)  
[QI.1.23 HBH Record Retention and Storage Policy](#)  
[QI.2.18 Person-Centered Planning and Individual Plan of Service \(IPOS\) Procedure](#)  
[RR.1.10 Self-Determination and Self-Directed Services Policy](#)  
[RR.2.18 Recipient Rights – Least Restrictive Treatment Procedure](#)

**Title: Consumers Transitioning to Independent Living Policy**

Prepared By: Clinical Director

**Policy #: SD.1.12**  
**Issue Date: 02/08/05**  
**Rev. Date: 01/14/22**  
**Page: 4 of 4**

**NOTE: This Document Copy is Uncontrolled and Valid on this date only: February 22, 2022. For Controlled copy, view shared directory I:\drive**

[SD.1.03 Service Delivery Policy](#)**Change History:**

| <b>Change Letter</b> | <b>Date of Change(s)</b> | <b>Changes</b>  |
|----------------------|--------------------------|---|
| None                 |                          | New policy for COA chapter G9   |
| A                    | 05/07/09                 | Reviewed and revised comply with COA 8 <sup>th</sup> edition standards – removed COA chapter-specific reference (G9), Scope section – removed a statement “especially consumers served in ....”, #3 – removed “systematically”, reworded #8 and #9 without changing content.  |
| B                    | 07/16/13                 | Reviewed and revised to comply with 8 <sup>th</sup> edition COA standards – “Policy” section #1 removed “provide or assure necessary services to”, #5 added “and/or guardian” and changed “housing options” to “living arrangements”, #7 added “and/or guardian”,   |
| C                    | 06/01/16                 | In “Policy” section #3 last bullet changed “outlets” to “interests”, #4 added “and assure that the individual’s safety needs are met”, made several additional minor grammatical/wording changes/corrections throughout document without changing sentence content.   |
| D                    | 03/13/18                 | Routine review – several minor wording/grammatical changes/corrections made throughout the document without changing sentence content.  |
| E                    | 01/29/20                 | Changed “Person Centered Plan (PCP)” to “Individual Plan of Service (IPOS)” throughout document (3 places), in “Policy” section #6 changed “Advance Notice” to Adverse Benefit Determination Notice”, in “Acronyms” section added “IPOS”, made several minor wording/grammatical changes/corrections throughout document without changing sentence content. |
| F                    | 01/14/22                 | This policy was combined with policy SD.1.24 “Transitions from Institutional Care Policy”, and obsoleted SD.1.24, added section B, made numerous minor wording/grammatical changes/corrections throughout policy without changing sentence content.   |
|                      |                          |   |