



HURON BEHAVIORAL HEALTH PROCEDURE

Procedure #: **RR.2.21**
Issue Date: 09/13/00
Rev. Date: 01/12/24
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Title: Recipient Rights – Services Suited to Condition Procedure

Prepared By: Recipient Rights Officer

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Purpose:

To define the guidelines for treatment suitable to a consumer's condition, medical care, medication for mental and physical health, as needed.

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, both direct and contracted.

Information:

- A consumer is entitled to treatment suitable to his/her condition, medical care, medication for mental and physical health, as needed. Mental health services shall be provided in a safe, sanitary, and humane treatment environment.
- The consumer's Individual Plan of Service (IPOS) is developed using the person-centered planning process (see also "[Person-Centered Planning Policy](#)" QI.1.05 and "[Individual Plan of Service \(IPOS\) Procedure](#)" QI.2.18).
- In accordance with Administrative Rule R330.7011 – At the time services are first requested, HBH informs a recipient, his or her guardian, other legal representative, or the parent with legal custody of a minor recipient of the recipient's lawful rights in an understandable manner.

Procedure:

A. DENIAL OF SERVICES:

1. Consumers that have Medicaid or do not have resources for services will be referred to the Contracted Access Center. If services are denied by the Contracted Access Center the process outlined in the Grievance & Second Opinion processes that have been established by the Michigan Department of Health and Human Services (MDHHS) and the Pre-paid Inpatient Health Plan (PIHP) will be followed and referral information for other providers will be given to the consumer.
2. If an individual is denied hospitalization by the pre-admission screening unit, he/she will be informed of their right to a second opinion which requires the Executive Director to arrange for a second opinion to be performed within three (3) days (excluding Sundays and holidays). The Executive Director in conjunction with the Medical Director will review the second opinion and if it differs from the original decision, the Executive Director will make the decision to either uphold or reject the findings of the second opinion and will confirm the decision in writing to the requestor. The written decision will be signed by the Executive Director and the Medical Director (see also "[Second Opinion Procedure](#)" RR.2.47).
3. Consumers that are private pay or have third-party insurance and are requesting services from Huron Behavioral Health will be screened by Contracted Access Center to determine eligibility due to Serious Persistent Mental Illness (SPMI), Intellectual/Development Disability (I/DD), or Serious Emotional Disturbance (SED). If services are denied by the Contracted Access Center the process outlined in the Grievance and Second Opinion Process that has been established by the Pre-paid Inpatient Health Plan (PIHP) will be followed and referral information for other providers will be given to the consumer.

B. PHYSICIAN APPROVED INDIVIDUAL PLAN OF SERVICE (IPOS): The integrated, comprehensive, Individual Plan of Service (IPOS) must cover all relevant aspects of the consumer's treatment and services and must contain:

1. clearly stated goals and measurable objectives, derived from a comprehensive assessment, completed in preparation for developing the individual plan of service, stated in terms of specific and observable changes in behavior, skills, attitudes, or circumstances, and described in terms of attaining a more satisfactory state

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with the consumer, rather than just alleviating undesirable conditions.

2. the planned treatment methodologies and how they will assist in the attainment of the consumer's goals.
3. measurable time-frames for the attainment of each goal and objective.
4. the IPOS should include the consumer's need for food, shelter, clothing, healthcare, employment and educational opportunities (when appropriate), legal service needs, and recreational, community, and social activities. Any limitations or restrictions that limit the consumer's rights should also be identified in the IPOS and be accompanied by documentation describing attempts to avoid such restrictions, as well as what action will be taken as part of the plan to ameliorate or eliminate the need for future restrictions. Any restrictions, limitations, or intrusive behavior treatment techniques must be reviewed by the Behavior Treatment Plan Review Committee (BTPRC), which is a formally constituted committee of mental health professionals at HBH with specific knowledge, training, and expertise in applied behavior analysis (see also "[Behavior Treatment Plan Policy](#)" BM.1.01).
5. Evidence that consumer's (or legally empowered representatives) input directed the development of the IPOS to the maximum extent possible. The consumer should attend the IPOS meeting. If attendance is not possible or is not clinically appropriate, comments should be solicited from the consumer (or representative) for consideration in treatment planning. If the goals will result in major changes in lifestyle, there must be evidence that such changes were mutually planned and agreed to by the consumer and HBH staff.
6. HBH will ensure that a person-centered planning process is used to develop a written IPOS in partnership with the consumer. Persons chosen by the consumer to participate in the IPOS process will be documented in the consumer's case record (see also "[Individual Plan of Service \(IPOS\) Procedure](#)" QI.2.18). The individual will also be asked who they would like excluded from the IPOS meeting. This will also be documented in the case record.
7. HBH ensures that consumers are given a choice of physician or mental health professional within the limits of available staff.
8. When the physician is involved in the treatment plan, his/her approval and signature will be obtained on the plan. Approval is based on a review of current written assessments including adequate clinical information and documentation.
9. The IPOS must be developed and approved annually, or more often, if necessary.

C. TREATMENT PLANNING AND MONITORING:

1. Each consumer must receive services consisting of appropriate training, treatment, health care, and related services designated to support the individual to function as independently and with as much self-determination as possible, and to prevent or decelerate any loss of optimal functional status. The services must:
 - be identified in a coordinated, comprehensive Individual Plan of Service (IPOS)
 - be based on comprehensive assessments or evaluations
 - contain programs and methodologies for attaining stated treatment goals and objectives
 - be monitored, reviewed, and modified, as necessary, per the consumer's request but at least quarterly (see also "[Periodic Review Policy](#)" SD.1.07)
2. The treatment planning and monitoring process consists of the following required components:
 - assessments and evaluations, including annual and/or periodic reviews
 - interdisciplinary treatment planning
 - treatment implementation
 - treatment monitoring
 - interdisciplinary treatment planning

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3. Each consumer or guardian has the right to request the opinion of a consultant at his/her expense, or to request an in-house review of their individual plan of service by the program supervisor.

D. ASSESSMENTS AND EVALUATIONS:

1. Comprehensive assessments and evaluations are conducted to determine the need for services and to provide current relevant information and recommendations for the treatment planning process. Such services will include annual and/or periodic reviews. In accordance with the Michigan Mental Health Code, a preliminary plan of service must be in place within seven (7) days of commencement of services.
2. Assessments/evaluations are associated with the development of, and the annual or periodic review of the individual plan of service.
3. Treatment planning is based on background information, as well as current valid comprehensive assessments or evaluations of functional development; and behavioral, social, health, and communication status. Treatment planning must reflect the recommendations of the assessment process. The individual plan of service must identify the consumer's needs, treatment goals and objectives, and treatment programs to meet the goals and objectives, and coordination with other agencies.
4. All ongoing care and services will be based on the identified treatment needs, desires, and personal goals of the individual being served, independent of the utilization decisions made by external entities. This includes developing goals, objectives and treatment plans; designing programs and data collection methodologies; attending interdisciplinary team meetings, if applicable; and related documentation.
5. Participation by the consumer, his/her parent (if the consumer is a minor), or the consumer's legal guardian is required unless the participation is unobtainable or clinically inappropriate.
6. In an effort to maximize treatment success, all consumers and families (including support networks, employers, etc.) will be evaluated for type and need for supportive educational services. The supportive educational services include, but are not limited to:
 - a. facilitating the family and consumer's understanding of their mental health status, needs, care options, and consequences of those care choices.
 - b. encouraging participation of all concerned parties in the decision-making process concerning their choices.
 - c. participation by the service provider in the formal educational process through collaboration with the school service provider and procurement of appropriate records (when applicable).
 - d. promoting continued education for minor consumers.
 - e. facilitating informed long-term planning for those with lifelong disabilities.
7. The focus of the educational component is to maximize therapeutic benefit and promote successful life skills.
8. Documentation of the education needs and services will be monitored, reviewed and modified as necessary and at regular intervals including at least an annual review.

E. TREATMENT MONITORING: The following activities are for purposes of determining and documenting the consumer's progress towards treatment goals and objectives. Activities include:

1. Case management - monthly (or more often as needed) monitoring of services.
2. Professional treatment monitoring consisting of reviews of treatment plans and/or services conducted by relevant professionals, as required by the interdisciplinary team.
3. Periodic reviews consisting of activities of the primary worker and other relevant professionals, as indicated.
4. Treatment must be monitored regularly. There must be clear documentation in the record of how the treatment activities have assisted in progress toward the goals and objectives of the treatment plan.
5. Except for outside contracted services, such as vocational/work services, entries are to be made in the case record in the Electronic Medical Record (EMR) system within twenty-four (24) hours of each service encounter indicating the consumer's progress or lack of progress. Entries should clearly delineate the

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consumer's status toward each planned objective.

F. PERIODIC REVIEWS:

1. At periodic intervals (at least quarterly), other qualified professional staff supervising the treatment, and the person performing the case management function must review the treatment plan, and revise the plan as necessary.
2. This review provides an analysis of the consumer's progress over the previous period and includes trends from past months. The periodic review must be approved and signed by the primary worker, supervisor, clinical director, and the physician (when participating in the treatment). Reviews are the result of program observation, record review, and staff/consumer interviews. The consumer should participate in the periodic review process. A copy of the periodic review which includes their progress is given to the consumer and/or guardian.
3. The supervising professional(s) complete written progress reports at the frequency designated by the interdisciplinary team in the IPOS. These progress reports will be reviewed by the case manager or primary therapist and incorporated into a single comprehensive periodic review that addresses each goal and objective in the IPOS. The periodic review is then co-signed by the supervising professional(s) and the final approval and authorization for continuing treatment will be provided by the physician's signature on the periodic review (when involved in the treatment).

G. INTERDISCIPLINARY TREATMENT PLANNING:

1. Except for persons who receive only outpatient, or as otherwise specified under program guidelines, each consumer's IPOS will be developed by an interdisciplinary team representing the professional(s), disciplines, and/or service areas relevant to and/or desired by, the individual.
2. Appropriate staff must participate in interdisciplinary team meetings including participation by other agencies serving the consumer. Participation by the consumer, his/her parent (if the consumer is a minor), or the consumer's legal guardian is required unless that participation is unattainable or clinically inappropriate.
3. Interdisciplinary treatment planning is required for consumers who are in specialized residential, or who are consumers of an enrolled Assertive Community Treatment (ACT) program and may be applicable to other consumers according to clinical judgment. Interdisciplinary team members must meet licensing and/or certification requirements of their professional field. These teams must:
 - a. evaluate the consumer's needs
 - b. provide written assessments
 - c. recommend an Individual Plan of Service to meet the consumer's identified needs
 - d. review, according to intervals established in the individual plan of service, the consumer's responses to the program and revise the plan accordingly
4. The interdisciplinary team must also review, revise as necessary, and approve the consumer's IPOS according to regular intervals as established in the plan or at other times, such as when significant changes have been recommended by any of the mental health professionals supervising treatment. At a minimum, team treatment planning must be done annually. (see also "[Person-Centered Planning Policy](#)" QI.1.05 and "[Individual Plan of Service \(IPOS\) Procedure](#)" QI.2.18).

Complaint Process:

A consumer or another individual on behalf of a consumer has the right to file a complaint for a decision regarding services suited to condition. Complaints may be filed with HBH Recipient Rights Office.

Definitions/Acronyms:

ACT – Assertive Community Treatment

BTPRC – Behavior Treatment Plan Review Committee

EMR – Electronic Medical Record

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HBH – Huron Behavioral Health
I/DD – Intellectual/Developmental Disability
IPOS – Individual Plan of Service
MDHHS – Michigan Department of Health and Human Services
PIHP – Pre-paid Inpatient Health Plan
SED – Serious Emotional Disturbance
SPMI – Serious and Persistent Mental Illness

Forms:

N/A

Records:

Records of services are retained in the consumer's case record in accordance with the [HBH Record Retention and Storage Policy \(QI.1.23\)](#).

Reference(s) and/or Legal Authority

Mental Health Code: 330.1708, 330.1712, 330.1713, 330.1705, 330.1409, 330.1752

[BM.1.01 Behavior Management Policy](#)[BM.2.01 Behavior Management Committee Procedure](#)[QI.1.05 Person Centered Planning Policy](#)[QI.1.23 HBH Record Retention and Storage Policy](#)[QI.2.18 Individual Plan of Service \(IPOS\) Procedure](#)[RR.2.47 Second Opinion Procedure](#)[SD.1.07 Periodic Review Policy](#)**Change History:**

Change Letter	Date of Change(s)	Changes
A	03/27/03	Documentation brought into the new procedure format and numbered for tracking; minimal changes made to content
B	08/11/03	Added references ER.3.03 & BM.2.01 to link this procedure more clearly to second opinion documentation (to comply with DCH Recipient Rights Audit POC)
C	03/01/06	Changed "plan of service" to "Person Centered Plan – PCP" throughout the procedure, "D.4" changed "every six months" to "quarterly" to align with HBH Periodic Review Policy (SD.1.07), in "G. Periodic Review" section, added last sentence in second paragraph (copy to consumer), in "G" – removed psycho-social rehabilitation in "H", removed "Day Programs", added references QI.1.05, QI.1.23, QI.2.18, SD.1.07, added hyperlinks, changed formatting.
D	03/23/09	Reworded B.7 to remove doctor signature on all PCPs, reworded E.5 to remove "day program" terminology and replaced with vocational/work services", in section "F" – reworded 2 nd sentence in 2 nd paragraph, and in the 3 rd paragraph added "(when involved in the treatment)" Added Administrative Rule R330.701 to the information section, deleted section "B – Physician Supervision" and added language throughout for doctor's supervision, and signature to clarify existing practices.
E	04/23/12	Procedure- A1- added last sentence, A2- removed "assessed by HBH" and the last sentence. Added "screened by Access ...", removed A3, D- removed second paragraph, E5- removed the word "for" and added "such as", removed the last two sentences. References- removed ER.3.03. 04/23/12 approved by the Recipient Rights Advisory Committee.
F	05/15/13	Reviewed by HBH Recipient Rights Advisory Council – no content changes made
G	04/28/15	Reviewed by HBH Recipient Rights Advisory Council – no content changes made
H	02/07/17	Reviewed by the Recipient Rights Advisory Committee – no content changes made.
I	10/31/17	In "Information" section 1 st bullet added second sentence, in "References" section added "330.1708" – Reviewed and approved by the Recipient Rights Advisory Committee 10/30/17.
J	08/07/18	Reviewed by Recipient Rights Committee – in "Procedure" section added A.2, , added B.4, B.5 added second sentence and removed redundant wording, in "Acronyms" section added "BTPRC", "MDHHS", & "PIHP", in "References" section added RR.2.47, made minor punctuation changes/corrections throughout document without changing sentence content.
K	05/19/20	Changed "Person Centered Plan (PCP)" to "Individual Plan of Service (IPOS)" throughout procedure (18 places), Reformatted numbering, in "Acronyms" section added "EMR", "I/DD", "IPOS", "SED", & "SPMI", made numerous minor wording/grammatical changes/corrections throughout document without changing sentence content.
L	04/10/22	In "Procedure" section F.1 added "(at least quarterly)", in Acronyms" section removed "PCP", made several minor wording/grammatical changes/corrections throughout procedure without changing sentence content.
M	01/12/24	Made several minor wording/grammatical changes/corrections throughout procedure without changing sentence content.