



HURON BEHAVIORAL HEALTH POLICY

Procedure #: **SD.1.21**
Issue Date: 03/25/14
Rev. Date: 02/17/25
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Title: **Service Philosophy Policy**

Prepared By: **Clinical Director**

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Purpose:

To define the guidelines for service delivery philosophy and to ensure that the Mid-State Health Network (MSHN) and Huron Behavioral Health (HBH), as one of its affiliate members, maintains consistent service philosophies across its network of care related to person-centered planning, integrated care, housing, employment, self-determination and self-directed services. HBH promotes a person-centered approach to all service planning and delivery of services and supports in the community, consistent with Michigan Department of Health and Human Services (MDHHS) policies.

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:

N/A

Policy:

A. Person-Centered/Family-Centered Planning:

1. HBH is committed to ensuring that all individuals have the freedom and the right to create an Individual Plan of Service (IPOS) that is developed through a person-centered planning process without regard to age, disability or residential setting, as required in the Michigan Mental Health Code and defined in the MDHHS Person Centered/Family-Centered Planning Best Practice Guidelines. (See also ["Person-Centered Planning Policy" QI.1.05](#) and ["Person-Centered Planning and Individual Plan of Service \(IPOS\) Procedure" QI.2.18](#)).
2. HBH supports person-centered/family-centered planning in the creation, development, and implementation of all consumer services and provides comprehensive information to consumers about the risks and benefits of services including their freedom and right to participate in decision-making regarding their health, treatment options, and services that will be provided.
3. HBH also monitors adherence to person-centered planning for adults and family-centered planning for minor children and families through ongoing record reviews and consumer satisfaction surveys.

B. Integrated Care/Coordination of Care:

1. HBH utilizes a coordinated, person-centered/family-centered system of care that allows for comprehensive care coordination with primary care providers, mental health and substance use disorder providers, to assure a coordinated approach to service delivery for persons served. This is an essential element of treatment and supports, and produces the best outcomes for people with multiple and complex healthcare needs. (See ["Integrated/Coordinated Care Policy" SD.1.26](#) and ["Integrated/Coordinated Care Procedure" SD.2.12](#)).
2. Coordination of care involves healthcare providers working collaboratively to improve functioning and promote recovery and resiliency. Consideration will be given to system-wide, cost-effective interventions and supports that produce the highest level of outcomes. Agreements between and among community partners will be established with local care networks and assure interagency collaboration. All interagency agreements shall meet the confidentiality requirements in 42 CFR Part 2.
3. Outcomes that represent improvements in significant aspects of clinical services and supports will be shared among health care providers to assist in identifying over-utilization and under-utilization and patterns of service delivery (see also ["Utilization Management Policy" QI.1.30](#)).

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4. Health information exchange will be supported through the use of technology to assure timely and accurate access to pertinent clinical information. Information sharing across the provider network will focus on essential aspects of the provision of healthcare and will assist with population health management as well as the coordination of individual care.

C. Collaboration with Community Agencies:

1. HBH and its provider network work closely with local public and private community-based organizations and providers to address prevalent human conditions and issues that relate to a shared consumer base in an effort to provide a more holistic healthcare experience for individuals served. These agencies and organizations may include local health departments, local Department of Human Services (DHS) offices, Federally Qualified Health Centers (FQHC), Rural Health Centers (RHC), community and migrant health centers, nursing homes, Area Agency on Aging, Medicaid Waiver agents for the Home and Community Based Waiver (HCBW) program, school systems, and Michigan Rehabilitation Services (MRS). Local coordination and collaboration with these entities will make a wider range of essential supports and services available to persons served. HBH will coordinate with these entities through participation in multi-purpose human services collaborative bodies, and other similar community groups.
2. HBH and its provider network have written coordination agreements with pertinent agencies to describe the coordination arrangements agreed upon and how inter-agency disputes will be resolved. These agreements help to coordinate care for mutual recipients between HBH and/or its provider network, and primary care physicians when consent has been obtained. Agreements shall assure that coordination regarding mutual recipients is occurring between HBH and/or its provider network, and primary care physicians. This includes consumers for whom services or supports are expected to be provided for extended periods of time (e.g., people receiving case management services) and/or those receiving psychotropic medications.

D. Housing:

1. HBH staff will assist consumers/guardians with decisions about the most appropriate and least restrictive residential option for persons with disabilities.
2. HBH works with community housing partners to promote desirable housing and residential options for persons with disabilities. An array of housing choices and related resources and supports shall be made available to persons served in his/her local communities and, to the extent possible, will allow for the individual to integrate into his/her home and community of choice. The residential option selected shall be based upon the needs and desires of the individual as part of the individual's person-centered plan.
3. All housing options will be based on the least restrictive setting that best meet the needs of the individual and these options will include cultural considerations when assisting consumers and guardians.
5. Consumers and guardians shall be offered comparative information about housing providers whenever available.
6. Housing options shall support the consumers' plans and goals, and shall promote overall wellness, health, safety, quality of life, meaningful community activities, and the highest possible level of independence, including within supervised settings. Respect for personal privacy shall be a priority in all housing settings.
7. Housing settings shall be safe, habitable, and affordable. Home settings of individuals served shall be monitored by the primary worker on a regular basis for the purpose of consumer welfare and safety, regardless of whether PIHP or CMHSP funds pay for the cost of the housing.
8. HBH will maintain collaborative agreements and communications with housing providers and resources in the community, including participation in local planning groups or coalitions. (See also ["HBH Housing Assistance Policy" SD.1.22](#)).

E. Self Determination:

1. All individuals served by Huron behavioral Health are given the freedom and are encouraged to pursue Self Determination (SD) arrangements that provide the individual the ability to guide and direct the services and supports they receive (See also [RR.1.10 "Self-Determination and Self-Directed Services Policy"](#)).

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1. A person/family-centered planning process will be used to identify supports and services and provide information on how to participate in Self-Determination arrangements.
3. Participation in self-determination and self-directed service arrangements shall be voluntary and shall be made available in accordance with established MDHHS best practice guidelines and state and federal regulations.

F. Employment:

1. HBH recognizes that employment is an essential element of the quality of life for most people. HBH strives to provide competitive integrated employment opportunities to individuals through its supported employment services. (See also ["Supported Employment Policy" SEP.1.01](#) and ["Supported Employment Procedure" SEP.2.01](#)).
2. HBH will assure that all recipients (including those who have advocates or guardians), have genuine opportunities for freedom of choice and self-representation and will promote community inclusion and participation, independence, and productivity. Through the person-centered planning process, outcomes will be identified in the Individual Plan Of Service (IPOS) based on the individual's life goals, interests, strengths, abilities, desires, and preferences (see also ["Person Centered Planning Policy" QI.1.05](#) and ["Person-Centered Planning and Individual Plan of Service \(IPOS\) Procedure" QI.2.18](#)).
3. In the individual's pre-planning meeting, HBH staff will explore options for work that include competitive employment, community group employment, self-employment, transitional employment, volunteering, and education/training as a means to future competitive employment. (See also ["IPOS Pre-Planning Procedure" QI.2.34](#).)
4. HBH will promote the use of the MDHHS's best practice guidelines for employment goals for persons served and will share and reinforce the MDHHS "Employment Works! Policy" in its delivery of services. HBH will also utilize and share best practices across the MSHN affiliation (see also ["Reciprocity Policy" ORI.1.33](#)).
5. HBH has designated staff members to provide leadership in employment initiatives and services and also to provide assistance with benefits planning.
6. HBH will maintain strategies and partnerships with Michigan Rehabilitation Services and the Michigan Commission for the Blind (MCB) where indicated to improve consistency of MRS/MCB supports for consumers.
7. HBH will collect accurate employment outcome data and submit any required data to MDHHS for review in a timely manner.

G. Transitions from Institutional Care:

1. HBH shall promote and support a smooth and safe transition for each individual who is released from an institution into the community. HBH will ensure that placement assistance will be provided and that such placement is appropriate to the individual's needs, including providing supports and services that enable the individual to live successfully in the community (see also ["Transitions from Institutional Care Policy" SD.1.24](#)).

Definitions/Acronyms:

COA – Council on Accreditation
CMHSP – Community Mental Health Specialty Program
DHS – Department of Human Services
EMR – Electronic Medical Record
FQHC – Federally Qualified Health Centers
HBH – Huron Behavioral Health
HCBW – Home Community Based Waiver
IPOS – Individual Plan of Service
MDHHS – Michigan Department of Health and Human Services
MCB – Michigan Commission for the Blind
MRS – Michigan Rehabilitation Services

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MSHN – Mid-State Health Network
 RHC – Rural Health Centers
 SD – Self Determination

Forms:

N/A

Records:Records are maintained in accordance with the ["HBH Record Retention & Storage Policy" QI.1.23.](#)**Reference(s) and/or Legal Authority**

COA standards
 Michigan Mental Health Code
 MDHHS Contract and Best Practice Guidelines
 MSHN Policy entitled "General Management – Service Philosophy and Treatment"
[ORI.1.33 Reciprocity Policy](#)
[QI.1.05 Person-Centered Planning Policy](#)
[QI.1.23 HBH Record Retention and Storage Policy](#)
[QI.1.30 Utilization Management \(UM\) Policy](#)
[QI.2.18 Person-Centered Planning and Individual Plan of Service \(IPOS\) Procedure](#)
[QI.2.34 IPOS Pre-Planning Procedure](#)
[RR.1.10 Self-Determination and Self-Directed Services Policy](#)
[SD.1.03 Service Delivery Policy](#)
[SD.1.26 Integrated/Coordinated Care Policy](#)
[SEP.1.01 Supported Employment Policy](#)
[SEP.2.01 Supported Employment Procedure](#)
[SD.1.22 Housing Assistance Policy](#)
[SD.1.24 Transitions from Institutional Care Policy](#)
[SD.2.12 Integrated/Coordinated Care Procedure](#)

Change History:

Change Letter	Date of Change(s)	Changes
None	03/25/14	New policy to clarify practices and further support MSHN policy
A	04/13/16	Reviewed and revised to comply with MSHN policy "General Management – Service Philosophy & Treatment" - added section C, changed "MDCH" to "MDHHS" throughout document (7 places), in "Acronym" section added "RHC", "FQHC" & "HCBW", in "Reference" section added SD.2.12 & SD.1.26, added hyperlinks.
B	01/03/18	In "Policy" section "D" combined #2 & #3 and removed #8 ("HBH will offer training on a regular basis to support housing providers and staff."), added references to "PCP Policy QI.1.05", "PCP Procedure QI.2.18" & "PCP Pre-Planning Procedure QI.2.34" (2 places), in "Acronyms" section added "IPOS", made numerous additional minor wording/grammatical changes/corrections throughout document without changing sentence content.
C	06/05/19	In "Policy" in A.1 changed "on-site audits" to "ongoing record review", in section B added "/Coordination of Care", in F.2 changed "Person-Centered Plan (PCP)" to "Individual Plan of Service (IPOS)" and added "Through the person-centered planning process".
D	05/02/21	In "Policy" section G removed #2 and 7 bullets as this information is redundant with SD.1.24 ("Transitions from Institutional Care Policy"), added references to QI.1.30, ORI.1.35 (2 places), in "Acronyms" section added "MRS", made several minor wording/grammatical changes/corrections throughout policy without changing sentence content.
E	04/16/23	In "Policy" section CC.2 added last 2 sentences, in "Acronyms" section added "CMHSP", made several minor wording/grammatical changes/corrections throughout policy without changing sentence content.
F	02/17/25	Made several minor wording/grammatical changes/corrections throughout policy without changing sentence content.