


Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Recipient Rights – Services Suited to Condition	Chapter: 02 - Customer Services & Recipient Rights	Subject No: 02.02.07
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 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Tim Ninemire Additional Reviewers: None

Purpose:

The purpose of this policy is to ensure consumers of mental health services receive appropriate/suitable services, in a suitable treatment environment, and in a suitable setting.

Policy:

It is the policy of SCCMHA that all consumers receiving mental health services from SCCMHA or the Service Provider Network have the right to receive services suited to their condition.

Application:

This policy applies to all staff of SCCMHA as well as the Service Provider Network.

Standards:

- L1) SCCMHA will notify the applicant, their guardian, parent of a minor, or loco parentis that a second opinion to determine if the applicant has a serious mental illness, serious emotional disturbance, or a developmental disability, or is experiencing an emergency situation or urgent situation may be requested if denied services.
- L2) SCCMHA ensures a person-centered planning process is used to develop a written Individual Plan of Service (IPOS) in partnership with the consumer.
- L3) The IPOS will include an assessment of the consumer's need for food, shelter, clothing, health care, employment opportunities where appropriate, educational opportunities where appropriate, legal services and recreation.

- L4) The IPOS will identify any restrictions or limitations of the consumer's rights and will include 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 the restrictions in the future.
- L5) Restrictions, limitations or any intrusive behavior treatment techniques are reviewed by a formally constituted committee of mental health professionals with specific knowledge, training and expertise in applied behavioral analysis.
- L6) The justification for the exclusion of individuals chosen by the consumer to participate in the IPOS process will be documented in the case record.
- L7) SCCMHA and/or the service provider will ensure a consumer is given a choice of the physician or mental health professional within the limits of available staff. If the decision under this policy is to deny a change in mental health professional, the consumer may have the decision reconsidered six months after the decision has been made. The only acceptable reason a consumer will be denied a request for a change of physician or other mental health professional will be:
- a) Clinical reason why the change should not be made, this decision can only be made by the Clinical Risk Management Committee
 - b) If there is not an available alternative, documentation as to the reason no alternative is available will be required
 - c) If services received by a recipient are in a specialty category, SCCMHA will not be required to offer a choice of a mental health professional that is not already trained in the specialty area
- L8) SCCMHA will ensure a consumer may request a second opinion, if the pre-admission screening unit (Crisis Intervention Services) denied hospitalization and that:
- a) The Chief Executive Officer arranges the second opinion to be performed within 3 days; excluding Sundays and holidays
 - b) The Chief Executive Officer in conjunction with the Medical Director reviews the second opinion if this differs from the opinion of Crisis Intervention Services
 - c) The Chief Executive Officer's decision to uphold or reject the findings of the second opinion is confirmed in writing to the requestor; this writing contains the signatures of the Chief Executive Officer and Medical Director or verification that the decision was made in conjunction with the Medical Director
- L9) For consumers needing a Behavior Treatment Plan, a comprehensive assessment/analysis of a consumer's challenging behaviors will be conducted prior to the implementation of the Behavior Treatment Plan.
- L10) The Behavior Treatment Committee will meet regularly to develop, review and approve plans to address challenging behaviors.

- L11) Any behavior treatment plan that proposes aversive, restrictive or intrusive techniques, or psycho-active medications for behavior control purposes and where the target behavior is not due to an active substantiated psychotic process, must be reviewed and approved by the Behavior Treatment Committee.
- L12) The SCCMHA Chief Executive Officer shall secure the second opinion for requests of initial services from a physician, licensed psychologist, registered professional nurse, or master's level social worker, or master's level psychologist.
- L13) A preliminary plan shall be developed within 7 days of the commencement of services or, if an individual is hospitalized for less than 7 days, before discharge or release.
- L14) A Consumer shall receive mental health services suited to his or her condition.
- L15) Mental health services shall be provided in a safe, sanitary, and humane treatment environment.

Services shall be provided in accordance with all applicable standards of care or treatment required by any of the following:

- L16) All state or federal laws, rules or regulations governing the provision of community mental health services; and
- L17) obligations of a provider established under the terms of a contract of employment agreement with SCCMHA; and
- L18) SCCMHA policies and procedures; and
- L19) written guidelines or protocols of a provider; and
- L20) written directives from a supervisor consistent with any of the above; and
- L21) a recipient's Individual Plan of Service

Definitions:

Behavior Treatment Committee: Section 3.3 **Behavioral Treatment Review** of the Mental Health/Substance Abuse Medicaid Provider Manual defines the Behavior Treatment Committee as a specially constituted body comprised of at least three individuals, one of whom shall be a fully- or limited-licensed psychologist with the formal training or experience in applied behavior analysis; and one of whom shall be a licensed physician/psychiatrist.

Behavior Treatment Plan: A behavior treatment plan that proposes aversive, restrictive or intrusive techniques or psycho-active medications for behavior control purposes where the target behavior is not due to an active substantiated psychotic process.

Support Staff: Case Manager, Supports Coordinator, or Therapist

References:

Michigan Mental Health Code 330.1409;
Michigan Mental Health Code 330.1705;
Michigan Mental Health Code 330.1708(4);
Michigan Mental Health Code 330.1711;
Michigan Mental Health Code 330.1712;
Michigan Mental Health Code 330.1713;
Administrative Rules 330.7199;
SCCMHA Policy regarding Consumer Choice and Service Management-03.01.03;
Section 3.3 **Behavioral Treatment Review** of the Mental Health/Substance Abuse
Medicaid Provider Manual

Exhibits:

None

Procedure:

ACTION	RESPONSIBILITY
1) Applicants requesting initial services or inpatient psychiatric hospitalizations will be evaluated for their appropriateness of requested services.	1) Crisis Intervention Services for inpatient hospitalization requests and Central Access and Intake staff for initial services
2) Applicants, their guardian, parent of a minor or loco parentis, will be informed of their right to a second opinion.	2) Crisis Intervention Services for inpatient hospitalization requests and Central Access and Intake staff for initial services
3) Second opinions will be provided to applicants according to Standards L8 and L12 above.	3) Chief Executive Officer or designee
4) Mental health services shall be provided in a safe, sanitary, and humane treatment environment.	4) All SCCMHA staff and Service Provider Network staff
5) The worth, dignity, and uniqueness of all	5) All SCCMHA staff

consumers as well as their rights and opportunities, shall be respected and promoted.	and Service Provider Network staff
6) Consumers shall be given a choice of physician or other mental health professionals as described in Standard L7 above	6) Support Staff or their supervisor
7) Upon receipt of a request to change a physician or other mental health professional, the clinical supervisor will respond to the person requesting the change within two weeks of the request.	7) Clinical Supervisor
8) If the request for a change of physician or other mental health professional is not granted, a written response with the reason the request is denied will be provided to the person who made the request with support of the Clinical Risk Management Committee.	8) Clinical Supervisor
9) Lack of response to a request for a change of physician or other mental health professional will result in a Recipient Rights complaint being filed.	9) SCCMHA ORR
10) Consumers in need of a Behavior Treatment Plan will be referred to the Behavior Treatment Committee or the Positive Behavioral Support Champion in their unit.	10) Support Staff