


Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Recipient Rights – Change in Type of Treatment	Chapter: 02 - Customer Service and Recipient Rights	Subject No: 02.02.09
Effective Date: September 16, 1998	Date of Review/Revision: 1/10/03, 1/25/08, 6/29/09, 6/22/12, 6/13/14, 11/27/16, 6/1/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22	Approved By: Sandra M. Lindsey, CEO Responsible Director: Tim Ninemire, Director of Customer Services & Recipient Rights Authored By: Tim Ninemire Additional Reviewers: None
	Supersedes: 06.02.09.00	
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		

Purpose:

The purpose of this policy is to establish a discharge policy for consumers of mental health services when a maximum benefit from services has been established as well as establishing standards for reviewing changes in treatment.

Policy:

It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) to provide consumers with progressive treatment and care until sufficiently rehabilitated or as required by laws, rules, policies, or guidelines, or until the consumer has received the maximum benefit from the program.

Application:

This policy applies to all consumers of SCCMHA including the Service Provider Network.

Standards:

- H1) This policy requires that the written Individual Plan of Service (IPOS) have a specific date or dates when the overall plan and any of its sub-components will be formally reviewed for possible modification or revision; see Procedure #1 below.
- H2) A written Individual Plan of Service will be developed and revised as necessary, but in no case longer than annually. The written Individual Plan of Service will be kept in the clinical record and will be modified as necessary.
- H3) The consumer will be informed orally and in writing of his or her clinical status and

progress at reasonable intervals established in the IPOS in a manner appropriate to his or her clinical condition.

- H4) If a consumer is not satisfied with their Individual Plan of Service, the consumer, their guardian, parent of a minor, or loco parentis may make a request for the review of their plan. This request will begin with the request to the Assigned Support Staff. If not satisfied with the review of the plan, they may request a review to the Assigned Support Staff's Supervisor.
- H5) The requested review of the plan will be completed within 30 days. The request for review of the plan may be made verbally or in writing. The person requesting the review may file a Recipient Rights Complaint if they are dissatisfied with the review.
- H6) SCCMHA will provide mental health treatment suited to condition to all Saginaw County persons found eligible for services.
- H7) Upon benefit or completion of appropriate services, consumers will be discharged from treatment of SCCMHA.
- H8) When consumers are discharged from services, appropriate notices of available appeal rights will be given to the consumers.

Definitions:

Assigned Support Staff: Case Manager, Support Coordinator, or Therapist assigned to work with a SCCMHA consumer. The Case Manager, Support Coordinator, or Therapist may be a SCCMHA staff person or a member of the SCCMHA Service Provider Network.

Loco Parentis: A person or institution that assumes parental rights and duties for a minor.

References:

Michigan Mental Health Code 330.1752;
Michigan Mental Health Code 330.1712;
Michigan Mental Health Code 330.1714;
Administrative Rules 330.7199;
SCCMHA Policy and Procedures regarding Transition/Discharge Services 03.02.13

Exhibits:

None

Procedure:

ACTION	RESPONSIBILITY
1) A written Individual Plan of Service using a Person Centered Planning process will be developed in partnership with the consumer. The plan of service will have a specific date or	1) Assigned Support Staff

<p>dates when the overall plan and any of its subcomponents will be formally reviewed for possible modification or revision.</p>	
<p>2) Justification for a change from one type of treatment to another within the program shall be noted in the consumer's treatment plan. Appropriate Notices and appeal rights will be given to the recipient of mental health services.</p>	<p>2) Assigned Support Staff</p>
<p>3) The consumer shall be informed of a change in treatment, when ready for change, release, discharge, or when maximum benefit is received.</p>	<p>3) Assigned Support Staff</p>
<p>4) A consumer, parent of a minor, their guardian, or loco parentis may request and shall receive a review, of the determination and/or appropriateness of the type of treatment a consumer is receiving. The review shall be completed within thirty (30) days or less. The request and subsequent review are to be documented in the consumer's clinical record.</p>	<p>4) Assigned Support Staff</p>
<p>5) Consumers, parents of a minor, guardians, or loco parentis have the right to appeal decisions concerning a change in the type of treatment, either verbally or in writing, to the Customer Service Department, file a Recipient Rights complaint, file a Local Appeal, or complete a Request for a Medicaid Fair Hearing (Medicaid beneficiaries only) and only after a Local Appeal has been completed.</p>	<p>5) Assigned Support Staff</p>