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<tr><th colspan="3">Policy and Procedure Manual
Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Recipient Rights – Change in Type of Treatment</td><td>Chapter: 02 - Customer Service and Recipient Rights</td><td>Subject No: 02.02.09</td></tr>
<tr><td rowspan="2">Effective Date:
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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, 3/14/23, 3/12/24, 4/8/25, 3/10/26</td><td rowspan="3">Approved By:
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06.02.09.00</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
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Purpose:
The purpose of this policy is to establish a discharge policy for people served by 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 people served with progressive treatment and care until sufficiently rehabilitated or as required by laws, rules, policies, or guidelines, or until the person served has received the maximum benefit from the program.

Application:
This policy applies to all people served by SCCMHA including the Service Provider Network.

Standards:
1) This policy requires that the written Individual Plan of Service (IPOS) has a specific date(s) when the plan and any of its sub-components will be formally reviewed for modification or revision.
2) A recipient will be given a choice of physician or other mental health professional in accordance with the policies of the CMHSP or service provider and within the limits of available staff.

3) A written IPOS will be developed and revised as necessary, but in no case longer than

annually. The written IPOS will be kept in the clinical record and will be modified, as necessary.

4) The person served 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.

5) If a person served is not satisfied with their IPOS, the person served, 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 from the assigned support staff's supervisor.

6) 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.

7) SCCMHA will provide mental health treatment suited to conditions for all Saginaw County people found eligible for services.

8) Upon benefit or completion of appropriate services, people served will be discharged from treatment of SCCMHA.

9) When people served are discharged from services, appropriate notices of available appeal rights will be given to the people served.

Definitions:

Assigned Support Staff: Case Manager, Support Coordinator, or Therapist assigned to work with a SCCMHA person served. 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 person served. The plan of service will have a specific date(s) when the plan and any of its subcomponents will be formally reviewed for modification or revision.	1) Assigned Support Staff
2) Justification for a change from one type of treatment to another within the program shall be noted in the person's served treatment plan. Appropriate notices and appeal rights will be given to the recipient of mental health services.	2) Assigned Support Staff
3) The person served shall be informed of a change in treatment, when ready for change, release, discharge, or when maximum benefit is received.	3) Assigned Support Staff
4) A person served, 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 person served is receiving. The review shall be completed within thirty (30) days or less. The request and subsequent review are to be documented in the person served clinical record.	4) Assigned Support Staff
5) Person's served , parents of 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.	5) Assigned Support Staff