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Owner: Kip Kliber: Director, Recipient Rights
Policy Area: Recipient Rights
References:

Services Suited To Condition In The Least Restrictive Setting

POLICY

It is the policy of the Detroit Wayne Mental Health Authority (DWMHA) that each recipient of DWMHA-contracted services shall receive services suited to his/her condition in the least restrictive setting. Those services shall be determined in partnership with the recipient through a person-centered planning process.

PURPOSE

To provide policy direction to ensure that each recipient of DWMHA-contracted services receives services suited to his/her condition in the least restrictive setting.

APPLICATION

1. The following groups are required to implement and adhere to this policy: DWMHA Board, DWMHA Staff, Contractual Staff, Access Center, MCPN Staff, Network Providers, Crisis services vendor
2. This policy serves the following populations: Adults, Children, I/DD, SMI/SEI, SED, Autism
3. This policy impacts the following **contracts/service lines**: MI-HEALTH LINK, Medicaid, Autism, Grants, General Fund

KEYWORDS

1. Individual plan of services
2. Managers of Comprehensive Provider Networks (MCPNs)
3. Mental Health Professional
4. Person Centered Planning (PCP)
5. Support Plan
6. Treatment plan

STANDARDS

1. Mental health services shall be offered in the least restrictive setting that is appropriate and available.

2. Within 24 hours after admission to an inpatient psychiatric unit, each recipient of DWMHA-contracted services shall receive a comprehensive physical and mental examination.
3. Each recipient shall be periodically re-examined for effectiveness of services, medical necessity, and adverse effects. The frequency of the re-examination is dependent on the service acuity, but shall never be less often than annually.
4. If denied services, the applicant, his or her guardian or a minor applicant's parents shall be notified 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.
5. If denied hospitalization by the pre-admission screening unit (PSU), the recipient may:
 - a. Request a second opinion and that:
 1. The MCPN Executive Director arranges the second opinion to be performed within 3 days; excluding Sundays and holidays, and
 2. The MCPN Executive Director in conjunction with the Medical Director reviews the second opinion if this differs from the opinion of the PSU.
 3. The MCPN Executive Director'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 Executive Director and Medical Director or verification that the decision was made in conjunction with the Medical Director.
 - b. Or, may appeal the decision, in compliance with the Denial Policy.
6. An MCPN or contractor shall ensure that a person-centered planning process is used to develop a written individual plan of services in partnership with the recipient.
7. A preliminary plan shall be developed within seven days of the commencement of services, or if an individual is hospitalized for less than seven days, before discharge or release.
8. Any treatment plan shall establish meaningful and measurable goals with the recipient.
9. The individual plan of service shall contain pertinent information from assessments necessary to address, as either desired or required by the recipient, the recipient's need for food, shelter, clothing, health care, employment opportunities, educational opportunities, legal services, transportation and recreation.
10. The individual plan of service shall identify the needs and goals of the recipient and the medical necessity, amount, duration, and scope of the services and supports to be provided.
11. If a recipient exhibits challenging behaviors, there shall be a comprehensive assessment/analysis of the recipient's challenging behaviors conducted.
12. Restrictions, limitations, or any intrusive behavior treatment techniques shall be reviewed by a formally constituted committee of mental health professionals with specific knowledge, training and expertise in applied behavioral analysis.
13. Any restrictions or limitations of the recipient's rights shall be justified, time-limited, and clearly documented in the individual plan of service.
14. Additionally, a description of attempts to avoid the limitations or restrictions, as well as what actions will be taken as part of the treatment plan to ameliorate or eliminate the need for the restrictions in the future shall be documented in the recipient's record.
15. A recipient shall be given a choice of physician or other mental health professional within the limits of

available staff.

16. If a recipient is not satisfied with his/her individual plan of services, the recipient, the person authorized by the recipient to make decisions regarding the individual plan of service, the guardian of the recipient, or the parent with legal custody of a minor recipient may make a request for review to the designated individual in charge of implementing the plan. The review shall be completed within 30 days and shall be carried out in a manner approved by DWMHA.
17. An individual chosen or required by the recipient may be excluded from participation in the planning process only if inclusion of that individual would constitute a substantial risk of physical or emotional harm to the recipient or substantial disruption of the planning process. Justification for an individual's exclusion shall be documented in the case record.
18. A recipient shall be informed orally and in writing of his/her clinical status and progress at reasonable intervals established in the individual plan of service in a manner appropriate to his/her clinical condition.
19. Each DWMHA MCPN, contractor, and their subcontractors shall establish and implement procedures that further particularize and comply with the minimum standards established by this policy.

QUALITY ASSURANCE/IMPROVEMENT

DWMHA shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of MCPNs, their subcontractors, and direct contractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWMHA staff, MCPNs, contractors, and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY

1. Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter
2. Michigan Mental Health Code, P.A. 258 of 1974, as amended, MCL 330.1409, MCL 330.1705, MCL 330.1705, MCL 330.1708; MCL 330.1712.
3. Michigan Administrative Code, R330.7199

RELATED POLICIES

1. Individual Plan of Service/Person-Centered Planning
2. Denial of Service

RELATED DEPARTMENTS

1. Administration
2. Clinical Practice Improvement

3. Customer Service
4. Integrated Health Care
5. Managed Care Operations
6. Quality Improvement
7. Recipient Rights

CLINICAL POLICY

YES

INTERNAL/EXTERNAL POLICY

EXTERNAL

Attachments:

No Attachments

Approval Signatures

Approver	Date
Dana Lasenby: Deputy Chief Operating Officer	08/2017
Allison Smith: Project Manager, PMP	08/2017
Michele Vasconcellos: Director, Customer Service [AS]	08/2017
Bessie Tetteh: CIO [AS]	08/2017
Lorraine Taylor-Muhammad: Director, Managed Care Operations [AS]	08/2017
Maha Sulaiman: Director of Utilization Management [AS]	08/2017
Andrea Smith: Director of Clinical Practice Improvement [AS]	08/2017
William Sabado: Chief of Staff [AS]	08/2017
Michael Rangos: Director of Procurement [AS]	08/2017
Crystal Palmer: Director, Children's Initiatives [AS]	08/2017
Darlene Owens: Director, Substance Use Disorders, Initiatives [AS]	08/2017
Carmen McIntyre: Chief Medical Officer [AS]	08/2017
Corine Mann: Chief Strategic Officer/Quality Improvement [AS]	08/2017
Rolf Lowe: Assistant General Counsel/HIPAA Privacy Officer [AS]	08/2017
Julia Kyle: Director of Integrated Care [AS]	08/2017
Stacie Durant: CFO Management & Budget [AS]	08/2017
Eric Doeh: Compliance Officer [AS]	08/2017
Donna Coulter: Dir. of OPA [AS]	08/2017
Jody Connally: Director, Human Resources [AS]	08/2017
Mary Allix: Director of Quality Improvement [AS]	08/2017

Approver

Kip Kliber: Director, Recipient Rights

Date

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