

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

Chapter: 3	Member Rights and Responsibilities		
Section: 3	Rights of Consumers		
Topic: 15	Services Suited to Condition		
Page: 1 of 8	Supersedes Date: Pol: 6/3/02, 9/20/01 Proc: 10-21-22, 1-3-19,6-15-09, 5-6-03, 8-15-02, 6/3/02, 9/20/01	Approval Date: Pol: 8-15-02 Proc: 3-14-2023	_____ <i>Board Chairperson Signature</i> _____ <i>Chief Executive Officer Signature</i>
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Policy

In encompassing the Person-Centered philosophy, it is the policy of Bay-Arenac Behavioral Health Authority (BABHA) that a recipient is entitled to treatment suitable to his or her condition, medical care, and medication for mental and physical health, as needed.

Purpose

This policy and procedure is established to ensure that all recipients receive services suited to their condition.

Education Applies to

- All BABHA Staff
- Selected BABHA Staff, as follows:
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows:
 - Policy Only Policy and Procedure
- BABHA's (Affiliates): Policy Only Policy and Procedure
- Other:

Definitions

N/A

Procedure

Provision of Services and Supports

Services provided by BABHA will be directed to individuals who have a serious mental illness, serious emotional disturbance, or developmental disability.

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

Chapter: 3	Member Rights and Responsibilities		
Section: 3	Rights of Consumers		
Topic: 15	Services Suited to Condition		
Page: 2 of 8	Supersedes Date: Pol: 6/3/02, 9/20/01 Proc: 10-21-22, 1-3-19,6-15-09, 5-6-03, 8-15-02, 6/3/02, 9/20/01	Approval Date: Pol: 8-15-02 Proc: 3-14-2023	_____ <i>Board Chairperson Signature</i> _____ <i>Chief Executive Officer Signature</i>
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1. Services may be directed by BABHA to individuals who have other mental disorders that meet criteria specified in the most recent Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association and may also be directed to the prevention of mental disability and promotion of mental health. Utilization of categorical, grant, or other resources may be limited to serving specific populations.
2. BABHA will give priority to the provision of services with the most severe forms of serious mental illness, serious emotional disturbance, and developmental disability. Priority will also be given to services for such individuals in urgent or emergent situations.
3. In addition, services funded by Medicaid must be provided to individuals who require access to a comprehensive array of mental health or developmental disabilities services to meet their needs.
4. An individual will not be denied services because an individual who is financially liable is unable to pay for the service and/or based on the status or type of insurance coverage.
5. BABHA will ensure that a recipient is given a choice of physician or mental health professional with the limits of available staff.
6. Services will be provided under the supervision of a physician or other licensed practitioner of the healing arts whose certification is relevant to the services being provided.
7. Services will be coordinated with other community agencies and health care providers.
8. Services may be provided at or through Community Mental Health Services Programs, service sites, or contractual provider locations, including day programs. Services may also be provided in other locations in the community within the limits of availability, in accord with individual need and as clinically appropriate and feasible. This includes the person's home, and within limitations, nursing homes.
9. Services provided will be limited to those that are medically necessary and appropriate and that conform to accepted standards of care. Services will be provided in an amount, duration, and scope to reasonably achieve the purpose of the service. Criteria for medical necessity and utilization controls for Medicaid funded services will be consistent with the

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POLICIES AND PROCEDURES MANUAL**

Chapter: 3	Member Rights and Responsibilities		
Section: 3	Rights of Consumers		
Topic: 15	Services Suited to Condition		
Page: 3 of 8	Supersedes Date: Pol: 6/3/02, 9/20/01 Proc: 10-21-22, 1-3-19,6-15-09, 5-6-03, 8-15-02, 6/3/02, 9/20/01	Approval Date: Pol: 8-15-02 Proc: 3-14-2023	<hr/> <i>Board Chairperson Signature</i> <hr/> <i>Chief Executive Officer Signature</i>
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medical necessity criteria and service selection guidelines specified in the Michigan Department of Health and Human Services (MDHHS)/BABHA Master Contract.

10. Services shall be provided in a safe, sanitary, and humane treatment environment regardless of setting.
11. Services shall be offered in the least restrictive setting that is appropriate and available.

Denial of Services

If an applicant for mental health services has been denied mental health services, the access staff will inform the applicant, his or her guardian, or a minor applicant’s parents that a second opinion may be requested. The applicant, his or her guardian, if one has been appointed, or the applicant’s parent or parents if the applicant is a minor, may request a second opinion of the Chief Executive Officer (CEO). The CEO shall secure the second opinion from a physician, licensed psychologist, registered professional nurse, or master’s level social worker, or master’s level psychologist.

If a preadmission screening unit denies hospitalization to a recipient, the recipient may request a second opinion from the CEO. The CEO shall secure the second opinion to be performed within three (3) days; excluding Sundays and holidays. The CEO in conjunction with the Medical Director shall review the second opinion if this differs from the opinion of the preadmission screening unit. The CEO’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 CEO and Medical Director or verification that the decision was made in conjunction with the Medical Director.

If the individual providing the second opinion determines that the applicant has a serious mental illness, serious emotional disturbance, or a developmental disability, or is experiencing an emergency situation or urgent situation, the mental health services program shall direct services to the applicant.

Person-Centered Planning

BABHA will ensure that a Person-Centered Planning process is used to develop a written individual plan of services in partnership with the recipient. Person-Centered Planning is a process for planning and supporting the individual receiving services that builds upon the individual’s capacity to engage in activities that promote community life and that honors the individual’s preferences,

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POLICIES AND PROCEDURES MANUAL**

Chapter: 3	Member Rights and Responsibilities		
Section: 3	Rights of Consumers		
Topic: 15	Services Suited to Condition		
Page: 4 of 8	Supersedes Date: Pol: 6/3/02, 9/20/01 Proc: 10-21-22, 1-3-19,6-15-09, 5-6-03, 8-15-02, 6/3/02, 9/20/01	Approval Date: Pol: 8-15-02 Proc: 3-14-2023	<hr/> <i>Board Chairperson Signature</i> <hr/> <i>Chief Executive Officer Signature</i>
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choices, and abilities. The Person-Centered Planning process involves families, friends and professionals as the individual desires or requires.

1. A preliminary plan shall be developed within seven (7) days of the commencement of services or, if an individual is hospitalized for less than (7) days, before discharge or release. The individual plan of services shall consist of a treatment plan, a support plan, or both. A treatment plan shall establish meaningful and measurable goals with the recipient. The individual plan of services shall 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. The plan shall be kept current and shall be modified when indicated to reflect the needs of the individual. The individual in charge of implementing the plan of services shall be designated in the plan.
2. If a recipient is not satisfied with his or her individual plan of services, the recipient, the person authorized by the recipient to make decisions regarding the individual plan of services, the guardian of the recipient, or the parent 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 the appropriate governing body.
3. The recipient and the legally responsible party, if any, 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.
4. An individual chosen or required by the recipient may be excluded from participating in the planning process only if inclusion of the individual would constitute a substantial risk or 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.

Individualized Plan of Service

1. The individualized written plan of service is the fundamental document in the recipient's record. BABHA shall retain all periodic reviews, modifications, and revisions of the plan in the recipient's record. The plan shall identify, at a minimum, all of the following:
 - A. All individuals, including family members, friends, and professionals that the individual desires, or requires to be part of the planning process.

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POLICIES AND PROCEDURES MANUAL**

Chapter: 3	Member Rights and Responsibilities		
Section: 3	Rights of Consumers		
Topic: 15	Services Suited to Condition		
Page: 5 of 8	Supersedes Date: Pol: 6/3/02, 9/20/01 Proc: 10-21-22, 1-3-19,6-15-09, 5-6-03, 8-15-02, 6/3/02, 9/20/01	Approval Date: Pol: 8-15-02 Proc: 3-14-2023	<hr/> <i>Board Chairperson Signature</i> <hr/> <i>Chief Executive Officer Signature</i>
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- B. The services, supports, and treatments that the recipient requested of BABHA.
 - C. The services, supports, and treatments committed by BABHA to honor the recipient’s request.
 - D. The person or persons who will assume responsibility for assuring that the committed services and supports are delivered.
 - E. When the recipient can reasonably expect each of the committed services and supports to commence, and, in the case of recurring services or supports, how frequently, for what duration, and over what period of time.
 - F. How BABHA services and supports will be coordinated with the recipient’s natural support systems and the services and supports provided by other public and private organizations.
 - G. Any restrictions or limitations of the recipient’s rights. Documentation shall be included that describes attempts that have been made to avoid such restrictions as well as what actions will be taken as part of the plan to ameliorate or eliminate the need for the restrictions in the future.
 - H. Strategies for assuring that recipients have access to needed and available supports identified through a review of their needs.
 - I. Strategies for assuring the educational needs of the individual are addressed, including education regarding their mental health diagnosis, course of treatment, and/or services and resources available through BABHA and/or the community, education regarding health and safety, and their academic education, to the extent they need assistance with accessing such educational services in the community.
 - J. A description of any involuntary procedures and the legal basis for performing them.
 - K. A specific date or dates when the overall plan, and any of its subcomponents, will be formally reviewed for possible modification or revision. Plans must be reviewed no less than annually to determine satisfaction, progress and appropriateness of services, and when warranted to address major changes in presenting condition or need.
 - L. Any natural supports in place or to be arranged, including the source of the support.
2. Plans will be family focused, where clinically appropriate and/or required by MDHHS through Chapter III of the Medicaid Manual.
 3. The plan shall not contain privileged information or communications.

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL**

Chapter: 3	Member Rights and Responsibilities		
Section: 3	Rights of Consumers		
Topic: 15	Services Suited to Condition		
Page: 6 of 8	Supersedes Date: Pol: 6/3/02, 9/20/01 Proc: 10-21-22, 1-3-19,6-15-09, 5-6-03, 8-15-02, 6/3/02, 9/20/01	Approval Date: Pol: 8-15-02 Proc: 3-14-2023	<hr/> <i>Board Chairperson Signature</i> <hr/> <i>Chief Executive Officer Signature</i>
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4. Except as otherwise noted in this procedure, the individual plan of service shall be formally agreed to in whole or in part by the BABHA and the recipient, his or her guardian, if any, or the parent who has legal custody of a minor recipient. If the appropriate signatures are unobtainable, then the responsible mental health agency shall document witnessing verbal agreement to the plan.
5. Copies of the plan shall be provided to the recipient, his or her guardian, if any, or a parent who has legal custody of a minor recipient, within fifteen business days after their meeting.
6. Implementation of a plan without agreement of the recipient, his or her guardian, if any, or parent who has legal custody of a minor recipient may only occur when a recipient has been adjudicated pursuant to the provisions of section 469, 472, 473, 515, 518, or 519 of the act. However, if the proposed plan in whole or in part is implemented without the concurrence of the adjudicated recipient or his or her guardian, if any, then the stated objections of the recipient of his or her guardian shall be included in the plan.

Assessments and Evaluations

1. Assessment and evaluations shall be completed by qualified staff as required by the Michigan Mental Health Code, for program or service participation as defined in the MDHHS Medicaid Manual, or as requested by the individual for purposes of achieving desired outcomes, if deemed clinically appropriate and necessary by BABHA. Screening and intake assessments may also be completed in accord with the standards of accrediting bodies contracted by BABHA to establish uniform practices and achieve high quality standards of care.
2. Functional assessments/analysis of an individual’s challenging behaviors will be conducted consistent with the MDHHS/BABHA Master Contract, Chapter III of the MDHHS Medicaid Manual, and BABHA policies and procedures.
3. A specially constituted body that meets the requirements of MDHHS will develop, review and approve plans to address challenging behaviors, consistent with the MDHHS/BABHA Master Contract, Chapter III of the MDHHS Medicaid Manual, and BABHA policies and procedures.

Complaint Process

**BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL**

Chapter: 3	Member Rights and Responsibilities		
Section: 3	Rights of Consumers		
Topic: 15	Services Suited to Condition		
Page: 7 of 8	Supersedes Date: Pol: 6/3/02, 9/20/01 Proc: 10-21-22, 1-3-19,6-15-09, 5-6-03, 8-15-02, 6/3/02, 9/20/01	Approval Date: Pol: 8-15-02 Proc: 3-14-2023	_____ <i>Board Chairperson Signature</i> _____ <i>Chief Executive Officer Signature</i>
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A recipient or another individual on behalf of a recipient may file a complaint regarding a decision of services suited to condition. Complaints may be made with BABHA’s Recipient Rights Office.

Attachments

N/A

Related Forms

N/A

Related Materials

N/A

References/Legal Authority

1. Michigan Mental Health Codes: 330.409, 330.1705, 330.1712, 330.1713, 330.1752
2. Michigan Department of Health and Human Services Administrative Rule: R 330.7199
3. Michigan Department of Health and Human Services and BABHA Medicaid Managed Specialty Supports and Services Master Contract and Attachment – Person Centered Planning Revised Policy Practice Guideline

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

Chapter: 3	Member Rights and Responsibilities		
Section: 3	Rights of Consumers		
Topic: 15	Services Suited to Condition		
Page: 8 of 8	Supersedes Date: Pol: 6/3/02, 9/20/01 Proc: 10-21-22, 1-3-19,6-15-09, 5-6-03, 8-15-02, 6/3/02, 9/20/01	Approval Date: Pol: 8-15-02 Proc: 3-14-2023	_____ <i>Board Chairperson Signature</i> _____ <i>Chief Executive Officer Signature</i>
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SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
Vicki Atkinson	Linda Maze	6/15/09	Changes	Grammatical
		12/21/12	No changes	Triennial Review
Melissa Prusi	C. Pinter	6/27/16	Changes	Triennial review-changes to reflect current state agency names.
Melissa Prusi	C. Pinter	1/3/19	Changes	Language added to current practice about not denying of services due to type of insurance or payment.
Melissa Prusi	Christopher Pinter	06/10/2019	Revision	Triennial and annual review. One change
Melissa Prusi	Christopher Pinter	01/06/2021	No changes	Annual review
Melissa Prusi	Christopher Pinter	06/23/2021	No changes	Annual review
Melissa Prusi	Christopher Pinter	10/21/2022	Added 10 and 11 to include safe and sanitary language, plus least restrictive language.	Noted missing language.
Melissa Prusi	Christopher Pinter	03/14/2023	Revised	To reflect 2023 MDHHS ORR standards