

# ***SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY***

## CLINICAL POLICY

**NUMBER: RR037**

**NAME: CHANGE IN TYPE OF TREATMENT**

INITIAL APPROVAL DATE:	08/26/1997	BY: Sanilac CMH Board
CONSUMER/STAKEHOLDER REVIEW:	02/18/2025	BY: Recipient Rights Advisory Comm.
(LAST) REVISION DATE:	02/18/2025	BY: Recipient Rights Officer
(LAST) REVIEW DATE:	02/20/2025	BY: Policy Committee
DISCONTINUED DATE:	NA	REPLACED BY: NA

### **I. PURPOSE**

To establish policy for change[s] in type of treatment and procedures for review of appropriateness of treatment and care an individual receiving services is receiving.

### **II. APPLICATION**

Populations: **ALL**  
Programs: **Direct - ALL**  
**Contracted - ALL**

### **III. POLICY**

It is the policy of Sanilac County Community Mental Health Authority that:

- A. An individual receiving services shall receive progressive treatment and care until sufficiently rehabilitated or as required by laws, rules, policies or guidelines, or until the individual receiving services has received the maximum benefit from the program.
- B. Justification for a change from one type of treatment to another shall be documented in the individual receiving services' record.
- C. Each Individual Plan of Service shall have a specific date for an overall review of the plan for possible changes or modifications.

### **IV. DEFINITIONS**

None

### **V. STANDARDS**

- A. Sanilac CMH employees or independent contractors and their employees shall inform the individual receiving services when it is determined he/she has received maximum benefit from the program or is ready for another type of treatment or level of care. The plan shall be kept current and shall be modified when indicated.
- B. Staff assigned to the individual receiving services shall initiate a review of change in the type of treatment through the Person-Centered planning process and document the change in the individual receiving services' treatment plan and record. The individual

receiving services 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

- C. If the individual receiving services is not satisfied with his/her individual plan of service, the individual receiving services or his/her guardian or parent of a minor individual receiving services may make a request for review to the individual in charge of implementing the plan. The request can be made verbally or in writing to their case manager or Sanilac County Community Mental Health Office of Recipient Rights.
- D. The above review is to be completed within thirty [30] days and is carried out in a manner approved by Sanilac County Community Mental Health Authority.

**VI. APPEALS**

An individual receiving services has the right to appeal decisions concerning a change in treatment. Appeals may be made in accordance with the Sanilac County Community Mental Health Appeals Policy.

**VII. ATTACHMENTS**

None

**VIII. REFERENCES**

- Mental Health Code 330.1712.
- DHHS Administrative Rule 330.7199