SANILAC COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

CLINICAL POLICY

NUMBER: RR044

NAME: SERVICES SUITED TO CONDITION

INITIAL APPROVAL DATE:	06/26/1997	BY: Sanilac CMH Board
STAKEHOLDER REVIEW	06/20/2023	BY: Recipient Rights Advisory Comm.
(LAST) REVISION DATE:	06/16/2020	BY: Recipient Rights Advisory Comm.
(LAST) REVIEW DATE:	06/20/2023	BY: Recipient Rights Advisory Comm.
DISCONTINUED DATE:	N/A	REPLACED BY: N/A

I. PURPOSE

To establish standards regarding individuals receiving services suited to their condition.

II. APPLICATION

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

III. POLICY

An individual receiving services is entitled to treatment suitable to his/her condition, including medical care, medication for mental and physical health as needed.

An individual receiving services shall be given a choice of mental health professionals within the limits of staff available in the SCCMHA programs, or contractual providers.

IV. DEFINITIONS

V. STANDARDS

A. **DENIAL OF SERVICES**: If an applicant for mental health services has been denied mental health services, the applicant, his or her guardian if one has been appointed, or the applicant's parent or parents if the applicant is a minor, is notified by the Access worker or assigned staff that they may request a second opinion of the Chief Executive Officer. The Chief Executive Officer shall secure the second opinion from a physician, licensed psychologist, RN or master's level social worker or master's level psychologist.

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 or urgent situation, Sanilac County Community Mental Health Authority shall direct the applicant to services.

B. **PHYSICIAN SUPERVISI0N:** The physician must review and approve, by electronic signature, the individual receiving services' person-centered plan of service. The physician must also review and approve, by electronic signature, the continuing

treatment at least quarterly, unless a different time frame is requested by the individual and/or guardian.

C. **PHYSICIAN-APPROVED PERSON-CENTER PLAN OF SERVICE**: The integrated, comprehensive person-centered plan of service must cover all relevant aspects of the individual receiving services treatment and services. The person-centered plan of service must contain:

1. Clearly-stated goals and meaningful**,** measurable objectives derived from a comprehensive assessment, completed in preparation for developing the person-centered plan of service, stated in terms of specific and observable changes in behavior, skills, attitudes or circumstances and described in terms of attaining a more satisfactory state with the individual receiving services rather than just alleviating undesirable conditions.

2. The planned treatment activities and how they will assist in the individual receiving services' goal attainment.

3. Measurable timeframes for attainment of each goal and objective.

4. Evidence that the individual receiving services' (and legally empowered representatives) input was considered when developing the plan of service. The individual receiving services should attend the person-centered planning meeting. If attendance is not possible, comments should be solicited from the individual receiving services or representative for consideration in treatment planning. If the goals will result in major changes in lifestyle, there must be evidence that such changes were mutually planned and agreed to by the individual receiving services and the staff member.

   The Person-Centered Plan must be formally agreed to in writing by the individual receiving services, their guardian (if any), or the parent with legal custody. If a signature is unobtainable, the responsible staff shall document verbal agreement. Copies of the plan shall be provided to the above parties.

D. **TREATMENT PLANNING AND MONITORING**: Each individual receiving services must receive services consisting of specialized and generic training, treatment, health and related services designated to support the individual to function as independently, and with as much self-determination, as possible and to prevent or decelerate any loss of optimal function status. The services must:

1. Be identified in a coordinated, comprehensive individual plan of service.
2. Be based on comprehensive assessments or evaluations.
3. Contain programs and methodologies for attaining stated treatment goals and objectives.
4. Be monitored, reviewed and modified, as necessary, and as requested by the individual receiving services, but at least annually.

The treatment planning and monitoring process consists of the following required components:

1. Assessments and evaluations, including annual and/or periodic reviews.
2. Treatment planning.

STANDARDS (cont.)

3. Treatment implementation.
4. Treatment monitoring.
5. Interdisciplinary treatment planning.

An individual receiving services' rights that are limited or restricted must have documentation in the assessments as to the need for such limitations or restrictions. The plan should also include documentation to ameliorate or eliminate the need for the restriction in the future as well as what steps were taken to avoid restrictions.

Any behavior management or treatment plan that proposes aversive, restrictive or intrusive techniques, or psycho-active medications for behavior control, where the target behavior is not due to an active substantiated psychotic process, will be reviewed by the Behavior Treatment Committee (BTC). The approved behavior plan will be based on a comprehensive assessment of the behavioral needs of the individual receiving services and will be designed to reduce maladaptive behaviors, maximize self-control and restore normalized psychological functioning, reality orientation and emotional adjustment. The primary Case Manager/Therapist is responsible for discontinuing the behavior plan once the restriction is no longer necessary. Review of a individual receiving services' treatment plan, medication and/or behavioral program will occur as often as deemed necessary by the BTC. (See Policy BA043 Behavior Management Guidelines.)

Each individual receiving services or guardian has the right to request the opinion of a consultant at his/her own expense or to request an in-house review of their individual treatment plan by the program supervisor.

E. **ASSESSMENTS AND EVALUATIONS:** Comprehensive assessments and evaluations are conducted to determine the need for services and to provide current, relevant information and recommendations for the treatment planning process. Such services will include annual and/or periodic reviews. Reimbursement includes the pre-testing/assessment interview and the interpretation.

Treatment planning is based on background information as well as current, valid, comprehensive assessments or evaluations of functional development and behavioral, social, health and communication status. Treatment planning must reflect the recommendations of the assessment process. The person-centered plan of service must identify the individual receiving services' needs, treatment goals and objectives, treatment programs to meet the goals and objectives and coordination with other agencies. Assessments should address the individual receiving services' need for food, shelter, clothing, health care, employment opportunities and education opportunities (where appropriate). Individual receiving services' need for legal and recreation services should also be addressed.

All ongoing care and services will be based on the identified treatment needs, desires and personal goals of the individual being served, independent of the utilization decisions made by external entries. This includes writing goals, objectives and treatment plans; designing programs and data collection methodologies; attending interdisciplinary team meetings, if applicable; and related documentation.

STANDARDS (cont.)

Participation by the individual receiving services, the individual receiving services' legal guardian or his/her parent [if individual receiving services is a minor] is required unless the participation is unobtainable or clinically inappropriate.

In an effort to maximize treatment success, all individuals receiving services and families [including support network, employers, etc.] will be evaluated for type and need for supportive educational services. The supportive educational services include, but are not limited, to:

1. Facilitating the family and individual receiving services' understanding of their mental health status, needs, care options and consequences of those care choices.
2. Encouraging participation of all concerned parties in the decision-making process concerning their choices.
3. Participation by the service provider in the formal educational process through collaboration with the school service provider and procurement of appropriate records.
4. Promoting continued education for minor individuals receiving services.
5. Facilitating informed long-term planning for those with lifelong disabilities.

The focus of the educational component is to maximize therapeutic benefit and promote successful life skills. Documentation of the education needs and services will be monitored, reviewed and modified as necessary and at regular intervals, including at least an annual review.

F. **TREATMENT MONITORING:** These activities are for purposes of determining and documenting the individuals receiving services' progress toward treatment goals and objectives. Activities include:

1. Care management for monitoring of services, as often as needed or requested by the individual receiving services.
2. Professional treatment monitoring consisting of reviews of treatment plans and/or services conducted by relevant professionals as required by the plan of service.
3. At least semi-annual reviews consisting of activities of the care manager and the physician and other relevant professionals as indicated.
4. Treatment must be monitored regularly. There must be clear documentation in the record of how the treatment activities have assisted in progress toward the goals and objectives of treatment.
5. There must be entries in the clinical record within three (3) business days (preferably date of contact) of every service encounter indicating the individual receiving services' progress. Entries should clearly delineate the individual receiving services' status toward each objective indicated. (See procedure DC1030, Clinical Documentation Guidelines)

G. **REVIEWS:** At least quarterly, unless a different time frame is requested by the individual and/or guardian, the physician, the other qualified professional staff supervising the treatment and the person performing the care management function must review the treatment plan, revising as necessary.

STANDARDS (cont.)

This review provides an analysis of the individuals receiving services' progress over the previous period and discusses trends from past months. The review must be approved and signed by the physician, the professional [s] who supervise the treatment and the care manager [if care management is provided]. Reviews are the result of program observation, record review and staff/individual interviews. The individual receiving services should participate in the review process.

The supervising professional's complete written progress reports at the frequency designated by the treatment team in the person-centered plan. These progress reports will be reviewed by the care manager or primary therapist and incorporated into a single comprehensive summary that addresses each goal and objective in the plan. The summary will then be co-signed by the supervising professional[s] and the final approval and authorization for continuing treatment will be provided by the physician's signature on the summary.

H. **PERSON-CENTERED PLANNING**: Participation by the individual receiving services, the individual's legal guardian or his/her parent (if the individual receiving services is a minor) is required unless that participation is unattainable or clinically inappropriate. If the individual receiving services chooses to exclude an individual from the planning process, justification for this exclusion must be documented in the case record. Such exclusion should only take place if inclusion would constitute substantial risk of physical or emotional harm or would substantially disrupt the planning process.

Treatment team members must meet license and/or certification requirements for their professional field. These teams must:

1. Evaluate the individual receiving services' needs.
2. Provide written assessments.
3. Recommend a person-centered plan of service to meet the individual receiving services' identified needs.
4. The treatment team must also review, revise as necessary and approve the individual receiving services' treatment plan according to regular intervals as established in the plan or at other times, such as when significant changes have been recommended by any of the mental health professionals supervising treatment. At a minimum, treatment planning must be done annually.

A individual receiving services shall be given a choice of physician or other mental health professional in accordance with the policies of the community mental health service program or service provider under contract with the community mental health service program providing services and within the limits of available staff.

I. **PREADMISSION SCREENING UNIT:**

Sanilac County Community Mental Health Authority has established one or more pre-admission screening units with twenty-four [24] hour availability to provide assessment and screening services for individuals being considered for admission into hospitals or alternative treatment programs. Pre-admission screening unit staff shall be supervised by a RN, or other mental health professional possessing at least a master's degree.

The pre-admission screening units shall provide their address and telephone number to law enforcement agencies, the department, the court and hospital emergency rooms.

STANDARDS (cont.)

The unit shall assess individuals who seek authorization for admission into hospitals operated by Sanilac County Community Mental Health Authority or under contract with Sanilac County Community Mental Health Authority and if found clinically suitable, shall authorize voluntary admission.

If the Sanilac County Community Mental Health Authority unit denies hospitalization, the individual will be notified by the Access worker or assigned case worker that they may request a second opinion from the Chief Executive Officer, who shall arrange for an additional evaluation by a psychiatrist, other physician or licensed psychologist, to be performed within three days, excluding Sundays and legal holidays, after the Chief Executive Officer receives the request.

If the conclusion of the second opinion is different from the conclusion of the pre-admission screening unit, the Chief Executive Officer, in conjunction with the medical director, shall make a decision based on all clinical information available. The Chief Executive Officer's decision shall be confirmed in writing to the individual who requested the second opinion and the confirming document shall include the signatures of the Chief Executive Officer and medical director or verification that the decision was made in conjunction with the medical director.

If the individual is assessed and found not clinically suitable for hospitalization, the unit shall provide appropriate referral services.

A unit shall assess and examine or refer to a hospital for examination, an individual who is brought to the unit by a peace officer or ordered by court to be examined. If the individual meets the requirements for hospitalization, the unit shall designate the hospital for admission. The unit shall consult with the individual or individual's family member of choice as to the preferred hospital for admission.

If the individual chooses a hospital not under contract and the hospital agrees to admission, the unit shall refer the individual and any financial obligation for services provided shall be satisfied from funding sources other than Sanilac County Community Mental Health Authority, the department or other state or county funding.

VI. ATTACHMENTS

VII. REFERENCES

Mental Health Code: 330.1712, 330.1713, 330.1705, 330.1409
DCH Administrative Rule R330.7199 (4)
Medicaid Provider Manual
Behavior Management Guidelines Policy BA043