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Owner Polly Mccalister:
Director Of
Recipient Rights
Policy Area Recipient Rights

Services Suited To Condition In The Least Restrictive Setting

POLICY

It is the policy of the Detroit Wayne Integrated Health Network (DWIHN) that each recipient of DWIHN-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 DWIHN-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: DWIHN Board, DWIHN Staff, Contractual Staff, Clinically Responsible Service Provider (CRSP) and their subcontractors, Specialty Providers, Crisis Services Vendors
2. This policy serves the following populations: Adults, Children, Individuals with Intellectual and/or Developmental Disabilities (I/DD), Serious Mental Illness (SMI), Serious Emotional Disturbance (SED), Substance Use Disorder (SUD), Autism
3. This policy impacts the following **contracts/service lines**: MI-HEALTH LINK, Medicaid, SUD, Autism, Grants, General Fund

KEYWORDS

1. Individual plan of services

2. Mental Health Professional
3. Person Centered Planning (PCP)
4. Support Plan
5. Treatment plan

STANDARDS

1. Recipients shall receive mental health services suited to his or her condition.
2. Mental health services shall be provided in a safe, sanitary, and humane treatment environment.
3. Mental health services shall be offered in the least restrictive setting that is appropriate and available.
4. Within 24 hours after admission to an inpatient psychiatric unit, each recipient of DWIHN-contracted services shall receive a comprehensive physical and mental examination.
5. Each recipient shall be periodically re-examined for effectiveness of services, medical necessity, and adverse effects. The frequency the re-examination is dependent on the service acuity, but shall never be less often than annually.
6. 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.
7. If denied hospitalization by the pre-admission screening unit (PSU), the recipient may:
 - a. Request a second opinion and that:
 1. The Executive Director arranges the second opinion to be performed within 3 days; excluding Sundays and holidays, and
 2. The Executive Director in conjunction with the Medical Director reviews the second opinion if this differs from the opinion of the PSU.
 3. The 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.
8. A contractor shall ensure that a person-centered planning process is used to develop a written individual plan of services in partnership with the recipient.
9. 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.
10. Any treatment plan shall establish meaningful and measurable goals with the recipient.
11. 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.
12. 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.
 13. If a recipient exhibits challenging behaviors, there shall be a comprehensive assessment/analysis of the recipient's challenging behaviors conducted.
 14. 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.
 15. Any restrictions or limitations of the recipient's rights shall be justified, time-limited, and clearly documented in the individual plan of service.
 16. 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.
 17. A recipient shall be given a choice of physician or other mental health professional within the limits of available staff.
 18. 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 DWIHN.
 19. 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.
 20. 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.
 21. Each DWIHN 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

DWIHN 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 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

DWIHN staff, 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

CLINICAL POLICY

YES

INTERNAL/EXTERNAL POLICY

EXTERNAL

COPY

Approval Signatures

Step Description	Approver	Date
Final Approval Policy	Eric Doeh: President and CEO	03/2023
Stakeholder Feedback	Allison Smith: Project Manager, PMP	03/2023