COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE POLICY AND PROCEDURES MANUAL				
Chapter **Program Quality**	**Section** **Recipient Rights**	**Chapter** **05**	**Section** **01**	**Subject** **07**
Subject **Services Suited to Condition**	**Authorization**		**Approved: 09/26/00** **Replaces: 11/28/99**	

Updated: October 2024; Reviewed/No Update: October 2025

I. PURPOSE: To ensure services prescribed for recipients are suited to their condition.

II. APPLICATION: All recipients receiving services through Gogebic Community Mental Health Authority (GCMHA).

III. DEFINITIONS:

A. Applicant: An individual or his or her legal representative who makes a request for mental health services.

B. Developmental disability: Either of the following:

1. If applied to an individual older than five (5) years, a severe, chronic condition that meets all of the following requirements:

a. Is attributable to a mental or physical impairment or a combination of mental and physical impairments.

b. Is manifested before the individual is 22 years old.

c. Is likely to continue indefinitely.

d. Results in substantial functional limitations in three (3) or more of the following areas of:

(1) major life activity:
(2) self-care;
(3) receptive and expressive language;
(4) learning;
(5) mobility;
(6) self-direction;
(7) capacity for independent living;
(8) economic self-sufficiency.

e. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

2. If applied to a minor from birth to age five (5), a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined above if services are not provided.

C. Emergency situation: A situation in which an individual is experiencing a serious mental illness or a developmental disability, or a child is experiencing a serious emotional disturbance, and one of the following applies;

1. The individual can reasonably be expected within the near future to physically injure himself, herself, or another individual either intentionally or unintentionally.
2. The individual is unable to provide himself or herself food, clothing, or shelter or to attend to basic physical activities such as eating, toileting, bathing, grooming, dressing, or ambulating, and this inability may lead in the near future to harm to the individual or to another individual.
3. The individual's judgment is so impaired that he or she is unable to understand the need for treatment and, in the opinion of the mental health professional, his or her continued behavior as a result of the mental illness, developmental disability, or emotional disturbance can reasonably be expected in the near future to result in physical harm to the individual or to another individual.

D. Mental Health Professional [Mental Health Code, Section 330.1100b(19)]: An individual who is trained and experienced in the area of mental illness or developmental disabilities and who is one of the following: a physician, psychologist, registered professional nurse licensed or otherwise authorized to engage in the practice of nursing under part 172 of the public health code (1978 PA 368, MCL 333.17201 to 333.17242), licensed master's social worker licensed or otherwise authorized to engaged in the practice of social work at the master's level under part 185 of the public health code (1978 PA 368, MCL 333.18501 to 333.18518), licensed professional counselor licensed or otherwise authorized to engage in the practice of counseling under part 181 of the public health code (1978 PA 368, MCL 333.18101 to 333.18177), or a marriage and family therapist licensed or otherwise authorized to engage in the practice of marriage and family therapy under part 169 of the public health code (1978 PA 368, MCL 333.16901 to 333.16915). ***NOTE:*** *The approved licensures for disciplines identified as a Mental Health Professional include the full, limited and temporary limited categories.*

E. Person-Centered Planning: 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 honor the individual's preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the individual desires or requires.

F. Primary Clinician: The staff member in charge of implementing the recipient's plan of service.

G. Serious Emotional Disturbance: A diagnosable mental, behavioral, or emotional disorder affecting a minor that exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association and approved by the Michigan Department of Health and Human Services and that has resulted in functional impairment that substantially interferes with or limits the minor's role or functioning in family, school, or community activities. The following disorders are included only if they occur in conjunction with another diagnosable serious emotional disturbance:

1. A substance abuse disorder.
2. A developmental disorder.
3. "V" codes in the diagnostic and statistical manual of mental disorders.

H. Serious Mental Illness: A diagnosable mental, behavioral, or emotional disorder affecting an adult that exists or has existed within the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association and approved by the Michigan Department of Health and Human Services and that has resulted in functional impairment that substantially interferes with or limits one or more major life activities. Serious mental illness includes dementia with delusions, dementia with depressed mood, and dementia with behavioral disturbance but does not include any other dementia unless the dementia occurs in' conjunction with another diagnosable serious mental illness. The following disorders also are included only if they occur in conjunction with another diagnosable serious mental illness:

1. A substance abuse disorder.
2. A developmental disorder.
3. A "V" code in the diagnostic and statistical manual of mental disorders.

I. Support Plan: A written plan that specifies the personal support services or any other supports that are to be developed with and provided for a recipient.

J. Treatment: A written plan that specifies the goal-oriented treatment or training services, including rehabilitation or habilitation services that are to be developed with and provided for a recipient.

IV. POLICY: An individual who is denied access to mental health services shall be granted a second opinion, by an individual who is credentialed and privileged according to agency policy and procedure for that service. In the case of an individual who is requesting and has been denied hospitalization by a pre-admission screening unit, the individual providing the second opinion shall be another physician, psychiatrist or licensed psychologist; and the second opinion must occur within three (3) days, excluding Sundays and legal holidays. In urgent cases where the standard three (3) day timeframe would seriously jeopardize the health or life of the applicant for hospitalization the second opinion shall be provided as soon as possible after a request is made, but in any case shall be provided with 24 hours of receiving the request.

A. Services shall promote the best interests of the individual receiving services and shall be designed to increase independence, improve quality of life, and support community integration and inclusion.

B. Services for children and families will be designed to strengthen and preserve the family unit if appropriate.

C. Services for each recipient shall be suited to his or her condition and be developed using a person-centered planning process. These services will be provided in a safe, sanitary, and humane treatment environment.

V. PROCEDURE:

A. Second Opinion - Denying Services to an Applicant

1. If an applicant has been denied mental health services, the involved employee shall verbally notify applicant, parent, or guardian about their right to request a second opinion. In addition, staff will issue written notification to the recipient of the decision that includes:

- **a.** A statement that explains the primary reasons why a requested service is not medically necessary; and
- **b.** A statement that explains that the specific reasons why a denial was issued (clinical rationale) will be provided in writing upon request; and

2. Instructions for:

- **a.** Initiating an appeal of the denial; and
- **b.** Requesting a clinical rationale for the denial.

3. Upon the applicant's request for a second opinion the involved employee shall secure the second opinion from a Mental Health Professional who is credentialed and privileged according to agency policy to make medical necessity determinations or render a clinical opinion about the condition and treatment that is the subject of the review and holds a current and valid license in the same licensing category as the ordering provider. Senior Clinical staff are also available to UM staff for consultation on matters within their scope of practice and relevant to the clinical areas which are the subject of the review. Senior Clinical Staff are designated by NorthCare Network or the provider organization as qualified to perform clinical oversight of services provided; and who hold a current unrestricted clinical license, have post-graduate experience in direct recipient care, and are Board certified (if the senior clinical staff is an M.D. or D.O.). Staff will also have access to consultation with a licensed Doctor of Medicine or Osteopathic Medicine, a health professional in the same licensing category as the ordering/requesting provider, or a health professional with the same clinical education as the ordering provider in clinical specialties where licensure is not issued, as necessary. UM activities for services requiring physician review are carried out by the NorthCare Network, or the provider organization Medical Director.

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

B. Second Opinion - Denial of Hospitalization

1. If the agency's preadmission screening unit denies hospitalization, the individual may request a second opinion from the Executive Director.

2. The involved employee shall verbally notify applicant, parent, or guardian about their right to request a second opinion. In addition, staff will issue written notification to the recipient of the decision that includes:
    a. A statement that explains the primary reasons why a requested service is not medically necessary; and
    b. A statement that explains that the specific reasons why a denial was issued (clinical rationale) will be provided in writing upon request; and

3. Instructions for:
    a. Initiating an appeal of the denial; and
    b. Requesting a clinical rationale for the denial.

4. The Executive Director shall arrange for an additional evaluation within three (3) days excluding Sundays and legal holidays after the Executive Director receives the request. The Executive Director, in conjunction with the Medical Director, will review the second opinion if it differs from the opinion of the pre-screening unit, and the Executive Director will make a decision to uphold or reject the findings of the second opinion, and confirm that decision, in writing, to the requestor; the written decision will be signed by the Executive Director and by the Medical Director (or provide verification that the decision was made in conjunction with the Medical Director).

5. If the conclusion of the second opinion is different from the conclusion of the preadmission screening unit, the Medical Director shall make a decision based on all clinical information available. (In the case of a minor, the individual requesting services has the right to have the assessment conducted by a child mental health professional.)

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

C. Individualized Written Plan of Services

1. The Executive Director shall ensure that:
    a. A person-centered planning process is used to develop a written individual plan of services in partnership with the recipient.
    b. GCMHA Clinical Directives are followed by all staff responsible for developing, implementing, or monitoring service plans.

2. The primary clinician shall ensure that the individualized plan of service:
    a. Is developed within seven (7) days of the commencement of services or, if an individual is hospitalized, before discharge or release.
    b. Consists of a treatment plan, a support plan, or both, and shall establish meaningful and measurable goals with the recipient.
    c. Includes assessments of the recipient's need for food, shelter, clothing, health care, employment opportunities where appropriate, educational

opportunities where appropriate, legal services, transportation, recreation, a description of any involuntary procedures and the legal basis for performing them, and a specific date or dates when the overall plan and any of its subcomponents will be formally reviewed for possible modification or revision.

d. Is kept current and modified when indicated.

e. Identifies the individual in charge of implementing the plan of services.

f. Identifies 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 the services/supports are provided.

g. Identifies how the committed mental health services will be coordinated with the recipient's natural support systems and the services and supports provided by other public and private organizations.

h. Where needed, includes the development of a behavior treatment plan through the person-centered planning process that involved the beneficiary. The person-centered planning process should determine whether a comprehensive assessment should be done in order to rule out any physical or environmental cause for the behavior. The individual plan of services also identifies any restrictions or limitations of the recipients' rights, including documentation that describes attempts that have been taken to avoid such restrictions, as well as what actions will be taken to ameliorate or eliminate the need for the restrictions in the future. Such restrictions, limitations, or any intrusive behavior techniques shall be reviewed and approved by a formally constituted committee of mental health professionals with specific knowledge, training, and expertise in applied behavioral analysis.

i. Except as otherwise noted below, the plan of service shall be formally agreed to in whole or in part by the responsible CSM or therapist and the recipient, his or her legal guardian, if any, or the parent who has legal custody of the minor recipient. If the appropriate signatures are not obtainable, then the CSM/therapist shall document witnessing verbal agreement to the plan. Copies of the plan shall be provided to the recipient, his or her legal guardian, if any, or the parent who has legal custody of a minor recipient.

j. Implementation of the plan without agreement of the recipient, his or her legal guardian or parent who has legal custody of the minor recipient may only occur when the recipient has been adjudicated pursuant to the provisions of section469, 472, 473,515, 518, or 519 of the Michigan Mental Health Code.

3. If a recipient is not satisfied with his or her individual plan of services, the recipient or his or her guardian or the parent of a minor recipient may make a request for review to the primary clinician. The review shall be completed within

30 days and shall be carried out in accordance with agency standards. If the proposed plan in whole or in part is implemented without the concurrence of an adjudicated recipient or his or her guardian, if any, then the stated objections of the recipient or his or her guardian shall be included in the plan.

4. The primary clinician shall provide a notice at the time that the person-centered plan is developed to the individual, the parent of a minor and/or the guardian that explains the right to request an expedited review, to file a recipient rights complaint, and/or to request a fair hearing in cases involving a Medicaid recipient in the event that a promised service is denied, reduced suspended, terminated or if another service is substituted for that which was agreed to in the person centered planning process according to agency policy regarding the grievance and appeal requirements as outlined in GCMHA Policy (05-01-29).

5. 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 recipient's record.

D. Choice of Physician or Mental Health Professional: A recipient shall be given a choice of physician or other mental health professional in accordance with GCMHA standards and within the limits of available staff.

VI. REFERENCES AND LEGAL AUTHORITY: Act 258 of the Public Acts of 1974, as amended (Mental Health Code) Sections 100a, l00b, l00d, 206, 409, 498e, 705, 708, 712, 713, 714, 715; Act No.368 of the Public Acts of 1978; Act No, 299 of the Public Acts of 1980; GCMHA Clinical Directives; GCMHA Grievance & Appeal Policy

VII. EXHIBITS: Consumer/Recipient Notice Cover Letter