COMMUNITY MENTAL HEALTH AUTHORITY

ADMINISTRATIVE POLICY AND PROCEDURES MANUAL				
Chapter **Program Quality**	**Section** **Recipient Rights**	**Chapter** **05**	**Section** **01**	**Subject** **14**
Subject **Change in Type of Treatment**	**Authorization**		**Approved: 11/30/99** **Replaces: 05/30/95**	

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

I. PURPOSE: To outline a review process designed to protect the right to treatment of recipients served by Gogebic Community Mental Health Authority (GCMHA).

II. APPLICATION: All recipients served by GCMHA.

III. DEFINITIONS: Primary Clinician: The staff member in charge of implementing the recipient's individual plan of service. ELMER: Electronic Medical Record.

IV. POLICY: A recipient or applicable parent or guardian shall be informed when reduced, terminated, or substantially modified.

Whenever a determination is made to deny, reduce, suspend, terminate mental health services, the individual or legal representative shall be provided with a printed copy from ELMER of their right to appeal.

V. PROCEDURE:

A. The primary clinician will:
- **1.** Have a written plan of service with specific dates when the overall plan and any of its subcomponents will be formally reviewed for possible modifications or revision.
- **2.** Assure the plan is kept current and modified when indicated.
- **3.** Inform orally and in writing of recipient's clinical status and progress at reasonable intervals established in the plan of service in a manner appropriate to his/her clinical condition.

B. If the recipient is not satisfied with his/her individual plan of services, the recipient or his/or guardian or parent of a minor recipient may make a request for review to the primary clinician implementing the plan. This review will be completed within 30 days when requested orally or in writing. The primary clinician will document this in writing.
- **1.** Verbally and in writing inform the recipient, parent, or guardian about:
  - **a.** The proposed change in treatment, or denial of requested services;
  - **b.** The justification for such discharge or change;
  - **c.** The process for requesting a second opinion regarding this determination or for filing a grievance or appeal.
- **2.** Document the justification for such discharge or change in treatment in ELMER under section titled Legal/Court Orders/Releases – Consumer/Recipient Notices.
- **3.** If the individual is dissatisfied, and is a Medicaid recipient, he or she should be provided and may submit a *Request for Hearing* to the State Administrative Tribunal.

VI. REFERENCES AND LEGAL AUTHORITY: The Federal Code of Regulations 42CFR431.200-431.200 –250; 42CFR434.32; and 42CFR440.230; Grievance & Appeal Process (CMH Policy 05-01-29)

VII. EXHIBITS: Action Notice and Hearing Rights Instructions for Completion