
Title	Northern Lakes CMH Policies
Part 106	Supports and Services – NLCMH Provided and Contract
Subpart J	Mental Health Code Protected Recipient Rights
Policy No.	106.1027
Subject	Individual Plan of Service (RR)

Applicability

Policy applies to all NLCMH activities, operations and sites and to all Workforce Members except members of the governing body. Policy also applies to any Network Provider and its employees, volunteers, or agents that has elected to adopt and adhere to NLCMH policies and procedures pertaining to Recipient Rights under the terms of its Participating Provider Agreement.

Policy

Northern Lakes and its contracted providers shall ensure that timely and individualized assessment and service planning is accomplished in partnership with each recipient through a person-centered process, and for minors, a family-focused process. This process shall result in a written Individualized Plan of Services. Individual Plan of Service, which shall be developed in a timely manner with and for each recipient in accordance with standards of treatment established in the Michigan Mental Health Code (P.A. 258 of 1974, MCL 330.1712), the Michigan Department of Administrative Rules (R 7199), and the most current Michigan Medicaid Provider Manual (sections pertaining to Mental Health and Substance Abuse Services).

The Individual Plan of Service is the fundamental document in a recipient's record. The plan shall be kept current and modified when indicated by a change in the recipient's condition, needs, or services, or at the request of the recipient or his or her legally empowered representative. A provider shall retain all periodic reviews, modifications, and revisions of the plan in the recipient's case record.

STANDARDS:

ASSESSMENT:

1. A recipient's Individual Plan of Service shall be predicated on a current and comprehensive assessment of identified needs to include, at a minimum, the recipient's individualized needs for: Food; Shelter, Clothing; Health care; Employment opportunities; Educational opportunities; Legal services; Transportation; Recreation; Social Supports; Safety; and Crisis Planning.

2. The assessment shall additionally be based upon, as obtainable and applicable, referral information, previous treatment records, diagnostic, medical, and training reports with respect to the recipient's historical and current mental status and level of functioning as well as the person's hopes and dreams, strengths, abilities, and preferences.
3. For recipients with multiple needs and receiving multiple services, more than one type of assessment may be necessary, including but not limited to the following (Michigan Medicaid Provider Manual Section 3.2):
 - a) Health assessment activities provided by a registered nurse, physician assistant, nurse practitioner, or dietitian to determine the recipient's need for medical services and to recommend a course of treatment within the scope of practice of the nurse or dietitian.
 - b) Psychiatric Evaluation performed face-to-face by a psychiatrist, that investigates a recipient's clinical status, including the presenting problem; the history of the present illness; previous psychiatric, physical, and medication history; relevant personal and family history; personal strengths and assets; and a mental status examination.
 - c) Standardized psychological tests and measures rendered by full, limited-licensed, or temporary-limited-licensed psychologists.
 - d) Other assessments and testing conducted by a mental health care professional for the purposes of determining eligibility for services and supports, and the treatment needs of the recipient.
4. Upon admission to a specialized residential setting the recipient shall receive an initial comprehensive physical, mental and social assessment within the timeframes required by applicable licensing rules. All assessments shall be thorough and consistent with professional standards.
5. Assessment information shall be updated at a minimum annually, or more frequently dependent on the recipient's needs. If indicated by assessment results, further goals and objectives may be developed with the recipient or guardian and incorporated by addendum to the Individual Plan of Service.

For more guidance on assessment, refer to Policy 106.401.

SERVICE PLANNING:

1. Within 7 days of admission, a preliminary Person-Centered Plan of Services shall be developed in partnership with the recipient through a person-centered planning process, and for minors, with his or her family through a family-centered planning process. Refer to Policy 106.504 Person-Centered & Family-Focused Planning Process, for more guidance.

2. Preliminary planning includes the use of documented activities to determine the hopes, dreams, strengths, abilities, preferences, and desires of the recipient, to define the planning process, and to schedule a Person-Centered Planning Meeting
3. During preliminary planning, the recipient, and, when applicable, the recipient's guardian or the parent with legal custody of a minor shall be notified of the available array of services for which the recipient may be eligible and which may be appropriate to his or her condition. This shall be accomplished in a manner that is understandable to the recipient.
4. During the preliminary planning process, the recipient and, when applicable, his or her legal representative, shall be offered and, upon request, be provided an Independent Facilitator to assist in the planning process.
5. The service planning team must, at a minimum, consist of the recipient and, if applicable, his or her legal representative, other individuals chosen by the recipient and/or legal representative, and the professional(s) needed to develop and/or implement the plan.
6. 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.
7. The preliminary planning process shall result in a meeting at which an Individual Plan of Service is developed to specify the services (treatments and/or supports) in amount, scope and duration that will be provided to meet the recipient's needs and goals and to promote the recipient's recovery, resilience, and well-being.
8. The preliminary Individual Plan of Service should be as comprehensive as possible, but may also identify a need for further assessment and planning. Safety and Crisis planning should be prioritized.
9. The Individual Plan of Service or any of its modifications may consist of a supports plan which addresses the personal or community living support, training, or habilitation services and/or a treatment plan which addresses therapy or rehabilitation services that are to be provided for the recipient.
10. If the Person-Centered Plan of Service contains subcomponents (e.g., a Behavior Treatment Plan, Nursing Plan, Occupational Therapy Plan, Supported Employment Plan, Psychosocial Rehabilitation Plan etc.), these shall be considered part of the integrated Person-Centered Plan of Services.

INDIVIDUAL PLAN OF SERVICES DOCUMENT

The content of any Person-Centered Plan developed for a recipient by Northern Lakes CMH or its contracted providers shall comply with all current statutory and regulatory requirements and shall identify, at a minimum, all of the following:

Title 1 Northern Lakes Policies, Part 106 Supports and Services – NLCMH Provided and Contract, Subpart J Mental Health Code Protected Recipient Rights, Policy No. 106.1027, Subject Individual Plan of Service (RR)

1. The recipient's name, date of birth, case number, and admission date.
2. The date of the Person-Centered Planning Meeting.
3. All individuals, including family members, friends, and professionals that the individual desired or required to be part of the planning process, and who participated.
4. Assessment and diagnostic information relevant to the development of the plan, but excluding privileged information or communications.
5. The recipient's legal status, i.e., whether the recipient is legally competent and if not, whether a guardian has been appointed, and if so, identifying the guardian and the scope and duration of the guardianship or conservatorship, or any legal instruments designating surrogate decision-makers and their scope (e.g., Durable Powers of Attorney, Designated Patient Advocates, etc), whether they have been activated and, if so, when.
6. A description of any involuntary procedures and the legal basis for performing them, (i.e., court-ordered treatment and the scope of the order) with the stated objections of the recipient, if any.
7. The recipient's hopes and dreams, strengths, abilities, and preferences, stated as discreet domains and appropriate to the recipient's culture and age.
8. The services, supports, and treatments that the recipient requested of the provider.
9. The services, supports, and treatments within the service array committed by the responsible mental health agency to honor the recipient's request.
10. When the recipient can expect each of the committed services and supports to commence, and, in the case of recurring services or supports:
 - a. How frequently, and
 - b. For what duration, and
 - c. Over what period of time.
11. Identification of the mental health professional responsible for assuring implementation of the Individual Plan of Service and all of the providers who will assume responsibility for assuring that each of the committed services and supports are delivered.
12. The recipient's meaningful goals that are:
 - a. Stated in the words of the recipient, or when not possible, in the words of the recipient's guardian's or parent with legal custody, when applicable; and

- b. Reflective outcomes desired from each service, treatment and/or support provided.
13. Treatment and/or Support objectives stated in terms that:
- a. Are achievable and allow measurement with specific time frames for progress toward desired outcomes; and
 - b. Reflect treatment or support expectations appropriate to the recipient's, age, development, and ethnicity and;
 - c. Are responsive to the person's disabilities/disorders or concerns; and
 - d. Are appropriate to the treatment or supports setting; and
 - e. Are written in a manner that is understandable to the recipient, or when this is not possible due to cognitive limitations, by the recipient's legally empowered representative, if any.
14. The specific treatment and/or support methods and/or interventions that occur at what frequency to promote attainment of service goals and objectives, and including:
- a. Strategies for assuring that recipients have access to each of the available treatments and/or supports to meet each of the recipient's identified needs (including, at a minimum, all needs listed in the assessment section of this policy); and
 - b. If identified, strategies for how the recipient's co-occurring disabilities and/or disorders will be addressed in an integrated manner by qualified providers especially including coordination with primary health care and substance abuse providers; and
 - c. If applicable, strategies for how services to a medically fragile recipient will be delivered in a manner that assures the recipient's safety by skilled health care providers; and
 - d. Strategies for how the committed mental health services, treatments, and supports will be coordinated with the recipient's natural support systems and the services and supports provided by other public and private organizations; and
 - e. If necessary, a description why any area of need was identified but not addressed in the plan with rationale and including plan for addressing at a later date or for referrals to additional services.
15. Any restrictions or limitations of the recipient's rights with documentation of all of the following:
- a. The type, scope and duration of the restriction or limitation; and
 - b. The clinical and legal justification for the restriction or limitation; and

- c. A description of attempts that have been made to avoid the restriction or limitation, assuring that it is the least restrictive intervention that is appropriate and available; and
 - d. How the restriction or limitation is being used in connection with the recipient's goals and objectives; and
 - e. The end-date of the restriction or limitation, or when not foreseeable, a description of what actions will be taken as part of the plan to ameliorate or eliminate the need for the restriction or limitation in the future; and
 - f. Instructions to the implementing provider(s) that each instance of the restriction or limitation will be documented in the recipient's record with a plan for data collection and review of progress.
16. Documentation instructions, if any, to implementing providers.
 17. Conditions for transition to lesser intensive and lesser restrictive services and for discharge.
 18. A specific date or dates when the overall plan, and any of its subcomponents will be formally reviewed for possible modification or revision and an explanation of the right to review the plan sooner upon request.
 19. Documentation of notification of informal conflict resolution, grievance, and appeal mechanisms.
 20. Documentation of oral explanation and written notification of Recipient Rights, provided consistent with Policy 106.207 Notification of Recipient Rights.
 21. Documentation of the recipient's expressed feedback and satisfaction regarding the planning process.
 22. The signature of the recipient and, when applicable the recipient's legal representative with the authority to consent documenting that the plan was explained, understood and voluntarily agreed to with informed consent (see Consent and Implementation section below).
 23. The signature of the responsible mental health professional and his or her discipline(s).
 24. The signature of the supervising individual.
 25. The signature of the attending physician, if identified.

CONSENT AND IMPLEMENTATION:

1. An Individual Plan of Service shall be considered as a consent to services, an agreement to which shall be obtained through an informed consent process with the signature of the recipient and the recipient's legally empowered representative when applicable. Except as otherwise noted below, the individual plan of service shall be formally agreed to in whole or in part by the responsible mental health agency and the recipient, his or her guardian, if any, or the parent who has legal custody of a minor recipient. If the appropriate signatures are unobtainable, then the responsible mental health agency shall document witnessing verbal agreement to the plan by an individual other than the person seeking consent.
2. Implementation of a plan without agreement of the recipient, his or her guardian, if any, or parent who has legal custody of a minor recipient may only occur when a recipient has been adjudicated pursuant to the provisions of sections 469, 472, 473, 515, 518, or 519 of the Mental Health Code. However, if the proposed plan in whole or in part is implemented without the concurrence of the 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.
3. Copies of the plan shall be provided to the recipient, his or her guardian, if any, or the parent with legal custody of a minor recipient as soon as possible, but no later than 15 days from the date of the Person-Centered Planning meeting. Adequate Notice clearly verifying which services, treatments, and supports have been authorized shall be provided to the recipient and his or her legally empowered representative at the same time.
4. Copies of the plan shall be also be submitted as soon as possible, but no later than within 15 days from the date of the Person-Centered Planning meeting, to all of the implementing providers who shall retain the plan confidentially in the recipient's record maintained at the service site.

NOTICE OF CLINICAL PROGRESS AND INDIVIDUAL PLAN OF SERVICE REVIEW RIGHTS:

1. In accordance with Section 714 of the Michigan Mental Health Code, a recipient shall be informed both orally and in writing of his or her clinical status and progress at reasonable intervals established in the Individual Plan of Service. The review shall occur in a manner appropriate to the recipient's clinical condition and shall be linked directly to the recipient's goals and objectives identified in the plan.
2. A recipient's Individual Plan of Service shall also be reviewed and updated whenever indicated by a change in the recipient's condition, when new services are requested or agreed to, at the recipient's request, but in any event no less than annually.
3. The annual review and plan development shall be part of the reauthorization process and shall include thorough assessment, review, and input by the recipient and his/her legal representative and by appropriate members of the treatment/supports team. A description of participation by the recipient or legal guardian and significant others should be documented in the record throughout the planning process.

4. At any time, if a recipient is not satisfied with his or her individual plan of services, the recipient, the person authorized by the recipient to make decisions regarding the plan of services, the guardian of the recipient, or the parent 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 consistent with this policy.

CHANGE IN TYPE OF TREATMENT

1. Changes in services, treatment or support, e.g., transfers to different services, changes in medication regimes, clinical interventions etc., must be reflected in the Individual Plan of Service with documentation of planning and written informed consent.
2. Relocation of a recipient from one residential setting to another must be supported by documentation in the person-centered plan or, in the short-term, by evidence of emergency need with verbal approval of clinical staff assigned directly or on-call and with the informed consent of the recipient or his or her legally empowered representative.
3. Changing diagnosis must be accompanied by an assessment that demonstrates the accuracy of the new diagnosis. The assessment and new diagnosis must be documented in the record.
4. A recipient and, when applicable, his or her legal representative must be notified in advance when ready for transition, discharge, or when maximum benefit from services has been received. This shall be accomplished through a person-centered planning process except when the recipient is not participating in treatment.
5. A discharge plan shall be developed prior to the termination of all mental health services unless the recipient has failed to participate in his or her plan of services or has died. If the recipient is not participating in treatment or support the individual responsible for implementing the recipient's plan of services shall notify the recipient in writing prior to terminating services to provide sufficient time to afford the recipient an opportunity to re-engage in treatment. This shall occur prior to sending the recipient Advance Notice of Adverse Action.

Procedures

None.

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