

BARRY COUNTY COMMUNITY MENTAL HEALTH AUTHORITY POLICY AND PROCEDURE MANUAL

Policy: Person Centered Planning Process 6-K		Application: BCCMHA Staff
Reviewed 6/21/2023	Revised 6/21/2023	First Effective 5/7/1996

I. PURPOSE

To establish an appropriate structure for the development and periodic review of an individual plan of service for clients of Barry County Community Mental Health Authority (BCCMHA) using person centered planning principles (see MDHHS person centered planning policy and practice guidelines).

Each BCCMHA client will be involved with the development and implementation of their individual plan of service.

II. POLICY

Every open client of BCCMHA will have an up-to-date individual plan of service in their medical record that will be developed using person centered planning principles, implemented, and reviewed by the assigned service provider and client. The individual plan of service is valid for 365 days.

III. STANDARDS

Every individual plan of service will occur in accordance with the principles of conflict-free access and planning, as well as utilizing person centered planning principles to develop a written IPOS in partnership with the recipient. [MHC 1712(1)]. The individual plan of service will include specific goals, objectives, interventions, time frames, discharge/level transition criteria, grievance and appeal information, client's hopes, dreams, preferences, requests for authorizations and outcomes of treatment. The individual plan of service will include the signatures of all involved with the person-centered meeting and treatment process. The individual plan of service will outline the amount, scope, and duration of services and supports to be received by the client. The individual plan of service will also list client needs as identified via the assessment process which may include, but is not limited to, the following domains: health practices, independent living skills, food, shelter, clothing, health care, employment opportunities where appropriate, educational opportunities where appropriate, legal services and recreation. [AR 7199(h)]

The IPOS will identify any restrictions or limitations of the recipient's rights and will attempt to avoid such restrictions, as well as what action can be taken as part of the plan to ameliorate or eliminate the need for the restrictions in the future. [AT 7199(2)(g)]

Any Restrictions, limitations or intrusive behavior treatment technique is reviewed by a formally constituted committee of mental health professionals with specific knowledge, training and expertise in applied behavioral analysis. [MHC 1712(3)].

A copy of the individual plan of service will be provided to the client within 15 business days after the person-centered meeting unless the client declines a copy of their plan. The provision or refusal of the copy of the plan by the client will be noted in the electronic health record (EHR).

In addition to a copy of the individual plan of service, an estimate of the cost of services will be provided to the client. The cost estimate will be provided to the client annually, when significant changes occur to the plan of services, and/or as requested by the client following the person-centered planning process.

Whenever possible, natural supports will be involved in the development and implementation of the plan of service.

The individual plan of service must meet medical necessity criteria and service selecting guidelines as outlined in the Mental Health/Substance Use Disorder Section of the Medicaid Manual, Master Contract(s) with the Michigan Department of Health and Human Services, by Centers of Medicare and Medicaid Services, and be appropriate to the individual's needs.

Goals will be written in terms of obtaining an improved, more satisfactory state for the client, but in all cases is a direct result of the client's own desires for services. These goals will reflect the impact on the client's resources, such as personal strengths, social ties, finances, family situations as identified by the client, and be stated in a positive manner. Goals should specify behavioral objectives, be written in measurable language, and state specific observable changes in behaviors, skills, attitudes, or circumstances.

There must be an intervention component for each of the established service goals which will be a description of the methods that are to be implemented by assigned staff to accomplish the stated goals, method of data collection, indicate people responsible for providing the direct service, and how often regular client contacts are to be made. Anticipated referrals to other services, CMH or community, should be included also in the Deferred Treatment Issue Section and copies of related referral documents placed in the medical record. Services reflected in the Individual plan of service will represent the least restrictive environment possible. This should include not only the client's living situation, but also treatment interventions.

Discharge and/or level of care transition criteria will be outlined in the individual plan of service. This will be utilized in assisting clients to monitor their own progress toward discharge or level of care transition, but also communicate what needs to be accomplished before movement to discharge or another level of treatment.

Time frames for each of the developed goals will reflect the needs and desires of the client and document the anticipated completion date.

If the client refuses to sign their individual plan of service, the clinician or case manager will document the refusal within the individual plan of service.

A new individual plan of service will be developed at least annually or amended as needed during the course of treatment. Annual review of an individual plan of service is documented through the assessment.

The IPOS will be kept current and modified when indicated [MHC 1712(1), MHC 1752]

The individual plan of service will be monitored via a periodic review as outlined within the plan of service and in accordance with MDHHS and PIHP contract.

The IPOS will include specific date(s) when the overall plan and any of its sub-components will be formally reviewed for possible modification or revision. [AR 7199(2)(j)]

The recipient will be informed orally and in writing of their clinical status and progress at reasonable intervals established in the IPOS in a manner appropriate to the recipient's clinical condition. [MHC 1714]

If a recipient is not satisfied with their individualized plan of services, the recipient, their guardian or parent of a minor recipient may make a request for review within 30 days to the designated individual in charge of implementing the plan. [MHC 1712(2)]

It is imperative that all persons charged with implementing Individualized Plans of Service (IPOS) and subsequent addendums are promptly and adequately trained when Plans are developed and when there is a change to the IPOS.

IV. PROCEDURE

If a recipient is not satisfied with their individual plan of services, the recipient, the person authorized by the recipient to make decisions regarding the individual 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 by the primary case holder and their supervisor. Documentation of the review will be placed within the file. [MHC 1712(2)]

Any restrictions or limitations of the recipient's rights will be documented in the IPOS and/or Behavior Plan and will include documentation of attempts to avoid such restrictions, as well as what action can be taken as part of the plan to ameliorate or eliminate the need for the restrictions in the future. Any Restrictions, limitations or intrusive behavior treatment technique is reviewed by BCCMHA Behavior Treatment Plan Review Committee and implemented and reviewed in accordance with the Behavior Treatment Plan Review Committee Policy.

REFERENCES

Medicaid Manual and Centers for Medicare and Medicaid Services
Michigan Mental Health Code (supplemented through Act 152 of 1996: Sec. 712) B. Michigan Department of Health and Human Services PIHP Medicaid Managed Specialty Supports and Services contract:

Attachment P 4.4.1.1 Person-Centered Planning Policy and Practice Guideline Attachments:
Michigan Department of Health and Human Services PIHP Medicaid Managed Specialty
Supports and Services contract: Attachment P 4.4.1.1 Person-Centered Planning Policy and
Practice Guideline
Individual Plan of Service Policy Merge 2022
Periodic Review Policy Merge 2022

APPROVED BY:

Richard Thiemkey
Executive Director

Date