

## **BARRY COUNTY COMMUNITY MENTAL HEALTH AUTHORITY POLICY AND PROCEDURE MANUAL**

Policy: 6-K Person Centered Planning Process	Application: BCCMHA Staff
<p>Approved: <i>Richard S. Thiemkey, M.A.</i> <small>Richard S. Thiemkey, M.A. (Feb 4, 2026 15:57:15 EST)</small> Richard Thiemkey, MA Executive Director</p>	
Reviewed 1/21/2026	Revised 12/17/2025
	First Effective 5/7/1996

### **PURPOSE**

To establish an appropriate structure for the development and periodic review of an Individual Plan of Service (IPOS) 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.

### **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, including face to face interaction/input from person served, implemented, and reviewed by the assigned service provider and client. The individual plan of service is valid for 365 days.

### **STANDARDS**

The responsible mental health agency for each recipient will ensure that a person-centered planning process is used to develop a written individual plan of services in partnership with the recipient. A preliminary plan will be developed within 7 days of the commencement of services or, if an individual is hospitalized for less than 7 days, before discharge or release. The individual plan of services will consist of a treatment plan, a support plan, or both. A treatment plan will establish meaningful and measurable goals with the recipient. The individual plan of services will 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. The plan will be kept current and shall be modified when indicated. The individual in charge of implementing the plan of services will be designated in the plan. [MCL 330.1712(1)/ 330.1752]

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 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 will be completed within 30 days. [MCL 330.1712 (2)]

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 will be documented in the case record. [MCL 330.1712 (3)]

The individualized written plan of services is the fundamental document in the recipient's record. A provider will retain all periodic reviews, modifications, and revisions of the plan in the recipient's record. [R 330.7199(1)]

The IPOS will identify, at a minimum, all of the following R 330.7199(2)(a-j):

- a. All individuals, including family members, friends, and professionals that the individual desires or requires to be part of the planning process.
- b. The services, supports, and treatments that the recipient requested of the provider.
- c. The services, supports, and treatments committed by the responsible mental health agency to honor the recipient's request specified in subdivision (b) of this subrule.
- d. The person or persons who will assume responsibility for assuring that the committed services and supports are delivered.
- e. 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.
- f. How the committed mental health services and supports will be coordinated with the recipient's natural support systems and the services and supports provided by other public and private organizations.
- g. Limitations of the recipient's rights. Limitations of the recipient's rights, any intrusive behavior treatment techniques, or any use of psycho-active drugs for behavior control purposes shall be reviewed and approved by a specially constituted body comprised of at least 3 individuals, 1 of whom shall be a fully- or limited-licensed psychologist with the formal training or experience in applied behavior analysis, and 1 of whom shall be a licensed physician/psychiatrist.  
Both of the following apply:
  1. Limitations of the recipient's rights, any intrusive treatment techniques or any use of psychoactive drugs where the target behavior is due to an active substantiated Axis 1 psychiatric diagnosis listed in the Diagnostic and Statistical Manual of Mental Disorders need not be reviewed and approved by a specially constituted body described in this subdivision.
  2. Any limitation shall be justified, time-limited, and clearly documented in the plan of service. Documentation shall be included that describes attempts that have been made to avoid limitations, as well as what actions will be taken as part

the plan to ameliorate or eliminate the need for the limitations in the future.

- h. Strategies for assuring that recipients have access to needed and available supports identified through a review of their needs. Areas of possible need may include any of the following: food, shelter, clothing, physical health care, employment, education, legal services, transportation and recreation.
- i. A description of any involuntary procedures and the legal basis for performing them.
- j. A specific date or dates when the overall plan and any of its subcomponents will be formally reviewed for possible modification or revision.

The plan will not contain privileged information or communications. R 330.7199 (3)

Except as otherwise noted in subrule R 330.1799(5) of this rule, the individual plan of service will 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 will document witnessing verbal agreement to the plan. Copies of the plan shall be provided to the recipient, his or her guardian, if any, or the parent who has legal custody of a minor recipient. [R 330.7199 (4)]

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 section 469a, 472a, 473, 515, 518, or 519 of the act. 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, or the parent who has legal custody of a minor recipient, then the stated objections of the recipient or his or her guardian or the parent who has legal custody of a minor recipient will be included in the plan. [R 330.7199 (5)]

BCCMHA, or contracted service provider, will ensure that a recipient is given a choice of physician or mental health professional within the limits of available staff. [MHC 1713]

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]

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.

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.

For individuals exploring specialized residential placement, the IPOS must have information regarding movement toward a lesser restrictive residential living arrangement, including non-disability specific settings and ensure these settings are documented by name.

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

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.

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.

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 30days to the designated individual in charge of implementing the plan.

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 by the case holder.

## **PROCEDURES**

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.

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.

Any restrictions or limitations of the recipient's rights will be documented in the IPOS, in addition to the 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: Person-Centered Planning Policy and Practice Guideline