

Chapter: **DIRECTLY-OPERATED PROGRAM MANAGEMENT**
Title: **SERVICE PLANNING AND REVIEW**

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I. ABSTRACT

This policy establishes the standards and procedures of Macomb County Community Mental Health (MCCMH), an official agency of the County of Macomb, for ensuring that services provided to persons served are provided pursuant to an appropriately developed Individual Plan of Service (IPOS).

II. APPLICATION

This policy shall apply to all MCCMH directly operated network providers of MCCMH.

III. POLICY

It is the policy of MCCMH that services and supports are delivered based upon a formal written Individual Plan of Service (IPOS) developed with the person served through the person-centered planning process.

IV. DEFINITIONS

A. Clinical Services

Services defined by the Mental Health Code or by Medicaid as covered services for persons with mental health needs, substance use disorders, co-occurring disorders, or other similar services provided consistent with a medical necessity determination. These include professional services provided by licensed clinical staff such as psychiatrists, psychologists, counselors, social workers, or other health and/or behavioral health care professionals.

B. Clinical Supervision

A distinct practice which is defined as the relationship between the supervisor and the supervisee in which there is shared responsibility for the protection of the public through accountability for the development and management of competence, professionalism, and ethical practice. Clinical Supervisors are responsible for providing direction and guidance to

their supervisees in administrative management, while providing education specific to persons served and clinical practice, with ongoing evaluation of the supervisee's ability to provide competent, appropriate, ethical services that benefit the person. Clinical supervision includes at a minimum, documented review of clinical documentation completed by the supervisee, collaborative discussions on the approach and/or interventions used by the supervisee, ongoing monitoring and support for the supervisee in the provision of services, and compliance with agency policies and procedures.

C. Medically Necessary

Mental health, developmental disabilities, and substance use services when they meet the following criteria, or other criteria as set forth in the current version of the Michigan Medicaid Provider Manual and applicable MCCMH policies:

1. Necessary for screening and assessing the presence of a mental illness, developmental disability, or substance use disorder;
2. Required to identify and evaluate a mental illness, developmental disability, or substance use disorder;
3. Intended to treat, ameliorate, diminish, or stabilize the symptoms of mental illness, developmental disability, or substance use disorder;
4. Expected to arrest or delay the progression of a mental illness, developmental disability, or substance use disorder; and/or
5. Designed to assist the person served to attain or maintain a sufficient level of functioning to achieve their goals of community inclusion and participation, independence, recovery, or productivity.

Note: MCCMH is part of Michigan's CCBHC Demonstration Project under which services to individuals who meet the criteria for mild to moderate mental health issues may be able to receive services.

D. Individual Plan of Service (IPOS)

A document that is the outcome of the person-centered planning process which is created in partnership with the person served and their family, paid service providers, and available natural supports to outline the services and resources the individual needs to achieve their desired quality of life. The IPOS is person-centered and continually updated to reflect the changes in need or circumstances to align with the individual's desired outcomes for their life. An IPOS addresses the individual's needs for shelter, food, clothing, health care, employment, education, transportation, recreation, socialization, and community inclusion. An IPOS identifies the paid and unpaid services and supports needed for the individual to meet the objectives and goals outlined in the plan; the amount, scope, and duration of services; and the individualized interventions which designate the person(s) responsible for implementing the plan.

E. Preliminary Plan of Service

A plan of service developed at the time of the initial assessment and annually thereafter during the Person Center Planning Process, to identify people and content to be included at the full plan meeting.

F. Pre-Planning

Pre-planning for the IPOS involves working with the person served to determine who they would like to have at the IPOS meeting, how those people will be invited and by whom, what topics the person would like the meeting to focus on, and what (if any) topics the person does not want discussed at the meeting. IPOS documentation must be sufficiently informed by annual assessments of need and documented pre-planning. If the person served requests to complete preplanning and their IPOS meeting on the same day, this must be documented in the person's electronic medical record (EMR).

G. Primary Provider Agency

The agency at which the designated case manager or mental health professional responsible for ensuring the development of the plan of service and his/her clinical supervisor is assigned.

H. Service Review

A structured review of the Individual Plan of Service led by the primary case holder (or an independent facilitator when requested by the person served) with the person served and their paid and natural supports, where applicable, which documents the outcomes, progress, and challenges for the individual in each goal and the corresponding objectives of each goal. Reviews should also include documented discussions on the skills development identified to support the individual in living and/or moving to a lesser restrictive setting where applicable.

I. Supportive Services

Services defined by the Mental Health Code or Medicaid as alternative covered services for persons with mental health needs or any of the services defined by Medicaid as covered services. Such services are authorized and provided to reduce barriers to care, enhance community inclusion, increase engagement, promote skill development, and assist with the development of social networks and/or natural supports.

V. STANDARDS

- A. A person-centered process shall include pre-planning; information and education; a continuous feedback loop with the person served; collaborative meetings; implementation and monitoring.
- B. The role of any assessment in person centered planning is to inform the preplanning process, propose service possibilities and medical necessity, but shall not be used to pre-determine the amount or type of service.
- C. Based on the initial assessment conducted upon entry into service, a Preliminary Plan of Service is developed in collaboration with the person served.
 1. The Preliminary Plan of Service:
 - a. Addresses the person's immediate specialized assessment needs and immediate service needs;

- b. Ensures that health and safety issues for the person are adequately addressed; and
 - c. Confirms that all the support people for the person served are identified for invitation to the individual plan of service (IPOS) meeting.
- 2. The Preliminary Plan of Service shall be developed within fourteen (14) calendar days of entry into service and remain in effect until a full IPOS is developed using a person-centered process, but in no case longer than sixty (60) calendar days.
- D. For individuals being discharged from an inpatient unit to an MCCMH service provider who are already enrolled in and receiving MCCMH services, an updated assessment and preliminary plan of service shall include the discharge recommendations of the inpatient unit and shall be developed prior to the day of discharge to ensure continuity of integrated care.
- E. For individuals being discharged from an inpatient unit to an MCCMH service provider for an initial treatment episode with MCCMH, the initial assessment, including the preliminary plan of service shall be developed in accordance with requirements outlined herein and in MCCMH Policy 2-010, "Clinical Service Documentation," and MCCMH Policy 2-014, "Assessment Services".
- F. As part of the pre- planning meeting, all individuals that the person served desires or requires to be part of the full plan's development, including family members, friends, and professionals, shall be identified and invited to participate.
- G. The IPOS is an annually developed record of planning for the provision of services and supports and is reviewed and revised at intervals necessary to respond to the changing needs of the person served. During the development of every IPOS and at each subsequent service review, a mutually agreed upon period of time for the next scheduled service review shall be determined.
- H. Each IPOS shall be designed to respond to the individualized choice, needs, and preferences of the person served and/or their family when the plan is written for a youth. The IPOS shall be framed within the context of the person's current abilities, diagnosis, and desired outcomes and/or goals for their life.
- I. The full IPOS shall be completed within sixty (60) calendar days of a person's entry into service and reviewed and revised at least every twelve (12) months. Reviews shall also be initiated at the request of the person served or when the person's circumstances or needs change significantly.
- J. Service reviews shall be conducted at least every six (6) months; prior to requesting authorization for continued services or a change in level of care; following recent hospitalization other identified changes in the person's functioning, needs, or preferences for treatment; or at the request of the person served and/or their legal guardian. Service reviews may also be conducted at more frequent intervals as

prearranged at the time of the IPOS development.

- K. Revisions or additions to the IPOS arising from a service review meeting do not require re-authorization as long as they fall within the currently authorized service array and authorization period. Service changes shall require authorization in accordance with the standards as defined in MCCMH Policy 12-004, "Service Authorizations."
- L. Clinical services include behavioral health services which are professional services provided by licensed clinical staff, such as psychiatrists, psychologists, counselors, social workers or other health and/or behavioral health care professionals and shall be provided by MCCMH directly or through its contracted provider network.
- M. Support services include all services and supports which are necessary to assist and support the individual in reaching his/her desired outcomes including those which are provided by or accessed through sources other than MCCMH. Support services may include community or natural supports in addition to Medicaid covered support services. All supports and services identified as being necessary to meet the person's needs must be included in the Preliminary Plan, IPOS, and all subsequent service reviews.
- N. MCCMH persons served shall have an assigned Primary Case Holder who is responsible for assuring that the IPOS is developed, reviewed, and revised as required and appropriate to meet the needs of the individual. The IPOS must be signed by the primary case holder and/or author of the plan, as well as the person served and, where applicable, the parent or legal guardian, and the supervisor.
- O. The Primary Case Holder shall ensure a copy of the plan is provided to the person served and their guardian, as applicable, within fifteen (15) business days of the conclusion of the person-centered planning meeting which develops or amends the IPOS.
- P. Professional staff signatures, including credentials, on FOCUS clinical records and progress notes shall be affixed within 48 hours of completion.
- Q. Standards found in MCCMH MCO Policy 2-032, "Person-Centered Plan, Process, Training, and the Role of Health and Safety Considerations," should be utilized in the development, review, and revision of each IPOS.
- R. The person served shall take an active role in the process of planning his/her own services. Documentation of the planning process and including the individual's response, engagement, and preferences related to the IPOS and the person-centered planning process should be included in the clinical record.
- S. The Individual Plan of Service (IPOS) shall include:
 - 1. A summary of the person's strengths and abilities and those resources/sources of support which are available to them outside of and including their MCCMH services.

2. A summary of the person's relevant history in treatment and/or the community which necessitates the proposed treatment interventions, identifies the least restrictive setting to maintain the health, safety, and optimal functioning of the person.
3. Statements from the person served, treating professionals, and/or their paid staff and support network, of barriers, areas of concern, and identified skills to be addressed through the provision of service.
4. A description of the desired outcomes resulting from treatment and support services provided. Outcomes are stated from the perspective of the person.
5. Goal(s) to address the desired outcomes using the person's own words, and/or that of their legal representative, where applicable.
6. Objectives or the steps the person can take to accomplish the identified goal(s). Objectives shall be written in a manner that is understood by the person, using specific behavioral language that is realistic for the person at that point in their recovery/treatment journey, time-limited, attainable for the person with or without professional/support services, and measurable over time.
7. Descriptions of the specific activities/interventions designed to assist the person in achieving his/her desired outcomes. Interventions shall identify the services, supports, treatments, natural supports, where applicable, and staff that will provide the described activities/interventions, services, supports, and treatments.
8. Designation of the person(s) responsible for providing each activity and intervention.
9. A timeline for when the person can reasonably expect each of the designated services and supports to begin, and, in the case of recurring services or supports, how frequently, for what duration, and over what period of time.
10. How the designated mental health services and supports will be coordinated with the person's natural support systems and all the services and supports provided by other public and private organizations and at what intervals the coordination will occur.
11. A plan addressing anticipated health and safety issues as needed as well as social determinants of health (SDOH) may include but is not limited to the following:
 - a. Food
 - b. Shelter/Housing
 - c. Clothing/Personal Care
 - d. Medical Care

- e. Environmental Resources (such as clean water, air, and nutritious foods)
 - f. Employment
 - g. Education
 - h. Legal services
 - i. Transportation
 - j. Safety and security at home
 - k. Recreation and hobbies
 - l. Social connections and relationships
12. Any restrictions or limitations of the person's rights, including but not limited to freedom of movement, locked or otherwise secured settings, intrusion of personal space or property, and physical management shall be reviewed and approved prior to implementation according to the provisions of MCCMH MCO Policy 8-008, "Behavior Treatment Plan Review Committee."
 - a. Any proposed restriction or limitation to a person's rights shall be justified in documentation with specific reasons the proposed restrictions or intrusions are necessary to maintain the health or safety of the person and/or the community.
 - b. Any proposed restriction or limitation to a person's rights shall be time-limited and a documented titration plan must be included in the treatment plan and clearly documented in the IPOS.
 - c. Documentation shall be included that describes attempts made to avoid such restrictions or to reduce restrictions already in place, the person's response to these attempts, and what actions will be taken as part of the plan to ameliorate or eliminate the need for the restrictions in the future.
 13. The date(s) upon which the plan and any of its subcomponents will be formally reviewed to assess the person's progress toward achieving the desired outcomes and to determine the need for possible modification or revision;
 14. A clear summary or statement that reflects the person's involvement with the development or updating of the IPOS and/or acknowledgment of the person-centered planning process; and
 15. Identification of the formal processes and contacts through which the person served may resolve problems with service planning and provision or the identified service provider.

- T. At a minimum, the IPOS is formally agreed to (via physical signature or electronic signature obtained via the patient portal) by the person served, the legal guardian, where applicable, or the parent who has legal custody of a minor child, as applicable, the assigned primary case holder and the clinical supervisor assigned to the identified Primary Case Holder. Every subsequent revision of the IPOS requires the same formal agreement as described herein.
- U. The IPOS with original signatures shall be kept in the person's clinical file at the Primary Provider Agency and in the FOCUS EMR. Copies of the IPOS are provided to the person served, his or her legal guardian, if applicable, or the parent who has legal custody of a minor child, and to any additional service providers by whom portions of the plan's services will be provided or monitored. The individual may choose to share their IPOS with additional members of his/her family and community support system.
- V. Implementation of an IPOS without agreement of the person served, his or her legal guardian, if applicable or parent who has legal custody of a minor child may only occur when a person has been adjudicated pursuant to Michigan Mental Health Code sections 469a (court order for treatment program as alternative to hospitalization (AOT)), 472a, or 473 (court order for involuntary mental health treatment or for continuing order for involuntary mental health treatment), 515, 518, or 519 (court order for an individual with a developmental disability to be admitted to or discharged from a center; court order for a program of care and treatment other than admission to a center for individual with a developmental disability).
- W. To the degree that the person served wishes to share the IPOS with others, the person's wishes are respected regarding the inclusion or exclusion of information which he/she considers sensitive or privileged.

V. PROCEDURES

Provider manuals at each site shall be maintained in accordance with the standards and procedures outlined in the MCO policy manual and should be updated routinely in accordance with updates to best practices, standards of care, and MDHHS or MCCMH guidelines.

VI. REFERENCES / LEGAL AUTHORITY

- A. MCL 330.1712
- B. MDHHS Administrative Rules, R 330.7199, "Written Plan of Services"
- C. MDHHS-MCCMH Managed Specialty Supports and Services Contract, "Person-Centered Planning Practice Guideline"
- D. Commission on Accreditation of Rehabilitation Facilities (CARF) 2022 Standards Manual
- E. MCCMH MCO Policy 2-001, "Person-Centered Planning Practice Guidelines"

- F. MCCMH MCO Policy 2-010, “Standards for Clinical Services Documentation”
- G. MCCMH MCO Policy 8-008, “Behavior Treatment Plan Review Committee”
- H. Best Practice Standards in Social Work Supervision
- I. American Psychological Association. (2014). Guidelines for Clinical Supervision in Health Service Psychology. Retrieved from <http://apa.org/about/policy/guidelines-supervision.pdf>
- J. SAMHSA (2010). *Tip 52 clinical supervision and professional development of supervisory practices*. The Institute for Best Practices. <https://www.institutebestpractices.org/wp-content/uploads/2021/04/17d.-Supervisory-Tools-from-TIP-52.pdf>

VII. EXHIBITS

None.