MCCMH MCO Policy 2-033

Chapter: **CLINICAL PRACTICE**
Title: **ADVANCE CRISIS PLAN/ ADVANCE DIRECTIVES**

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Proposed by: Traci Smith 11/13/2025
Chief Executive Officer Date

Approved by: Al Lorenzo 11/13/2025
County Executive Office Date

I. ABSTRACT

This policy establishes the standards of Macomb County Community Mental Health (MCCMH), an official agency of the County of Macomb, to guide its providers in the practice of crisis planning for periodic crisis states and to provide information about advance directives for mental health and physical health care to its adult persons served in compliance with federal and state requirements.

II. APPLICATION

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

III. POLICY

It is the policy of MCCMH to engage its persons served in the annual development of a crisis plan as part of the Individual Plan of Service, either at pre-planning or when a preliminary plan of service is developed in advance of the IPOS; and to provide adult persons served with written information on advance directives for mental health and physical health care, in accordance with existing state and federal laws.

IV. DEFINITIONS

A. Crisis Plan
A documented care plan that provides a description of important information related to an individual's health, behavioral health, and relevant medical and psychiatric history to support them during a mental health crisis, including:
1. Self-reported symptoms of crisis related to mental health, substance use, or other conditions which require stabilization
2. Known environmental, situational, social, or emotional precipitants that may lead to or worsen a crisis state for the individual

3. Proactive behavioral strategies including any which were successful in de-escalating past crises or that may prevent a situation from rising to a crisis
4. Names and contact information for family, friends, and all relevant natural supports who can assist the individual in a crisis or assist in prevention of a crisis
5. Coping strategies that can be used to prevent a crisis from occurring or to support de-escalation of the individual during a crisis state
6. Phone numbers for local and national crisis hotlines, including 988
7. Psychiatric and healthcare provider contact information
8. Addresses and phone numbers for local crisis mobile or stabilization units, centers, or other walk-in crisis sites nearby
9. Any personal needs or preferences that might prevent or positively impact a crisis, such as what or who brings comfort, or preference in providers of crisis care
10. Names and contact information of individuals and/or entities who need to be notified and/or involved in the crisis care and the aftercare for the person served

B. Determination of "Unable to Give Informed Consent"
A determination that an individual is unable to give informed consent regarding mental health care must be made after an examination by a physician and a mental health professional (who can be a physician, psychologist, registered nurse or master-level social worker). The determination must be entered into the individual's medical record and reviewed at least annually. This is the point at which the powers of a patient advocate take effect under a Patient Advocate Designation for Mental Health Care.

C. Determination of "Unable to Participate"
A determination that an individual is unable to participate in decisions regarding medical (physical) health care must be made by the attending physician and another physician or psychologist and entered into the medical record. The determination must be reviewed at least annually. This is the point at which the powers of a patient advocate take effect under a Durable Power of Attorney for Health Care.

D. Patient Advocate
An individual who guides or helps a person helps navigate the complexities of the healthcare or behavioral healthcare systems, including, but not limited to, understanding terminology; communicating and coordinating with care providers (e.g. doctors, nurses, specialists, etc.); working with the insurance company; and scheduling screenings, testing, and follow-up care.

E. Psychiatric Advance Directive
A legal document which delineates a competent individual's specific preferences, needs, and instructions for executing mental health treatment at any point in which the person is unable to give informed consent due to loss of capacity and/or due to an acute psychiatric illness or episode of psychiatric instability.

F. Physical Healthcare Advance Directive
A legal document that provides instructions for medical care for an individual who is unable to direct and/or make decisions regarding their own medical care. The two types include a living will and durable power of attorney for health care.

Note: An individual may choose to execute one advance directive that covers both mental health care and physical health care (general). However, while an

advance directive for health care may include wishes concerning mental health treatment, a separate advanced directive for mental health care will provide an opportunity to set forth more detailed wishes about one's mental health care. An individual may wish to choose one person to make physical health care decisions and a different person to make mental health care decisions and thus choose to execute both an advance directive for health care as well as a separate one for mental health care.

V. STANDARDS

A. Advance Crisis Planning

1. MCCMH persons served shall be encouraged and given the opportunity to develop an advance crisis plan as part of the development of their individual plan of service (IPOS). MCCMH providers shall initiate the development of a crisis plan within sixty (60) days of the start of services (or sooner if medically necessary) and annually thereafter.

2. MCCMH providers shall review with persons served and explain to them, as needed, the advance crisis plan form. Advance crisis plans for persons served can be found in the MCCMH's electronic medical record (EMR) FOCUS under the "Services / Planning" section of the chart. The primary case holder must document in the EMR conversations related to the crisis plan, the benefits of a crisis plan, and the person's response.

3. According to the wishes of the person served, MCCMH providers shall allow the person an opportunity to create or revise an advance crisis plan at any time.

4. A crisis plan must be reviewed and updated at least annually during the development of a person's individual plan of service (IPOS). For individuals who choose not to develop or update their current crisis plan, the primary case holder shall document the reason in the pre-plan and initiate and document a conversation about the benefits of a crisis plan during each periodic review.

5. Persons served enrolled in the Behavioral Health Home (BHH) shall have their crisis plans reviewed monthly. Individuals enrolled in the BHH who do not have a crisis plan established shall be encouraged and supported monthly in developing a crisis plan.

6. Upon completion of a crisis plan, a copy of the crisis plan shall be provided to the individual and documented in the EMR.

7. Persons served have the right to decline creating or updating their crisis plan. In the event an individual declines to create or update a crisis plan, the primary case holder must document the encounter in the EMR.

B. Advance Directives

1. At the time of distribution of the advance directive(s) materials to adult persons served, MCCMH providers shall:

   a. Ask adult persons served if they have executed an advance directive(s); if so,

ask the person to provide a copy for their records.

b. Where adult persons served have not executed an advance directive(s), ask if they would like information about advance directives, and provide documentation as requested.

2. MCCMH network providers shall offer adult persons served written information on advance directives at the time of initial enrollment; initial face-to-face assessment; time of emergent assessment for admission to inpatient psychiatric services, partial hospitalization services, crisis diversion services, or admission to a nursing facility; or for other types of services, as soon as feasible once care has begun.

3. MCCMH persons served shall receive written information on advance directives at least annually during the development of their individual plan of service (IPOS) or, for adult persons served seeking substance use treatment, at the time of the development of the individualized treatment plan.

4. Information on substantive changes in State law regarding advance directives shall be provided to adult persons served as soon as possible, but no later than ninety (90) days after the effective date of the change.

5. MCCMH may assist a person served in reviewing or executing the provisions of an advance directive for mental health care and/or physical health care as part of the person-centered planning process, as part of the individualized treatment planning process, or, at any other time, according to the wishes of the individual. In such scenarios, MCCMH shall follow the guidelines set forth within the State's published documents and within MCL 700.1106 et. al.

   Note: An MCCMH provider may not be a witness for a person served in the execution of an advance directive under any circumstances.

C. General Standards

1. MCCMH providers shall explain that the creation of a crisis plan and the execution of an advance directive for mental health care or physical health care (general) is voluntary.

2. The provision of MCCMH services care shall not be conditioned on whether or not the individual has created an advance crisis plan or executed an advance directive.

3. Notice that an advance crisis plan has been created or an advance directive for mental or physical health care has been executed shall be documented in a prominent part of the individual's current medical record. In MCCMH's EMR FOCUS, this information shall be added to the "Chart Notes & Health Warnings" section of the person's chart.

4. The person served shall be reminded to provide a copy of the document to the support person listed in the advance crisis plan and to the patient advocate as named in the advance directive(s).

5. MCCMH is not required to implement the provisions of an advance crisis plan nor an advance directive for mental or physical health care if there is a psychiatric emergency endangering the life of the person served or the life of another person, the treatment the person served seeks is unavailable, or there is a conflict with court-ordered treatment.

6. The naming of a primary support person in an advance crisis plan, or the designation of a patient advocate in an advance directive for mental or physical health care, shall not be construed to condone, allow, permit, authorize, or approve suicide or homicide.

7. MCCMH shall inform persons served that complaints concerning noncompliance with the advance crisis plan or advance directive provisions may be filed with the MCCMH Office of Recipient Rights.

D. Training

1. MCCMH shall provide team members and the community with education on its respective policies and procedures either directly or in concert with other providers or entities.

2. The material shall define what constitutes an advance directive under Michigan State law, emphasizing that an advance directive is designed to enhance an individual's control over mental health care/treatment or general health care/treatment, or both, in the event that the individual is unable to participate in decisions regarding his/her health care.

3. Differences between advance directives and advance crisis plans shall be explained.

4. Community education efforts shall be appropriately documented.

VI. PROCEDURES

A. MCCMH providers shall document in the "Chart Notes & Health Warnings" section of the FOCUS EMR whether a person served has created an advance crisis plan or executed an advance directive(s).

B. For further information, persons served may be directed to their primary care physician; the MCCMH Customer Service Department; or to an outside advocacy organization, such as ARC of Macomb or the Michigan Protection and Advocacy Service.

C. Persons served may be referred to the MCCMH Member Handbook for additional descriptions of advance crisis plans and advance directives.

VII. REFERENCES / LEGAL AUTHORITY

A. 42 CFR 422.128

B. 42 CFR 438.6(i)

C. 42 CFR 489.100

D. 42 CFR 489.102

E. 42 CFR 417.436

F. PA 532 of 2004 (MCL 700.1106 - 700.5520)

G. MCCMH MCO Policy 4-010, "Provision and Distribution of Information to Persons Served"

H. Action Planning for Prevention and Recovery: A Self-Help Guide, U.S. Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services (CMHS) *Being prepared for a crisis*. NAMI. (2024, October 2). https://www.nami.org/your-journey/family-members-and-caregivers/being-prepared-for-a-crisis/

I. State Bar of Michigan, Elder Law and Advocacy Section, http://www.michbar.org/elderlaw/adpamphlet.cfm

J. Planning for Your Peace of Mind, "Advance Directives for Health Care: Michigan's Patient Advocate Law," pages 31 through 43, prepared by the Michigan Legislature, 6/05 http://www.legislature.mi.gov/documents/publications/PeaceofMind.pdf

VIII. EXHIBITS

None.