

(was MCCMH Policy 9-07-060)

Chapter: **RECIPIENT RIGHTS**
Title: **CHANGE IN TYPE OF TREATMENT**

Prior Approval Date: 8/05/09
Current Approval Date: 8/29/12

Approved by: BOARD ACTION


Executive Director

08/29/12
Date

I. Abstract

This policy establishes the standards of the Macomb County Community Mental Health (MCCMH) Board regarding the right of a recipient of residential care to a change in type of treatment by a provider.

II. Application

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

III. Policy

It is the policy of the MCCMH Board that a recipient of residential care shall remain in a progressive treatment and care program, as determined by the director of an inpatient unit or the designated case management provider of a residential center. Justification for a change from one type of treatment and care to another within the program shall be in writing and made part of a recipient's plan of service and case record. Types of treatment and care shall be based on professional standards, resident to staff ratios, and frequency of professional consultation.

IV. Definitions

- A. None.

V. Standards

- A. A recipient shall be informed when it is determined that he/she is ready for another type of treatment and care, release, transfer, discharge or has received the maximum benefit from the program. Recipients shall be given thirty (30) days notification via oral/written communication concerning changes in their type of treatment.
- B. Any determination to change a recipient's type of treatment may be reviewed by the recipient, parent of a minor, or legally empowered guardian. The request for review shall be initiated by the recipient. Upon completion of the review, the recipient, parent of a minor, or legally empowered guardian may appeal to the appropriate provider manager. If a disagreement persists, the recipient, parent(s) of a minor, or a legally empowered guardian may appeal to the MCCMH Office of Recipient Rights for possible further resolution.
- C. A recipient, parent(s) of a minor, or a legally empowered guardian may request at any time during therapeutic involvement, a review of the type of treatment and care a recipient is receiving from the casemanager or casemangement provider. Such a request need not be made only during the Service Plan formulation and/or Annual Update process. The review shall be completed within 30 days of the request for review and shall be carried out in a manner approved by MCCMH.
- D. Each recipient's written Plan of Service shall have a specific date or dates when the overall plan and any of its sub-components will be formally reviewed for possible modification or revision.

VI. Procedures

- A. Procedures shall be contained in Provider Manuals.

MCCMH MCO Policy 9-760
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VII. References / Legal Authority

- A. MCL 330.1476
- B. MCL 330.1477
- C. MCL 330.1478

VIII. Exhibits

- A. None.