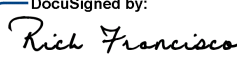




Policy and Procedure Title: Services suited to Condition, Dignity, and Respect	Policy or Procedure #: 04-010	<u>Review Dates</u>	
Category: Recipient Rights Subject: To ensure the provision of services suited to condition in a way that protects and promotes the dignity and respect to which a recipient and his or her family members are entitled.	Prepared by: The Office of Recipient Rights Approved by: DocuSigned by:  <small>AA7FBD48ABB04A3</small> Rich Francisco, Executive Director		
	Effective Date: 11/21/1997	Last Revised Date: 09/23/2025	

I. POLICY

HealthWest staff will provide services suited to condition in a way that protects and promotes the dignity and respect to which a recipient of services is entitled.

II. PURPOSE

To ensure the provision of services suited to condition in a way that protects and promotes the dignity and respect to which a recipient and his or her family members are entitled.

III. APPLICATION

All staff, services and facilities operated by HealthWest, and contract facilities where adherence to this policy specified in contract.

IV. DEFINITIONS

- A. Family Member: A parent, stepparent, spouse, sibling, child, or grandparent of a recipient, or an individual upon whom a recipient is dependent for at least 50% of his or her financial support.
- B. Services: Mental health services.
- C. Treatment: Care, diagnostic and therapeutic services, including the administration of drugs and any other service for treatment of an individual's serious mental illness or serious emotional disturbance.
- D. Person Centered Planning: A process for planning and supporting the individual receiving service that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preference of choices, and abilities. The person-centered planning process involves families, friends and professionals as the individual desires or chooses.
- E. Individual Plan of Services: A written plan that specifies the goal-oriented treatment or training services, including rehabilitation or habilitation services that are to be developed

- with and provided for a recipient.
- F. Dignity: To be treated with esteem, honor, politeness; to be addressed in a manner that is not patronizing, condescending, or demeaning; to be treated as an equal; to be treated the way any individual would like to be treated.
- G. Respect: To show deferential regard for; to be treated with esteem, concern, consideration or appreciation; to protect the individual's privacy; to be sensitive to cultural differences; to allow an individual to make choices.

V. PROCEDURE

- A. All staff shall protect and promote the dignity and respect to which a recipient of service is entitled.
1. A recipient shall receive mental health services suited to his/her condition.
 2. Mental health services shall be provided in a safe, sanitary and humane treatment environment.
 3. Mental Health services shall be offered in the least restrictive setting that is appropriate and available.
- B. All staff shall treat family members of recipients with dignity and respect.
1. Family members shall be given an opportunity to provide information to the treating professionals.
 2. Family members shall also be provided an opportunity to request and receive educational information about the nature of disorders, medication, and their side effects.
 3. Family members shall be made aware of the available support groups, financial assistance, advocacy and coping strategies.
- C. Services shall be provided to recipients in accordance with all applicable standards of care or treatment required by the following:
1. All state or federal laws, rules or regulations governing the provision of community mental health services; and
 2. Obligations of the CMH established under the terms of its contract with the Michigan Department of Health and Human Services; and
 3. Obligations of a provider established under the terms of a contract or employment agreement with the CMH; and
 4. CMH policies and procedures; and
 5. Written guidelines or protocols of a provider; and
 6. Written directives from a supervisor consistent with any of the above; and

7. A recipient's individual plan of service.
- D. If an applicant for HealthWest services has been denied mental health services, the applicant, his or her guardian if one has been appointed, or the applicant's parent or parents if the applicant is a minor may request a second opinion of the executive director. The executive director shall secure the second opinion from a physician, licensed psychologist, registered professional nurse, or master's level social worker, or master's level psychologist.
 - E. If the individual providing the second opinion determines that the applicant has a serious mental illness, serious emotional disturbance, or a developmental disability, or is experiencing an emergency situation or urgent situation, HealthWest shall direct services to the applicant.
 - F. HealthWest shall ensure for each recipient that a person-centered planning process is used to develop a written individual plan of services in partnership with the recipient. The individual plan of services shall be developed within 7 days of the commencement of services or, if an individual is hospitalized, before discharge or release. The individual plan of services shall consist of a treatment plan, a support plan, or both, and shall establish meaningful and measurable goals with the recipient. The plan shall be kept current and shall be modified when indicated. The individual in charge of implementing the plan of services shall be designated in the plan.
 - G. The individual plan of services shall include assessments of the recipient's need for food, shelter, clothing, health care, employment opportunities where appropriate, educational opportunities where appropriate, legal services, transportation and recreation.
 - H. The plan must be agreed to by HealthWest staff, the recipient, the guardian, or the parent with legal custody of a minor recipient, unless it is part of a court order. Objections must be noted in the plan.
 - I. The written individual plan of service will have a specific date or dates when the overall plan and any of its sub-components will be formally reviewed for possible modification or revisions.
 - J. The individual plan of services shall identify any restrictions or limitations of the recipient's rights and shall include documentation describing attempts to avoid such restrictions as well as what action will be taken as part of the plan to ameliorate or eliminate the need for the restrictions in the future.
 - K. Restrictions, limitations or any intrusive behavior treatment techniques are reviewed by the Behavioral Support Committee, a formally constituted committee of mental health professionals with specific knowledge, training and expertise in applied behavioral analysis, and 1 of whom will be a licensed physician/psychiatrist, unless the behavior is due to an active substantiated serious mental illness or emotional disturbance.
 - L. 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 shall be documented in the case record. A recipient shall be given a choice of physician or other mental health professional, within the limits of available staff.

- M. The recipient is given a choice of physician or mental health professional within the limits of available staff.
- N. If the preadmission screening unit denies hospitalization, the individual or the person making the application may request a second opinion from the executive director.
 - 1. The Executive Director shall arrange for an additional evaluation by a psychiatrist, other physician, or licensed psychologist to be performed within 3 days, excluding Sundays and legal holidays, after the executive director receives the request.
 - 2. If the conclusion of the second opinion is different from the conclusion of the preadmission screening unit, the Executive Director, in conjunction with the Medical Director, shall make a decision based on all clinical information available.
 - 3. The Executive Director's decision shall be confirmed in writing to the individual who requested the second opinion, and the confirming document shall include the signatures of the Executive Director and Medical Director or verification that the decision was made in conjunction with the medical director. If an individual is assessed and found not to be clinically suitable for hospitalization, the preadmission screening unit shall provide appropriate referral services.
- O. A comprehensive assessment/analysis of a recipient's challenging behaviors will be conducted.
- P. If a recipient is not satisfied with his or her individual plan of services, the recipient or his/her legal representative may make a request for review to the designated individual in charge of implementing the plan. The review shall be completed within 30 days and shall be carried out in a manner approved by the appropriate governing body.

VI. REFERENCES:

M.C.L. 330.741(3), 330.708(4), 330.711, 330.704(1), 330.712(1), 330.712(3), 330.713, 330.752, 330.409(4) and 330.100d(12)

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