

HIAWATHA BEHAVIORAL HEALTH BOARD

Administrative Policy

Chapter: Recipient Rights

Section: Services Suited to Condition/Second Opinion (6.22)

Approved: 5/16/05

Rescinds: 6.22 dated 2/21/05

Review Committee: Recipient Rights Advisory Committee

Review Date: 10/22/09

I. Policy

It is the policy of the Hiawatha Behavioral Health Authority to provide services to each individual or family unit in a manner suited to condition. Services shall be based on the person-centered process and shall be provided in the least restrictive, safe, sanitary, and humane treatment environment. Consumers may request a second opinion regarding treatment decisions.

II. Definitions

Applicant: An individual or his/ her legal representative who makes a request for mental health services.

Developmental Disability: Either of the following:

A. If applied to an individual older than 5 years, a severe chronic condition that meets all of the following requirements:

1. Is attributable to a mental or physical impairment or a combination of mental and physical impairments.
2. Is manifested before the individual is 22 years old.
3. Is likely to continue indefinitely.
4. Results in substantial functional limitations in 3 or more of the following areas of major life activity:
 - a. Self-care
 - b. Receptive and expressive language
 - c. Learning
 - d. Mobility
 - e. Self-direction
 - f. Capacity for independent living
 - g. Economic self-sufficiency

5. Reflects the individual's need for combination and sequence of special interdisciplinary or generic care treatment or other services that are of lifelong or extended duration and are individually planned and coordinated.

B. If applied to a minor from birth to age 5, a substantial developmental delay or a specific congenital or acquired condition with a high probability resulting in developmental disability as defined above, if services are not provided.

C. The individual's judgment is so impaired that he/she is unable to understand the need for treatment and in the opinion of the mental health professional his/her continued behavior as a result of the mental illness, developmental disability, or emotional disturbance can reasonably be expected in the near future to result in physical harm to the individual or to another individual.

Mental Health Professional: An individual who is trained and experienced in the area of mental illness or developmental disabilities and who is one of the following:

A. . A physician who is licensed to practice medicine or osteopathic medicine and surgery in Michigan under Article 15 of the Public Health Code, Act No. 368 of the Public Acts of 1978.

B. A psychologist licensed to practice in Michigan under Article 15 of the Public Health Code, Act No. 368 of the Public Acts of 1978.

C. A registered professional nurse licensed to practice in Michigan under Article 15 of the Public Health Code, Act No. 368 of the Public Acts of 1978.

D. A certified social worker, a social worker, or social worker technician registered in Michigan under Article 16 of the Occupational Code, Act No. 299 of the Public Acts of 1980.

E. A licensed professional counselor licensed to practice in Michigan under Article 15 of the Public Health Code, Act No. 368 of the Public Acts of 1978.

F. A marriage and family therapist licensed to practice in Michigan under Article 15 of the Occupational Code, Act No. 299 of the Public Acts of 1980.

Person-Centered Planning: A process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the individual desires or requires.

Primary Clinician: The individual responsible for the implementation of the recipient's Individual Plan of Service.

Serious Emotional Disturbance: A diagnosable mental, behavioral, or emotional disorder affecting a minor that exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association and approved by the Department of Community Health and that has resulted in functional impairment that substantially interferes with or limits the minor's role or functioning in family, school, or community activities. The following disorders are included only if they occur in conjunction with another diagnosable serious emotional disturbance:

- A. A substance abuse disorder.
- B. A developmental disorder.
- C. "V" codes in diagnostic and statistical manual of mental disorders

Serious Mental Disorders: A diagnosable mental, behavioral, or emotional disorder affecting an adult that exists or has existed within the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association and approved by the Department of Community Health and that has resulted in functional impairment that substantially interferes with or limits one or more major life activities. Serious mental illness includes dementia with delusions, dementia with depressed mood, and dementia with behavioral disturbance but does not include any other dementia unless the dementia occurs in conjunction with another diagnosable serious mental illness. The following disorders also are included only if they occur in conjunction with another diagnosable serious mental illness:

- A. A substance abuse disorder.
- B. A developmental disorder.
- C. A "V" code in the diagnostic and statistical manual of mental disorders.

Individual Plan of Services: A written plan that specifies the personal support services or any other supports that are to be developed with and provided for a recipient.

Treatment: Goal-oriented treatment or training services, including rehabilitation or habilitation services that are to be developed with and provided for a recipient.

III. Procedure

SECOND OPINION:

A. Denial of hospitalization for an adult or minor:

1. If the Agency's Preadmission Screening Unit or Children's Diagnostic and Treatment Services denies in-patient psychiatric hospitalization for an adult or child, the involved employee shall notify the applicant, legally authorized representative, or guardian about the right to second opinion from the Chief Executive Officer.

2. The Chief Executive Officer or designee, subsequent to the request for second opinion, shall immediately initiate the process to secure an additional evaluation from a psychiatrist, other physician, or licensed psychologist. The second opinion must be performed within a maximum of 3 days, excluding Sundays and legal holidays after the Chief Executive Officer or designee receives the request. The name of designee will be identified and communicated to the consumer.

3. If the conclusion of the second opinion is different from the conclusion of the Preadmission Screening Unit or Children's Diagnostic and Treatment Services, the Chief Executive Officer or designee in conjunction with the Medical Director shall make a decision based on all clinical information available.

4. The decision of the Chief Executive Officer or designee shall be confirmed in writing to the individual or legally authorized representative of the individual who requested the second opinion and the confirming document shall include the signatures of the Chief Executive Officer or designee or verification that the decision was made in conjunction with the Medical Director.

5. If the individual is assessed and found not to be clinically suitable for hospitalization, the Preadmission Screening Unit or Children's Diagnostic Treatment Services shall provide appropriate services or through referral obtain needed services.

B. Other Community Mental Health Services:

1. If an applicant for community mental health services has been denied mental health services for an adult or child, the involved employee will notify the applicant, legally authorized representative, or guardian about the right to request a second opinion from the Chief Executive Officer or designee.

2. The Chief Executive Officer or designee shall secure the second opinion from a physician, licensed psychologist, registered nurse, or master's level social worker, or masters level psychologist.

3. 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, Hiawatha Behavioral Health shall provide appropriate services or through referral obtain needed services.

ASSISTANCE FOR CHALLENGING BEHAVIORS:

A. A behavior management or treatment plan, where needed, is developed through the person centered planning process that involves the recipient, minor's parent or legal guardian. Any behavior management or treatment plan that proposes aversive,

restrictive or intrusive techniques or psycho-active medications for behavior control purposes and where the target behavior is not due to an active substantiated psychotic process, must be reviewed and approved by the Behavior Management Committee. This committee must be comprised of at least three individuals, one of whom shall be a fully or limited licensed psychologist with the formal training or experience in applied behavior analysis; and one of whom shall be a licensed physician/psychiatrist. This committee is designated as the Behavior Management Committee.

- B. Behavioral plans must be based on a functional assessment of the behavioral needs of the recipient.

LEAST RESTRICTIVE SETTING:

- A. Services and treatment shall be provided in the least restrictive setting that is appropriate and available.

- B. A review of the least restrictive setting shall be conducted periodically as established by the planning team specific to the situation.

INDIVIDUAL PLAN OF SERVICES:

- A. The Chief Executive Officer shall ensure that:

1. A person-centered planning process is used to develop a written individual plan of services in partnership with recipient;
2. Hiawatha Behavioral Health policies and procedures are followed by all individuals responsible for developing, implementing, or monitoring the recipient's Individual Plan of Service.

- B. The primary clinician shall ensure that the Individual Plan of Service:

1. Is developed within seven days of the commencement of services or if an individual is hospitalized before discharge or release.
2. Consists of a treatment plan, support plan, or both and shall establish meaningful and measurable goals with the recipient.
3. Includes assessments of the recipient's need for food, shelter, clothing, health care, employment opportunities where appropriate, educational opportunities where appropriate, legal status and services, and recreation.
4. Is kept current and modified when indicated, with specific dates when the overall plan and its subcomponents will be formally reviewed for possible modification or revision.
5. Identifies the individual responsible for the implementation of the Individual Plan of Service.

6. Identifies any restrictions or limitations of rights and includes 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.

C. If the recipient is not satisfied with his/her Individual Plan of Service, the recipient, legally authorized representative, or guardian may make a request for review to the primary clinician. The review shall be completed by within 30 days and shall be carried out in accordance with Agency standards.

D. An individual chosen or requested 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 recipient's clinical case record.

CHOICE OF PHYSICIAN OR MENTAL HEALTH PROFESSIONAL:

A. A recipient shall be given a choice of physician or other mental health professional in accordance with Hiawatha Behavioral Health Policy, the Mental Health Code, and Associated Administrative Rules.

IV. Application

All Programs

V. Cross Reference and Legal Authority

A. Act 258 of the Public Acts of 1974, as amended - Mental Health Code - Sections 330.100a, 330.100b, 330.100d, 330.1206, 330.1409, 330.1498e, 330.1705, 330.1708, 330.1712, 330.1713, 330.1714, 330.1715

B. Act 368 of the Public Acts of 1978

C. Act 299 of the Public Acts of 1980

D. State of Michigan, 88th Legislature, Enrolled Senate Bill No.1048

E. Administrative Rules for Substance Abuse Service PA 368 of 1978 as amended.