HIAWATHA BEHAVIORAL HEALTH
Administrative Policy

CHAPTER: Recipient Rights	SECTION: Services Suited to Condition/Second Opinion – 6.22
EFFECTIVE DATE: 2/21/05	APPROVAL /REVISED DATE: 8/24/2020
REVIEW DATE: 5/27/2025	REVIEW COMMITTEE: Recipient Rights Advisory Committee CHANGES: Yes_X__ No_____

I. Purpose

To develop a procedure regarding an individual's right to receive services suited to their condition.

II. Policy:

It is the policy of Hiawatha Behavioral Health 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. Recipients may request a second opinion regarding treatment decisions.

III. Definitions

A. Applicant: An individual or his/ her legal representative who makes a request for mental health services.
B. Developmental Disability: Either of the following:

1. If applied to an individual older than 5 years, a severe chronic condition that meets all of the following requirements:
   a. Is attributable to a mental or physical impairment or a combination of mental and physical impairments.
   b. Is manifested before the individual is 22 years old.
   c. Is likely to continue indefinitely.
   d. Results in substantial functional limitations in 3 or more of the following areas of major life activity:
      i. Self-care
      ii. Receptive and expressive language
      iii. Learning
      iv. Mobility
      v. Self-direction
      vi. Capacity for independent living
      vii. Economic self-sufficiency
   e. 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.

2. 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. 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:
   1. 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.
   2. A Licensed Psychologist; a doctoral level Psychologist licensed under 18223 (1) of the public health code, 1978 PA 368, MCL 333.18223.
   3. authorized to engage in the practice of nursing under part 172 of the public health code, 1978 PA 368, MCL 333.17201 to 333.17242.
   4. A licensed master's social worker licensed or otherwise authorized to engage in the practice of social work at the master's level under part 185 of the public health code, 1978 PA 368, MCL 333.18501 to 333.18518
   5. A Licensed Professional Counselor licensed or otherwise authorized to engage in the practice of counseling under part 181 of the public health code, 1978 PA 368, MCL 333.18101 to 333.18117.
   6. A Marriage and Family Therapist licensed or otherwise authorized to engage in the practice of marriage and family therapy under part 169 of the public health code, 1978 PA 368, MCL 333.16901 to 333.16915.

D. 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.

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

F. 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 Health and Human Services 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:
   1. A substance use disorder.
   2. A developmental disorder.
   3. "V" codes in diagnostic and statistical manual of mental disorders

G. Serious Mental Illness (SMI): 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 Health and Human Services 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:

1. A substance use disorder.
2. A developmental disorder.
3. A "V" code in the diagnostic and statistical manual of mental disorders.

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

I. Intellectual Disability means a condition manifesting before the age of 18 years that is characterized by significantly sub average intellectual functioning and related limitations in 2 or more adaptive skills and that is diagnosed on the following assumptions:

(a) Valid assessment considers cultural and linguistic diversity, as well as differences in communication and behavioral factors.

(b) The existence of limitation in adaptive skills occurs within the context of community environments typical of the individual's age peers and is indexed to the individual's particular needs for support.

(c) Specific adaptive skill limitations often coexist with strengths in other adaptive skills or other capabilities.

(d) With appropriate supports over a sustained period, the life functioning of the individual with an intellectual disability will generally improve.

J. Recipient: A person who receives mental health services from Hiawatha Behavioral Health or an agency under contract with Hiawatha Behavioral Health. Recipient does not include a person receiving substance use disorder services under Chapter 2A (Substance Use Disorder Services) of the MI Mental Health Code unless that individual is also receiving mental health services under the MI Mental Health Code in conjunction with substance use disorder services.

K. Treatment: Care, diagnostic, and therapeutic services, including the administration of drugs, and any other service for the treatment of an individual's serious mental illness or serious emotional disturbance.

IV. Procedure

A. SECOND OPINION:

1. Denial of hospitalization for an adult or minor:
   a. 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 individual responsible for completion of the screening and subsequent denial shall notify the applicant, legal representative, or guardian about the right to second opinion from the Chief Executive Officer.
   b. 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 recipient.

c. 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.

d. The decision of the Chief Executive Officer or designee shall be confirmed in writing to the individual or legal 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.

e. 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.

2. Other Community Mental Health Services:
   a. If an applicant for community mental health services has been denied mental health services for an adult or child, the individual responsible for completion of the screening and subsequent denial will notify the applicant, legal representative, or guardian about the right to request a second opinion from the Chief Executive Officer or designee.
   b. 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 master's level psychologist.
   c. 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 to obtain needed services.

B. ASSISTANCE FOR CHALLENGING BEHAVIORS:
   1. Hiawatha Behavioral Health employs positive behavior supports and interventions, including specific interventions designed to develop functional abilities in major life activities, as the first and preferred approaches when treating individuals with challenging behaviors. As a last resort, when there is documentation that neither positive behavior supports nor other kinds of less restrictive interventions were successful, an individual behavior treatment plan to ameliorate or eliminate the need for the restrictive or intrusive interventions in the future shall be developed through the person centered planning process that involves the recipient, minor's parent or legal guardian. Any behavior 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 Treatment 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 Treatment Committee.

2. Behavior plans must be based on a functional assessment of the behavioral needs of the recipient.

LEAST RESTRICTIVE SETTING:

1. Services and treatment shall be provided in the least restrictive setting that is appropriate and available.
2. A review of the least restrictive setting shall be conducted periodically as established by the planning team specific to the situation.

C. INDIVIDUAL PLAN OF SERVICES:

1. The Chief Executive Officer shall ensure that:
   a. A person-centered planning process is used to develop a written Individual Plan of Services (IPOS) in partnership with the recipient;
   b. Hiawatha Behavioral Health policies and procedures are followed by all individuals responsible for developing, implementing, or monitoring the recipient's Individual Plan of Service.
2. The primary clinician shall ensure that the Individual Plan of Service:
   a. Is developed within seven days of the commencement of services or if an individual is hospitalized before discharge or release.
   b. Consists of a treatment plan, support plan, or both and shall establish meaningful and measurable goals with the recipient.
   c. 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.
   d. 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.
   e. Recipients will be notified orally and in writing of their clinical status and progress at reasonable intervals established in the individual plan of service in a manner appropriate to their clinical status.
   f. Identifies the individual responsible for the implementation of the Individual Plan of Service.
   g. 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.
3. If the recipient is not satisfied with his/her Individual Plan of Service, the recipient, legal 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.
4. 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 electronic medical record

D. CHOICE OF PHYSICIAN OR MENTAL HEALTH PROFESSIONAL:
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.

V. Application

All Programs directly operated by and under contract with Hiawatha Behavioral Health

VI. Cross References and Legal Authority:

A. Act 258 of the Public Acts of 1974, as amended - Mental Health Code - Sections 330.1100a, 330.1100b, 330.1100d, 330.1206, 330.1409, 330.1498e, 330.1705, 330.1708, 330.1712, 330.1713, 330.1714, 330.1715, & Chapter 2A
B. Act 299 of the Public Acts of 1980
C. Administrative Rules for Substance Abuse Service PA 368 of 1978 as amended.
D. Department of Health and Human Services Administrative Rules – 330.7199
E. Medicaid Provider Manual Chapter III, Section 3