



Community Health & Research Center

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<b>Approved By: Mohamad Khraizat</b>	<b>Title: Health Operations Manager</b>
<b>Signature:</b>	<b>Date:</b> 11-21-19

### I. POLICY

The policy of the ACCESS Community Health and Research Center (CHRC) ensures that a comprehensive and integrated array of services/supports which inspires hope and promotes recovery will be given to Wayne and Macomb County residents and their families. Individuals with co-occurring mental health, substance abuse and physical health conditions are expected to receive services within a system of care that is welcoming, recovery oriented and capable of delivering integrated services to meet their needs and preferences. The provision of an Individualized Plan of Service (IPOS) developed through the Person-Centered Planning (PCP) process, shall be given to each individual and family being served.

### II. PURPOSE

The purpose of this policy is to delineate the development, implementation and monitoring of policies and procedures, for meeting the requirements of the Michigan Department of Community Health (MDCH), Michigan Mental Health Code (Code), Detroit Wayne County Community Mental Health (DWCCMHA) Victims of Crime Act (VOCA) and Office of Refugee Resettlement Torture Survival Program (ORR-TSP) for an IPOS, for each individual governed by PCP principles.

### III. APPLICATIONS

This policy applies to all ACCESS employees, interns and volunteers who provide support and treatment on behalf of the ACCESS Community Health and Research Center.

### IV. DEFINITIONS

**Adequate Notice:** A written statement advising the beneficiary of a decision to deny or limit authorization of Medicaid services requested. Notice is to be provided to the Medicaid beneficiary on the same date the action takes effect (Action Notice Exhibit), or at the time of the signing of the Individual Plan of Services/supports.

**Advance Notice:** A written statement advising the beneficiary of a decision to reduce, suspend, or terminate Medicaid services currently provided. Notice is to be provided/mailed at least 12 calendar days prior to the proposed date the action is to take effect (Advance Notice Exhibit).

**Advance Directives:** A legal document, signed by a competent adult that gives direction to healthcare providers about the individual's treatment choices in specific circumstances, including but not limited, to medical or psychiatric conditions, should the individual become unable to make or communicate healthcare decisions

**Administrative (Fair) Hearing (also known as Medicaid Fair Hearing):** An impartial review process maintained by the Michigan Department of Community Health Administrative Tribunal (MDHHS/AT) that insures Medicaid beneficiaries or their legal representatives involved in a Community Mental Health Services Program Managed Care Plan have the opportunity to appeal decisions of the agency or its

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contractors to deny, suspend, reduce or terminate Medicaid-covered or MDHHS-defined services. A Medicaid beneficiary may request a hearing at any point during the rendering of mental health services or supports by contacting:

State Office of Administrative Hearings and Rules  
 For the Department of Community Health  
 PO BOX 30763  
 Lansing, MI 48909- 9951

**Alternate Dispute Resolution Process (ADRP):** A mechanism developed by MDHHS that is accessible to persons without Medicaid coverage but only after internal, local mechanisms of dispute resolution have been exhausted (i.e., clinical Second Opinion/ Reconsideration Review and agency appeal; Recipient Rights (RR) investigation and appeal mechanisms), and only in those instances where it is alleged that the investigative findings of the Office of Recipient Rights (ORR) are not consistent with the facts or with law, rules, policies, or guidelines. ADRP may be pursued through traditional review or through mediation. The RR advisor at the contractor/subcontractor site is available to provide assistance in accessing this process, if desired by the individual.

**Comprehensive Examination:** Refers to a thorough, face-to-face exploration of a person's biological, psychological/mental and social condition that is strength-based and developed based upon principles and discipline-specific professional standards, by credentialed professionals. The examination emphasizes strengths and abilities and identifies problems/needs/disabilities and appropriate recommended measures to address identified conditions with the appropriate services and supports. It concludes with a summary of significant findings, interpretations, and discipline-specific recommendation, and serves as the clinical database in the development of an IPOS.

**Crisis Plan:** A written document used for periods of crisis when the mental health of a individual deteriorates, which specifies the choices and preferences of the individual when in a period of decompensation; the crisis situation may or may not include periods of legal incompetence.

**Developmental Disability (DD):** As defined by the Michigan Mental Health Code means either of the following:

- If applied to a person older than five years of age, a severe chronic condition that is attributable to a mental or physical impairment or both, and is manifested before the age of 22 years, is likely to continue indefinitely and results in substantial functional limitations in three or more areas of the following major life activities:
- Self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and reflects the need for a combination and sequence of special, interdisciplinary, or generic care, treatment or other services that are of lifelong or extended duration;

If applied to a minor from birth to age five, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in a developmental disability.

**Independent Facilitation:** The option of selecting a neutral person to facilitate the PCP process. The person

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must be willing to provide services at the minimum recommend rate of sixty (60) dollars per plan of service, and meet the following criteria:

- Has successfully completed training in the PCP process through the agency, the Michigan Department of Community Health, or an established community advocacy organization.
- Represents no conflict of interest. The person is not employed at the requesting individual's provider agency.

**Individualized Plan of Service/Treatment Plan (IPOS):** A written comprehensive plan of treatment/services/supports developed through a person-centered planning process, in partnership between the individual and one or more qualified professionals (e.g., mental health professional (MHP), child mental health professional, (CMHP), or mental retardation professional (QMRP) to address identified desires and needs and to establish meaningful and measurable goals that are prioritized by the individual. The IPOS is the fundamental document in the individual's record and must be authenticated by the dated legible signatures of the recipient/authorized representative and the person chosen by the recipient and named in the plan to be responsible for its implementation. The IPOS consists of a treatment plan, and a support plan, or both, and may be further characterized as follows:

- It must satisfy guidelines demonstrating adherence to Person-Centered Planning process and principles (Person-Centered Planning Best Practice Guideline Exhibit).
- It includes pertinent information from assessments necessary to address the expressed desires and needs prioritized by the recipient, and may include general physical, psychiatric (i.e., mental/psychological, emotional and behavioral) and social examinations. For persons under 26 years of age who have developmental disabilities, the mental examination includes psychometric and educational evaluations as well as assessment of adaptive behavior.
- It addresses as either desired or required by the individual/family, his or her need for housing, clothing, health care, employment opportunities, educational opportunities, legal services, transportation, and recreation.
- It is reviewed and updated at intervals specified in the plan which reflect the level of care and intensity of service needs, and when requested by the individual, or required as a result of identified health and safety conditions, but no less than annually for adults, and every 90 days for Children and individuals up to 21 years old. The documented reviews shall contain an analysis of progress regarding objectives and goals that were developed using the PCP process. Updates and the indicated changes are authenticated by the signature of the individual/authorized representative and the dated legible signature of the person named in the plan as responsible for managing it.
- It includes any restrictions or limitations of rights placed on the recipient only when these limitations or restrictions are essential to safeguarding the health and safety needs of the individual. All clinically appropriate attempts shall be made to limit or avoid such restrictions or limitations. Actions taken as a part of the plan to ameliorate or eliminate the need for the restrictions in the future shall be documented and include specific intermediate and long-range goals, developed with the individual/authorized representative that specify the manner in which the facility can improve the individual's condition and the projected timetable for attainment of such goals.

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- The person/authorized representative shall receive a copy within 15 business days of the IPOS meeting.
- Includes, but is not limited to core demographic and clinical elements (Person- Centered Planning Best Practice Guideline Exhibit)

**Interdisciplinary Treatment Team (ITT):** A group of clinical professionals (e.g., mental health or child mental health, mental retardation professionals, etc) of different disciplines (e.g., social work, nursing, psychology, etc) that collaboratively produce an IPOS in equal partnership with the person receiving treatment services or his/her authorized representative, after carrying out assessments appropriate for the desires and needs of the individual, and to the discipline. The ITT may include persons chosen

by the individual or authorized representative who are not clinical professionals (e.g., parents/guardian of a minor, significant other, friends, families, paid staff).

- **Medical Necessity:** As defined by the Michigan Department of Community Health, refers to mental health (and/or substance (use) disorder) services that are:
  - Necessary for screening and assessing the presence of a mental illness or substance (use) disorder; as defined by standard diagnostic nomenclature of the American Psychiatric Association (i.e., current DSM or its successor)
  - Required to identify and evaluate a mental illness or substance (use) disorder that is inferred or suspected
  - Intended to treat, ameliorate, diminish, or stabilize the symptoms of mental illness (or substance use disorder) and to prevent or delay relapse
  - Expected to prevent, arrest or delay the development or progression of a mental illness (or substance use disorder) and to prevent or delay relapse
  - Designed to provide rehabilitation for the recipient to attain or maintain an optimal level of functioning according to his or her potential (including functioning in important life domains, such as daily activities, social relationships, independent living, and employment pursuits)
  - Delivered consistent with national professional standards of practice in community psychiatry, psychiatric rehabilitation and in substance abuse, and/or empirical professional experience
  - Provided in the least restrictive setting appropriate and available

**Office of Recipient Rights (ORR):** A division of the agency established in accordance with the Michigan Mental Health Code in order to ensure a uniformly high standard of protection of the rights of recipients throughout Wayne County

**Person Centered Planning (PCP)/Family Centered Planning:** A process for planning and supporting the individual receiving services that builds on the individual's/family's capacity to engage in activities that promote community life and honors the individual's preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the individual desires or requires. It is comprehensively described in the Michigan Department of Community Health (MDHHS) Best Practice Guideline (Exhibit A)

**Peer Support Specialist Services:** The Michigan Department of Community Health has described peer support services as services which provide individuals with opportunities to support, mentor, and assist beneficiaries to achieve community inclusion, participation, independence, recovery, resiliency and/or productivity. Peers are individuals who have a unique background and skill level from their experience in utilizing services and supports to achieve personal goals of community membership, independence, and

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productivity. Peers have a special ability to gain trust and respect of other beneficiaries based on shared experience and perspectives with disabilities and with planning and negotiating human service systems.

**Psychiatric Evaluation:** A comprehensive examination performed by a psychiatric physician that explores mental, emotional and behavioral functioning by investigating the patient's chief complaint (i.e., the reason for the request for care by or on behalf of the recipient); history of the present illness; previous psychiatric history; history of significant general medical illnesses and treatment; psychoactive medication history; relevant personal, social, alcohol and substance use and family histories; and by performing an appraisal of the immediate mental status. It concludes with an inventory of strengths and assets, a summary of pertinent positive and negative findings; an estimate of risk factors; a multi-axial diagnosis using the current Diagnostic and Statistical Manual (DSM) classification system of the American Psychiatric Association; special other examination recommendations; an initial treatment plan and criteria for discharge.

**Psychosocial Assessment:** An investigation of psychological and social factors relevant to the adaptive health status of a person seeking or receiving agency services, performed by professionals who are trained, licensed and credentialed as capable of performing this clinical function. It includes but is not limited to the following:

- The circumstances surrounding the request for services, including the recipient's expressed desires and needs
- Past psychiatric/medical history
- Exploration of natural supports and formal and informal support systems, including family, significant others and other concerned parties and organizations chosen by the individual, and the identification of a procedure for their involvement in the evaluation, treatment and referral and ongoing support of the individual seeking services
- Appraisal of the person's strengths and supports to address any barriers, including those to health and safety issues
- Housing situations, desires and needs
- Employment status, including recipient's desires and needs
- Legal status
- Formulation of proposed discipline-specific services reflecting recipient's desires and needs that are to be incorporated into an IPOS

**Recovery:** A journey of healing and change allowing a person to live a meaningful life in a community of their choice, while working toward their full potential

**Restraint:** is the use of physical force or mechanical means to temporarily limit a person's freedom of movement; chemical restraint is the involuntary emergency administration of medication, in immediate response to a dangerous behavior. Restraints used as an assistive device for persons with physical or medical needs are not considered restraints for purposes of this section. Briefly holding a person served, without undue force, for the purpose of comforting him or her or to prevent self-injurious behavior or injury to self or holding a person's hand or arm to safely guide him or her from one area to another, is not a

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restraint. Separating individuals threatening to harm one another, without implementing restraints, is not considered restraint.

**Seclusion:** refers to restriction of the person served to a segregated room with the person's freedom to leave physically restricted. Voluntary time out is not considered seclusion, even though the voluntary time out may occur in response to verbal direction; the person served is considered in seclusion if freedom to leave the segregated room is denied.

**Serious Mental Illness:** A diagnosable mental, behavioral, or emotional disorder affecting an adult, that exists or has existed within the past year for 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 MDCH 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 mental illness: (a) a substance abuse disorder; (b) a developmental disorder; (c) a "V" code in the Diagnostic and Statistical Manual of Mental Disorders.

**Welcoming:** The process of providing available and accessible services to individuals and families which conveys empathy, demonstrates excellent listening skills, and expresses the message of "How may I help you?" in a nonjudgmental way.

## V. PROCEDURES

1. ACCESS promotes the principles of welcoming, recovery, self-determination, choice, community inclusion, and productivity.
2. Enrollees have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation. If a person served is in need of seclusion, physical or chemical restraint, a referral to another provider will be made.
3. For each individual there shall be one integrated IPOS/PCP, which addresses physical health care needs, and relevant co-occurring, mental illness and substance abuse services, even if multiple providers are involved in the provision of services and supports.
4. The IPOS/PCP shall reflect strength-based assessments, which address health and safety needs for families of children and adolescents with serious emotional disturbances, individuals with both serious mental illness/co-occurring substance abuse disorders, and individuals with

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developmental disabilities. Identified activities related to protecting health and safety shall be developed in partnership with the individual/guardian and family.

5. A **preliminary plan of service**, which addresses immediate needs, shall be developed within seven (7) days of the commencement of services at outpatient community mental health provider agencies.
6. Before the IPOS/PCP meeting is initiated, a **pre-planning meeting** shall occur. In the preplanning meeting the individual chooses:
  - a. Topics about which he/she would like to discuss, including dreams, goals, and desires
  - b. Topics he/she does not want discussed.
  - c. Who to invite?
  - d. Where and when the meeting will be held
  - e. Who will facilitate?
  - f. Who will record?
  - g. The option of completing a crisis plan
  - h. The option of completing an advance directive
  - i. The IPOS/PCP shall describe the specific peer support services as needed to achieve the goals of community inclusion and participation, independence and productivity. These activities shall be provided in partnership with the individual and may include:
    - i. vocational assistance
    - ii. housing assistance
    - iii. assist with employment opportunities
    - iv. sharing stories of recovery/or advocacy
    - v. assisting with entitlements
    - vi. assistance with developing wellness plans
    - vii. assistance with advance directives
    - viii. assist with learning about alternatives to guardianship
    - ix. providing supportive services during a crisis
    - x. overall assistance in the process of recovery and self-determination
7. Individuals shall be afforded the option and encouraged to complete a **crisis plan** and an advance directive during the PCP process.

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- a. The crisis plan provides direction regarding the care to be provided on his/her behalf during a crisis situation. The crisis plan has multiple components which must minimally include:
  - b. Specific designated persons who will be involved in making decisions for the individual (name, relationship, phone number, and assigned tasks)
  - c. Current medications and allergies Physicians/psychiatrist involved in care and treatment
  - d. Preference for hospitals/treatment facilities
  - e. Hospitals or treatment facilities that the individual does not wish to be utilized
  - f. Any specific interventions or activities that can be used to help the individual during the crisis reduce anxiety and regain control.
  
8. A Safety Plan is used when an individual has a plan to harm self or others and/or an increase of suicidal/homicidal ideations. Individuals shall be afforded the option and encouraged to complete a Patient Safety Plan when assessment identifies a potential risk for suicide, violence, or other risky behaviors. Is completed:
  - a. With the person served.
  - b. As soon as possible.
  - c. Includes:
    - i. Triggers.
    - ii. Current coping skills.
    - iii. Warning signs.
  - d. Actions to be taken to:
    - i. Respond to periods of increased emotional pain.
    - ii. Restrict access to lethal means.
  - e. Preferred interventions necessary for:
    - i. Personal safety.
    - ii. Public safety.
  - f. Advance directives, when available
  
9. The option of an **independent facilitator** for PCP who meets the qualifications established by the state shall be provided to each individual/guardian.
  - a. Individuals, guardians, and family shall be made aware of the option of independent facilitator services prior to the scheduled planning meeting.



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10. The purpose and advantages of having an **advance directive** shall be explained to each individual which includes expression of individual preference for doctors, hospitals and medications; expression of other specific wishes or individual choices during a time when he/she is unable to make decisions; and the possibility that a commitment hearing in probate court can be avoided in some circumstances.
  
11. The comprehensive IPOS/PCP shall be developed in partnership with the individual/guardian and family, within thirty (30) days of commencement of services at outpatient community mental health agencies. It is prepared using the information from the assessment process. Based upon the person's strengths, needs, abilities and preferences. It is focused on the integration and inclusion of the person served into his or her community, the family, when appropriate, the natural support systems and other needed services. It is communicated to the person served in a manner that is understandable and it is provided to the person served, when applicable.
  
12. The IPOS/PCP shall clearly identify the following:
  - a. The identification of the needs/desires of the person served through:
    - i. Goals that are expressed in the words of the person served.
    - ii. When necessary, clinical goals that are understandable to the person served.
    - iii. Goals that are reflective of the informed choice of the person served or parent/guardian.
  - b. Specific service or treatment objectives that are:
    - i. Reflective of the expectations of:
      1. The person served.
      2. The service/treatment team.
    - ii. Reflective of the person's:
      1. Age.
      2. Development.
      3. Culture and ethnicity.
    - iii. Responsive to the person's disabilities/disorders or concerns.
    - iv. Understandable to the person served.
    - v. Measurable.
    - vi. Achievable.
    - vii. Time specific.
    - viii. Appropriate to the service/treatment setting.
  - c. Identification of specific interventions, modalities, and/or services to be used.
    - i. Frequency of specific interventions, modalities, or services.
    - ii. When applicable, information on, or conditions for:
      1. Any needs beyond the scope of the program.
        - a. Referrals for additional services.

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- b. Transition to other community services.
  - c. Community-based service options available to persons in long-term residential support programs.
  - d. Available aftercare options, when needed.
- iii. When applicable, identification of:
    - 1. Legal requirements.
    - 2. Legally imposed fees.
  - d. The methods of how the service will be used:
    - i. The amount of service: number of units (i.e. 15-25 minutes)
    - ii. Scope of service: parameters within which the services will be provided.
    - iii. How the service will be rendered: (e.g. face-to-face, telephone, group, individual, etc.)
    - iv. How frequently the service will be provided: (i.e. weekly, monthly, etc.)
    - v. Where the service will be rendered: (e.g. community setting, office, home, etc.)
    - vi. Duration of service: the length of time (e.g., 3 weeks, 6 months, etc.) it is expected that an identified service will be provided
13. ACCESS ensures full access to complaint/grievance/appeal processes which enforce each individual's PCP/IPOS rights.
14. ACCESS ensures that staff receives updated information on policies and guidelines which impact the PCP process at least annually, and that these training sessions are documented on staff training logs.
15. ACCESS staff is expected to access or provide supports such as environmental supports, verbal prompts, written expectations, clarity of rules and expectations, or praise and encouragement if those supports are wanted and needed by the individual. Staff members are trained to recognize signs fear, anger, or pain, which may lead to aggression or agitation and respond through de-escalation, changes to the physical environmental, implementation of meaningful and engaging activities, redirection, active listening, etc. Seclusion and restraint are never considered treatment interventions; they are always considered actions of last resort. If such interventions are needed, a referral is made to another agency, provider, hospital or the police.
16. Individuals shall be informed of the option of receiving **peer supports** services during the PCP process. For individuals to receive peer supports, the IPOS/PCP shall include one or more of the goals of community inclusion and participation; independence and productivity based upon individual choice and medical necessity criteria. (Peer Delivered and Operated Supports DWCCMHA Policy

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Exhibit)

17. Service needs can be divided and recognized and it's important to respond appropriately to the possibility of **co-occurring disorders**, evaluating the interrelationship between them and prioritize accordingly. ACCESS staff shall work with the individual on removing barriers to goal attainment. Clarification of goals and quality of life can determine how the services can help in the individual and family's journey to attaining and keeping the dreams.
18. ACCESS staff shall adhere to the following values and principles, as required within the Person-Centered Planning Best Practice Guidelines (Person-Centered Planning Best Practice Guideline Exhibit)
  - a. Each individual/family has strengths and the ability to express preferences and to make choices.
  - b. The PCP process shall be family centered for children and adolescents.
  - c. Families shall be provided information regarding respite services and other community resources during the pre-planning meeting
  - d. The individual's choices and preferences shall always be considered, if not always granted.
  - e. Professionally trained staff will play a role in the planning and delivery of treatment and may play a role in the planning and delivery of supports. Their involvement occurs if the individual has expressed or demonstrated a need that could be met by professional intervention. The clinical goals are expected to be understandable to the person served.
  - f. Treatment and supports identified through the PCP process shall be provided in environments that promote maximum independence, community connections and quality of life
  - g. A person's cultural background shall be recognized and valued in the decision-making process.
  - h. It is understood to all staff and clients that **the organization does not use seclusion or restraint during treatment**, and it teaches the client and families methods of addressing threatening behaviors, such as engagement to one-on- one attention, meditation, de-escalation, active listening. Staff is trained in such modalities of treatment and promote those methods.
  - i. The PCP process shall include the active participation of natural supports, family, friends, and allies to participate in the PCP process. Those will be the individuals who can assist in keeping the individual's dreams after transition to a lesser level of care or discharge from

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services.

- j. ACCESS staff will use the PCP process to assist the individual link their goals and anticipated transition or discharge from services. Goals will reflect the resolution to the problems and will be used to measure readiness for transition from services.
- k. Priorities will be taken in consideration when setting goals and ACCESS staff must give priority to protecting and preserving the basic health and safety needs of the individual, family and community. Although at times the individual may not agree on those priorities, tactful approach of the subject will assist in maintaining a positive relationship between the individual and staff. Unless those basic needs are tended to, other goal attainment may not be obtained, but a trusting relationship between the clinician and the individual will assist in creating a safe environment while planning for a safe recovery process.
- l. Individuals shall be provided with opportunities to provide feedback on how they feel about the service, support and/or treatment they are receiving and their progress toward attaining valued outcomes.
- m. Information regarding individual feedback shall be collected and changes made in response to the individual's feedback.
- n. Each individual shall be provided with a copy of his/her person-centered plan within 15 business days after the meeting.
- o. Informational brochures and reading materials which describe the option of independent facilitation and advance directives shall be made available to persons and families during the intake process

#### 19. PCP/IPOS Status Review

- a. The IPOS/PCP is reviewed and updated at intervals specified in the plan which reflect the level of care and intensity of service needs, and when requested by the individual, or required as a result of identified health and safety conditions, but no less than annually for adults, and every 90 days for Children and individuals up to 21 years old.
- b. The documented reviews shall contain an analysis of progress regarding objectives and goals that were developed using the PCP process.
- c. Updates and the indicated changes are authenticated by the signature of the

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individual/authorized representative and the dated legible signature of the person named in the plan as responsible for managing it.

20. A staff's progress note is signed and dated within 24 hours of the service provided. Any goals, objectives, that were achieved or revised during session, are easily identified by a reviewer. Our electronic system automatically identifies the person entering the data and the date the information is entered will confirm to the intent of this standard.

21. Closure of case records:

- a. Setting discharge criteria is a straight forward task and it is addressed at admission. ACCESS staff will ask the individual and family about the changes that need to happen in order to manage on their own and not be in need of mental health services. The answer of this question holds the criteria for transition and discharge, as well as the basic elements to the treatment goals.
- b. In addition, ACCESS ensures Transition/Discharge planning is explained to the individual and family from the beginning and that it could also be related to the closure of case records when there has been no contact with an individual for 90 calendar days or more, which includes the following:
  - i. Documentation of written and telephone attempts to contact the individual/family to offer services during the 90-day period.
  - ii. Notification provided to the individual/family regarding his/her right to local or informal dispute resolution and recipient rights process at the time of case closure.
  - iii. Documentation of the provision of an Adequate Notice form to Medicaid beneficiaries, to inform the individual of his/her right to appeal accompanied by a Request for an Administrative Hearing Form and an MDCH Administrative Tribunal postage paid envelope.

## **VI. QUALITY ASSURANCE/IMPROVEMENT**

ACCESS Quality Assessment and Performance Improvement Program (QAPIP) must include measures for both monitoring of and for the continuous improvement in quality of the program or process described in this policy.

## **VII. COMPLIANCE WITH ALL APPLICABLE LAWS**

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ACCESS Employees, interns and volunteers are bound by all applicable local, state, and federal laws, rules, regulations, and policies, all federal waiver requirements, state, and county contractual requirements, policies, and administrative directives in effect and as amended.

### **VIII. LEGAL AUTHORITY AND REFERENCES**

Michigan Mental Health Code Act 258, PA 258 of 1974, as revised. MCL 330.1001 et seq.

MCL 330. 1700-g

MCL 330. 1708 (3

MCL 330. 1712-1-3

MCL 330. 1752.

Department of Community Health Administrative Rules:

R.330.7135

R.330.7199, Revised 1998

R.330.7243

R.330.7199, Revised 1998 (Exhibit B)

R. 330.1702 (a)-(f)

R. 330.1703

R. 330.1704

R. 330. 2814

Agency policies refer to the most recent policy at the time of writing:

- Dispute Resolution: Grievance and Appeals Systems
- Medicaid Fair Hearing
- Advance Directives

MDCH/CMHSP Managed Specialty Supports and Services Contract 10/1/98 - 9/30/2001:

- Attachment 4.5.1.1: Person-Centered Planning Best Practice Guidelines (attached)
- Attachment 4.7.4.1: Grievance and Appeal Technical Requirement

### **IV. EXHIBITS**

MDHHS Elements of the Individualized Plan of Service

MDHHS Person-Centered Planning Best Practice Guideline

<b>Policy Name: Policy Section/ Number:</b>	<b>Created By:</b>	<b>Initial Date:</b>	<b>Current Date:</b>	<b>Pages:</b>
Person Centered Planning and Individual Plan of Service Policy Section ___/# _____	Ana Dutcher Quality Assurance Manager	7/29/2013	11/11/19	Page <b>15</b> of <b>15</b>

Policy Peer Delivered and Operated Supports

Notice of Hearing Rights - Individual Plan of Service

State Forms:

- Administrative Fair Hearing Request
- Advance Action Notice: Suspension, Reduction, Termination of Services/Supports
- Adequate Action Notice: Denial of Authorization