

NORTHEAST MICHIGAN COMMUNITY MENTAL HEALTH AUTHORITY

POLICY & PROCEDURE MANUAL

PERSONNEL
(Manual Section)

RECIPIENT RIGHTS:
CHANGE IN TYPE OF TREATMENT
(Subject)

Approval of Policy

Dated:

Original Inception Date:

January 12, 1996

Last Revision of Policy Approved:

March 7, 2008

•1 POLICY:

It shall be the policy of the Agency that:

1. A consumer shall be informed orally and in writing of his/her clinical status and progress at reasonable intervals established in the Plan of Service (POS) in a manner appropriate to his/her clinical condition.
2. The Plan of Service must be kept current and modified when indicated whenever a Plan of Service Review is required.
3. If a consumer, guardian, or parent of a minor consumer is dissatisfied with the Plan of Service, they may request and receive a review of treatment from the clinician in charge of the Plan or to the Services Director. The review, including second level appeal, must be completed within 30 days. This is accomplished via the Local Dispute Resolution Process (See Grievance and Appeals Policy #5400).
4. The written plan of service must list specific dates(s) when the overall plan and any of its subcomponents will be formally reviewed for possible modification or revision.

•2 APPLICATION:

All employees, all consumers.

•3 DEFINITIONS:

•4 CROSS-/REFERENCES:

Mental Health Code 330.1712, 1714
Administrative Rules 330.7199(2)(j)
NeMCMH Policy #5400 Grievance and Appeals
NeMCMH Policy #5600 Person-Centered Planning

•5 FORMS AND EXHIBITS:

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•6 PROCEDURE:

None