


CHAPTER: 1	SECTION: 17	SUBJECT: <b>RECIPIENT RIGHTS</b>
TITLE: <b>CHANGE IN TYPE OF TREATMENT</b>		
EFFECTIVE DATE: <b>12-31-86</b>	REVISED DATE: <b>9/9/99, 3/15/02, 6/20/05, 5/9/08, 9/26/11, 9/20/12, 9/23/13, 9/22/14, 9/28/15; 12/19/16; 10/16/17, 12/17/18, 12/16/19, 09/28/20, 09/29/21</b>	
ISSUED AND APPROVED BY: 		
EXECUTIVE DIRECTOR		

- I. **PURPOSE:**  
To assure consumers receive appropriate treatment and care.
- II. **APPLICATION:**  
All Community Mental Health of Ottawa County (CMHOC) staff and contract agency staff as specified by contract.
- III. **DEFINITIONS:**  
None Applicable
- IV. **POLICY:**  
It is the policy of CMHOC to provide opportunity for the consumer/parent/guardian to request and receive a review of the appropriateness of the type of treatment and care being provided.
- V. **PROCEDURE:**
  - A. A consumer's written 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 revision.
  - B. The Plan will be kept current and modified when indicated.
  - C. A consumer shall be informed when it is determined by his/her treatment team that he/she is ready for a change to another type of treatment and care, or has received the maximum benefit from the program. The reason(s) for a change in services, and expected benefits and risks of the change shall be explained to the consumer, parent of a minor, or empowered guardian. Written informed consent for changes shall be obtained.
  - D. The consumer, parents, and/or guardian will be informed orally and in writing of his or her clinical status and progress at reasonable intervals established in the Individual Plan of Service in a manner appropriate to his or her clinical condition.
  - E. If the consumer is not satisfied with his or her Individual Plan of Service, the consumer or his or her guardian or parent of a minor consumer may make a request for review to the designated individual in charge or implementing the plan.

- F. The treatment team will provide this review, in a manner approved by CMHOC, with participation of the consumer, parents, and/or guardian, and will be completed within 30 days.

**VI. ATTACHMENT:**  
None Applicable

**VII. REFERENCE:**  
Michigan Mental Health Code  
Administrative Rules  
MDHHS-ORR Attachment B