


CHAPTER: 1	SECTION: 17	SUBJECT: <b>RECIPIENT RIGHTS</b>
TITLE: <b>CHANGE IN TYPE OF TREATMENT</b>		
DATE OF ORIGIN: 12/31/1986	REVIEWED DATE: 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, 12/19/22, 12/18/23	
LAST REVISED/EFFECTIVE DATE: 09/28/2020		
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/parent of a minor/empowered guardian shall be informed when it is determined by the consumer’s treatment team that consumer 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, parent of a minor, and/or empowered 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/parent of a minor/empowered guardian 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, parent of a minor, and/or empowered guardian, and will be completed within 30 days.

**VI. ATTACHMENT:**

None Applicable

**VII. REFERENCE:**

Michigan Mental Health Code  
Administrative Rules  
MDHHS-ORR Attachment B