<table>
<thead>
<tr>
<th>CHAPTER: 1</th>
<th>SECTION: 17</th>
<th>SUBJECT: RECIPIENT RIGHTS</th>
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<tbody>
<tr>
<td>TITLE: CHANGE IN TYPE OF TREATMENT</td>
<td>REVISED DATE:</td>
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<tr>
<td>EFFECTIVE DATE: 12-31-86</td>
<td>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</td>
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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. Justification for a change from one type of treatment and care to another shall be in writing and made part of the consumer's plan of service and case record.

D. 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.

E. 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.

F. 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 and receive a
review of the appropriateness of the type of treatment and care a consumer is receiving. This request will be made to the person designated to be responsible for implementing the plan.

G. 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