

POLICIES AND PROCEDURE MANUAL

Chapter:	Service Delivery		
Title:	Community-Based Dependent Living Placement Policy		
Policy: <input checked="" type="checkbox"/>	Review Cycle: Biennial	Adopted Date: 01.12.2021	Related Policies:
Procedure: <input type="checkbox"/> Page: 1 of 2	Author: MSHN Chief Behavioral Health Officer	Review Date: 11.01.2022	

DO NOT WRITE IN SHADED AREA ABOVE

Purpose

This policy exists to provide process clarification and assure ongoing regional compliance with the community-based dependent living placement process stipulated by the Michigan Administrative Rules 330.1701-1704.

Policy

MSHN and its Community Mental Health Service Program (CMHSP) Participants shall comply with Michigan Administrative Rules for the placement of adults who have a Mental Illness or Intellectual Disability into community based dependent living settings.

1. The Placing Agency shall, in regard to an individual being considered for dependent living placement, be responsible for all of the following:
 - i. Assess a recipient's need for placement into a dependent living setting.
 - ii. Determine the type of dependent living setting required to meet the recipient's needs.
 - iii. Develop the recipient's individual plan of service and supports ("treatment plan").
 - iv. Coordinate all necessary arrangements for the placement of the recipient into a dependent living setting.
 - v. Monitor and evaluate the provision of services to the recipient.
 - vi. Protect the rights of the recipient including informing recipient/guardian of how to file complaints against the licensee or placing agency.
2. The Placing Agency shall not place a recipient in a dependent living setting unless all of the following criteria are met before placement:
 - i. An individual plan of service has been developed for the recipient.
 - ii. If a specialized program is called for in the recipient's individual plan of service, the dependent living setting is certified to provide the program.
 - iii. The placing agency has made an onsite inspection, or obtained an inspection completed in the previous 12 months from another CMHSP. The placing agency has determined that the dependent living setting has sufficient resources to provide all the services that the dependent living setting is required to provide in the recipient's individual plan of service. In addition, an annual review should be completed onsite to ensure continued care and compliance with the treatment plan.
 - iv. The consent of the recipient, or the recipient's guardian, has been obtained for the placement.
 - v. The dependent living setting has written operating policies and procedures which are in place and enforced by the dependent living setting and which are in compliance with the laws of the State of Michigan. The dependent living setting agrees to make the operating policies and procedures available to the recipient, provide the information in alternative formats and provide assistance to the recipient with understanding the language used in the procedures, if needed.
 - vi. The dependent living setting agrees to maintain and limit access to records that document the delivery of the services in the recipient's individual plan of service in accordance with all

applicable statutes, rules, and confidentiality provisions. The dependent living setting agrees to make recipient's record available to the recipient or their representative, provide the record in alternative format and assist the recipient with understanding the language used, if needed.

3. The Placing Agency is responsible for the development of the recipient's individual plan of service. An initial individual plan of service shall be provided upon placement and a comprehensive plan developed within 30 days. The individual plan of service shall consist of a treatment plan, a support plan, or both. The individual plan of service shall focus on the needs and preferences of the client and be developed by a planning team comprised of the following entities:
 - i. The recipient
 - ii. Individuals of the recipient's choosing (friends, family, relatives, natural supports)
 - iii. Professionals as needed or desired

If the client is not satisfied with his or her individual plan of service or modifications made to the plan, the client may object and request a review of the objection by the client services manager in charge of implementing the plan. The review shall be initiated within 5 working days of receipt of the objection. Resolution shall occur in a timely manner. If the client is not satisfied with the resolution, the client may notify his or her client services manager of the client's wish to appeal the resolution to the placing agency. The placing agency shall initiate a review of the appeal within 5 working days and reach a resolution in a timely manner.

4. The placing agency shall promptly review, revise, or modify a recipient's plan of service because of any of the following:
 - i. The recipient has achieved an objective set forth in the recipient's individual plan of service.
 - ii. The recipient has regressed or lost previously attained skills or otherwise experienced a change in condition.
 - iii. The recipient has failed to progress toward identified objectives despite consistent effort to implement the individual plan of service.

Applies to

- ☐ All Mid-State Health Network Staff
☐ Selected MSHN Staff, as follows:
☒ MSHN CMHPS Participants: ☐ Policy Only ☒ Policy and Procedure
☐ Other: Sub-contract Providers

Definitions

CMHSPs: Community Mental Health Service Programs

MDCH: Michigan Department of Community Health

MSHN: Mid-State Health Network

Placing Agency: The CMHSP requesting Out-of-State Placement

PNMC: Provider Network Management Committee

Other Related Materials

References/Legal Authority

Michigan Administrative Rules 330.1701-1704.

Change Log:

<u>Date of Change</u>	<u>Description of Change</u>	<u>Responsible Party</u>
01.2015	New Policy	C. Mills, PNMC
01.2017	Review	Waiver Coordinator
03.2019	Annual Review	Director of Provider Network Management Systems
09.2020	Annual Review	Director of Provider Network Management Systems
08.2022	Biennial Review	Chief Behavioral Health Officer; Clinical Leadership Committee