**REVISIONS TO POLICY STATEMENT:** **[ ] YES** **[x]  NO OTHER REVISIONS:** **[x]  YES** **[ ]  NO**

**APPLIES TO:** All programs operated by or under contract with Northpointe Behavioral Healthcare Systems.

**POLICY:**

It is the policy of the Northpointe Board that the recipient or applicable parent or guardian shall be informed when the recipient is ready for a change in type of treatment or has received maximum benefit from the current program.

**PURPOSE:**

To establish a procedure to effect a change of treatment for a service recipient.

**DEFINITIONS:**

# Primary Clinician - The staff member in charge of implementing the recipient’s plan of service.

**PROCEDURES:**

1. A recipient’s individual plan of service shall include a specific date or dates when the overall plan, and any of its subcomponents, will be formally reviewed for possible modification or revision.
2. Changes shall be made as part of the person-centered planning process. A recipient shall be informed when staff

 determine he or she is ready for change, release, discharge, or has received the maximum benefit from current

 treatment. Required written notice about the change and how to request a review of this change shall be provided

 according to Agency Action Notice procedures.

 The primary clinician will:

* 1. Verbally inform the recipient, parent, or guardian about:
		1. The proposed change, release, or discharge, or that the recipient has received the maximum benefit from current treatment;
		2. The justification for such change or discharge;
		3. The process for requesting a review of this determination;

			1. Provide required written notice, according to Agency procedures, about review options within Northpointe and the Department of Health and Human Services
1. If the recipient, parent, or guardian is not satisfied with a proposed change in type of treatment or discharge, he or she

 may ask the primary clinician or the Office of Recipient Rights, verbally or in writing, for a review at any time. The

 review will be conducted according to the Agency’s process for a local appeal/second opinion. The review shall be

 completed within 30 days.

**CROSS REFERENCES:**

Act 258 of the Public Acts of 1974, as amended (Mental Health Code) Section 712

Michigan Department of Health and Human Services Administrative rule 7199

Michigan Department of Health and Human Services Master Contract BPG 4.5.1.