

POLICY TITLE: Individual Plan of Service
for Integrated Treatment Policy

REVIEWED: 1/11/11

(replacing Person-Centered Planning Process and SDI Policies)

TEXT REVISIONS:

POLICY EFFECTIVE DATE: August 6, 2008

7/16/09

BOARD ADOPTED: August 6, 2008

BOARD ADOPTED REVISIONS:

PURPOSE

Consumers have the right to receive integrated treatment to maximize their opportunities for recovering (or establishing) the life they believe is worth living. Integrated treatment requires an assessment and treatment planning process encompassing an individual's whole life, including mind, body, spirit, and community. This policy creates the foundation for such integrated care –a dynamic plan of service that is self-directed by the individual, who defines his or her own life goals and designs a unique path towards those goals.

DEFINITIONS

Individual as used in Person Centered Planning refers to a single adult or if the consumer is under the age of 18 may include a child, youth and family.

Integrated Treatment for Co-occurring Disorders - When substance disorder and psychiatric disorder co-exist, each disorder should be considered primary, and integrated dual primary treatment is recommended, where each disorder receives appropriately intensive diagnosis-specific treatment.

Person-centered planning (PCP) is part of the process for guiding the development of the individual plan of service (IPOS). The process builds upon the individual's capacity to engage in activities to promote participation in community life and respects the individual's preferences, choices, and abilities. Person-centered planning involves families, friends, and professionals as the individual desires or requires and may be directed by an Independent Facilitator chosen by the consumer. If the consumer is under the age of 18, the CMHSP will develop the IPOS utilizing a family centered planning process. (Attachment 1 - MDCH Family Centered Practice Interpretive and Consultative Advisory of May 16, 2006) Any adult recipient of mental health services and supports may then choose to have their plan implemented through the process of Self-Determination.

Recovery –Recovery based services will reflect the basic tenets of hope, respect, empowerment, and personal responsibility. Mental health services will be individualized and person centered using a holistic approach to care. It is recognized that the path of recovery is not linear and that self direction, peer support and a wellness plan that is strength based will guide the progress no matter how complex.

POLICY

NorthCare endorses clinical practices that enable consumers to fully participate in their recovery. Research and years of anecdotal evidence (consumer stories) demonstrate the effectiveness of programs that welcome individuals into care and provide treatment that focuses on the goals of treatment valued by the consumer. The Individual Plan of Service (IPOS) is established through collaboration with the consumer and the parties the consumer identifies as key to their successful recovery. The treatment plan is based on a comprehensive assessment for mental health disorders, substance use disorders and developmental disabilities. For all disorders present, the consumer and staff will develop a treatment plan based on medical necessity and the consumer's readiness to address specific concerns identified in the assessment. These early steps to create an environment of shared decision making in treatment planning will foster shared risk taking as the consumer enters active treatment.

PROCEDURE

NorthCare Responsibilities: Attached to this policy are the MDCH Person-Centered Planning Revised Policy Practice Guidelines dated October, 2002 (Attachment 2). NorthCare has adopted these guidelines in their entirety. NorthCare endorses the use of self direction by consumers of those services they chose to manage. The two documents to guide self determination are the MDCH technical guideline (Attachment 3) and The Standards Group document Self-Determination Standards and Recommendations (Attachment 4). NorthCare monitors adherence to this policy during the regional documentation reviews conducted by NorthCare staff. Each CMHSP is also responsible to insure the clinical documentation reflects person centered planning through their internal chart review processes. NorthCare assists the consumers and CMHSPs by providing Independent Facilitators when requested by the consumer.

CMHSP Providers: The five Provider Boards will be responsible for providing integrated treatment to those individuals experiencing serious mental illness and/or developmental disability. Further, the Boards are responsible to meet the treatment needs of any individual who qualifies for their services who also has a substance use disorder.

REFERENCES

- ✓ Medicaid Managed Specialty Supports and Services 1915 (b)/(c) Waiver Program, Contract Attachment P.3.4.11 Person-Centered –Planning Best Practice Guideline
- ✓ Medicaid Managed Specialty Supports and Services 1915 (b)/(c) Waiver Program, Amendment 2, Contract Attachment 3.4.4 Self-Determination Policy and Practice Guideline.
- ✓ Michigan Mental Health Code (Act 258 of the Public Acts of 1974 as amended).
- ✓ Michigan Department of Community Mental Health, Family Centered Practice Interpretive and Consultative Advisory, May 16, 2006

- ✓ **NorthCare Policies available at www.northcare-up.org**
 - Independent Facilitation
 - Recovery Based Services

- ✓ The Standards Group, Self-Determination Standards and Recommendations, www.macmhb.org