

<p align="center">Community Mental Health Affiliation of Mid-Michigan</p> <p>SUBJECT: Clinical Services</p> <p>SCOPE: All CMHAMM CMHSP's and Providers</p>	POLICY # 2.0	REVIEW DATES	
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	<p>ISSUED BY: Director of Affiliation Operations</p> <p>APPROVED BY: Board of Directors</p>	04/13/09	
Effective Date: 03/20/08	Revised Date:		
	05/09/08		
	04/29/10		

I. PURPOSE:

To ensure that all consumers served by the Community Mental Health Affiliation of Mid Michigan have access to services and supports that they need as defined by medical necessity, the Medicaid Provider Manual, and federal and state regulations.

This policy and all related procedures will apply only to those activities involving the use of Medicaid funding.

II. POLICY:

The PIHP will ensure that all consumers served by the Community Mental Health Affiliation of Mid Michigan and their providers, receive clinical services and supports that are based on best practice and developed through Person/Family Centered Planning. All clinical services and supports will be based on individual needs, medical necessity criteria, and will meet all federal and state standards and requirements.

III. RESPONSIBILITIES:

- A. All CMHSP's, and their providers, will complete an Individual Plan of Service utilizing a Person/Family Centered Planning process when identifying and providing services and supports to consumers.
- B. All CMHSP's will utilize the CMHAMM Practice Guidelines in determining eligibility for services and supports.
- C. The PIHP, with input from Affiliates, will identify clinical best practices that are appropriate for CMHAMM. Each CMHSP will be responsible for implementing identified best practices.
- D. All CMHSP's will adhere to the PIHP/CMHSP contract requirements, as well as all applicable state and federal requirements when providing services and supports.
- E. All CMHSP's are responsible for completing a comprehensive assessment which will include the identification of Co-Occurring disorders.

IV. MONITORING AND REVIEW:

The Director of Affiliation Operations will review this policy annually. This policy will be monitored internally by the Affiliation Compliance Administrator, with input from the Affiliation Compliance Committee, the Improving Practices Leadership Team, PIHP Leadership and the Affiliation Consumer Advisory Council. This Policy will be monitored externally by MDCH and all appropriate accrediting bodies and regulatory agencies.

V. DEFINITIONS:

Person/Family Centered Planning:

A process for planning and supporting the individual/family receiving services that builds upon the individual's/family's capacity to engage in activities that promote community life and honor the individual's/family's preferences, choices, and abilities. The person-centered/family centered planning process involves families, friends, and professionals as the individual desires or requires.

Medical Necessity:

Determination that a specific service is medically (clinically) appropriate, necessary to meet needs, consistent with the person's diagnosis, symptomatology and functional impairments, is the most cost-effective option in the least restrictive environment, and is consistent with clinical standards of care.

VI. RELATED POLICIES AND PROCEDURES:

CMHAMM Procedure	2.2	Jail Diversion
CMHAMM Procedure	2.3	Level of Care Assessment
CMHAMM Procedure	2.4	Coordination and Continuity of Care
CMHAMM Procedure	2.5	Habilitation Supports Waiver
CMHAMM Procedure	2.6	Co-Occurring Disorder
CMHAMM Procedure	2.7	Behavior Treatment Plan Review Committees
CMHAMM Procedure	2.8	Health and Safety
CMHAMM Procedure	2.9	Self Determination/Person Centered Planning