

**CENTRA WELLNESS NETWORK
PROCEDURE 03.12 CHANGE IN TYPE OF TREATMENT**

I. PURPOSE STATEMENT:

Centra Wellness Network's (CWN) Governing Body establishes and evaluates policies and related procedures as required by statutory and contractual obligations.

CWN reserves the right in its sole discretion to adopt and implement policies and procedures that ensure a safe, functional and professional workplace that operates with integrity using person-centered focus and planning, trauma informed practices and respect of others, cultural sensitivity and transparency in communication and practice. Organizationally and in practice, CWN is responsive to the needs of clients, community and staff.

Any statements and procedures are subject to review and/or unilateral change, modification, suspension or cancelation in whole or in part of any published/unpublished policies or procedures without notice and without having to give cause, justification, or consideration to any employee. Recognition of these rights and prerogatives of CWN is a term and condition of and maintaining employment.

Policies and Procedures are approved by the Board and/or upon recommendation by the Executive Director or his/her designee.

II. APPLICATION:

Agency Wide.

III. DEFINITIONS:

N/A

IV. POLICY STATEMENT:

The intent of this procedure is to ensure that all clients, parents of clients who are minors, and /or guardians of clients served by CWN can request and receive a review of the appropriateness of the type of treatment and care being provided.

V. PROCEDURES:

- A. A client's written Individual Plan of Service (IPOS) will have a specific date or dates when the overall plan and its components will be formally reviewed for possible modification or revision.
- B. The IPOS 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 IPOS and case record.
- D. A client will be informed verbally and in writing of his or her clinical status and progress at reasonable intervals established in the individual plan of services in a manner appropriate to his or her clinical condition, 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 will be explained to the client, parents of a minor, or guardian. Written informed consent for changes will be obtained.
- E. If clients, parents, and guardians are not satisfied with the IPOS, the recipient, parent, and/or guardian may request and receive a review of the appropriateness of the type of treatment and care a client is receiving. This request will be made to the person designated to be responsible for implementing the plan. The treatment team will provide this review with participation of the client, parents, and/or guardian, and the review will be completed timely. (This procedure is outlined in CWN Policy 03.27 Services Suited to Conditions)

VI. EXHIBITS:

N/A

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VII. REFERENCES:

Authority and Related Directives Trace	
Federal	1974, Act 258 42 CFR Subchapter IV, Mental Health Rights and Advocacy, Section 9501. (C) (i), (ii), (iii), (iv)
State	MHC 330.712, 330.7152; AR 330.7199 (2)(j)
NMRE	03.00 Enrollee Rights
County	Interlocal Agreement of December 1992 Section IX(j)
CARF	CARF 2020 Behavioral Health Standards
Other	Board By-laws, Section 7.E.