

CENTRA WELLNESS NETWORK

Board Adopted Procedure		
Procedure	03.27	Policy Title: 03.00 Enrollee Rights
Effective Date:	1/13/2011	Subject: Services Suited to Conditions
Review Cycle:	3 years	
Approval Validation Record		
Action	Date	Board Sec'y Initials
Full Board Vote:	1/13/2011	AKH
Minutes Approved:	2/10/2011	AKH
Accountability		
Board Committee:	Policy Committee	
Agency Function:	Services Suited to Conditions	
Sunset Review Begins:		
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CENTRA WELLNESS NETWORK PROCEDURE 03.27 SERVICES SUITED TO CONDITIONS

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to review and/or unilateral change, modification, suspension or cancelation in whole or in part of any published/unpublished policies or procedures without notice and without having to give cause, justification, or consideration to any employee.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:

Person Centered Planning:

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

Person Centered Plan:

A written plan that specifies the personal supports or any other supports that are to be developed with and provided for a recipient. It specifies the goal-oriented treatment or training services, including rehabilitation or habilitation services that are to be developed with and provided for a client.

IV. POLICY STATEMENT:

The intent of this procedure is to ensure that all clients served by CWN are notified of their right to a second opinion if denied services, that a person centered planning process is used, that proper assessments are completed, any restrictions or limitations to the client are documented, and clients are given a choice of mental health professional to provide service.

V. PROCEDURES:

- A. If services are denied to an applicant, his/her guardian, or a minor applicant's parents, will be informed that a second opinion may be requested to determine if the applicant has a serious mental illness, serious emotional disturbance, or a developmental disability, or is experiencing an emergency or urgent situation. The second opinion will be performed within 3 days, excluding Sundays and holidays.
- B. A person-centered planning process will be used to develop a written individual plan of service in partnership with the recipient. This plan will be developed within 7 days of the commencement of services, or, if the recipient is hospitalized, before discharge or release.
- C. The person centered plan will establish meaningful and measurable goals with the recipient. This plan will include assessments of the recipient's need for food, shelter, clothing, health care, employment opportunities where appropriate, educational

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opportunities where appropriate, legal services, and recreation. The plan will be kept current and will be modified when indicated. The individual in charge of implementing the plan will be designated in the plan.

- D. The person centered plan will identify any restrictions or limitations of the recipient’s rights and includes documentation describing attempts to avoid such restrictions as well as what action will be taken as part of the plan to eliminate the need for restrictions in the future.
- E. Appropriate clinical staff for any challenging behaviors of recipients will conduct a functional assessment/analysis. If a Behavior Treatment Plan is written as a result of this assessment, all policies and procedures of the Behavior Treatment Committee will be followed.
- F. If a recipient is not satisfied with his/her individual plan of service, the recipient, guardian, or parent of a minor may request a person-centered planning meeting be convened within 30 days for the purpose of reviewing and revising the plan in order to keep it consistent with the changing goals of the recipient. This request will be directed to the person designated to implement the plan.
- G. The recipient, guardian, or parent of a minor will decide where the meeting will be held, what time, and invite people of their choosing to attend. No one chosen by the recipient will be excluded from the meeting unless the individual would constitute a substantial risk of physical emotional harm to the recipient or substantial disruption of the planning process. Justification for any exclusion will be documented in the recipients’ record.
- H. Recipients will be given a choice of physician or mental health professional to provide services within the limits of available staff.
- I. Recipients may request a second opinion, if the pre-admission screening unit denied hospitalization that:
 - 1. The Executive Director arranges the second opinion to be performed within 3 days; excluding Sunday and holidays.
 - 2. The Executive Director in conjunction with the Medical Director reviews the second opinion if this differs from the opinion of the pre-screening unit.
 - 3. The Executive Director’s decision to uphold or reject the findings of the second opinion is confirmed in writing to the requestor; this writing contains the signature of the Executive Director and Medical Director or verification that the decision was made in conjunction with the Medical Director.

VI. EXHIBITS:

N/A

VII. REFERENCES:

Authority and Related Directives Trace	
Federal	CFR 438.102 (A)(ii)(B), 438.224, 42 CFR Subchapter IV, Mental Health Rights and Advocacy, Section 9501. (O) (2) (B)
State	MHC 330.1409, 330.1705, 330.712,330.1752; AR 330.7199
NMRE	
County	Interlocal Agreement of December 1992 Section IX(j)
CARF	CARF 2018 Behavioral Health Standards
Other	Board By-Laws, Section 7.E.