

PROCEDURE TITLE: OUT OF STATE PLACEMENTS					
Topic Area: Service Delivery Related Policy: 13.4 Out of State Placements Applies to: LRE Staff, Member CMHSPs, LRE Provider Network Review Cycle: Annually Developed and Maintained by: LRE Provider Network Managers Supersedes: N/A				REVIEW DATES	
	ISSUED BY: Chief Executive Officer APPROVED BY:				
	Effective Date: 5/19/22		Revised Date: May 19, 2022		

I. PURPOSE

This procedure exists to provide process clarification to assure ongoing regional compliance with the out of state placement process stipulated by the Michigan Mental Health Code.

II. PROCEDURES

The Placing Agency shall comply with Michigan Administrative Rules for the placement of adults who have a Mental Illness or Intellectual Disability into community based dependent living settings.

1. The Placing Agency shall, in regard to an individual being considered for out of state placement, determine all of the following:
 - a. Assess a recipient's need for placement into a dependent living setting.
 - b. Determine the type of dependent living setting required to meet the recipient's needs.
 - c. Determine and document that the recipient's needs cannot be met by qualified Providers within the state of Michigan or lack capacity to do so.
 - d. Develop the recipient's individual plan of service and supports ("treatment plan").
 - e. Coordinate all necessary arrangements for the placement of the recipient into a dependent living setting.
 - f. Monitor and evaluate the provision of services to the recipient.
 - g. Protect the rights of the recipient including informing recipient/guardian of how to file complaints against the licensee or placing agency.
2. In addition, the Placing Agency shall determine that the out of state dependent living setting meets the Provider requirements of both the LRE and the State of Michigan by requiring the following:
 - a. An individual plan of service has been developed for the recipient.
 - b. If a specialized program is called for in the recipient's individual plan of service, the dependent living setting is certified to provide the program.

- c. The Placing Agency has made an onsite inspection, or obtained an inspection completed in the previous 12 months from another CMHSP. The placing agency has determined that the dependent living setting has sufficient resources to provide all the services that the dependent living setting is required to provide in the recipient's individual plan of service. In addition, an annual review should be completed onsite to ensure continued care and compliance with the treatment plan.
 - d. The consent of the recipient, or the recipient's guardian, has been obtained for the placement.
 - e. The dependent living setting has written operating policies and procedures which are in place and enforced by the dependent living setting and which are in compliance with the laws of the State of Michigan. The dependent living setting agrees to make the operating policies and procedures available to the recipient, provide the information in alternative formats and provide assistance to the recipient with understanding the language used in the procedures, if needed.
 - f. The dependent living setting agrees to maintain and limit access to records that document the delivery of the services in the recipient's individual plan of service in accordance with all applicable statutes, rules, and confidentiality provisions. The dependent living setting agrees to make recipient's record available to the recipient or their representative, provide the record in alternative format and assist the recipient with understanding the language used, if needed.
3. The Placing Agency is responsible for the development of the recipient's individual plan of service. An initial individual plan of service shall be provided upon placement and a comprehensive plan developed within 30 days. The individual plan of service shall consist of a treatment plan and be provided in accordance with the Michigan Medicaid Provider Manual.
4. The individualized written plan of services is the fundamental document in the recipient's record. A provider shall retain all periodic reviews, modifications, and revisions of the plan in the recipient's record. In addition, the provider shall ensure that all staff providing services to an individual shall be adequately trained to implement the treatment plan. The plan shall identify, at a minimum, all of the following:
- a. All individuals, including family members, friends, and professionals that the individual desires or requires to be part of the planning process.
 - b. The services, supports, and treatment that the recipient requested of the provider.
 - c. The services, supports, and treatment committed by the responsible mental health agency to honor the recipient's request

- d. The person or persons who will assume responsibility for assuring that the committed services and supports are delivered.
 - e. When the recipient can reasonably expect each of the committed services and supports to commence, and, in the case of recurring services or supports, how frequently, for what duration, and over what period of time.
 - f. How the committed mental health services and supports will be coordinated with the recipient's natural support systems and the services and supports provided by other public and private organizations.
 - g. Limitations of the recipient's rights. Limitations of the recipient's rights, any intrusive behavior treatment techniques, or any use of psycho-active drugs for behavior control purposes shall be reviewed and approved by a behavior treatment committee meeting the requirements of the Michigan Medicaid Provider Manual.
 - h. Any limitation shall be justified, time-limited, and clearly documented in the plan of service. Documentation shall be included that describes attempts that have been made to avoid limitations, as well as what actions will be taken as part of the plan to ameliorate or eliminate the need for the limitations in the future.
 - i. Strategies for assuring that a recipient has access to needed and available supports identified through a review of his or her needs. Areas of possible need may include any of the following:
 - i. Food
 - ii. Shelter
 - iii. Clothing
 - iv. Physical health care
 - v. Employment
 - vi. Education
 - vii. Legal services
 - viii. Transportation
 - ix. Recreation
 - j. A specific date or dates when the overall plan, and any of its subcomponents will be formally reviewed for possible modification or revision.
5. The plan shall not contain privileged information or communications.
6. The individual plan of service shall be formally agreed to in whole or in part by the responsible mental health agency and the recipient and his or her guardian, if any. If the appropriate signatures are unobtainable, then the responsible mental health agency shall document witnessing verbal agreement to the plan. Copies of the plan shall be provided to the recipient and his or her guardian, if any.

III. APPLICABILITY AND RESPONSIBILITY

This procedure applies to LRE Staff and member CMHSPs.

IV. MONITORING AND REVIEW

This procedure will be reviewed by the LRE Provider Network Managers on an annual basis.

V. DEFINITIONS

N/A

VI. RELATED POLICIES AND PROCEDURES

- A. LRE Service Delivery Policies and Procedures
- B. LRE Provider Network Policies and Procedures

VII. REFERENCES/LEGAL AUTHORITY

- A. MDHHS Medicaid Specialty Supports and Services Contract
- B. MI Mental Health Code
- C. MI Administrative Rules

VIII. CHANGE LOG

Date of Change	Description of Change	Responsible Party
9.2021	New	Provider Network Managers