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Owner:	<i>Mignon Strong: Deputy Director, Recipient Rights</i>
Policy Area:	<i>Recipient Rights</i>
References:	

Treatment By Spiritual Means

POLICY

It is the policy of the Detroit Wayne Integrated Health Network (DWIHN) to ensure that a recipient receiving services from contractors, and their subcontractors shall have the right to treatment by spiritual means.

PURPOSE

To provide policy, procedural, and operational direction to DWIHN, Access Center, Service Providers to ensure that treatment by spiritual means is accessible to recipient.

APPLICATION

1. The following groups are required to implement and adhere to this policy: DWIHN Board, DWIHN Staff, Contractual Staff, Access Center, Network Providers, Crisis services vendor
2. This policy serves the following populations: Adults, Children, I/DD, SMI/SEI, SED, Autism
3. This policy impacts the following contracts/service lines: MI-HEALTH LINK, Medicaid, Autism, Grants, General Fund

KEYWORDS

1. Treatment by Spiritual Means

STANDARDS

1. Is a spiritual discipline or school of thought upon which a recipient wishes to rely to aid physical or mental recovery.
2. A recipient shall be permitted to have access to treatment by spiritual means upon request, or upon the request of the guardian, if any, or parent of a minor recipient.
3. Opportunity for contact with entities providing treatment by spiritual means shall be permitted to recipient at any reasonable time.
4. Requests for printed, recorded, or visual material essential or related to treatment by spiritual means, and to a symbolic object of similar significance shall be honored and made available at the recipient's expense.
5. Treatment by spiritual means includes the right of recipient, guardian or parents of a minor to refuse

medication or other treatment on spiritual grounds which predate the current allegations of mental illness or disability, but does not extend to circumstances where either:

- a. A guardian or the provider has been empowered by a court to consent or to provide treatment and has done so.
 - b. A recipient is presently dangerous to self or others and treatment is essential to prevent physical injury.
6. The right to treatment by spiritual means does not include the right:
- a. To use mechanical devices or chemical or organic compounds which are physically harmful.
 - b. To engage in activity prohibited by law.
 - c. To engage in activity physically harmful to recipient or others.
 - d. To engage in activity which is inconsistent with court-ordered custody or voluntary placement by a person other than the recipient.
7. A contractor, and their subcontractors shall establish a mechanism for recourse to court proceedings when there is a refusal of medication or other treatment for a minor.
8. When there is a refusal of medication or other treatment for a minor by the parent or guardian, and it is determined that said medication or other treatment is deemed medically necessary for the well being of the minor recipient, then the contractor, and/or their subcontractors shall file a petition in Probate Court to order the medication or other treatment.
9. A contractor, and their subcontractors shall provide notice to the requesting person of a denial of a request and the reasons for denial.
10. A request for access to treatment by spiritual means will only be denied for reasons specified in Standards 4. or 5.
11. A contractor, and their subcontractors shall provide for a mechanism for administrative review or appeal of a denial of treatment by spiritual means. Said mechanism shall include the following at a minimum:
- a. Every contractor, and their subcontractors shall designate a minimum of one person to be the responsible party for Administrative Review.
 - b. An individual shall have two business days after they receive the notice of denial to make a request for administrative review.
 - c. An Administrative Review shall be performed on all cases unless the requestor was late in submitting for administrative review.
 - d. An Administrative Review shall be held within five business days of receipt of the request for review.
 - e. Notice of the results of the Administrative Review shall be sent to the requesting individual the same day the Administrative Review is held and no later than five business days from the date of the receipt of the request for review.
 - f. If request is approved, treatment shall start within five business days of the Administrative Review.
12. Documentation in the record of a recipient who requests treatment by spiritual means and was denied will include the following:
- a. Identity of the individual making the request.
 - b. Nature of the request.

- c. Date request was made.
 - d. Specific reasons for denial of request, if any.
 - e. Date and manner in which notice of denial was provided.
 - f. The date and results of administrative review or appeal of denial, if applicable.
13. Each contractor, and their subcontractors shall use the Treatment by Spiritual Means Notice of Denial, Right to Review, Request for Review, Results of Review form to communicate with recipients/others about this process.
 14. This policy shall be read in conjunction with the [Customer Service \(CS\) Enrollee/Member Appeals Policy](#) and nothing in this policy should be construed as limiting the recipient and other's rights under that or other DWIHN policies.
 15. Each contractor, and their subcontractors will establish and implement procedures which comply with the minimum standards in the policy.

QUALITY ASSURANCE/IMPROVEMENT

DWVHN shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs of direct contractors must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

DWVHN staff, contractors, and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

LEGAL AUTHORITY

1. Michigan Mental Health Code, P.A. 258 of 1974, as amended, MCL 330.1752
2. Michigan Administrative Code, R330.7135

RELATED POLICIES

1. Individual Plan of Service/Person-Centered Planning
2. Customer Service (CS) Enrollee/Member Appeals
3. Services Suited to Condition in the Least Restrictive Environment
4. Treatment with Dignity and Respect

RELATED DEPARTMENTS

1. Administration
2. Clinical Practice Improvement
3. Customer Service
4. Information Technology

- 5. Integrated Health Care
- 6. Managed Care Operations
- 7. Quality Improvement
- 8. Recipient Rights

CLINICAL POLICY

YES

INTERNAL/EXTERNAL POLICY

EXTERNAL

Attachments:

Denial of Request Treatment by Spiritual Means
 Results Admin Review Denial Treatment Spiritual Means

Approval Signatures

Approver

Date

Dana Lasenby: Chief Clinical Officer

12/2019

Approver	Date
crystal Palmer: Director, Children's Initiatives	10/2019
Brooke Blackwell: Chief of Staff	10/2019
Kip Kliber: Director, Recipient Rights	10/2019

COPY



Notice of Denial of Request for Treatment by Spiritual Means

To: Name
Address
City, State, Zip

The Request for Treatment by Spiritual Means dated [] for recipient [], Case number [] was denied for the following reasons:

- A guardian or the provider has been empowered by a court to consent or to provide treatment and has done so.
- This recipient is presently dangerous to self or others, and treatment is essential to prevent physical injury.
- The request involved use of mechanical devices or chemical or organic compounds which are physically harmful.
- The request involved activity prohibited by law.
- The request involved activity that would be physically harmful to recipient or others.
- The request involved activity which is inconsistent with court-ordered custody or voluntary placement by a person other than the recipient.

[]
Signature/Typed Name

[]
Date of Denial
(Same date notice mailed)

Notice of Your Right to an Administrative Review of the Denial of a Request for Treatment by Spiritual Means

You have the right to ask for an administrative review of this decision. If you wish to ask for an administrative review, complete the following section within two business days and mail one copy of this form to:

Name and Title, if any, of Responsible Party for Handling Administrative Review
Address
City, State, Zip
Telephone

I do not agree with the decision and wish to ask for an Administrative Review of the denial. I understand I must request this review within 2 business days of my receiving notice of the denial of my initial request.

[]
Signature

[]
Date of Request for Review
(Same date notice mailed)



Results of Administrative Review of the Denial of Request for Treatment by Spiritual Means

To: Name
Address
City, State, Zip

An administrative review was held on the denial of your request for Treatment by Spiritual Means on [redacted]. The results of the review follow:

1. The request for Treatment by Spiritual Means has been denied due to the following reason:

The request for Administrative Review was not sent within two business days of the receipt of the notice of the original denial.

2. The file has been reviewed and the original reason for denial was one of the exceptions listed by statute, as checked off below:

- A guardian or the provider has been empowered by a court to consent or to provide treatment and has done so.
- This recipient is presently dangerous to self or others and treatment is essential to prevent physical injury.
- The request involved use of mechanical devices or chemical or organic compounds which are physically harmful.
- The request involved activity prohibited by law.
- The request involved activity that would be physically harmful to recipient or others.
- The request involved activity which is inconsistent with court-ordered custody or voluntary placement by a person other than the recipient.

The review of the record shows that **the denial was an appropriate response**. Therefore, the request for Treatment by Spiritual Means has been denied.

The review of the record shows that **the denial was an inappropriate response**. **Notice to commence the Treatment within [redacted] days has [redacted] been given to:**

Name and Title
Address
City, State, Zip
Telephone

[redacted]

Name and Title of Reviewer

[redacted]

Date of Review
(Same date notice mailed)