

**PROGRAM OPERATIONS
DIRECTIVE # 15.0**

SUBJECT: Consent Protocol

ISSUED: 3/13/2019

PURPOSE:

The purpose of this correspondence is to clarify expectations of Consent Protocols for those individuals served who have a parent or guardian.

Consent Protocol for Minors

1. Minor children who arrive for an intake with both parents – have both parents sign
 2. Minors who arrive with one married parent- the parent who is present can sign for treatment
 3. Minors who arrive with one parent when there is a custodial arrangement (divorce or parents never married and another parent has parental rights) Custody Documents are to be provided by parent at intake-(if not, CANNOT proceed with intake). In cases of joint custody, only ONE PARENT is needed to sign for consent for mental health treatment and medications (if applicable). Although there is no LEGAL REQUIREMENT that both parents sign, if this is possible, it is best practice.
 4. Minors who arrive with their foster care worker, foster care worker (or agency delegate) can provide consent. If they are temporary court wards- their biological parents can sign.
 5. Minors who arrive with their foster parent, the foster care parent can sign for services. Foster parents may also have a “Foster Care Card” giving them authorization to sign- please copy this and scan into OASIS. If they are temporary court wards, their biological parents can sign.
 6. It is considered best practice to engage birth parents/legal guardians in all aspects of a child’s health and mental health care unless there are reasons to restrict this engagement, e.g. a court order prohibiting contact between the parent and the child.
 7. Consent to the use of psychotropic medications and consent for the Waiver for Serious Emotional Disturbance (SEDW) Family Choice Assurance must be given by – birth parents/legal guardians for temporary court wards, caseworkers or agency delegates for MCI/State Wards and the court for permanent court wards.
 8. A minor 14 years of age or older may request, sign consent for, and receive mental health services on an outpatient basis, excluding pregnancy termination referral and the use of psychotropic medications, without the consent or knowledge of the minor’s parent or guardian. This is limited to not more than 12 sessions or 4 months per request for services. (Reference Mental Health Code section 330.1707 for full details.) NOTE: This does not extend to hospitals who will require consent from a parent/guardian prior to screening a minor for hospitalization.
- Reference: see attached letter dated 7-29-15 from Thomas J Renwick on Clarification of Consent for Mental Health Services as Routine, Non-Surgical Care for Children Involved in Child Welfare Foster Care

Consent Protocol for Adults

1. Adults who arrive for intake should be asked if they are their own guardian. If they are, they can sign for treatment and medication.
 2. Adults who have a guardian should present a copy of their guardianship papers at intake. The guardian must sign consent for treatment for ongoing services to occur, for medication, IPOS and Periodic Reviews. NOTE: For out-of-state guardians, a Telephone Consent (CMH Form #018) can be used, with a follow-up written consent sought.
 3. Adults who have co-guardians- LEGALLY, only ONE guardian needs to sign for ongoing treatment to occur, for medications, the IPOS and Periodic Reviews.
 4. Adults who have a guardian and a stand-by guardian- EITHER can sign consent for mental health treatment, medications, IPOS and Periodic Reviews.
- Review guardianship papers- some guardianships can be limited to certain areas (Financial, Medical, etc).



STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES
LANSING

RICK SNYDER
GOVERNOR

NICK LYON
DIRECTOR

July 29, 2015

TO: Executive Directors of Prepaid Inpatient Health Plans (PIHPs)
and Community Mental Health Services Programs (CMHSPs)

FROM:  Thomas J. Renwick, Director
Bureau of Community Based Services

SUBJECT: Clarification of Consent for Mental Health Services as Routine Non-Surgical Care for Children
Involved in Child Welfare Foster Care

In 2011, the Attorney General's office was asked to provide an opinion as to whether mental health evaluation and the provision of professional mental health counseling services fall under the heading of "routine, non-surgical care", thus not requiring the consent of birth parents/legal guardians for children who are temporary court wards.

Based on a review of the Michigan Compiled Laws and associated court proceedings, the finding was that both activities (mental health evaluation and professional counseling) do fall within the category of "routine, non-surgical care".

Given this opinion, consent for mental health evaluation and professional mental health counseling can be provided without seeking formal parental consent. Either the child's foster parent or the child's foster care worker (or agency delegate) can provide consent for these services.

However, it is considered best practice to engage birth parents/legal guardians in all aspects of a child's health and mental health care unless there are reasons to restrict this engagement, e.g. a court order prohibiting contact between the parent and the child.

Please note that consent to the use of psychotropic medications and consent for the Walver for Serious Emotional Disturbance (SEDW) Family Choice Assurance must be given by:

- birth parents/legal guardians for temporary court wards
- caseworkers or agency delegates for MCI/state wards, and
- the court for permanent court wards

TJR:kbm

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