Chapter: 4	Care and Treatment Services		
Section: 14	North Bay Center		
Topic: 2	Program Description and Operation		
Page: 1 of 6	Supersedes: Pol: 3-18-04 Proc: 11-1-18, 3-30- 17, 1-5-10, 9-30-06, 7-28-98	Approval Date: Pol: 5-18-17 Proc: 11-29-21	Board Chairperson Signature
			Chief Executive Officer Signature
Policy applies to: 4-14-1, 4-14-2, 4-14-3, 4-14-4, 4-14-6, 4-14-9, 4-14-10, 4-14-11, 4-14-13, 4-14-14, 4-14-17, 4-14-18, 4-14-19, 4-14-21, 4-14-27, 4-14-28, 4-14-29			
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 11/30/2021. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) that procedures are established for the North Bay Center.

Purpose

This policy and procedure was established to describe the North Bay Center including who it serves, program goals and objectives, entrance criteria and services offered.

Education Applies to

All BABHA Staff
Selected BABHA Staff, as follows: <u>Direct Care (e.g. respite, day prog.)</u> , <u>Developmental</u>
Disabilities Group
All Contracted Providers: Policy Only Policy and Procedure
Selected Contracted Providers, as follows:
Policy Only Policy and Procedure
Other:

Definitions

N/A

Procedure

The North Bay provides Community Living Support (CLS) services to adults who have an intellectual/developmental disability. The purpose of the program is to assist individuals to connect and become a real part of their community through routine community engagement. Community Engagement/Connecting activities may include volunteer work; accessing community facilities such as a local library, gym, or recreation center; participation in retirement

Chapter: 4	Care and Treatment Services		
Section: 14	North Bay Center		
Topic: 2	Program Description and Operation		
Page: 2 of 6	Supersedes: Pol: 3-18-04 Proc: 11-1-18, 3-30- 17, 1-5-10, 9-30-06, 7-28-98	Approval Date: Pol: 5-18-17 Proc: 11-29-21	Board Chairperson Signature
			Chief Executive Officer Signature
Policy applies to: 4-14-1, 4-14-2, 4-14-3, 4-14-4, 4-14-6, 4-14-9, 4-14-10, 4-14-11, 4-14-13, 4-14-14, 4-14-17, 4-14-18, 4-14-19, 4-14-21, 4-14-27, 4-14-20,			
14-27, 4-14-28, 4-14-29 Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 11/30/2021. For			
controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

or senior activities; and anything else people with and without disabilities do in their off-work time.

Services are individualized and may include:

- 1. Assisting, prompting, reminding, cueing, observing, guiding and/or training in the following;
 - Meal Preparation
 - Laundry
 - Activities of Daily Living (hygiene, eating, dressing, grooming, communicating)
 - Shopping for food or other necessities
 - Transportation assistance
 - Safety Skills
- 2. Staff assistance, support and/or training with activities such as;
 - Money Management
 - Non-medical care
 - Health and Wellness
 - Socialization and relationship building
 - Coping with the world around us
 - Transportation to and from community activities
 - Participation in regular community activities and recreation opportunities of the persons choosing (enrichment classes, movies, concerts and events in the community, voting, volunteering, etc.).
- 3. Reminding, observing, and monitoring of medications administration.
- 4. Staff assistance with preserving the health and safety of the individual that he/she may reside or be supported in the most integrated, independent community setting.
- 5. Services are provided in the community.
- 6. The hours of supports, services, and schedules are customized to each individual as designed in his/her plan of service and focus on creating meaningful relationships. Community Living Supports will be provided in each component to support each person in self-help, socialization, adaptive skills and mobility.

Chapter: 4	Care and Treatment Services		
Section: 14	North Bay Center		
Topic: 2	Program Description and Operation		
Page: 3 of 6	Supersedes: Pol: 3-18-04 Proc: 11-1-18, 3-30- 17, 1-5-10, 9-30-06, 7-28-98	Approval Date: Pol: 5-18-17 Proc: 11-29-21	Board Chairperson Signature
			Chief Executive Officer Signature
Policy applies to: 4-14-1, 4-14-2, 4-14-3, 4-14-4, 4-14-6, 4-14-9, 4-14-10, 4-14-11, 4-14-13, 4-14-14, 4-14-17, 4-14-18, 4-14-19, 4-14-21, 4-14-27, 4-14-20,			
14-27, 4-14-28, 4-14-29 Note: Unless this document has an ariginal signature, this conv. is uncentralled and valid on this data only 11/20/2021. For			
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 11/30/2021. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

Program Entrance Criteria:

- 1. Referrals are made by the primary Client Services Specialist and are approved and authorized through the CLS Committee...
- 2. Persons who receive CLS services through North Bay are required to receive case management/supports coordination services.
- 3. Adults age 18 and over
- 4. Resident of Bay or Arenac County
- 5. Adults with an intellectual/developmental disability
- 6. Referrals for people residing in their family home will be prioritized over other referrals.
- 7. For adults up to age 26 who are enrolled in school, services may not supplant those provided by the school or other settings. The person may come during the summer when school services are not available in order to reinforce skills or lessons taught in school, therapy or other settings.
- 8. Persons living in specialized residential settings and therefore already receiving CLS through their home will be allowed to receive a maximum of 16 hours per week through the North Bay services. In extenuating circumstances, exceptions may be authorized by the Director of Integrated Care in collaboration with the Clinical Program Manager, however, rationale must be clear and justified.
- 9. Emergency information is located in the Electronic Health Record.

North Bay CLS Program Goals:

- A. To provide and implement a specialized plan of service based on each individual's dreams, wishes and desires. Individual's participating in North Bay services shall have choice and control in the services they receive and should spend a significant portion of their time in the community. Exceptions due to health and safety must be documented in the Individual Plan of Service. Evidence of choice and control will be documented.
- B. Each person receiving services from North Bay will have individual goals and objectives developed through the person-centered planning process. Professional staff may have the direct care staff at North Bay carry out a specialized plan (OT, PT, Speech, Behavior Treatment Plan, and Dietician). The professional will provide regular monitoring on the implementation of the plan and will provide in-services to

Chapter: 4	Care and Treatment Services		
Section: 14	North Bay Center		
Topic: 2	Program Description and Operation		
Page: 4 of 6	Supersedes: Pol: 3-18-04 Proc: 11-1-18, 3-30- 17, 1-5-10, 9-30-06, 7-28-98	Approval Date: Pol: 5-18-17 Proc: 11-29-21	Board Chairperson Signature
			Chief Executive Officer Signature
Policy applies to: 4-14-1, 4-14-2, 4-14-3, 4-14-4, 4-14-6, 4-14-9, 4-14-10, 4-14-11, 4-14-13, 4-14-14, 4-14-17, 4-14-18, 4-14-19, 4-14-21, 4-14-27, 4-14-28, 4-14-29			
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 11/30/2021. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

staff on how to implement the plan. Monitoring of the plan will be documented in the person's electronic medical record.

- C. To provide community engagement and relationship opportunities for individuals in order to maximize their independence in the community through habilitative services in the areas of communication, community survival, public transportation use, appropriate social interaction, daily living skills and community awareness.
- D. To provide services that promote community engagement and relationships for the individual through habilitative services that increase self-care skills, mobility, sensory-motor and adaptive physical functioning, daily living skills and psychological/behavioral treatment services to increase normalized psychological functioning, reality orientation, emotional adjustment and normalized social functioning.
- E. To regularly review the progress of individuals that participate in CLS Services through North Bay to assure that they are receiving those services most appropriate to their current needs, that appropriate progress is being made toward treatment goals and that service methods are congruent with the person's dreams, wishes, and desires.
- F. To confer/consult with BABHA and other community agency personnel regarding person-centered planning and appropriateness of all services provided.
- G. To serve as consultant/resource to community health care agencies, specialized residential homes, legislators, citizens and other Bay or Arenac County agencies relative to BABHA's continuum of services.
- H. To provide supports and services to people who experience an intellectual/developmental disability so that they can craft a personally meaningful life in our community.
- I. To be aware of health and safety wherever supports are to be provided. To assure the protection of the individual rights and privileges of each person, as guaranteed by the Michigan Mental Health Code, the Constitutions of the United States and the State of Michigan.

Chapter: 4	Care and Treatment Services		
Section: 14	North Bay Center		
Topic: 2	Program Description and Operation		
Page: 5 of 6	Supersedes: Pol: 3-18-04 Proc: 11-1-18, 3-30- 17, 1-5-10, 9-30-06, 7-28-98	Approval Date: Pol: 5-18-17 Proc: 11-29-21	Board Chairperson Signature
			Chief Executive Officer Signature
Policy applies to: 4-14-1, 4-14-2, 4-14-3, 4-14-4, 4-14-6, 4-14-9, 4-14-10, 4-14-11, 4-14-13, 4-14-14, 4-14-17, 4-14-18, 4-14-19, 4-14-21,			
14-27, 4-14-28, 4-14-29			
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 11/30/2021. For			
controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

Program Hours of Operation:

- A. North Bay CLS services are provided generally during 8:00am-5:00pm but are flexible to meet the needs of the individual.
- B. The person's residential staff or parent/guardian should notify the North Bay program in advance of CLS schedule changes or as soon as possible when the change needs to happen.
- C. In the event of bad weather, and North Bay CLS services will be cancelled Attempts will be made to contact individuals directly and general information on closings, will be on WNEM TV 5, WSGW 790 AM, WHNN 96.1, WIOG 102.5 FM.

Documentation:

- A. North Bay staff will complete a daily progress note that includes all Medicaid required information and details the services the individual received that day. Progress notes are completed in the electronic health record and will include these required elements;
 - Date
 - Start and Stop Time
 - CLS services provided and information on what occurred during the day
 - Location of service
 - Progress toward goal
 - Signature and staff credential
- B. Progress notes are to be completed within 24 hours of service.

Attachments

N/A

Related Forms

Community Connecting Permission Form (G:\BABH\Clinical Services/Master Clinical Files)

Chapter: 4	Care and Treatment Services		
Section: 14	North Bay Center		
Topic: 2	Program Description and Operation		
Page: 6 of 6	Supersedes: Pol: 3-18-04 Proc: 11-1-18, 3-30- 17, 1-5-10, 9-30-06, 7-28-98	Approval Date: Pol: 5-18-17 Proc: 11-29-21	Board Chairperson Signature
			Chief Executive Officer Signature
Policy applies to: 4-14-1, 4-14-2, 4-14-3, 4-14-4, 4-14-6, 4-14-9, 4-14-10, 4-14-11, 4-14-13, 4-14-14, 4-14-17, 4-14-18, 4-14-19, 4-14-21, 4-14-27, 4-14-28, 4-14-29			
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 11/30/2021. For controlled copy, view Agency Manuals - Medworxx on the BABHA Intranet site.			

DO NOT WRITE IN SHADED AREA ABOVE

Related Materials

North Bay Brochure

<u>References/Legal Authority</u>

Michigan Mental Health Code

SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
P. Carlson	P. Carlson	01/05/10	Revision	Update to current practices
E. Albrecht P. Carlson	E. Albrecht	06/16/2013	No Changes	Triennial review
C. Pennell		09/25/16	No changes	Triennial review
E. Albrecht	C. Pinter	03/30/17	Revision	Combined numerous policies and procedures into one P & P. Added HCBS language related to choice and control and community based. Enhanced language on documentation and addressed services to persons in specialized residential
C. Pennell	K. Amon	11/1/18	Revision	Triennial Review/HCBS language
K. Amon	C. Pinter	11/29/21	Revision	Updated to reflect the changes from centered based services to community- based services. COVID-19 expedited this transition.