

# BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

<b>Chapter: 4</b>	Care and Treatment		
<b>Section: 4</b>	Eligibility for Services		
<b>Topic: 33</b>	General Fund Eligibility and Process		
Page: 1 of 12	Supersedes Date: Pol: Proc: 5-15-2014	Approval Date: Pol: 5-15-14 Proc: 11-5-2024	_____ <i>Board Chairperson Signature</i>
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## Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to implement and maintain a waitlist if resources are not adequate to serve all persons with SMI, SED or DD who desire public mental health services. Individuals not meeting priority population criteria will be placed on a waiting list and prioritized for future services based upon severity and urgency of need.

## Purpose

If resources are not adequate to serve all individuals with mental health needs, the Mental Health Code of Michigan requires the Community Mental Health Service Program (CMHSP) to direct services to those individuals with more severe conditions (MCL 330.1208(3)). As such, the CMHSP will determine priority eligibility based on severity of the illness and the urgency of need. Any individuals requesting services that do not meet the priority population eligibility will be placed on a waitlist as authorized by MCL 330.1124.

## Education Applies to:

- All BABHA Staff
- Selected BABHA Staff, as follows:
- All Contracted Providers:    Policy Only    Policy and Procedure
- Selected Contracted Providers, as follows: All Primary Care providers
  - Policy Only    Policy and Procedure
- Other:

## Definitions

**Applicant** (MHC ~~330.1100a~~, ~~See 100a~~): An individual or his or her legal representative who makes a request for mental health services.

**Community Mental Health Services Programs** (MHC 330.1206): Provide a comprehensive array of mental health services appropriate to conditions of individuals who are located within its geographic service area, regardless of an individual's ability to pay. The array of mental health services shall include, at a minimum, all of the following:

- (a) Crisis stabilization and response including a 24-hour, 7-day per week, crisis emergency service that is prepared to respond to persons experiencing acute emotional, behavioral, or social dysfunctions, and the provision of inpatient or other protective environment for treatment.
- (b) Identification, assessment, and diagnosis to determine the specific needs of the recipient and to develop an individual plan of services.

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<b>Chapter:</b> 4	Care and Treatment		
<b>Section:</b> 4	Eligibility for Services		
<b>Topic:</b> 33	General Fund Eligibility and Process		
Page: 2 of 12	<b>Supersedes Date:</b> Pol: Proc: 5-15-2014	<b>Approval Date:</b> Pol: 5-15-14 Proc: 11-5-2024	_____ <i>Board Chairperson Signature</i>
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- (c) Planning, linking, coordinating, and monitoring to assist the recipient in gaining access to services.
- (d) Specialized mental health recipient training, treatment, and support, including therapeutic clinical interactions, socialization and adaptive skill and coping skill training, health and rehabilitative services, and pre-vocational and vocational services.
- (e) Recipient rights services.
- (f) Mental health advocacy.
- (g) Prevention activities that serve to inform and educate with the intent of reducing the risk of severe recipient dysfunction.
- (h) Any other service approved by the department.
- (2) Services shall promote the best interests of the individual and shall be designed to increase independence, improve quality of life, and support community integration and inclusion. Services for children and families shall promote the best interests of the individual receiving services and shall be designed to strengthen and preserve the family unit if appropriate. The community mental health services program shall deliver services in a manner that demonstrates they are based upon recipient choice and involvement, and shall include wraparound services when appropriate.

**Community Mental Health Services Programs – billing (MHC 330.1202):** Shall determine an individual's eligibility for a private health insurer, Medicaid, or Medicare and shall bill the private health insurer, Medicaid, or Medicare first before expending money from the state general fund for providing treatment and services under this act to that individual.

**Denial:** A determination that an individual does not meet the criteria for services and are not being served nor are they being placed on a waiting list. Appropriate notice must be given, as provided in the Mental Health Code (Sec. 705) and Attachment C.6.3.2.1 to the MDHHS/CMHSP contract.

**Developmental Disability** (MHC ~~330.1100a~~ See 100a): Means either of the following:

- (a) If applied to an individual older than 5 years of age, a severe, chronic condition that meets all of the following requirements:
  - (i) Is attributed to a mental or physical impairment or a combination of mental and physical impairments
  - (ii) Is manifested before the individual is 22 years old.
  - (iii) Is likely to continue indefinitely
  - (iv) Results in substantial functional limitations in 3 or more of the following areas of major life activity:
    - A) Self Care
    - B) Receptive and expressive language
    - C) Learning
    - D) Mobility

# BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

<b>Chapter:</b> 4	Care and Treatment		
<b>Section:</b> 4	Eligibility for Services		
<b>Topic:</b> 33	General Fund Eligibility and Process		
Page: 3 of 12	<b>Supersedes Date:</b> Pol: Proc: 5-15-2014	<b>Approval Date:</b> Pol: 5-15-14 Proc: 11-5-2024	_____ <i>Board Chairperson Signature</i>
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- E) Self-Direction
  - F) Capacity for independent living
  - G) Economic self-sufficiency
- (v) Reflects the individual’s need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.

(b) If applied to a minor from birth to 5 years of age, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined in subsection (a) if services are not provided.

**Eligible minor (MHC 330.1100a)** means an individual less than 18 years of age who is recommended in the written report of a multidisciplinary team under rules promulgated by the department of education to be classified as 1 of the following:

- (a) Severely mentally impaired.
- (b) Severely multiply impaired.
- (c) Autistic impaired and receiving special education services in a program designed for the autistic impaired under R 340.1758 of the Michigan Administrative Code or in a program designed for the severely mentally impaired or severely multiply impaired.

**Eligibility:** A clinical determination completed by a qualified professional practitioner that ascertains an individual meets the criteria of serious mental illness, serious emotional disturbance, or developmental disability as defined within the MH Code. This is to say, the individual is a part of the “shall serve” population.

**Emergent (MHC ~~MHC 330.1100a~~Sec. 100a):** A situation in which an individual is experiencing a serious mental illness or a developmental disability, or a minor is experiencing a serious emotional disturbance, and 1 of the following applies:

- (a) The individual can reasonably be expected within the near future to physically injure himself, herself, or another individual, either intentionally or unintentionally.
- (b) The individual is unable to provide himself or herself food, clothing, or shelter or to attend to basic physical activities such as eating, toileting, bathing, grooming, dressing, or ambulating, and this inability may lead in the near future to harm to the individual or to another individual.
- (c) ~~The individual has mental illness that has impaired his or her judgment so that the individual is unable to understand his or her need for treatment and presents a risk of harm. The individual's judgment is so impaired that he or she is unable to understand the need for treatment and, in the opinion of the mental health professional, his or her continued behavior as a result of the mental illness, developmental disability, or emotional disturbance can reasonably be expected in the near future to result in physical harm to the individual or to another individual.~~

# BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

<b>Chapter:</b> 4	Care and Treatment		
<b>Section:</b> 4	Eligibility for Services		
<b>Topic:</b> 33	General Fund Eligibility and Process		
Page: 4 of 12	<b>Supersedes Date:</b> Pol: Proc: 5-15-2014	<b>Approval Date:</b> Pol: 5-15-14 Proc: 11-5-2024	_____ <i>Board Chairperson Signature</i>
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**Functional impairment** (MHC 330.1100b) means both of the following:

- (a) With regard to serious emotional disturbance, substantial interference with or limitation of a minor's achievement or maintenance of 1 or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills.
- (a)(b) With regard to serious mental illness, substantial interference or limitation of role functioning in 1 or more major life activities including:
  - i. basic living skills such as eating, bathing, and dressing;
  - ii. instrumental living skills such as maintaining a household, managing money, getting around the community, and taking prescribed medication;
  - iii. functioning in social, vocational, and educational contexts.

**General Funds:** For purposes of this document, the general funds which are appropriated by the Legislature from Michigan tax revenues to provide mental health services for persons who are not Medicaid beneficiaries.

**Intellectual disability** (MHC 330.100b) means a condition manifesting before the age of 18 years that is characterized by significantly subaverage intellectual functioning and related limitations in 2 or more adaptive skills and that is diagnosed based on the following assumptions:

- (a) Valid assessment considers cultural and linguistic diversity, as well as differences in communication and behavioral factors.
- (b) The existence of limitation in adaptive skills occurs within the context of community environments typical of the individual's age peers and is indexed to the individual's particular needs for support.
- (a)(c) Specific adaptive skill limitations often coexist with strengths in other adaptive skills or other personal capabilities.
- (b)(d) With appropriate supports over a sustained period, the life functioning of the individual with an intellectual disability will generally improve.

**“May Serve” Population** (MHC Sec. 208 (2)): ~~Individuals who have other mental disorders that meet criteria specified in the most recent diagnostic and statistical manual of mental health disorders published by the American Psychiatric Association. Services may be directed to individuals who have other mental disorders that meet criteria specified in the most recent diagnostic and statistical manual of mental health disorders published by the American psychiatric association and may also be directed to the prevention of mental disability and the promotion of mental health.~~

~~Per the MH Code, a CMH is not required to provide services to these individuals, but “may” provide services should funds exist (MCL 330.1208(2)). If resources are not adequate to serve all individuals with mental health needs, the MH Code requires the CMSHP to direct services to those individuals with more severe conditions (MCL 330.1208(3)). As such, the CMHSP is not required to serve the “may”~~

## BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

<b>Chapter:</b> 4	Care and Treatment		
<b>Section:</b> 4	Eligibility for Services		
<b>Topic:</b> 33	General Fund Eligibility and Process		
Page: 5 of 12	Supersedes Date: Pol: Proc: 5-15-2014	Approval Date: Pol: 5-15-14 Proc: 11-5-2024	_____
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population but “may” do so if it determines it has sufficient funds; and as an outcome, “may” place the person on the local waiting list for services if not immediately rendered. For the “may” population, both decisions are determined by the local CMHSP.

**Person requiring treatment (MHC 330.1100c) means an individual who meets the criteria described in section 401.**

**330.1401 "Person requiring treatment" defined; exception. Sec. 401**

**(1) As used in this chapter, "person requiring treatment" means (a), (b), or (c):**

**(a) An individual who has mental illness, and who as a result of that mental illness can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure himself, herself, or another individual, and who has engaged in an act or acts or made significant threats that are substantially supportive of the expectation.**

**(b) An individual who has mental illness, and who as a result of that mental illness is unable to attend to those of his or her basic physical needs such as food, clothing, or shelter that must be attended to in order for the individual to avoid serious harm in the near future, and who has demonstrated that inability by failing to attend to those basic physical needs.**

**(c) An individual who has mental illness, whose judgment is so impaired by that mental illness, and whose lack of understanding of the need for treatment has caused him or her to demonstrate an unwillingness to voluntarily participate in or adhere to treatment that is necessary, on the basis of competent clinical opinion, to prevent a relapse or harmful deterioration of his or her condition, and presents a substantial risk of significant physical or mental harm to the individual or others.**

**(2) An individual whose mental processes have been weakened or impaired by a dementia, an individual with a primary diagnosis of epilepsy, or an individual with alcoholism or other drug dependence is not a person requiring treatment under this chapter unless the individual also meets the criteria specified in subsection (1). An individual described in this subsection may be hospitalized under the informal or formal voluntary hospitalization provisions of this chapter if he or she is considered clinically suitable for hospitalization by the hospital director.**

**Priority: -(MHC 330.1208): Priority shall be given to the provision of services to individuals with the most severe forms of serious mental illness, serious emotional disturbance, and developmental disability. Priority shall also be given to the provision of services to individuals with a serious mental illness, serious emotional disturbance, or developmental disability in urgent or emergency situations. Preference for and dedication of a major proportion of resources to specified populations or services. Priority does not mean serving or funding the specified populations or services to the exclusion of other populations or services.**

# BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

<b>Chapter:</b> 4	Care and Treatment		
<b>Section:</b> 4	Eligibility for Services		
<b>Topic:</b> 33	General Fund Eligibility and Process		
Page: 6 of 12	<b>Supersedes Date:</b> Pol: Proc: 5-15-2014	<b>Approval Date:</b> Pol: 5-15-14 Proc: 11-5-2024	_____ <i>Board Chairperson Signature</i>
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~~Pursuant to the MH Code, services shall be directed to persons with SMI, SED or DD with more serious conditions (MCL 330.1208(3)).~~

Priority – CMH services (MHC 330.1208):

- (1) Services provided by a community mental health services program shall be directed to individuals who have a serious mental illness, serious emotional disturbance, or developmental disability.
- (2) Services may be directed to individuals who have other mental disorders that meet criteria specified in the most recent diagnostic and statistical manual of mental health disorders published by the American psychiatric association and may also be directed to the prevention of mental disability and the promotion of mental health.
- (3) Priority shall be given to the provision of services to individuals with the most severe forms of serious mental illness, serious emotional disturbance, and developmental disability. Priority shall also be given to the provision of services to individuals with a serious mental illness, serious emotional disturbance, or developmental disability in urgent or emergency situations.
- (3) An individual shall not be denied a service because an individual who is financially liable is unable to pay for the service.

~~**Recipient (MHC 330.1100c)** means an individual who receives mental health services, either in person or through telemedicine, from the department, a community mental health services program, or a facility or from a provider that is under contract with the department or a community mental health services program. For the purposes of this act, recipient does not include an individual receiving substance use disorder services under chapter 2A unless that individual is also receiving mental health services under this act in conjunction with substance use disorder services. An individual who receives mental health services from a department, a community mental health services program, or facility or from a provider that is under contract with the department or a community mental health services program.~~

**Second Opinion Review of UM Continued Authorization Decision:** Active consumers, who do not meet priority population status and are placed on a waiting list, may request to have another qualified professional practitioner review the UM decision for him (or her) to be placed on a waiting list for services. This review may be a telephonic screening, face-to-face assessment, or clinical chart review. CMHSP's must offer this option to all individuals placed on a waiting list and provide instructions for how to request such a review.

**Serious Emotional Disturbance -SED (MHC 330.1100cMHC See 100):** A diagnosable mental, behavioral or emotional disorder affecting a minor that exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association and approved by the department and that has resulted in functional impairment that substantially interferes with or limits the

## BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

<b>Chapter:</b> 4	Care and Treatment		
<b>Section:</b> 4	Eligibility for Services		
<b>Topic:</b> 33	General Fund Eligibility and Process		
Page: 7 of 12	Supersedes Date: Pol: Proc: 5-15-2014	Approval Date: Pol: 5-15-14 Proc: 11-5-2024	<hr style="border: none; border-top: 1px solid black;"/> <i>Board Chairperson Signature</i>  <hr style="border: none; border-top: 1px solid black;"/> <i>Chief Executive Officer Signature</i>
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minor’s role or functioning in family, school, or community activities. The following disorders are also included only if they occur in conjunction with another diagnosable serious mental illness:

- (a) A substance abuse disorder
- (b) A developmental disorder
- (c) A “V” code in the diagnostic and statistical manual of mental disorders

**Serious mental illness (SMI)** (MHC 330.1100c) means a diagnosable mental, behavioral, or emotional disorder affecting an adult that exists or has existed within the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association and approved by the department and that has resulted in functional impairment that substantially interferes with or limits 1 or more major life activities. Serious mental illness includes dementia with delusions, dementia with depressed mood, and dementia with behavioral disturbance. Serious mental illness does not include any other dementia unless the dementia occurs in conjunction with another diagnosable serious mental illness. The following disorders also are included only if they occur in conjunction with another diagnosable serious mental illness:

- (a) A substance use disorder.
- (b) A developmental disorder.
- (c) A "V" code in the Diagnostic and Statistical Manual of Mental Disorders.

~~**“Shall Serve” Population** (MHC Sec. 208 (1)): An individual who has a serious mental illness, serious emotional disturbance, or developmental disability, who pursuant the MH Code, must be served by the public mental health system. If resources are not adequate to serve all persons with SMI, SED or DD who desire public mental health services, then “shall serve” individuals must be placed on the local CMHSP waiting list and prioritized for future services based upon severity and urgency of need.~~

**Suspension:** An individual who has had their current services temporarily or indefinitely interrupted by the CMHSP. If the CMHSP is unable to provide the service due to the lack of financial resources, but intends to provide these services at some future date as resources allow, a person who has had their services suspended will be placed on to the CMHSP’s waiting list, and service re-commencement will be prioritized against other applicants for services.

**Type of Service:** For the purpose of this guideline, the type of service is the broad category of services for which someone is determined to be eligible. These include: (i) Targeted Case Management/Supports Coordination (TCM/SC); (ii) Outpatient Individual Therapy; (iii) Outpatient Group Therapy; (iv) Psychiatric Services; ~~(iv)~~ Supports for Specialized Residential Living; ~~(v)~~ Supports for Community Living (non-specialized residential).

# BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

<b>Chapter:</b> 4	Care and Treatment		
<b>Section:</b> 4	Eligibility for Services		
<b>Topic:</b> 33	General Fund Eligibility and Process		
Page: 8 of 12	<b>Supersedes Date:</b> Pol: Proc: 5-15-2014	<b>Approval Date:</b> Pol: 5-15-14 Proc: 11-5-2024	_____ <i>Board Chairperson Signature</i>
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**Urgent** (MHC [See:330.1100d](#)): A situation in which an individual is determined to be at risk of experiencing an emergency situation in the near future if he or she does not receive care, treatment, or support services.

**Waiting List** (MHC Sec. 124, Admin Rule 2811): A register of those individuals determined to be eligible for public mental health services but are not receiving services due to inadequate funding capacity. The list includes: type of service needed, program category, age, gender and length of time since initial request for service. The list must be in priority order according to severity and urgency of need.

**Waiting lists** (MHC 330.1124) Community mental health services programs maintain waiting lists if all service needs are not met, and that the waiting lists include data by type of services, diagnostic groups or program categories, age, and gender, and that they specify the length of time each individual has been on the waiting list from the date of the initial request for services. The order of priority on the waiting lists shall be based on severity and urgency of need. Individuals determined to be of equal severity and urgency of need shall be served in the order in which they applied for services.

(Mich. Admin Code, Section R. 330.2811)

- (1) A community mental health services program shall establish and manage waiting lists in accordance with section 124 of the act.
- (2) A program shall review waiting lists periodically to ensure consistency with the community mental health services program's established priorities and the priorities specified in the act.
- (3) A program shall take action to reduce or eliminate waiting lists for services.
- (4) A program shall recommend and refer individuals to alternative services when necessary to meet individual needs.

## **Procedure**

### **Referral for Specialty Mental Health Services**

1. Emergency & Access Services (EAS) will complete the Access Screening process in the Phoenix EHR system for individuals seeking specialty mental health services. (see C04-S04-T35 Enrollment, Re-enrollment, Screening and Referral).

2. If General Fund resources are not adequate to sustain services beyond urgent, emergent, and priority populations, the Waiting List Protocol will be enacted.

## **Waiting List Operational Protocol**

### **A. General Protocol**



# BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

<b>Chapter:</b> 4	Care and Treatment		
<b>Section:</b> 4	Eligibility for Services		
<b>Topic:</b> 33	General Fund Eligibility and Process		
Page: 9 of 12	Supersedes Date: Pol: Proc: 5-15-2014	Approval Date: Pol: 5-15-14 Proc: 11-5-2024	_____
			<i>Board Chairperson Signature</i>
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1. The waiting list will be a master list of all eligible service applicants with SMI, SED or DD who are not served (unserved) due to resources that are not adequate to sustain services beyond urgent, emergent, and/or priority population conditions. Unserved individuals are those service applicants who cannot immediately access mental health services, and any active service recipient who has had their services denied, suspended or terminated due to the general fund eligibility criteria.

2. Service applicants who present in emergent or urgent situations will be triaged and provided with crisis intervention services appropriate to their needs. Once stabilized, a person who was in an emergent or urgent situation may be placed on a waiting list if they are not otherwise eligible for admission.

3. Persons waiting for services (those who are already on the waiting list) who inform Bay-Arenac Behavioral Health Authority that their situation has become more urgent or emergent will have their placement on the waiting list re-evaluated. As a result of the re-evaluation, the individual may be re-prioritized on the waiting list or may be granted immediate services.

4. All service applicants who are placed on a waiting list will be informed of their right to request a second opinion review of the waiting list decision. ~~Initial~~ The second opinion review will be conducted by the ~~Access Center~~ EAS Manager (or masters level clinician designee) within five business days of the date of the request. The review may be conducted telephonically, face-to-face, or through review of records. The decision will be documented and the applicant informed of the disposition.

5. Active service recipients who have their services denied, reduced, terminated or suspended and who are placed on the waiting list shall be notified of their right to access the local dispute resolution process.

## **B. Protocol for Placing Service Applicants on Waiting List for General Fund Supported Services**

1. ~~The Access Center~~ EAS department will make eligibility determinations for all new applicants requesting services.

2. Applicants for service who are placed on a waiting list must receive written notice within three business days of the following.

- Service for which the individual is on a wait list
- Instructions on what the individual should do if his/her situation changes, including obtaining Medicaid coverage
- The individual's right to have the decision reviewed

The ~~Access Center~~ EAS -will be responsible for sending this communication to the service applicant.

# BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

<b>Chapter:</b> 4	Care and Treatment		
<b>Section:</b> 4	Eligibility for Services		
<b>Topic:</b> 33	General Fund Eligibility and Process		
<b>Page:</b> 10 of 12	<b>Supersedes Date:</b> <b>Pol:</b> <b>Proc:</b> 5-15-2014	<b>Approval Date:</b> <b>Pol:</b> 5-15-14 <b>Proc:</b> 11-5-2024	<hr style="width: 80%; margin: 0 auto;"/> <i>Board Chairperson Signature</i>
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## C. Protocol for Placing Individuals Currently Receiving Services on the Waiting List for General Fund Supported Services

1. Existing consumers who are placed on the waiting list must receive written notice within three business days of the following:

- Service for which the individual is on a wait list
- Instructions on what the individual should do if his/her situation changes, including obtaining Medicaid coverage
- The individual's right to have the decision reviewed

A format will be provided to the agency, program or service manager responsible for the person-centered plan, which is the entity responsible for sending the communication.

## D. Management of Waiting List

1. Bay-Arenac Behavioral Health Authority will maintain one integrated and prioritized waiting list that includes service applicants waiting for entry into services, and consumers who have had their services suspended, reduced or limited.

2. New Consumers: ~~The Access Center~~EAS is responsible for screening service applicants, determining eligibility, and placing eligible individuals who cannot be served according to established criteria on the waiting list according to procedures established in that department.

3. Active Consumers: It is the responsibility of each program for conducting utilization management reviews to assess existing service recipients, screening for continued eligibility (against established General Fund Supported Services Admission Criteria) and, in appropriate circumstances, directing those individuals to waiting list status.

4. ~~The Emergency Services Department~~EAS department is responsible for providing crisis intervention services to service applicants, existing service recipients, and other citizens.

6. ~~The Emergency Services Department~~EAS department is responsible for outreach contacts to persons on the waiting list.

7. ~~The Emergency Services Department~~EAS department is the central point of contact for individuals on the waiting list. Individuals on the waitlist whose circumstances have changed should be directed to contact the Emergency Services Department.

# BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

<b>Chapter:</b> 4	Care and Treatment		
<b>Section:</b> 4	Eligibility for Services		
<b>Topic:</b> 33	General Fund Eligibility and Process		
Page: 11 of 12	Supersedes Date: Pol: Proc: 5-15-2014	Approval Date: Pol: 5-15-14 Proc: 11-5-2024	_____ <i>Board Chairperson Signature</i>
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8. ~~The Emergency Services Department~~EAS department will re-screen the individual (using the LOCUS and other tools) and review the waiting list with the ~~Director of Integrated Services- Primary Care~~EAS Manager (or EAS leadership designee) on a routine basis to make determinations on moving individuals into services. Individuals whose dangerousness scores are extreme or who after rescreening appear to be eligible for urgent or emergent admission will be immediately handled by ~~the Emergency Services~~EAS Department.

9. The waiting list will include sufficient information to enable decisions to be made about the functional status, diagnostic group, presenting problem, LOCUS assessment scores, and other pertinent information about the individual, including phone number and contact information for an emergency contact.

10. The waiting list will be reviewed on a routine basis. Review activities will be documented, and include the following:

- Removal of names from the waitlist:
  - Individual receives all needed services
  - Individual obtains Medicaid
  - Individual relocates out of the catchment area
  - Individual requests to be removed from the waiting list
  - BABHA is unable to contact the individual (e.g., phone, mail) after five attempts to do so
- Re-prioritization of the waiting list according to an individual’s changing urgency and severity of needs
- Review of documentation of the attempts to contact individuals (e.g., phone, mail) to determine if they wish to stay on the waiting list or if they have experienced any change in situation.

11. The Director of Integrated Services- Primary Care will report summary information related to waiting lists to the BABHA Strategic Leadership Team (SLT) on a monthly basis. The ~~PI~~Business Intelligence (BI) Department may be required to submit waiting list information to the MDHHS.

## **E. Waiting List Prioritization**

The order of priority on the waiting list will be based on the individual’s severity and urgency of need as established in the FY25 General Fund Management Memorandum #2014-04, General Fund Admission Criteria.

### **Attachments**

N/A

### **Related Forms**

N/A

## BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

<b>Chapter:</b> 4	Care and Treatment		
<b>Section:</b> 4	Eligibility for Services		
<b>Topic:</b> 33	General Fund Eligibility and Process		
Page: 12 of 12	Supersedes Date: Pol: Proc: 5-15-2014	Approval Date: Pol: 5-15-14 Proc: 11-5-2024	_____ <i>Board Chairperson Signature</i>
			_____ <i>Chief Executive Officer Signature</i>
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### Related Materials

BABHA ~~General Fund Management Memorandum #2014-04, FY25~~ General Fund Admission Criteria

BABHA ~~General Fund Management Memorandum #2014-04, FY25~~ General Fund Benefit Package

### References/Legal Authority

Mental Health Code of Michigan

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
J. Hahn GF Work Group	SLT	05/15/14	New	
J. Hahn	C. Pinter	05/15/15	Revision	Updated Title and attached GF memos
J. Hahn	J. Hahn	10/1/18	No changes	Triennial Review-no changes
<u>J. Hahn</u>	<u>J. Hahn</u>	<u>11/5/2024</u>	<u>Revision</u>	<u>Triennial Review: Updated to match current language and processes</u>