

# AGENDA

## BAY ARENAC BEHAVIORAL HEALTH BOARD OF DIRECTORS RECIPIENT RIGHTS ADVISORY & APPEALS COMMITTEE MEETING

Monday, November 10, 2025 at 5:00 pm  
Room 225, Behavioral Health Center, 201 Mulholland Street, Bay City, MI 48708

<b>Committee Members:</b>	<b>Present</b>	<b>Excused</b>	<b>Absent</b>	<b>Committee Members</b>	<b>Present</b>	<b>Excused</b>	<b>Absent</b>	Others Present: BABH: Jackie Kish, Chris Pinter, and Sara McRae
Patrick McFarland, Ex Off, Ch	_____	_____	_____	Carole O'Brien	_____	_____	_____	Legend: M-Motion; S-Support; MA-Motion Adopted; AB-Abstained
Sally Mrozinski, V Ch	_____	_____	_____	Justin Peters	_____	_____	_____	
Robert Bowers	_____	_____	_____	Laurie Van Wert	_____	_____	_____	
Richard Byrne	_____	_____	_____	Robert Pawlak, Ex Off	_____	_____	_____	
Kathy Niemiec	_____	_____	_____					

	Agenda Item	Discussion	Motion/Action
1.	Call To Order & Roll Call		
2.	Public Input (Maximum of 3 Minutes)		
3.	Unfinished Business 3.1) Policy Training Follow Up: Personal Search, 03-03-09  3.2) NORIX Furniture Follow Up		3.1) No action necessary  3.2) No action necessary
4.	New Business 4.1) Executive Summary of Complaints through October of 2025  4.2) Policy Training: Services Suited to Condition, 03-03-15  4.3) Recent Recipient Rights Site Reviews Summary  4.4) Upcoming Site Reviews		4.1) No action necessary  4.2) No action necessary  4.3) No action necessary  4.4) No action necessary

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5.	Adjournment	M -	S -	pm MA
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# BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

<b>Chapter:</b> 3	<b>Member Rights and Responsibilities</b>		
<b>Section:</b> 3	<b>Rights of Consumers</b>		
<b>Topic:</b> 9	<b>Personal Search</b>		
Page: 1 of 4	Supersedes Date: Pol: 5-16-02, Proc: 5-6-03,5-8-15-02, 6-3-02, 3-21-02, 1-17-02, 7-18-91, (06-07-05-01)	Approval Date: Pol: 6-3-02 Proc: 6-19-19	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Board Chairperson Signature</i>  <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <i>Chief Executive Officer Signature</i>
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## Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) that a personal search shall be initiated when suspicion of contraband is present.

## Purpose

This policy and procedure are established to protect the rights of recipients when it is determined that a personal search is necessary.



## Education Applies to

- All BABHA Staff
- Selected BABHA Staff, as follows:
- All Contracted Providers:     Policy Only     Policy and Procedure
- Selected Contracted Providers, as follows:
  - Policy Only     Policy and Procedure
- BABHA's (Affiliates):     Policy Only     Policy and Procedure

## Definitions

N/A

## Procedure

- A. The following are considered contraband and shall not be permitted on BABHA premises or BABHA contract provider premises:
  1. Weapons, such as firearms, knives, guns, sharp objects, explosives, etc.
  2. Drugs: prescribed or otherwise, unless specifically authorized in the recipient's Plan of Service or, in the case of non-prescription medications, clearly indicated

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- and authorized by the recipient’s condition (except that outpatient clients may possess prescribed or non-prescribed medications that are not in violation of law).
3. Alcoholic beverages are prohibited on Board premises.
  4. Drug paraphernalia.
  5. Any item which violates, federal, state, or local laws.

**(The following pertain only to BABHA’s specialized residential care facilities and those recipients utilizing CLS staff within their home and require such limitations within their person-centered Individual Plan of Service.)**

- B. Any exclusion by a residential setting of particular kinds of personal property shall be officially adopted and shall be in writing and posted in each residential unit.
- C. The individual, in conjunction with the treatment team, in charge of the plan of services for a resident may limit the rights guaranteed by the right to receive, possess, and use all personal property, including clothing, if each limitation is essential for one of the following purposes:
  1. In order to prevent theft, loss, or destruction of the property, unless a waiver is signed by the resident.
  2. In order to prevent the resident from physically harming himself, herself or others.
- D. A limitation adopted under the individual plan of services shall have a date it expires, and justification for its adoption shall be promptly noted in the record of the resident.
- E. A limitation adopted under the individual plan of services shall be reviewed on a routine basis and removed when the circumstance that justified its adoption ceases to exist.
- F. A receipt shall be given to a resident and an individual designated by the resident for any of his or her personal property taken into the possession of the facility. Any personal property in the possession of the facility at the time the resident to whom the property belongs is released from the facility shall be returned to the resident.
- G. A recipient’s property or living area shall not be searched by a provider unless such a search is authorized in the resident’s plan of service or there is reasonable cause to

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believe that the resident is in possession of contraband or property that is excluded from the resident’s possession by the written policies, procedures, or rules of the provider.

1. A search of the resident’s living area or property shall occur in the presence of a witness. The resident shall also be present unless he or she declines to be present.
2. The circumstances surrounding the search shall be entered in the resident’s record, and shall include the following:
  - a. The reason for initiating the search.
  - b. The names of the individuals performing and witnessing the search
  - c. The results of the search, including a description of the property seized.

**Attachments**

N/A



**Related Forms**

N/A

**Related Materials**

N/A

**References/Legal Authority**

Michigan Mental Health Code 330.1728, 330.1730, 330.1732, 330.1752  
 MDCH Administrative Rules R330.7009

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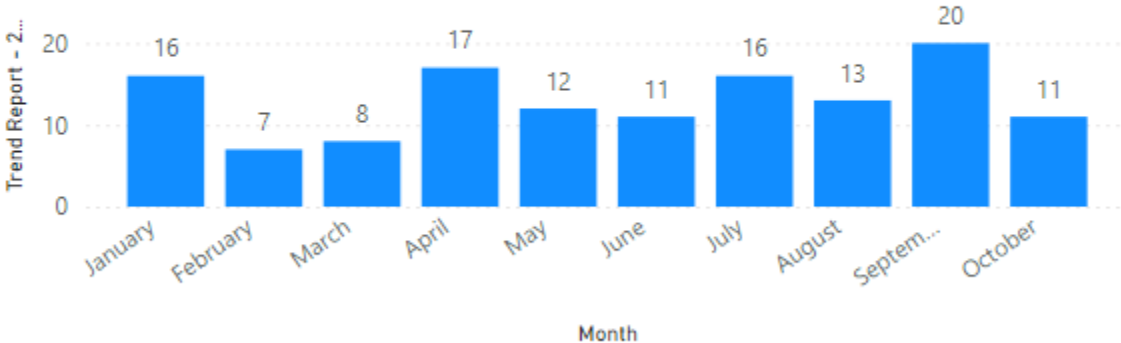
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SUBMISSION FORM				
AUTHOR/ REVIEWER	APPROVING BODY/COMMITTEE/ SUPERVISOR	APPROVAL /REVIEW DATE	ACTION (Deletion, New, No Changes, Replacement or Revision)	REASON FOR ACTION - If replacement list policy to be replaced
Marlene Wolber	Linda Maze	11/10/09	revision	Format & language updated
		12/31/12	No changes	Triennial review
Melissa Prusi	Christopher Pinter	6/27/16	No changes	Triennial review
Melissa Prusi	Christopher Pinter	06/19/2019	Revision	Triennial and annual review – minor changes.
Melissa Prusi	Christopher Pinter	10/1/2021	No changes	Triennial Review-no changes
Melissa Prusi	Christopher Pinter	12/19/2024	No changes	Triennial review

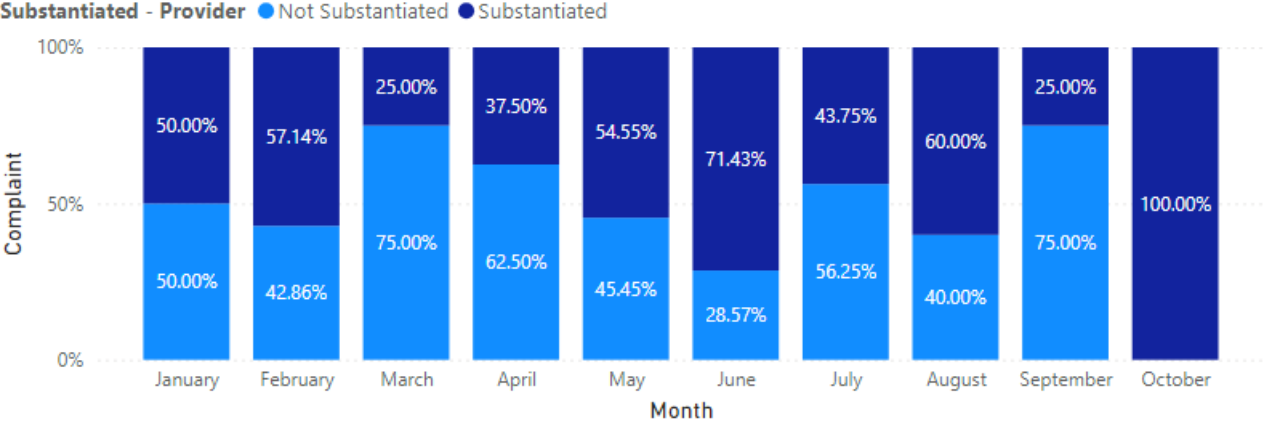
**Executive Summary**  
**Recipient Rights Advisory Committee**

**Overall Summary of the Office of Recipient Rights (ORR) Complaints through October 31, 2025:**

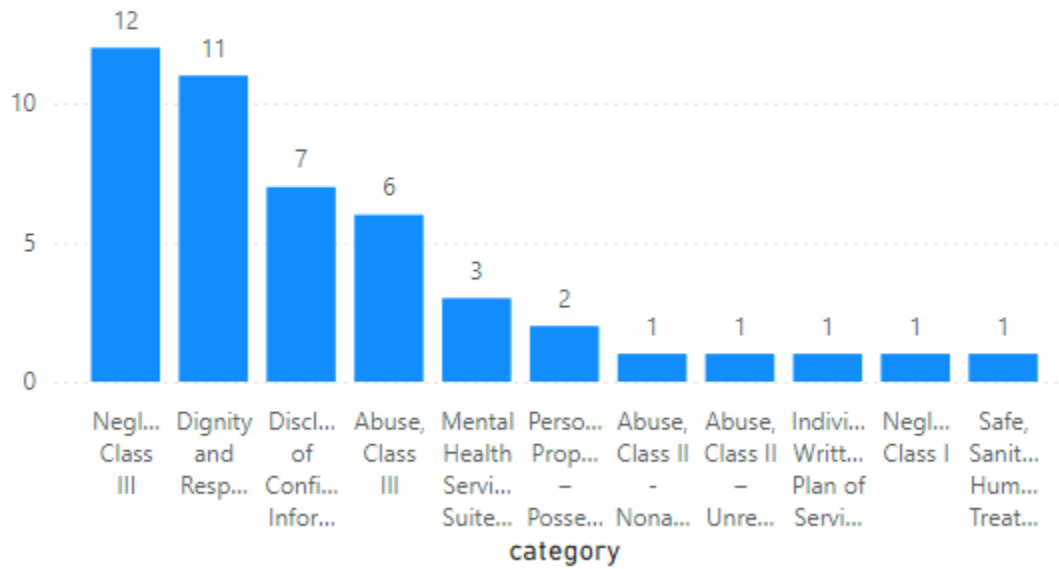
# of Complaints



Substantiation Rate



## Trend Report by Allegation - 2025

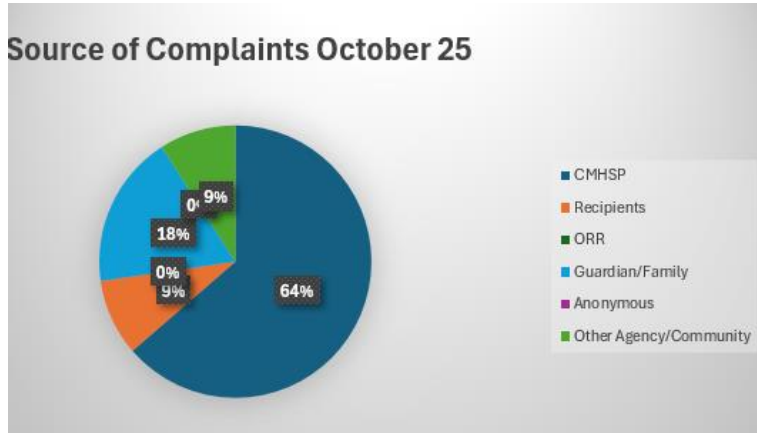


The BABHA ORR's goal is to complete RR complaint investigations within 30 days from receipt of the complaint. Moving forward the RRAC will be kept abreast of the average days to resolve complaints per quarter as we attempt to achieve our goal.

## Average Days to Resolve ORR Complaints



**Source of Complaints:**



CMSHP Network Staff	7
Recipients	1
ORR	0
Guardian/Family	2
Anonymous	0
Other Agency/Community	1

**Fiscal Year Comparison of Complaints from 2022-2026:**

	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY26	11											
FY25	21	8	11	16	7	8	17	12	11	16	13	20
FY24	18	11	11	13	13	12	16	19	16	15	18	13
FY23	17	23	9	24	19	16	11	13	17	18	14	8
FY22	12	7	7	8	8	10	9	16	8	16	16	16
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
FY26 % Sub	100%	%	%	%	%	%	%	%	%	%	%	%

- FY22 the ORR received 133 complaints.
- FY23 the ORR received 190 complaints.
- FY24 the ORR received 177 complaints.
- FY25 the ORR received 158 complaints.
- FY26 the ORR received

**Report of Remedial Action for Substantiated Complaints for October 2025:**

Complaint ID	Rcv Date	Inv. Report Sent Date	Allegation Type	Remedial Action 1	Remedial Action 2	Remedial Action 3	Remedial Action 4
1888	10/28/25	Intervention	Disclosure of Confidential Information	Verbal Training			
1877	10/10/25	10/20/25	Mental Health Services Suited to Condition	Employee left agency but substantiated			

The matrix displays the substantiated complaints with the date that each complaint was received, resolved, and the date the Summary Report was issued. It is important to note that all complaints were resolved within the 90-calendar day requirement established by the Michigan Mental Health Code. The Mental Health Code dictates that the Responsible Mental Health Agency (RMHA) takes remedial action to correct and prevent reoccurrence of substantiated Recipient Rights Complaints. In addition, if the violation of Abuse or Neglect is substantiated then the RMHA must take fair disciplinary action as well. The matrix above lists the substantiated complaint allegation type and all of the remedial action utilized by the RMHA. The Office of Recipient Rights can only call for disciplinary action as required in the Mental Health Code. The Office cannot dictate the level of disciplinary action as the RMHA determines this action.

**Additional Activities by the Office of Recipient Rights:**

**Training by Recipient Rights Officer for Staff previous month:**

Number of Training Sessions	Number of People Attending	Number of Hours
2	19	4.5

**Training by Recipient Rights Officer for Consumers previous month:**

Number of Training Sessions	Number of People Attending	Number of Hours
1	8	1

10/22/25 CareBuilders-CLS Provider Recipient Rights Refresher at Madison Clinic-  
Jackie Kish & Kevin Motyka

**Training received by the Recipient Rights Office:**

10/7/25 to 10/9/25 Basic Skills Training II Jeff Wells

**Completed Site Visits:**

10/2/25 Liberty Living – Wilson, Independence, and Liberty Homes

10/3/25 Liberty Living – Jefferson and Jefferson North Homes

10/14/25 Mercy Plus- ABA Clinic, Standish

10/16/25 Bay City Crisis Residential

Hope Network-Bay Valley Home

10/23/25 Flourish- ABA Clinic

10/24/25 Westwood Specialized Residential, Flint

Recipient Rights Complaints  
Reporting Period - Oct 2025 - September 2026

Category	Category Description	Oct.	Nov.	Dec.	Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Total Allegations YTD
7084	Dignity and Respect	3												3
7081	Mh Services Suite to Condition	3												3
7082	Safe, Sanitary/Humane Treatment/Environment													0
7100	Physical and Mental Exams													0
7120	Person Centered Process													0
7110	Family Dignity & Respect													0
7120	Individual Plan of Service													0
7130	Choice of Physician or Mental Health Professional													0
7150	Services of a Mental Health Professional													0
7221	Abuse I													0
72221	Abuse II - Non-Accidental Act													0
72222	Abuse II - Unreasonable Force													0
72225	Abuse II - Exploitation													0
7223	Abuse III													0
7224	Abuse I - Sexual Abuse													0
72251	Neglect I													0
72252	Neglect I - Failure to Report													0
72261	Neglect II													0
72262	Neglect II - Failure to Report													0
72271	Neglect III													0
7240	Photographs, Fingerprints - Prior Consent													0
7249	Video Surveillance													0
7262	Communications-Telephone													0
7263	Communications-Mail													0
7281	Personal Property - Possession													0
7286	Personal Property-Limitations													0

7300	Safeguarding money														0
7360	Labor & compensation														0
7400	Restraint														0
7420	Seclusion														0
7440	Freedom of Movement														0
7480	Disclosure of Confidential Information	3													3
7550	Rights Protection System														0
7555	Retaliation/Harassment														0
0001	Outside jurisdiction														0
0000	No Right involved	1													1
															0
	Subtotal	10	0	0	0	0	0	0	0	0	0	0	0	0	10
<b>Grand Total - Allegations YTD</b>														<b>10</b>	

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## Policy

In encompassing the Person-Centered philosophy, it is the policy of Bay-Arenac Behavioral Health Authority (BABHA) that a recipient is entitled to treatment suitable to his or her condition, medical care, and medication for mental and physical health, as needed.

## Purpose

This policy and procedure is established to ensure that all recipients receive services suited to their condition.



## Education Applies to

- All BABHA Staff
- Selected BABHA Staff, as follows:
- All Contracted Providers:    Policy Only    Policy and Procedure
- Selected Contracted Providers, as follows:
  - Policy Only    Policy and Procedure
- BABHA's (Affiliates):    Policy Only    Policy and Procedure
- Other:

## Definitions

N/A

## Procedure

### Provision of Services and Supports

Services provided by BABHA will be directed to individuals who have a serious mental illness, serious emotional disturbance, or developmental disability.

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1. Services may be directed by BABHA to individuals who have other mental disorders that meet criteria specified in the most recent Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association and may also be directed to the prevention of mental disability and promotion of mental health. Utilization of categorical, grant, or other resources may be limited to serving specific populations.
2. BABHA will give priority to the provision of services with the most severe forms of serious mental illness, serious emotional disturbance, and developmental disability. Priority will also be given to services for such individuals in urgent or emergent situations.
3. In addition, services funded by Medicaid must be provided to individuals who require access to a comprehensive array of mental health or developmental disabilities services to meet their needs.
4. An individual will not be denied services because an individual who is financially liable is unable to pay for the service and/or based on the status or type of insurance coverage.
5. BABHA will ensure that a recipient is given a choice of physician or mental health professional with the limits of available staff.
6. Services will be provided under the supervision of a physician or other licensed practitioner of the healing arts whose certification is relevant to the services being provided.
7. Services will be coordinated with other community agencies and health care providers.
8. Services may be provided at or through Community Mental Health Services Programs, service sites, or contractual provider locations, including day programs. Services may also be provided in other locations in the community within the limits of availability, in accord with individual need and as clinically appropriate and feasible. This includes the person's home, and within limitations, nursing homes.
9. Services provided will be limited to those that are medically necessary and appropriate and that conform to accepted standards of care. Services will be provided in an amount, duration, and scope to reasonably achieve the purpose of the service. Criteria for medical necessity and utilization controls for Medicaid funded services will be consistent with the

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medical necessity criteria and service selection guidelines specified in the Michigan Department of Health and Human Services (MDHHS)/BABHA Master Contract.

10. Services shall be provided in a safe, sanitary, and humane treatment environment regardless of setting.
11. Services shall be offered in the least restrictive setting that is appropriate and available.

### Denial of Services

If an applicant for mental health services has been denied mental health services, the access staff will inform the applicant, his or her guardian, or a minor applicant's parents that a second opinion may be requested. The applicant, his or her guardian, if one has been appointed, or the applicant's parent or parents if the applicant is a minor, may request a second opinion of the Chief Executive Officer (CEO). The CEO shall secure the second opinion from a physician, licensed psychologist, registered professional nurse, or master's level social worker, or master's level psychologist.

If a preadmission screening unit denies hospitalization to a recipient, the recipient may request a second opinion from the CEO. The CEO shall secure the second opinion to be performed within three (3) days; excluding Sundays and holidays. The CEO in conjunction with the Medical Director shall review the second opinion if this differs from the opinion of the preadmission screening unit. The CEO's decision to uphold or reject the findings of the second opinion is confirmed in writing to the requestor; this writing contains the signatures of the CEO and Medical Director or verification that the decision was made in conjunction with the Medical Director.

If the individual providing the second opinion determines that the applicant has a serious mental illness, serious emotional disturbance, or a developmental disability, or is experiencing an emergency situation or urgent situation, the mental health services program shall direct services to the applicant.

### Person-Centered Planning

BABHA will ensure that a Person-Centered Planning process is used to develop a written individual plan of services in partnership with the recipient. Person-Centered Planning is a process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences,

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choices, and abilities. The Person-Centered Planning process involves families, friends and professionals as the individual desires or requires.

1. A preliminary plan shall be developed within seven (7) days of the commencement of services or, if an individual is hospitalized for less than (7) days, before discharge or release. The individual plan of services shall consist of a treatment plan, a support plan, or both. A treatment plan shall establish meaningful and measurable goals with the recipient. The individual plan of services shall address, as either desired or required by the recipient, the recipient's need for food, shelter, clothing, health care, employment opportunities, educational opportunities, legal services, transportation, and recreation. The plan shall be kept current and shall be modified when indicated to reflect the needs of the individual. The individual in charge of implementing the plan of services shall be designated in the plan.
2. If a recipient is not satisfied with his or her individual plan of services, the recipient, the person authorized by the recipient to make decisions regarding the individual plan of services, the guardian of the recipient, or the parent of a minor recipient may make a request for review to the designated individual in charge of implementing the plan. The review shall be completed within 30 days and shall be carried out in a manner approved by the appropriate governing body.
3. The recipient and the legally responsible party, if any, be informed orally and in writing of his or her clinical status and progress at reasonable intervals established in the IPOS in a manner appropriate to his or her clinical condition.
4. An individual chosen or required by the recipient may be excluded from participating in the planning process only if inclusion of the individual would constitute a substantial risk or physical or emotional harm to the recipient or substantial disruption of the planning process. Justification for an individual's exclusion shall be documented in the case record.

Individualized Plan of Service

1. The individualized written plan of service is the fundamental document in the recipient's record. BABHA shall retain all periodic reviews, modifications, and revisions of the plan in the recipient's record. 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.

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- B. The services, supports, and treatments that the recipient requested of BABHA.
  - C. The services, supports, and treatments committed by BABHA 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 BABHA 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. Any restrictions or limitations of the recipient's rights. Documentation shall be included that describes attempts that have been made to avoid such restrictions as well as what actions will be taken as part of the plan to ameliorate or eliminate the need for the restrictions in the future.
  - H. Strategies for assuring that recipients have access to needed and available supports identified through a review of their needs.
  - I. Strategies for assuring the educational needs of the individual are addressed, including education regarding their mental health diagnosis, course of treatment, and/or services and resources available through BABHA and/or the community, education regarding health and safety, and their academic education, to the extent they need assistance with accessing such educational services in the community.
  - J. A description of any involuntary procedures and the legal basis for performing them.
  - K. A specific date or dates when the overall plan, and any of its subcomponents, will be formally reviewed for possible modification or revision. Plans must be reviewed no less than annually to determine satisfaction, progress and appropriateness of services, and when warranted to address major changes in presenting condition or need.
  - L. Any natural supports in place or to be arranged, including the source of the support.
2. Plans will be family focused, where clinically appropriate and/or required by MDHHS through Chapter III of the Medicaid Manual.
  3. The plan shall not contain privileged information or communications.

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

<b>Chapter: 3</b>	<b>Member Rights and Responsibilities</b>		
<b>Section: 3</b>	<b>Rights of Consumers</b>		
<b>Topic: 15</b>	<b>Services Suited to Condition</b>		
<b>Page: 6 of 8</b>	<b>Supersedes Date:</b> Pol: 6/3/02, 9/20/01 Proc: 10-21-22, 1-3-19, 6-15-09, 5-6-03, 8-15-02, 6/3/02, 9/20/01	<b>Approval Date:</b> Pol: 8-15-02 Proc: 3-14-2023	_____ <i>Board Chairperson Signature</i>  _____ <i>Chief Executive Officer Signature</i>
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4. Except as otherwise noted in this procedure, the individual plan of service shall be formally agreed to in whole or in part by the BABHA and the recipient, his or her guardian, if any, or the parent who has legal custody of a minor recipient. If the appropriate signatures are unobtainable, then the responsible mental health agency shall document witnessing verbal agreement to the plan.
5. Copies of the plan shall be provided to the recipient, his or her guardian, if any, or a parent who has legal custody of a minor recipient, within fifteen business days after their meeting.
6. Implementation of a plan without agreement of the recipient, his or her guardian, if any, or parent who has legal custody of a minor recipient may only occur when a recipient has been adjudicated pursuant to the provisions of section 469, 472, 473, 515, 518, or 519 of the act. However, if the proposed plan in whole or in part is implemented without the concurrence of the adjudicated recipient or his or her guardian, if any, then the stated objections of the recipient of his or her guardian shall be included in the plan.

### Assessments and Evaluations

1. Assessment and evaluations shall be completed by qualified staff as required by the Michigan Mental Health Code, for program or service participation as defined in the MDHHS Medicaid Manual, or as requested by the individual for purposes of achieving desired outcomes, if deemed clinically appropriate and necessary by BABHA. Screening and intake assessments may also be completed in accord with the standards of accrediting bodies contracted by BABHA to establish uniform practices and achieve high quality standards of care.
2. Functional assessments/analysis of an individual's challenging behaviors will be conducted consistent with the MDHHS/BABHA Master Contract, Chapter III of the MDHHS Medicaid Manual, and BABHA policies and procedures.
3. A specially constituted body that meets the requirements of MDHHS will develop, review and approve plans to address challenging behaviors, consistent with the MDHHS/BABHA Master Contract, Chapter III of the MDHHS Medicaid Manual, and BABHA policies and procedures.

### Complaint Process

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

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A recipient or another individual on behalf of a recipient may file a complaint regarding a decision of services suited to condition. Complaints may be made with BABHA’s Recipient Rights Office.

**Attachments**

N/A

**Related Forms**

N/A



**Related Materials**

N/A

**References/Legal Authority**

1. Michigan Mental Health Codes: 330.409, 330.1705, 330.1712, 330.1713, 330.1752
2. Michigan Department of Health and Human Services Administrative Rule: R 330.7199
3. Michigan Department of Health and Human Services and BABHA Medicaid Managed Specialty Supports and Services Master Contract and Attachment – Person Centered Planning Revised Policy Practice Guideline

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

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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
Vicki Atkinson	Linda Maze	6/15/09	Changes	Grammatical
		12/21/12	No changes	Triennial Review
Melissa Prusi	C. Pinter	6/27/16	Changes	Triennial review-changes to reflect current state agency names.
Melissa Prusi	C. Pinter	1/3/19	Changes	Language added to current practice about not denying of services due to type of insurance or payment.
Melissa Prusi	Christopher Pinter	06/10/2019	Revision	Triennial and annual review. One change
Melissa Prusi	Christopher Pinter	01/06/2021	No changes	Annual review
Melissa Prusi	Christopher Pinter	06/23/2021	No changes	Annual review
Melissa Prusi	Christopher Pinter	10/21/2022	Added 10 and 11 to include safe and sanitary language, plus least restrictive language.	Noted missing language.
Melissa Prusi	Christopher Pinter	03/14/2023	Revised	To reflect 2023 MDHHS ORR standards
Melissa Prusi	Christopher Pinter	12/19/2024	No changes	Triennial Review

**Wilson Home** (Liberty Living)- Residential AFC Provider, East side of Bay City. One of the three homes that were built identically by this provider. Ranch style home with two handicap ramps, one off the front of the home and the other off the back. Staff were engaging and welcoming. The home was decorated nicely, neat and tidy, with a large open living/kitchen area. Bedrooms were off the main living area and were personalized to individual's likes and hobbies; provided a family-like setting and staff were easily accessible. No health and safety issues noted. All required posters and brochures were updated, available, and easy to locate.

**Independence Home** (Liberty Living)- Residential AFC Provider, East side of Bay City. One of the three homes that were built identically by this provider. Ranch style home with two handicap ramps, one off the front of the home and the other off the back. Staff were engaging and welcoming, individuals were interactive and happy to provide "tour". The home was decorated nicely, neat and tidy, with a large open living/kitchen area. Bedrooms were off the main living area and were personalized to individual's likes and hobbies; provided a family-like setting and staff were easily accessible. No health and safety issues noted. All required posters and brochures were updated, available, and easy to locate.

**Liberty Home** (Liberty Living)- Residential AFC Provider, East side of Bay City. One of the three homes that were built identically by this provider. Ranch style home with two handicap ramps, one off the front of the home and the other off the back. Staff were engaging and welcoming. The home was decorated nicely, neat and tidy, with a large open living/kitchen area. Bedrooms were off the main living area and were personalized to individual's likes and hobbies; provided a family-like setting and staff were easily accessible. No health and safety issues noted. All required posters and brochures were updated, available, and easy to locate.

**Jefferson Home** (Liberty Living)- Residential AFC Provider, East side of Bay City. One of the two homes that were built identically by this provider. Ranch style home with front handicap ramp. Large garage for company storage. Staff were engaging and welcoming, individuals were interactive and participated in the "tour". The home was decorated nicely, neat and tidy, with a large open living room/kitchen/dining area. Bedrooms were separated by a hallway and personalized to individual's likes and style with family photos throughout. No health and safety issues noted. All required posters and brochures were updated, available, and easy to locate.

**Jefferson North Home** (Liberty Living)- Residential AFC Provider, East side of Bay City. One of the two homes that were built identically by this provider. Ranch style home with front handicap ramp. Large, attached garage. Staff were engaging and welcoming. The home was decorated nicely, neat and tidy, with a large open living room/kitchen/dining area. Bedrooms separated by a hallway and were personalized to individual's likes. No health and safety issues noted. All required posters and brochures were updated, available, and easy to locate.

**Mercy Plus**- ABA Provider, in Standish. Located in a building that used to house the Health Department in Arenac County. Large entrance and lobby that displayed all required posters and necessary paperwork. Adequate space for indoor play, as well as several specialized rooms for sensory needs. Décor was bright and visually engaging. Knowledgeable staff who demonstrated a strong understanding of ABA principles. Updated posters and brochures were provided.

**Bay City Crisis Residential** (Dr. Ibrihim)- Residential AFC Provider, West side of Bay City. Used as a short-term residential setting for individuals who are in crisis, but do not qualify for inpatient psychiatric hospitalization. Large ranch style home with open concept, large common area and individual bedrooms. There was not a “personalized” feel to the home, due to short term nature of the stays. Updated kitchen area, staff office, and locked medication room. No health and safety issues noted. All required posters and brochures were updated, available, and easy to locate.

**Bay Valley Home** (Hope Network)- Residential AFC Provider, West side of Bay City. Ranch style home in nice subdivision. Staff and individuals were interactive and welcoming. The home was decorated with seasonal decorations and bedrooms were all unique to individual tastes/likes. Large backyard with deck, swing set and garden area for planting. No health and safety issues noted. All required posters and brochures were updated, available, and easy to locate.

**Flourish** -ABA Provider, located in Essexville. Building was once a large church, so it had an open floor plan with large area for indoor activities. It was styled similar to a school setting with a drop off area, “cubbies”, and “classroom” spaces. There were two kitchens and a “diner”, as an eating area for the children. The space was bright, clean, and organized. Staff were friendly, knowledgeable and eager to comply with requirements. All the necessary posters and brochures were updated, available, and easy to locate.

**Westwood Specialized Residential** (Gaven Bertram) – Residential AFC provider, located in Flint. Contemporary style ranch home in mature neighborhood with well-manicured exterior, on a large lot. The interior was updated, and furnishings were modified to prevent damage, i.e. TV enclosed etc. The living room and dining area contained only essential furniture. The inside of the home was clean and well-maintained with unique esthetics. The residents’ rooms were personalized and neat. All posters, brochures, and necessary paperwork were updated and easy to locate. Staff were all directly involved in care and higher staff ratio was noted.



## **November and December 2025**

### **Site Reviews:**

#### **November 3, 2025**

Spectrum Autism Center-Essexville  
Game Changer Therapy- West side of Bay City, MI  
Centria Autism Center- West side of Bay City, MI

#### **November 7, 2025**

Autism Plus- East side of Bay City, MI

#### **November 21, 2025**

Better Living AFC- Kentwood, MI

#### **December 12, 2025**

Encompass Therapy ABA-Auburn site

#### **December 18, 2025**

Encompass Therapy ABA-Bay City site