

BAY-ARENAC BEHAVIORAL HEALTH POLICIES AND PROCEDURES MANUAL

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| Chapter: 12 | Riverhaven Coordinating Agency | | |
| Section: 9 | Miscellaneous/General | | |
| Topic: 1 | Communication Alternatives | | |
| Page: 1 of 3 | Supersedes Date: Pol: Proc: | Approval Date: Pol: 11-20-08 Proc: 11-20-08 | <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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Policy

It is the policy of Bay-Arenac Behavioral Health (BABH) that its departments, including the Coordinating Agency (CA), be available through a number of communication channels to ensure the continued delivery of services in the region.

Purpose

This policy and procedure is established to ensure that in the event the CA is unable to communicate with its provider network through a particular channel, alternative methods will be available.

Applicability

- All BABH Staff
- Selected BABH Staff, as follows: CA and Service Access/Intake
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows: Substance Abuse Staff
 - Policy Only Policy and Procedure
- BABH's Affiliates: Policy Only Policy and Procedure
- Other:

Definitions

N/A

Procedure

The CA will alert its network when a particular communication method is inoperative, utilizing the following chart:

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Inoperative Communication Method

- Telephone system
- E-mail system
- Facsimile system

Alternative Communication Method

- E-mail and/or fax system
- Telephone and/or fax system
- E-mail and/or telephone system

The CA will provide a time frame (when possible) for when the system(s) will be operational. Additionally, the CA will inform the provider network when the issue has been resolved.

Attachments

N/A.

Related Forms

N/A

Related Materials

N/A

References/Legal Authority

N/A

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| <h3>Submission Form</h3> | | |
| <u>Approving Body/Committee/Supervisor:</u> Joe Sedlock | <u>Author:</u> Darren McAllister | <u>Approval/Review Date:</u> 6-2-08 |
| <u>Result:</u> Deletion <input type="checkbox"/> New <input checked="" type="checkbox"/> No Changes <input type="checkbox"/> Replacement <input type="checkbox"/> Revision <input type="checkbox"/> | | |
| <u>List reason for deletion/replacement/revision here. If replacement, list policy to be replaced.</u> <div style="height: 50px;"></div> | | |