

BAY-ARENAC BEHAVIORAL HEALTH POLICIES AND PROCEDURES MANUAL

Chapter: 12	Riverhaven Coordinating Agency		
Section: 4	Treatment		
Topic: 25	Residency Determination		
Page: 1 of 3	Supersedes Date: Pol: Proc:	Approval Date: Pol: 5-20-10 Proc: 5-20-10	<hr/> <i>Board Chairperson Signature</i> <hr/> <i>Chief Executive Officer Signature</i>
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 8/27/2010. For Controlled copy, view shared directory G:\\Isimage01\\BACMH_users\\bacmh_group\\Agency\\Agency_Manual.			

DO NOT WRITE IN SHADED AREA ABOVE

Policy

It is the policy of Bay Arenac Behavioral Health Authority (BABHA) to provide substance use disorder services for eligible consumers. Part of the eligibility process involves determining the consumer's residency within the BABHA catchment area.

Purpose

This policy and procedure is established to define the criteria for determining the residency of the consumer.

Applicability

- All BABHA Staff
- Selected BABHA Staff, as follows: Access
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows: Substance Abuse Staff
 - Policy Only Policy and Procedure
- BABHA's Affiliates: Policy Only Policy and Procedure
- Other:

Definitions

N/A

Procedure

In order to determine residency, Riverhaven Coordinating Agency (RCA) requires that contracted treatment providers request any one of the documents listed below from consumers that would verify their residency. These documents must include a current or updated regional address:

BAY-ARENAC BEHAVIORAL HEALTH POLICIES AND PROCEDURES MANUAL

Chapter: 12	Riverhaven Coordinating Agency		
Section: 4	Treatment		
Topic: 25	Residency Determination		
Page: 2 of 3	Supersedes Date: Pol: Proc:	Approval Date: Pol: 5-20-10 Proc: 5-20-10	<hr/> <i>Board Chairperson Signature</i> <hr/> <i>Chief Executive Officer Signature</i>
Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 8/27/2010. For Controlled copy, view shared directory G:\\Isimage01\\BACMH_users\\bacmh_group\\Agency\\Agency_Manual.			

DO NOT WRITE IN SHADED AREA ABOVE

1. State Driver's License
2. State ID Card
3. Voter Registration Card, or
4. Utility Bill in the consumer's name

If the consumer cannot produce any of the documents listed above, the Provider must have the consumer sign an attestation stating the consumer is either homeless or is living in the RCA region temporarily with a plan to move into the region permanently. The attestation can be an added sentence in the case file on a form where the consumer provides signatures currently or it can be a separate document.

In cases where the consumer has Medicaid, Adult Benefits Waiver or MI Child, the consumer must have his/her county status updated/changed within 30-60 days. In cases where the consumer is eligible for block grant funding, the consumer must provide documentation that action has been taken to establish residency within 30-60 days.

Consideration for exceptions to this policy shall be reviewed on a case-by-case basis by RCA staff.

Attachments

N/A

Related Forms

N/A

Related Materials

N/A

BAY-ARENAC BEHAVIORAL HEALTH POLICIES AND PROCEDURES MANUAL

Chapter: 12	Riverhaven Coordinating Agency		
Section: 4	Treatment		
Topic: 25	Residency Determination		
Page: 3 of 3	Supersedes Date:	Approval Date:	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> <i>Board Chairperson Signature</i> </div> <div style="border-bottom: 1px solid black;"> <i>Chief Executive Officer Signature</i> </div>
	Pol:	Pol: 5-20-10	
	Proc:	Proc: 5-20-10	
<small>Note: Unless this document has an original signature, this copy is uncontrolled and valid on this date only: 8/27/2010. For Controlled copy, view shared directory G:\\Isimage01\\BACMH_users\\bacmh_group\\Agency\\Agency_Manual.</small>			

DO NOT WRITE IN SHADED AREA ABOVE

References/Legal Authority

N/A

Submission Form		
<u>Approving Body/Committee/Supervisor:</u> Joe Sedlock	<u>Author/Reviewer:</u> Darren McAllister	<u>Approval/Review Date:</u> March 2010
<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> New		