



COMMUNITY AND HEALTH SYSTEMS

To Be Completed by SUD Program Rights Advisor:

Program Name
License Number
Date Complaint Filed
Date Response Due (30 days from receipt of BCHS-SUD-200)

## Substance Use Disorder Programs PROGRAM RIGHTS ADVISORS INVESTIGATION REPORT

1. **Findings:** The allegations in the associated BCHS-SUD-200 compliant form have been investigated and the findings:

<input type="checkbox"/> Support the allegations	<input type="checkbox"/> Do not support the allegations
<input type="checkbox"/> Support the allegations in part	<input type="checkbox"/> Are inconclusive

1A. If circumstances prevent the initial complaint being investigated and/or completed within 10 working days, provide reason and the expected completion date: \_\_\_\_\_

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2. **Summary of investigation by program rights advisors:** \_\_\_\_\_

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3. **Correction Action:**  Remedial (Corrective) action is not required       Remedial (Corrective) action required

If required, program corrective action plan and date(s) to be implemented: \_\_\_\_\_

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Submitted by: \_\_\_\_\_

Program Rights Advisor Signature Date

**Program Director's Assurance:** I agree to implement the action plan described above and within the time frame indicated.

\_\_\_\_\_

Program Director's Signature Date

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4. **Complainant Certification:** I certify that I have received a copy of this report and have been informed of my right to appeal within 15 working days. (If mailed, indicate date mailed)

\_\_\_\_\_

Complainant (Recipient) Signature Date (signed or mailed)

An appeal **must be received by:** \_\_\_\_\_

(Date)

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**Copies Provided:** The Program Rights Advisor must send a copy of this BCHS-SUD-205 to the Complainant and to the Regional Entity Rights Consultant Date Provided: \_\_\_\_\_

## **INSTRUCTIONS FOR THE COMPLAINANT**

This BCHS-SUD-205 form shall contain the official response from the substance use disorder program addressing your recipient rights complaint. You should receive a copy of BCHS-SUD-205 report from the program no later than **30 working days** after the program rights advisor received BCHS-SUD-200 form. Once you have received this official BCHS-SUD-205 response, you will have **15 working days** to decide to accept the findings and/or action plan or to file an appeal. The findings are final after 15 days if no appeal is filed.

To file an appeal, complete form BCHS-SUD-210 that can be located at [www.michigan.gov/laraxxx](http://www.michigan.gov/laraxxx) or you may request one from [bchs-statelicensing@michigan.gov](mailto:bchs-statelicensing@michigan.gov).

## **INSTRUCTIONS FOR THE PROGRAM RIGHTS ADVSIOR**

- Initiate investigation within 10 working days of receipt of the BCHS-SUD-200 complaint form.
- Complete this form BCHS-SUD-205 within 25 working days of receipt of the BCHS-SUD-200 form.
- This BCHS-SUD-205 form serves as the official notice of the program rights advisor's final recommendation for resolution of the complaint.
- Within 5 working days of completing the investigation, provide copies of pages 1 and 2 of this BCHS-SUD-205 form to the complainant and page 1 of this form to the Regional Entity Rights Consultant.

Per **R 325.1399 (2)** if circumstances prevent the completion the initial complaint being investigated within 10 working days of receipt of the complaint and recipient rights procedures and timeframes, you must submit a written report to the Department stating the reasons for tardiness and the action being taken to expedite the completion of the procedure. Complete section 1 on page 1 of this BCHS-SUD-205 form and provide copy to the Department.

## **INSTRUCTIONS FOR THE REGIONAL ENTITY RIGHTS CONSULANT**

Per R.325.1399 (5), the Regional Entity Rights Consultant must monitor the implementation of remedial actions recommended by the program rights advisor and must notify the program rights advisor of situations where time limits appear unreasonably short or long or where unforeseen problems cause a delay in implementation of recommended remedial actions.

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.