

WCHO PIHP POLICY for the COMMUNITY MENTAL HEALTH PARTNERSHIP OF SOUTHEASTERN MICHIGAN		<i>Policy and Procedure</i>	
Department: Access Author: M. Graban		Local Policy Number (if used)	
Policy Name: ACCESS SYSTEM		Type of Policy: [] WCHO [<input checked="" type="checkbox"/>] Affiliation [] Network	
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I. PURPOSE

To establish policies and procedures for the provision of Community Mental Health Partnership of Southeastern Michigan (CMHPSM) access system services.

II. POLICY

It is the policy of the CMHPSM to provide a welcoming, responsive, access system 24 hours a day, 7 days a week for all individuals who contact the CMHPSM seeking information, services, and/or support systems for behavioral health care needs (including developmental disabilities, mental health, substance use, or co-occurring disorders). Access system services are provided directly by the Washtenaw Community Health Organization (WCHO) as the Pre-paid Inpatient Health Plan (PIHP) or through delegated arrangements with the CMHPSM affiliate Community Mental Health Services Programs (CMHSP). All access system services will be provided in accordance with all applicable access and availability standards.

III. APPLICATION

The policy applies to all CMHPSM staff responsible for provision of and/or oversight of access system services within the CMHPSM.

IV. DEFINITIONS

Access management services: Those responsibilities associated with determining an individual’s eligibility for support from the public mental health and substance use disorder care system; managing resources (including capacity, availability and accessibility of resources to meet service and demands); ensuring compliance with various funding eligibility and service requirements; and assuring associated quality of care. Activities to carry out these responsibilities include information services, screening, service authorization, and appropriate referral and placement into the public mental health and substance use disorder care system, or linkage to other community resources.

Access system: A coordinated and integrated arrangement of administrative and clinical resources that are provided directly or through delegated arrangements with affiliate CMHSP that (1) provides information about the public mental health and substance use disorder care systems’ covered services; (2) ensures the individual’s

appropriate need identification, and linkage to any crisis services to address any emergent needs; (3) renders a defined eligibility determination and authorizes the comprehensive assessment; and (4) coordinates the efficient provision of supports from the public mental health and substance use disorder care system. The access system is an arrangement of coordinated functions that provides screening and eligibility determination; it is not a building or a place.

Applicant: Individual who requests mental health, developmental disabilities, substance use disorder, or co-occurring mental illness and substance use disorder services through the access system.

Assessment: The face-to-face comprehensive bio-psychosocial and/or clinical evaluation that obtains appropriate and necessary information about each individual seeking entry into a public mental health and substance use disorder care setting or service. The information is used to match an individual's need with the appropriate care setting, care level and service intervention.

Community Mental Health Services Program (CMHSP): A program operated under Chapter 2 of the Michigan Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization. CMHSPs are individually responsible for administering the general fund benefit for their designated counties.

Crisis situation: A situation in which an individual is experiencing a medical or psychiatric emergency or is suicidal or homicidal thereby requiring an immediate referral/intervention to a provider specializing in the service most appropriate to the individual's situation and needs.

Emergent situation: 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 one of the following applies: (1) The individual can reasonably be expected within the near future to physically injure himself or herself, or another individual, either intentionally or unintentionally; (2) 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; or (3) 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. Emergent situations require immediate attention by the access system with a decision to be made about the disposition and linkage to state and federally approved medically necessary services within 3 hours of initial contact.

Qualified practitioner: A professional practitioner, provider or staff member who is qualified to provide public mental health and substance use disorder care, treatment, support or services by virtue of the following: education, licensure, certification, competence, experience, or applicable law or regulation.

Pre-paid Inpatient Health Plan (PIHP): Organizations in Michigan that manage designated geographic areas for the Medicaid mental health, developmental disabilities, and substance abuse services outlined in the 1915(b) and 1915(c) waivers that created the CMHSP managed care model in the State. All PIHPs are also CMHSPs.

Procedure manual: A written set of documents developed and maintained locally by each CMHPSM Community Mental Health Services Program (CMHSP) that details how the staff will provide access system services to meet the Access System Policy requirements and standards.

Routine situation: A situation where the individual appears to have mental health, developmental disability, and/or substance use disorder needs requiring an assessment by a professional.

Screening: A brief telephone or face-to-face triage that determines the need for immediate mental health, development disability, and/or substance use disorder services authorization for initial entry into the public mental health system, substance use disorder treatment services, or referral to community resources. Triage results in the determination of whether the individual's call/walk-in is emergent, urgent, or routine. The purpose of a screening is to connect the individual to services/resources as quickly as possible.

Urgent situation: 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. Urgent situations require a face-to-face assessment within 24-48 hours by a professional appropriate to the individual's condition.

V. STANDARDS

A. CMHPSM access system key functions include:

- a. Welcoming all individuals by demonstrating empathy, providing the opportunity for the individual to describe their situation, exhibiting excellent customer service skills, and working with individuals in a non-judgmental way.
- b. Screening individuals who contact the access system for services to determine whether the individual's need is a crisis, emergent, urgent, or routine, including the individual's perception of the urgency of their situation in the urgency determination.
- c. Determining an individual's eligibility for Medicaid specialty services and supports, Adult Benefit Waiver (ABW), MICHild or, for those who do not have any of these benefits, as an individual whose presenting needs for mental health services make them a priority to be served.
- d. Collecting and documenting information from individuals for decision-making and reporting purposes. Information related to service requests will be documented in the individual's electronic medical record.
- e. Referring individuals in a timely manner to the appropriate mental health practitioners, substance use disorder services, or community resources that may meet their needs.

- f. Informing individuals about all the available mental health and substance use disorder services and providers and their due process rights under Medicaid, ABW, MICHild, and the Michigan Mental Health Code.
 - g. Conducting outreach to under-served and hard-to-reach populations and maintaining accessibility to the community-at-large.
- B. Welcoming
- a. All individuals contacting the CMHPSM, including all Michigan residents and regardless of where the individual lives, will be assisted through the access system. All staff will be welcoming, accepting and helpful with the applicant's request for service.
 - b. CMHPSM access system services are available through toll free access telephone lines 24 hours a day, 7 days per week including in-person and telephone access for hearing impaired individuals.
 - 1. The access system telephone lines accommodate Limited English Proficiency (LEP), are accessible for individuals with hearing impairments, and have electronic caller identification if locally available.
 - 2. Access system telephone lines are answered by a live representative from the access system. Callers will not encounter telephone "trees", will not be put on hold or sent to voicemail until they have spoken to a representative from the access system to express their situation and circumstances, and it is determined that their situation is not urgent or emergent.
 - 3. Individuals calling the CMHPSM access system with a crisis/emergent need will be immediately transferred to a qualified practitioner without requiring the individual to call back.
 - 4. Individuals calling the CMHPSM access system with non-emergent needs will not be kept on hold waiting for a screening for more than three (3) minutes without being offered an option of being called back. Any subsequent call back will occur within one (1) business day of the initial contact.
 - 5. Decentralized access systems have a mechanism in place to forward the call to the appropriate access portal without the individual having to re-dial.
 - c. The CMHPSM access system will provide a timely, effective response to all individuals who walk in.
 - 1. For individuals who walk into a CMHPSM access system service location with urgent or emergent needs, an intervention will be initiated immediately.
 - 2. Individuals who walk into a CMHPSM access system service location to request routine services will be screened or other arrangements made within thirty (30) minutes.
 - d. The CMHPSM access system maintains the capacity to immediately accommodate individuals who present with:
 - 1. LEP and other linguistic needs
 - 2. Diverse cultural and demographic backgrounds
 - 3. Visual impairments
 - 4. Alternative needs for communication
 - 5. Mobility challenges
 - e. The CMHPSM access system will address financial considerations, including county of financial responsibility as a secondary administrative

concern, only after any urgent or emergent needs are addressed. Access system screening and crisis intervention services do not require prior authorization. Screening and referral will never require financial contribution from the individual being served.

- f. The access system will provide applicants with a summary of their rights guaranteed by the Michigan Mental Health Code, including information about their rights to the person-centered planning process, and will assure that they have access to the pre-planning process as soon as the screening and coverage determination processes have been completed.
- C. The CMHPSM access system screening for crises:
- a. Access system staff shall first determine whether the presenting mental health or substance use disorder need is emergent, urgent, or routine and will address emergent and urgent needs first. To assure understanding of the problem from the point of view of the individual who is seeking help, methods for determining emergent or urgent situations will incorporate “caller or client-defined” crisis situations. Staff will demonstrate empathy as a key customer service method.
 - b. The CMHPSM has emergency intervention services with sufficient capacity to provide clinical evaluation of the problem, to provide appropriate intervention, and to make timely disposition to admit to inpatient care or refer to outpatient services. Emergency intervention services will be provided through telephonic crisis intervention counseling, face-to-face crisis assessment, mobile crisis team interaction, and dispatching staff to an emergency room, as appropriate. Access system staff will perform or arrange for inpatient assessment and admission, alternative hospital admissions placements, or immediate linkage to a crisis practitioner for stabilization, as applicable.
 - c. The access system crisis assessment will include an inquiry as to the existence of any established medical or psychiatric advance directives relevant to the provision of services.
 - d. CMHPSM will provide coverage and provision of post-stabilization services for Medicaid beneficiaries once the individual’s crisis is stabilized. Individuals who are not Medicaid beneficiaries but who need mental health or substance use disorders services and supports following crisis stabilization will be referred back to the access system for assistance.
- D. The CMHPSM access system will make coverage eligibility determinations for public mental health or substance abuse treatment services
- a. The CMHPSM will ensure access to public mental health services in accordance with the Michigan Department of Community Health (MDCH)/ PIHP and MDCH/CMHSP contracts and:
 - 1. The Mental Health and Substance Abuse Chapter of the Medicaid Provider Manual, if the individual is a Medicaid beneficiary.
 - 2. The Adult Benefits Waiver (ABW) Chapter of the Medicaid Provider Manual, if the individual is an ABW beneficiary.
 - 3. The MICHild Provider Manual, if the individual is a MICHild beneficiary.
 - 4. The Michigan Mental Health Code and the MDCH Administrative Rules, if the individual is not eligible for Medicaid, ABW or MICHild. The CHMPSM will serve individuals with serious mental illness, serious emotional disturbance and developmental disabilities, giving priority to individuals with the most serious forms of illness and those

in urgent and emergent situations. Once the needs of these individuals have been addressed, individuals with other diagnoses of mental disorders with a diagnosis found in the most recent Diagnostic and Statistical Manual of Mental Health Disorders (DSM) will be served based upon CMHPSM/CMHSP priorities and within funding available.

- b. The Washtenaw Community Health Organization ensures access to public substance abuse treatment services in accordance with the MDCH/PIHP and MDCH/Substance Abuse Coordinating Agency (CA) contracts and:
 - 1. The Mental Health and Substance Abuse Chapter of the Medicaid Provider Manual, if the individual is a Medicaid beneficiary.
 - 2. The ABW Chapter of the Medicaid Provider Manual, if the individual is an ABW beneficiary.
 - 3. The MICHild Provider Manual, if the individual is a MICHild beneficiary.
 - 4. The priorities established in the Michigan Public Health Code, if the individual is not eligible for Medicaid, ABW or MICHild.
- c. The CMHPSM ensures that all screening tools and admission criteria are based on eligibility criteria listed under sections V.D.a. and V.D.b. above are valid, reliable, and uniformly administered.
- d. The CMHPSM access system is capable of providing the Early Periodic Screening, Diagnostic and Treatment (EPSDT) corrective or ameliorative services that are required by the MDCH/PIHP specialty services and supports contract.
- e. When a clinical screening is conducted, the access system will provide a written (hard copy or electronic) screening decision of the individual's eligibility for admission based upon established admission criteria. The written decision will include:
 - 1. Identification of presenting problem(s) and need for services and supports.
 - 2. Initial identification of population group (developmental disability, mental illness, severe emotional disturbance, or substance use disorder) that qualifies the individual for public mental health and substance use disorder services and supports.
 - 3. Legal eligibility and priority criteria (where applicable).
 - 4. Documentation of any emergent or urgent needs and how they are immediately linked for crisis service.
 - 5. Identification of screening disposition.
 - 6. Rationale for system admission or denial.
- f. The CMHPSM access system identifies and documents any third-party payer source(s) for linkage to appropriate referral source, either in or out of network.
- g. The CMHPSM access system will not deny an eligible individual a service because of the individual/family income or third-party payer source.
- h. The CMHPSM access system will document the referral outcome and source, either in-network or out-of-network.
- i. The CMHPSM access system will document when an individual with mental health needs, but who is not eligible for Medicaid, ABW, or MICHild, is placed on a waiting list for service and why.

E. Collecting information:

- a. The CMHPSM access system will avoid duplication of screening and assessments by using the assessments already performed or by forwarding information gathered during the screening process to the provider receiving the referral, in accordance with the applicable federal/state confidentiality guidelines (e.g. 42 CFR Part 2 for substance use disorders).
 - b. The access system shall have procedures for coordinating information between internal and external providers, including Medicaid Health Plans and primary care physicians.
 - c. All CMHPSM screening and assessment information will be documented in the CMHPSM electronic medical record system.
- F. Referral to PIHP or CMHSP Practitioners:
- a. The CMHPSM access system will ensure that applicants are offered appointments for assessments with mental health professionals of their choice within the MDCH/PIHP and CMHSP contract-required standard timeframes. Staff will follow up to ensure the appointment occurred.
 - b. The CMHPSM access system will ensure that, at the completion of the screening and coverage determination process, individuals who are accepted for services have access to the person-centered planning process.
 - c. The CMHPSM access system shall ensure that the referral of individuals with substance use disorders or co-occurring mental illness and substance use disorders to PIHP or CMHSP or other practitioners must be in compliance with the confidentiality requirements of 42 CFR.
- G. Referral to community resources:
- a. The CMHPSM access system shall refer Medicaid beneficiaries who request mental health services, but do not meet eligibility for specialty supports and services, to their Medicaid Health Plans or Medicaid fee-for-service providers.
 - b. The CMHPSM access system shall refer individuals who request mental health or substance use disorder services but who are neither eligible for Medicaid, ABW, or MICHild mental health and substance use disorder services, nor who meet the priority population criteria in the Michigan Mental Health Code or the Michigan Public Health Code for substance use disorder services, to alternative mental health or substance abuse treatment services available in the community.
 - c. The CMHPSM access system will provide information about other non-mental health community resources or services that are not the responsibility of the public mental health system to individuals who request it.
- H. Informing individuals:
- a. General – The CMHPSM access system will provide information about, and help individuals connect as needed with
 - 1. The CMHPSM Customer Services Department, peer support specialists, and family advocates
 - 2. Local community resources, such as transportation services, prevention programs, local community advocacy groups, self-help groups, service recipient groups, and other avenues of support, as appropriate.
 - b. Rights:

1. The CMHPSM access system will provide Medicaid, ABW, and MICHild beneficiaries information about the local dispute resolution process and the State Medicaid Fair Hearing process. When an individual is determined ineligible for Medicaid specialty services and supports, ABW, or MICHild mental health substance use disorder services, he/she is notified both verbally and in-writing of the right to request a second opinion; and/or file an appeal through the local dispute resolution process; and/or request a State Fair Hearing.
 2. The CMHPSM access system will provide individuals with mental health needs, persons with substance use disorders, or persons with co-occurring substance use/mental illness with information regarding the local substance abuse Coordinating Agency Office of Recipient Rights.
 3. When an individual with mental health needs, who is not a Medicaid beneficiary, is denied community mental health services, for whatever reason, he/she is notified of the right under the Mental Health Code to request a second opinion and the local dispute resolution process.
 4. The CMHPSM access system will schedule and provide for a timely second opinion, when requested, from a qualified health care professional within the network, or arrange for the individual to obtain one outside the network at no cost to the individual. The individual has the right to a face-to-face determination, if requested.
 5. The CMHPSM access system ensures the individual and any referral source (with the individual's consent) are informed of the reasons for denial, and will recommend alternative services and supports or disposition.
- c. Services and providers available:
1. The CMHPSM access system will assure that applicants are provided comprehensive and up-to-date information about the mental health and substance use disorder services that are available and the providers who deliver them.
 2. The CMHPSM access system will assure that there are available alternative methods for providing the information to individuals who are unable to read or understand written material, or who have LEP.
- I. Administrative functions:
- a. The CMHPSM has written policies, procedures, and plans that demonstrate the capability of its access system to meet access system standards.
 - b. Community outreach and resources
 1. The CMHPSM has an active outreach and education effort to ensure the network providers and the community are aware of the access system and how to use it.
 2. The CMHPSM has regular and consistent outreach efforts to commonly un-served or underserved populations who include children and families, older adults, homeless persons, members of ethnic, racial, linguistic and culturally-diverse groups, persons with dementia, and pregnant women.
 3. The CMHPSM assures that the access system staff are informed about, and routinely refer individuals to, community resources that not only include alternatives to public mental health or substance

- abuse treatment services, but also resources that may help them meet their other basic needs.
4. The CMHPSM maintains linkages with the community's crisis/emergency system, liaisons with local law enforcement, and has protocols for jail diversion.
- c. Oversight and monitoring:
1. The CMHPSM's Medical Director is involved in the review and oversight of the CMHPSM access system policies and clinical practices.
 2. The CMHPSM assures the access system staff are qualified, credentialed and trained consistent with the Medicaid Provider Manual, MICHild Provider Manual, the Michigan Mental Health Code, the Michigan Public Health Code, and the MDCH/PIHP and CMHSP contracts.
 3. The CMHPSM has mechanisms to prevent conflict of interest between the coverage determination function and access to, or authorization of, services.
 4. The CMHPSM monitors provider capacity to accept new individuals, and be aware of any provider organizations not accepting referrals at any point in time.
 5. The CMHPSM routinely measures telephone answering rates, call abandonment rates and timeliness of appointments and referrals. Any resulting performance issues are addressed through the CMHPSM Quality Improvement Plan.
 6. The CMHPSM assures that the access system maintains medical records in compliance with state and federal standards.
 7. The CMHPSM staff work with individuals, families, local communities, and others to address barriers to using the access system, including those caused by lack of transportation.
- d. Waiting Lists:
1. The CMHPSM has policies and procedures for maintaining a waiting list for individuals not eligible for Medicaid, ABW, or MICHild and who request community mental health services but cannot be immediately served. The policies and procedures minimally assure:
 - i. No Medicaid, ABW, or MICHild beneficiaries are placed on waiting lists for any medically necessary Medicaid, ABW, or MICHild service.
 - ii. A local waiting list will be established and maintained when the CMHSP is unable to financially meet requests for public mental health services received from those who are not eligible for Medicaid, ABW, or MICHild. Standard criteria will be developed for who must be placed on the list, how long they must be retained on the list, and the order in which they are served.
 - iii. Individuals who are not eligible for Medicaid, ABW, or MICHild who receive services on an interim basis that are other than those requested will be retained on the waiting list for the specific requested program services. Standard criteria will be developed for who must be placed on the list, how long they must be retained on the list, and the order in which they are served.

- iv. Use of a defined process, consistent with the Mental Health Code, to prioritize any service applicants and recipients on its waiting list.
 - v. Use of a defined process to contact and follow-up with an individual on a waiting list who is awaiting a mental health service.
 - vi. Reporting, as applicable, of waiting list data to the Michigan Department of Community Health as part of its annual program plan submission report in accordance with the requirements of the Mental Health Code.
- J. All CMHPSM CMHSPs will maintain a written Access System Procedure Manual that details how the access system standards identified in the Access System Policy are met at the local CMHSP.

VI. EXHIBITS

None

VII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
42 CFR Parts 400 et al. (Balanced Budget Act)	X	
45 CFR Parts 160 & 164 (HIPAA)	X	
42 CFR Part 2 (Substance Abuse)	X	
HITECH Act of 2009	X	
Joint Commission Behavioral Health Standards 2010	X	
MDCH Medicaid Contract	X	
MDCH Substance Abuse Contract	X	
Michigan Medicaid Provider Manual	X	
Michigan Mental Health Code Act 258 of 1974	X	
PIHP Policy Review Schedule	X	
Policy Tracking Form	X	
TSG Access Technical Resource Manual	X	
Assessment Policy	X	
Accessibility Policy	X	
Confidentiality & Access to Clinical Records Policy	X	
Consumer Appeal Policy - Affiliation	X	
Customer Services Policy - Affiliation	X	

Culturally & Linguistically Appropriate Services Policy	X	
Employee Competency & Credentialing Policy	X	
Health Services Access Recipient Rights Substance Abuse Policy	X	
Notice of Privacy Practices and Consumer Complaints for Protected Health Information Policy	X	
Person Centered Planning Policy	X	
Region-wide Service Authorization Policy	X	
Right to Dignity and Respect Policy	X	
Services Suited to Condition Policy	X	
Training Policy	X	
Utilization Management/Review Policy	X	

VIII. PROCEDURES

WHO	DOES WHAT
See section V.J. above	