

<b>WCHO</b>		<b><i>Policy and Procedure</i></b>	
Department Health Services Access		# of Pages: 7	
Policy Name REQUESTS FOR NETWORK SERVICES/HEALTH SERVICES ACCESS		Type of Policy:  [ X ] WCHO [ ] Regional [ ] Network	
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<b>Administrative/Board of Directors Sign Off</b>			
Administrative Signature:		Date:	
Board of Directors Signature:		Date:	

## I. PURPOSE

To establish a process for directing callers or persons presenting at Health Services Access (HSA) requesting service, to the appropriate service provider for Mental Health, Substance Abuse, Primary Care, Public Health and the Washtenaw Health Plan (WHP).

## II. APPLICATION

HSA, the central entry point for WCHO network services (other than inpatient, Emergency, or primary health care services), intake for Public Health services, enrollment for WHP and information and referral site for persons requesting other health information

## III. DEFINITIONS

Applicant- an individual, his/her legal representative, or a referring agent who makes a request for services.

Emergent Need- person has a potential need for hospitalization.

Urgent Need – person has a potential need for crisis stabilization, partial hospitalization, crisis residential services; is a substance involved pregnant individual; or medical status warrants the WHP urgent enrollment .

## **IV. POLICY**

- A. HSA will manage all calls or persons presenting at HSA, with prompt, consistent screening for Washtenaw County Medicaid-eligible and indigent adults and children requesting mental health services, and for Washtenaw and Livingston County Medicaid-eligible and indigent persons requesting substance abuse services.
- B. HSA also is an intake center for Public Health services and a resource center for all other callers seeking health information. Persons needing hospitalization or emergency services will be referred (with coordination) to Psychiatric Emergency Services or 911. If a determination is made that a person does not meet the established criteria of HSA, s/he will be offered information (and a name and phone number, when available) to known community resources.
- C. HSA is the gateway for persons needing the Washtenaw Health Plan. If person is uninsured, s/he is offered the WHP. Should the person decline referral to WHP, HSA will provide information and referral to available community resources

## **V. EXHIBITS**

None

## **VI. REFERENCES**

1. MDMH Administrative Rules- 330.1051.
2. Michigan Department of Mental Health, Standards for Michigan Community Mental Health Services, Section 8, pp. 65-69.
3. The Rehabilitation Act of 1973, Section 504, P.L. 93-112.
4. The Michigan Handicappers' Civil Rights Act of 1976, P.A. 220, as amended by P.A. 478 of 1980.
5. The Americans with Disabilities Act (1990).
6. WCHO Manual, "Affirmative Action Plan"
7. WCHO Policies and Procedures Manual, "Policy on Building Accessibility for Handicapped Persons".
8. WCHO Policy Community Involvement
9. WCHO Policy Interpreters for Persons with Hearing Impairments

- 10. WCHO Policy Referrals: External
- 11. Michigan Mental Health Code, Public Act 290 of 1995, Sec. 222.
- 12. CMHPSM Regional Policy on Limited English Proficiency
- 13. CMHPSM Regional Policy on Grievance and Appeals

**VII. PROCEDURES**

**WHO**

**DOES WHAT**

Applicant

Contacts HSA Requesting service.

HSA staff

Verifies eligibility by county of residence, insurance and veteran status and determines type of call (if emergent it is coordinated with Psychiatric Emergency Services, Huron Valley Child Guidance Clinic, for children, or refers or makes 911 call). If the person has Veteran benefits, s/he is referred to the Veteran Services.

**A. FOR MENTAL HEALTH SERVICES:**

- 1. For an adult who is seeking mental health services, completes a brief screening which includes current symptoms, drug use, level of functioning, severity of illness, likelihood of harm to self or others, support needs, physical health needs, demographic information, individual and family treatment histories (Health Services Access Screening Tool).
- 2. Using Medical Necessity Criteria and Service Selection Guidelines, makes a preliminary Determination of service needs and refers person to the appropriate provider from the WCHO Network to initiate services. If the person meets criteria for severe and persistent mental illness, per medical necessity criteria and the Michigan Mental Health Code, assigns a preliminary diagnosis (Reference: Diagnostic and Statistical Manual IV; Community Mental Health Admission Criteria) and schedules an appointment in Encompass (urgent-within 24 hours; routine within 14 days).

3. When it is not clear that an individual meets SPMI criteria as detailed in the Michigan Mental Health Code, a more detailed assessment shall take place. The assessment will occur within the standard timelines and make the final determination as to admission. Appeal and second opinion rights remain in effect should a denial occur.
4. If person has commercial insurance, and does not meet criteria for severe and persistent mental illness refers him/her to the insurance provider. If the customer is from another county, gives him/her the number for the authorizing center in the county of residence.
5. After completing the screening process, assesses for ability to pay a fee for treatment services, or the existence of required co-pay. Instructs Him/her to bring information verifying there income and financial situation to the Service Provider who will assign the fee, and informs him/her that fees are based upon a sliding scale according to ability to pay.
6. The person requesting service, his or her guardian, if applicable, or parent of a minor, shall be informed of their right to request a second opinion from the WCHO if services are denied. HSA will follow procedures outlined in the CMHPSM Regional Grievance and Appeals Policy.
7. For an adult needing outpatient services who does not have a severe and persistent mental illness, who also has Medicaid that is not yet administered through a Health Maintenance Organization, faxes screening to MCDR for counseling at Riverview Clinic.
8. For an adult who does not have a severe and persistent mental illness and has MCARE makes a referral to a clinic or individual on the provider panel, and faxes the screening to the provider and the HMO. (For Midwest Health members, after conducting a brief screening, the information is faxed to the HMO and their staff will make the disposition.)
9. Refers any other adult who requests outpatient mental health services and does not have a severe and

persistent mental illness to available community resources. (Reference: HSA Resource Manual).

10. For a child, schedules children at Huron Valley Child Guidance Clinic, or refers to Child & Adolescent Psychiatric Hospital.

**B. FOR SUBSTANCE ABUSE SERVICES:**

1. In addition to the standard screening, completes the ASAM Crosswalk and a Drug Use chart. (HSA Orientation Manual)
2. Makes a determination of service needs and person to the appropriate provider from the WCHO network for further evaluation Within the following timeframes: a) person with emergent need to be seen immediately; b) Person with urgent need to be seen within 24 hours; and person with substance-use disorders or co-occurring disorders need to be seen or offered an appointment within 7 days.
3. After completing the screening process, assessment of ability to pay a fee for treatment services is determined and a fee is assigned. Person is instructed to bring along information verifying income and financial situation to the first visit with the service provider, where the service provider will verify the assigned fee. (HSA Orientation Manual).
4. The person requesting service, his or her guardian, if applicable, or parent of a minor, Shall be informed of their right to request a second opinion from the WCHO if services are denied. . HSA will follow procedures outlined in the CMHPSM Regional Grievance and Appeals Policy.

**C. FOR PERSONS REQUESTING SERVICES NOT AVAILABLE FROM THE WCHO PANEL OF PROVIDERS:**

1. When an appropriate provider can be identified,
  - a. staff will notify both the person requesting service *and* the service provider as to how to become a WCHO provider (submit an

application to Washtenaw County Purchasing department, or contact WCHO Provider Relations unit staff for assistance)

- b. Using the Provider Directory and current resource files, offer available alternatives for an interim period until the identified service provider becomes a WCHO provider.
  - c. When identified provider is outside of the geographic service area, staff may request a one-time single source contract.
2. When a service gap is identified by HSA, WCHO staff will actively pursue/assist potential WCHO service providers to become enrolled.

**D. FOR PUBLIC HEALTH SERVICES:**

1. Completes and processes disease reports, and Maternal/Infant Support Service requests.
2. Provides information and referral about Public health clinics for treatment of sexually transmitted diseases and tuberculosis.
3. Completes preliminary screening for Title XV eligibility for breast and cervical cancer treatment, and refers to designated providers.
4. Provides information about immunization schedules, as well as immunization clinic locations and times.

**E. FOR PRIMARY CARE SERVICES:**

1. If person is eligible for services through the University of Michigan healthcare system, refers to appropriate University of Michigan Healthcare System.
2. If person is uninsured, and meets eligibility criteria, s/he is offered enrollment in the Washtenaw Health Plan (WHP) and may be referred to the WCHO Integrated Health Clinics.
3. If the person declines referral to WHP, provides information and referral to available community resources.