

**Community Mental Health Affiliation
of Mid-Michigan**

PROCEDURE #: 3.10	Page 1 of 6	SUBJECT: Access System
Related Policy(ies) #: 3.0		SUBJECT: Enrollee Rights
Issuing Director: Director of Affiliation Operations		Original Effective Date: 04/01/2010

REVISED DATE

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Review Date(s)

I. PURPOSE:

To ensure that all CMHAMM CMHSPs and CA's meet the Access System Standards issued by MDCH. (Contract Attachment P.3.1.1; 10/01/08)

II. STANDARDS:

- Access System Standards: MDCH, July 2008 (Contract Attachment P.3.1.1)
- Customer Service System Standards: MDCH, 2/27/07
- 42CFR 438.206: Access Standards
- 42CFR 438.210: Enrollee Rights
- MDCH AFP, Section 3.1.10
- Michigan Mental Health Code 330.1124: Waiting Lists for Admission
- Michigan Mental Health Code 330.1208: Individuals to Whom Service is Directed

MDCH Expectations of the Access System:

- A. The access system:
 1. Is the front door for obtaining services
 2. Provides an opportunity for Michigan residents seeking assistance to be heard, understood and provided with options
 3. Is available and accessible to all individuals by telephone or on a walk-in basis
 4. Links persons with available resources
 5. Provides outreach throughout the community to ensure that people who need services are aware of the services and are encouraged to make contact
 6. Staff are skilled at listening and assisting the person with trauma, crisis or functioning difficulties
 7. Responds to local resident groups within their service area
 8. Staff are culturally competent
 9. Is able to address the needs of persons with co-occurring mental illness and substance use disorder
 10. Staff reflect the MDCH philosophies of person-centered, self-determined, recovery-oriented, trauma-informed and least restrictive environments

Key Functions of the Access System:

- A. Welcome Individuals by listening to their situation, problems, and functioning difficulties using good customer service skills in a non-judgmental way.
- B. Screen individuals to see if they are in crisis and if so, receive timely, appropriate attention.
- C. Determine the individuals' eligibility/priority for services (Medicaid, ABW, MI child, or indigent).

- D. Collect information for decision making and reporting purposes.
- E. Refer in a timely manner to the appropriate mental health provider for services and supports or, if not eligible, to the appropriate community resources.
- F. Reach out to the under-served and hard-to-reach populations and be accessible to the community-at-large.

III. Definitions: (If Applicable)

IV. Procedure

A. Welcoming:

1. Staff shall be available, accepting, welcoming, and helpful to all residents of the State of Michigan regardless of where they live or where they contact the system.
2. There shall be a toll-free access phone line available 24 hours a day and 7 days per week. There shall be access to the phone line for individuals with hearing impairment and limited English Proficient (LEP) individuals.
 - a. Phone systems will have electronic caller identification if available.
 - b. Callers will not encounter phone trees and are not put on hold until they have spoken with a live person and had an opportunity to discuss their situation.
 - c. All crisis/emergent calls are immediately transferred to a qualified professional without the caller having to call back.
 - d. No individual seeking a non-emergent screening will be placed on hold for more than 3 minutes without being offered a callback or the option to speak with a para-professional in the interim.
 - e. All non-emergent call backs shall be returned within one business day of initial contact.
 - f. The provider must be able to make a direct transfer to the access system without the caller having to re-dial.
3. The access system shall provide a timely, effective response to all individuals who walk in.
 - a. Urgent or emergent needs shall be immediately referred to the appropriate professional.
 - b. Non-emergent needs shall be screened or other arrangements made within 30 minutes.
4. The access system shall immediately accommodate individuals with:
 - a. LEP and other communication needs
 - b. Diverse cultural and other demographic backgrounds
 - c. Alternative communication needs
 - d. Mobility challenges
 - e. Visual Impairments
5. The access system shall:
 - a. Address financial considerations including COFR, only after addressing urgent and emergent needs. Access screening and crisis intervention never require prior authorization.
 - b. Never require any financial contribution for screening and referral.
 - c. Provide applicants with a summary of their rights including rights to person-centered planning.
 - d. Assure that the applicant has access to pre-planning as soon as the screening and eligibility have been determined.

B. Screening for Crises:

1. Access staff, with empathy, will assure that urgent and emergent needs are identified and addressed first. This includes understanding when issues are urgent or emergent from the person's point of view.

2. Crises Services shall have sufficient capacity to complete timely evaluations, provide appropriate interventions and timely admissions to inpatient units or alternate services when appropriate.
 3. Crises interventions may be by telephonic crisis intervention counseling, face-to-face, by a mobile crisis team, or by sending staff to an emergency room.
 4. Inquiries of the existence of advance directives shall be made.
 5. Post-stabilization services shall be provided following stabilization of the crises. Persons without Medicaid who require post-stabilization shall be referred back to the access system for assistance.
- C. Determining Coverage for mental health and/or substance abuse services in accordance with MDCH/PIHP and PIHP/CMHSP contracts shall be completed using:
1. Medicaid Provider Manual for a Medicaid beneficiary
 2. The Adult Benefits Waiver (ABW) chapter of the Medicaid provider manual for ABW beneficiaries
 3. The MICHild Provider Manual for MICHild beneficiaries
 4. The Michigan Mental Health Code and Administrative Rules if the beneficiary is not eligible for Medicaid, ABW or MICHild
 5. Screening tools and admission criteria will be based on admission criteria and are valid, reliable and uniformly administered
 6. When a clinical screening is conducted, the applicant shall be provided with a written (hard copy or electronic) screening decision of the person's eligibility based upon established admission criteria. The written decision will include:
 - a. Presenting problems and needs for services and supports
 - b. Initial identification of the population group that qualifies the person for services and supports (DD, MI, SED, SUD)
 - c. Urgent and emergent needs including how linked for crisis services
 - d. Screening disposition
 - e. Rationale for admission or denial
 7. Any third party payer source shall be identified for linkage to an appropriate referral source, in or out of network
 8. No individual shall be denied service because of individual/family income or third party payer sources
 9. The referral source shall be identified whether in or out of network
 10. Individuals with mental health needs but who are not eligible for Medicaid, ABW or MICHild may be placed on a waiting list with a written explanation as to why
- D. Collecting Information
1. Information shall generally only be gathered once with no duplication of screening and assessments. Information gathered during screening or assessments shall be forwarded to the provider in accordance with federal and state confidentiality guidelines.
 2. Information shall be coordinated between internal and external providers including Medicaid Health Plans and primary care physicians.
- E. Referrals to CMHSP Practitioners.
1. Appointments shall be made to mental health professionals of the applicant's choice within 14 days of the assessment.
 2. Staff shall follow up with the applicant to make sure that the appointment was kept.
 3. Persons accepted for services shall have access to the person-centered-planning process.
 4. Referrals shall be in compliance with confidentiality requirements of 42CFR.
- F. Referrals to Community Resources

1. Medicaid beneficiaries who request mental health services but do not meet eligibility for specialty support and services will be referred to their Medicaid Health Plans or Medicaid fee-for-service providers.
2. Individuals who request mental health or substance abuse services but who are not eligible for Medicaid, ABW or MICHild mental health and substance abuse services, nor who meet the "priority population to be served" criteria in the Michigan Mental Health Code or the Michigan Public Health Code for substance abuse services, shall be referred to alternative mental health or substance abuse treatment services available in the community.
3. The access system shall provide information about the other non-mental health community resources or services that are not the responsibility of the public mental health system to individuals who request it.

G. Providing other information

1. General

- a. The access system shall provide information about and help people connect as needed, with Customer Service, peer supports specialists, and family advocates; and 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 and available.

2. Rights

- a. The access system shall 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 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.
- b. The access system shall provide individuals with mental health needs or persons with co-occurring substance use/mental health needs with information regarding the local community mental health Office of Recipient Rights (ORR) and/or the local substance abuse coordinating Office of the Recipient Rights.
- c. When an individual with mental health needs who is not a Medicaid beneficiary is denied CMH 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.
- d. The access system shall schedule and provide for a timely second opinion, when requested, from a qualified health care professional within the network, or arrange for the person to obtain one outside of the network at no cost. The person has the right to a face-to-face determination if requested.
- e. The access system shall provide the reasons for denial to the person denied and to any referral source (with the person's consent). The person shall be informed of the disposition and as appropriate, alternative services and supports.

3. Services and Providers Available

- a. Applicants will be provided comprehensive and up-to-date information about mental health and substance abuse services that are available and the contact information about the providers who deliver them.
- b. The access system shall assure that there are available alternate methods for providing the information to individuals who are unable to read or understand written material, or who have LEP.

H. Administrative Functions

1. The PIHP and as appropriate, the CMHSPs/CAs shall have written policies, procedures and plans that demonstrate the capability of its access system to meet the standards.
2. Community Outreach and Resources:

- a. The PIHP and its providers shall have an active outreach effort to ensure that staff and the community are aware of the access system and how to use it.
 - b. The PIHP and its providers shall have regular and consistent outreach efforts to unserved 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.
 - c. The PIHP and its providers shall assure that 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.
 - d. The PIHP/providers shall maintain linkages with their community's crisis/emergency systems, liaison with local law enforcement, and have a protocol for jail diversion.
3. Oversight and Monitoring
- a. The PIHP Medical Director shall be involved in the review and oversight of access system policies and clinical practices.
 - b. The PIHP and its providers shall ensure that the access system staff are qualified, credentialed and trained consistent with the Medicaid Provider Manual, MICHild Provider Manual, the Michigan Mental Health Code and the MDCH/PIHP contract.
 - c. The PIHP/providers shall ensure that there is no conflict of interest between the coverage determination and the access to, or authorization of, services.
 - d. The PIHP/providers shall monitor provider capacity to accept new individuals, and be aware of any providers not accepting referrals at any point in time.
 - e. The PIHP/providers shall routinely measure telephone answering rates, call abandonment rates and timeliness of appointment and referrals at any point in time. Any performance issues shall be addressed through the PIHP Quality Improvement Plan.
 - f. The PIHP/providers shall assure that the access system maintains medical records in compliance with state and federal standards.
 - g. The PIHP/providers shall work with individuals, families, local communities, and others to address barriers to using the access system, including those caused by lack of transportation.
4. Waiting Lists
- a. Providers shall maintain waiting lists for individuals not eligible for Medicaid, ABW or MICHild, and who request community mental health services but cannot be immediately served.
 - b. No Medicaid, ABW, or MICHild beneficiaries will be placed on waiting lists for any medically necessary, needed, covered service.
 - c. A local waiting list shall be established and maintained when the CMHSP/CA is unable to financially meet requests for public mental health services received from those who are not eligible for Medicaid, ABW or MICHild. These persons will remain on the list until the service becomes available to them or until the service is no longer required. Services will generally be offered in the order of the request with the earliest request first. Urgent/emergent services are always given priority.
 - d. Persons who are not eligible for Medicaid, ABW or MICHild and who receive services on an interim basis that are other than those requested shall be retained on the waiting lists for the requested services.
 - e. Waiting list data shall be provided to MDCH as part of its annual program plan submission report.

V. APPLICATION:

All CMHAMM CMHSPs/CAs

VI. MONITOR AND REVIEW:

This procedure will be monitored by the PIHP Director of Quality, Customer Service and Recipient Rights, along with input from the Affiliation Compliance Committee, the Affiliation QI Workgroup, Improving Practices Leadership Team and the Director of Affiliation Operations. The Director of Affiliation Operations will review this procedure annually. External review will include MDCH and CMS site visits and reporting.

VII. RELATED POLICIES AND PROCEDURES:

CMHAMM Policy	1.0	Administration of PIHP
CMHAMM Policy	2.0	Clinical Policy
CMHAMM Policy	3.0	Enrollee Rights
CMHAMM Procedure	3.1	Recipient/Enrollee Rights