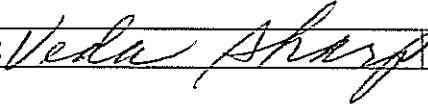


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Approved by:  **Title:** Executive Director

I. POLICY:

It is the policy of the Detroit-Wayne County Community Mental Health Agency (Agency) to ensure timely access to public mental health services for consumers and their families seeking assistance via telephone or face-to-face. The Agency shall ensure the Access System provides the centralized function of front door screening and eligibility as well the provision of a helping and welcoming opportunity for consumers who may be coping with trauma, problems with day-to-day functioning or an individual/family crisis.

The Agency shall ensure there are no waiting lists for individuals eligible for Medicaid specialty services and supports, Adult Benefit Waiver (ABW), and MI Child.

The Agency shall also ensure access to services for those who do not have any benefits but who meet the criteria for public mental health services, the Michigan Mental Health Code and the Michigan Department of Community Health (MDCH) Administrative Rules, based upon available funding. This population includes individuals with serious mental illness/co-occurring mental illness and substance use disorders, children and adolescents with serious emotional disturbance, and individuals with developmental disabilities, also referred to as the "shall serve" population. Waiting lists for consumers in the "shall serve" population shall only be implemented as a last resort.

The Agency shall ensure the Access System welcomes consumers and their families by consistently engaging them in recovery oriented, hopeful, and integrated services and supports which addresses their mental health, substance use, and physical health care needs within the context of the person-centered planning process.

II. PURPOSE:

The purpose of this policy is to delineate and describe system wide standards and expectations of the Agency's Access System.

III. APPLICATIONS:

This policy applies to the Agency's Access System, Managers of Comprehensive Provider Agencies (MCPN), subcontractors, direct contractors, and individuals

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who provide mental health or substance abuse services, supports and treatment on behalf of the Agency. Substance Abuse Coordinating Agencies (CA) shall refer to the Access Management Standards for Substance Use Disorder Services for individuals who apply for access to substance use disorder treatment.

IV. DEFINITIONS:

Access System: A 24/7 day per week entity which functions as the front door for ensuring:

- a welcoming environment for consumers seeking services on a telephone or walk in basis;
- screening and eligibility determinations;
- collection of data and reporting decision making activity;
- referrals to appropriate mental health practitioners;
- individuals are informed about all the available mental health and substance abuse services;
- consumers and providers are provided with information regarding due process rights under the Medicaid, ABW, MI Child, and the Michigan Mental Health Code;
- outreach is conducted to under-served and hard to reach populations; accessibility to the community at large.

Applicant: An individual seeking access to mental health services and supports.

Consumer: An individual receiving mental health services and supports.

CMHSP: Community Mental Health Services Program under contract with the Michigan Department of Community Health to provide managed behavioral health care services to un-insured eligible individuals.

Direct Contractor: A legal entity or entities contracted with the Agency to provide community mental health services/supports as defined by the Agency, and is not an MCPN.

Eligibility: A determination that an individual meets the criteria of serious mental illness, serious emotional disturbance, or developmental disability. This is to say, the individual is a part of the "shall serve" population.

Emergent: 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:

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- (a) The individual can reasonably be expected within the near future to physically injure himself, herself, or another individual, either intentionally or unintentionally.
- (b) 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.

Individualized Plan of Service (IPOS/PCP): An orderly arrangement into a person's clinical agenda of specific treatment/services/supports, developed by mental health professionals to address the identified prioritized mental health needs of each individual receiving assistance in a mental health setting. The IPOS/PCP is the fundamental document in the recipient's record, and must be authenticated by the dated signature of the professional named as responsible for its implementation. The IPOS/PCP shall consist of a treatment plan, a support plan or both.

Manager of Comprehensive Provider Networks (MCPNs): A business entity contracted by the Agency to develop and manage a comprehensive network of providers which can meet the needs of individuals with or at risk of developing serious mental illness, serious emotional disturbance, developmental disabilities and/or substance abuse.

May Serve Population: Individuals who have other mental disorders that meet criteria specified in the most recent "Diagnostic and Statistical Manual" for mental health disorders published by the American Psychiatric Association. If resources are not adequate to serve, these individuals may be placed on a waiting list, as decided by the Agency.

Medical Necessity: The clinical appropriateness of a course of treatment/specific services as suitable to the needs of Medicaid beneficiaries, using approved clinical criteria and professional judgment.

Non-emergent services: Services rendered when no immediate, emergency, or crisis intervention is needed.

Person-Centered Planning (PCP): A process for planning and supporting the individual receiving services that:

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1. Builds on the individual's capacity to engage in activities that promote community life, is strength based, and honors the individual's preferences, choices, and abilities;
2. Involves family/significant others, friends and professionals;
3. Is to be incorporated into the existing service delivery system as a routine part of the intake, assessment/evaluation, development, implementation, monitoring and systematic periodic review, and revisions is indicated, of the Individualized Plan of Services.

PIHP: This is a Prepaid Inpatient Health Plan under contract with the Michigan Department of Community Health to provide managed behavioral health care services to Medicaid eligible individuals.

"Shall serve" Population: Individuals who have a serious mental illness/serious mental illness and co-occurring substance use disorder, serious emotional disturbance, or developmental disability that meets the criteria specified in the most recent "Diagnostic and Statistical Manual" for mental health disorders published by the American Psychiatric Association. If resources are not adequate to serve, these individuals must be included on a waiting list.

Substance Abuse Coordinating Agency (C.A.): A legal entity contracted with the Agency to coordinate, monitor, and facilitate the provision of substance abuse services and supports.

Urgent: 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 services.

Welcoming: A philosophy and individual attitude which demonstrates empathy, active listening, acceptance, excellent customer services skills, and working with individuals in a non-judgmental way which provides the consumer "air time" and expresses the message of "How may I help you?"

Waiting List: A list of those individuals determined to be eligible for public mental health services but are not receiving services due to inadequate capacity and resources. The required waiting list data includes: type of service needed, program category, age, gender and length of time since initial request for service. List must be in priority order according to severity and urgency of need.

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V. STANDARDS:

Agency Administrative, Oversight, and Monitoring:

- A. Policies and procedures shall reflect MDCH Access Systems Standards and the Agency's expectations that all consumers receive services which are:
- welcoming
 - recovery-oriented
 - trauma informed
 - person/family centered
 - integrated to address co-occurring substance use and physical health disorders
 - provided in the least restrictive environments.
- B. Access standards shall describe the shared delegated functions within the Agency's contracted provider system which includes the primary responsibilities of the Agency's twenty-four hours per day, seven days per week Access System and shared responsibilities of MCPN subcontractors and crisis screening units.
- C. Community outreach and education shall be a consistent, on-going and an active shared function which includes education to the provider network and the community at large regarding the Access System and how to use it.
- D. Regular and consistent community outreach efforts shall include underserved or hard to reach 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.
- E. Access Systems staff shall be qualified, credentialed, and trained consistent with the Medicaid Provider Manual, MI Child Provider Manual, the Michigan Mental Health Code, and the Michigan Public Health Code, and the contract.
- F. The Agency shall ensure there is no conflict of interest between the coverage determination function and access to or authorization of services.
- G. Access Systems staff shall be routinely trained and updated at least annually and as needed regarding alternatives to public mental health or substance abuse services and the resources available to meet individual basic needs.

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- H. Effective and on-going active linkages shall be maintained between the community's crisis/emergency systems and local law enforcement which include protocols for jail diversion.
- I. The Agency's Medical Director shall be involved in the oversight of Access System policies and clinical practices.
- J. The Agency shall routinely monitor and measure telephone answering rates, call abandonment rates and timeliness of appointments and referrals. Resulting performance compliance concerns shall be addressed through the Access System's Quality Improvement Plan.
- K. The Agency shall ensure the Access System maintains medical records in compliance with state and Federal standards.
- L. The Agency shall work with individuals, families, stakeholders, local communities, and other community partners to address barriers to using the Access System, including those caused by lack of transportation.
- M. The Agency shall ensure admission access to an appropriate and defined array of public mental health services based upon available resources for those individuals who meet target population criteria. However, waiting lists may be utilized as a last resort based upon available General Fund resources.
- N. The Agency shall ensure wait list protocols include special consideration to designated at-risk populations based upon:
 - severity/urgency of need
 - consumers on Medicaid Spend Down
 - applicants/consumers released from prison through Michigan Prison Reentry Initiative (MPRI)
 - consumers discharged from state hospitals/centers
 - applicants/consumers on Not Guilty By Reason of Insanity (NGRI) status.
- O. The Agency shall utilize the needs assessment process to collect and analyze data on a quarterly basis regarding the provider network and the needs of all consumers receiving services. This data will be used to evaluate and facilitate improvements in the service delivery system.

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The Agency Access System and MCPN subcontractors shall:

- A. Ensure access to public substance abuse treatment services in accordance with the Michigan Department of Community Health (MDCH)/Pre-Paid Inpatient Health Plan (PIHP) and MDCH/Substance Abuse Coordination Agency (CA) contracts and:
 - The Mental Health and Substance Abuse Chapter of the Medicaid Provider Manual, if the individual is a Medicaid beneficiary.
 - The Adult Benefits Waiver Chapter of the Medicaid Provider Manual, if the individual is an ABW beneficiary.
 - The MI Child Provider Manual if the individual is an MI Child beneficiary.
 - The priorities established in the Michigan Public Health Code, if the individual is not eligible for Medicaid, ABW or MI Child.
- B. Ensure the provision of Early Periodic Screening, Diagnostic and Treatment (EDSDT) corrective or ameliorative services and active outreach efforts throughout their communities to assure that those in need of mental health services are aware of service entry options and encouraged to make contact.
- C. Avoid duplication of screening and assessments by using assessments already performed and by forwarding information gathered during the screening process to the provider receiving the referral, in accordance with applicable Federal/state confidentiality guidelines (e.g. 42 CFR Part 2 for substance use disorders).
- D. Ensure effective coordination between all internal and external providers, including Medicaid Health Plans and primary care physicians.
- E. Ensure applicants are offered appointments for assessments with a mental health professional of their choice within seven (7) days for consumers discharged from inpatient settings and fourteen days (14) days for all other non-emergent requests for outpatient mental health services, per the MDCH/PIHP and CMHSP contract-required standard time frames.
- F. 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.

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- G. Ensure the provision of information which promotes community integration, recovery, hope and individual empowerment. This information shall include but is not limited to the following:
- the Agency and MCPN Customer Services Units
 - Peer Support Specialists
 - family advocates
 - local community advocacy groups
 - self-help groups
 - transportation services
 - prevention programs
 - service recipient groups and other avenues of support, as appropriate.
- H. Provide Medicaid, ABW and MI Child beneficiaries information about the local dispute resolution process and the State Medicaid Fair Hearing process.
- I. Ensure individuals determined to be ineligible for Medicaid specialty services and supports, ABW, or MI Child mental health services are notified both verbally and in writing of the right to request a second opinion, and/or file an appeal through the local resolution process, and/or request a State Fair Hearing.
- J. Provide individuals with mental health needs or persons with co-occurring substance use/mental illness with information regarding the Agency's Office of Recipient Rights (ORR) and the ORR through the CAs.
- K. Ensure all individuals with mental health needs who are not a Medicaid beneficiary, and are denied community mental health services for whatever reason, are notified of the right under the Mental Health Code to request a second opinion and the local dispute resolution process.
- L. Schedule and ensure 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. A face-to-face determination shall be arranged as requested.
- M. Routinely monitor provider capacity to accept new individuals, and be aware of any provider organization not accepting referrals at any point in time.

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The Agency's Access System shall:

- A. Screen applicants by telephone or walk-ins through face-to-face contact who approach the Access System to determine whether they are in crisis and if so assure that they receive timely, appropriate services/supports.
- B. Determine each applicant's eligibility for Medicaid specialty services and supports, ABW, MI Child, or uninsured and presenting as a person whose current needs for mental health services make them a priority to be served.
- C. Ensure the access line is available twenty-four hours per day, seven days per week, including in-person and by telephone access for hearing impaired individuals.
- D. Ensure the telephone lines are toll-free; accommodate Limited English Proficiency (LEP); and have electronic caller identification.
- E. Ensure callers do not encounter telephone "trees" (multiple prompts required before reaching a live voice) and are not put on hold or sent to voice mail until they have spoken to a live emphatic representative who has determined that their situation is not urgent or emergent.
- F. Ensure crisis/emergent calls are immediately transferred to a qualified mental health practitioner without requesting the applicant to call back and facilitate mobile crisis teams to the appropriate locations for further pre and post stabilization services as indicated.
- G. Inquire as to the existence of any established Medicaid or psychiatric advance directives relevant to the provision of services.
- H. Ensure all non-emergent calls do not exceed a three minute on hold waiting time without being offered an option for call back or talking with a non-professional in the interim.
- I. Ensure the provision of a timely, effective response to all applicants/consumers who walk in: individuals with an urgent or emergent need shall receive intervention immediately; individuals with routine needs shall be screened or arrangements made within thirty minutes.
- J. Ensure appropriate accommodations which include:

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- individuals with LEP and other linguistic needs
 - diverse cultural and demographic backgrounds
 - visual impairments
 - assistance for individuals who are unable to read or understand written materials, alternative needs for communication
 - mobility challenges.
- K. Assess for County of Financial Responsibility (COFR) and other financial considerations as a secondary administrative function after the urgent or emergent needs have been addressed.
- L. Ensure screening and crisis interventions never require prior authorization nor any financial contributions from the person being served.
- M. Provide applicants with a summary of their rights guaranteed by the Michigan Mental Health Code, including information about their rights to second opinion, PCP, and ensure that they have access to the pre-planning process as soon as the screening and coverage determination processes have been determined.
- N. Ensure applicants are assigned to the appropriate MCPN through preference/random defaults utilizing a standard assessment and screening tool to facilitate timely access to community mental health services/inpatient hospitalizations.
- O. Ensure the provision of a written (hard copy or electronic) screening decision of the person's eligibility for admission based upon established admission criteria. The written decision shall include:
- Identification of the presenting problem(s) and need for services and supports;
 - Initial diagnosis that qualifies the person for public mental health and substance use disorder services and supports;
 - Legal eligibility and priority criteria (where applicable)
 - Documentation of any emergent or urgent needs and how they were immediately linked for crisis services;
 - Identification of screening disposition
 - Rationale for system admission or denial.

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- P. Ensure documentation of any third-party payer source(s) for linkage to an appropriate referral source, either in-network or out-of-network.
- Q. Ensure eligible applicants are never denied access to services based upon individual/family income or third party payer source.
- R. Ensure tracking and monitoring of all referral outcomes and source, either in-network or out-of-network.
- S. Ensure applicants who are eligible for Medicaid, ABW, or MI Child are not placed on a waiting list.
- T. Ensure consumers in the target population are given timely access to public mental health services and supports. Waiting lists shall be implemented based upon available financial resources, as a last resort.
- U. Ensure that the referral process for individuals with co-occurring mental illness and substance use disorders is in compliance with confidentiality requirements of 42 CFR.
- V. 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.
- W. Refer individuals who request mental health or substance abuse services but are not eligible for Medicaid, ABW, or MI Child mental health and substance abuse services, nor meet the priority population to be served criteria in the Michigan Mental Health Code or the Michigan Public Health Code for substance use services, to alternative mental health or substance abuse treatment services available in the community. This information shall be comprehensive, up-to date, and include the names of providers who deliver the services.
- X. Ensure the individual and any referral source (with the person's consent) are informed of the reasons for denial, and ensure they receive appropriate alternative services and supports or disposition.
- Y. Inform individuals, upon request, about the non-mental health community resources or services that are not the responsibility of the public mental health system.

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Z. Comply with Waitlist Management Protocols.

The Agency's Access System shall:

- A. Assume the centralized responsibility of reviewing all the disposition of all persons requesting mental health services from the Agency or its providers.
- B. Assume the centralized function specific to management of the wait list for individuals in the "shall serve" population only, who are not eligible for Medicaid, ABW, or MI Child.
- C. Maintain a waiting list as a last resort, based upon available financial resources for individuals in the "shall serve" population who request community mental health services but cannot be immediately served.
- D. Ensure utilization of the LOCUS (Level Of Care Utilization System) standardized assessment tool for psychiatric and addictive services, is utilized to:
 - screen each individual and determine eligibility for services;
 - to evaluate the needs of eligible individuals based the severity and urgency of need
 - to evaluate and appropriately address all emergent/urgent/crisis situations.
- E. Ensure documentation includes but is not limited to the following prior to placing an individual on a waiting list:
 - presenting problem/key issues
 - risk assessment
 - history or prior services
 - duration of symptoms
 - functional impairment
 - substance abuse screening
 - for children, all of the following must be documented
 - included developmental history.
- F. Ensure individuals placed on a waiting list are not retained on the list for longer than one year.

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- G. Review each individual on the waiting list regularly, and at least quarterly and reprioritize according to the severity and urgency of need.
- H. Provide written notice to all individuals placed on the waiting list within three business days, including the following:
 - Service for which the individual is on a wait list
 - Instructions on what the individual should do if his/her situation changes whether clinically or coverage.
 - Explanation of the opportunity to request (verbally or in writing, a review of the decision to be placed on the waiting list (include all pertinent details, e.g., address, phone number, etc)
 - Explanation that individuals have 14 days from the date of the letter to request a review
 - Explanation of the review completion process, which must be completed within 7 days of receiving the request.
 - Explanation that review decisions will be mailed to the individual.
- I. Ensure the review of individuals on the waiting list is conducted by a mental health professional with a current valid license in the State of Michigan and a minimum of a master's degree in the mental health field.
- J. Remove all the following categories of individuals from the waiting list:
 - individuals served
 - individuals who obtain Medicaid
 - individuals who move out of Wayne County
 - individuals who are unable to be contacted (phone or mail, or emergency contact name)
 - individuals who request to be removed.
- K. Contact individuals on the waiting list at least quarterly, to determine if they wish to stay on the list, or if they have experienced any change in situation.

VI. QUALITY ASSURANCE/IMPROVEMENT:

- A. The Agency shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the Quality Improvement Performance Improvement Plan-Goals and Objectives.

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- B. The MCPN's, their subcontractor's, CA's, and direct contractor's quality improvement program must include measures for both the monitoring of and continuous improvement of the program or process described in this policy.

VII. COMPLIANCE WITH ALL APPLICABLE LAWS:

Agency staff, contractors and subcontractors are bound by all applicable local, state and Federal laws, rules, regulations and policies, all Federal waiver requirements, state and county contractual requirements, policies, and administrative directives in effect and as amended.

VIII. LEGAL AUTHORITY AND REFERENCES:

- A. Michigan Mental Health Code, as Revised 1996: Section, 330, 1228.
- B. Michigan Department of Community Health, Substance Abuse Administration Manual, Revised January 1, 2008.
- C. Agency policies refer to the most recent policy at the time of writing:
1. Individual Plan of Services/Person-Centered Planning
 2. Local and Alternate Dispute Resolution
 3. Medicaid Fair Hearing
 4. Second Opinion of Request to Contractor/subcontractors for Mental Health Services.
- D. MDCH/CMHSP Managed Specialty Supports and Services Contract:
1. Attachment 4.5.1.1: Person-Centered Planning Best Practice Guidelines (attached)
 2. Attachment 4.7.4.1: Grievance and Appeal Technical Requirement

IX. EXHIBIT(S):

None.