

## POLICIES AND PROCEDURE MANUAL

<b>Chapter</b>	<b>Utilization Management</b>		
<b>Title:</b>	<b>Access System Procedure</b>		
<b>Policy:</b> <input type="checkbox"/>	<b>Review Cycle:</b> Biennial	<b>Adopted Date:</b> 04.2022	<b>Related Policies:</b> Utilization Mgmt: Access System Policy Service Delivery System: Service Philosophy Utilization Mgmt: Utilization Management
<b>Procedure:</b> <input checked="" type="checkbox"/>	<b>Author:</b> Chief Population Officer & UM Committee	<b>Review Date:</b> 05.07.2024	
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### Purpose

To establish specific standards and provide the framework to address all populations that may seek out or request services, including adults and children with developmental disabilities, mental illness, and co-occurring mental illness and substance use disorder. This procedure applies to all Community Mental Health Service Program (CMHSP) Participants also applies to Substance Use Disorder (SUD) Service Providers when performing access activities for individuals seeking substance use treatment, except where otherwise noted.

### Procedure

#### I. WELCOMING

- A. Access System services shall be available to all residents of the State of Michigan, regardless of where the person lives, or where he/she contacts the system. Staff shall be welcoming, accepting, and helping with all applicants for service.
  
- B. CMHSP Participants shall operate or arrange for an access line that is available 24 hours per day, seven days per week, including in-person and by-telephone access for hearing impaired individuals. Telephone lines are toll-free, accommodate Limited English Proficiency (LEP), are accessible for individuals with hearing impairments, and have electronic caller identification, if locally available. SUD Service Providers are not required to operate an access line 24 hours per day however the SUD Service Provider phone system shall link to the CMHSP access system during non-business hours.
  - a. Callers encounter no telephone “trees” and are not put on hold or sent to voicemail until they have spoken with a live representative from the Access System, and it is determined, following an empathetic opportunity for the caller to express their situation and circumstances, that their situation is not urgent or emergent.
  - b. All crisis/emergent calls are immediately transferred to a qualified practitioner without requiring an individual to call back
  - c. For non-emergent calls, a person’s time on hold awaiting a screening must not exceed **three (3) minutes** without being offered an option for callback or talking with a non-professional in the interim.
  - d. All non-emergent callbacks must occur within **one (1) business day** of initial contact.
  - e. For Organizations with decentralized Access Systems, there must be a mechanism in place to forward the call to the appropriate access portal without the individual having to redial.
  
- C. The Access System shall provide a timely, effective response to all individuals who walk in.
  - a. For individuals who walk in with urgent or emergent needs, an intervention shall be immediately initiated
  - b. Those individuals with routine needs must be screened or other arrangements made within **thirty (30) minutes**.
  - c. **It is expected that the CMHSP Access Center unit or function will operate minimally eight (8) hours daily, Monday through Friday, except for holidays.**
  
- D. The Access System shall maintain the capacity to immediately accommodate individuals who present with:
  - a. LEP and other linguistic needs
  - b. Diverse cultural and demographic backgrounds
  - c. Visual impairments

- d. Hearing Impairments
  - e. Alternative needs for communication
  - f. Mobility challenges
- E. The Access System shall address financial considerations, including County of Financial Responsibility (COFR) as a secondary administrative concern, only after any urgent or emergent needs of the person are addressed. Access System screening and crisis intervention shall never require prior authorization, nor shall Access System screening and referral ever require any financial contribution from the person being served.
  - F. The Access System shall 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 assure that they have access to the pre-planning process as soon as the screening and coverage determination processes have been completed.
  - G. The Access System shall provide information regarding confidentiality [42 Code of Federal Regulations (CFR)] and recipient rights of SUD clients to all individuals requesting services. This requirement shall be met by providing individuals with a CMHSP Guide to Services Customer Handbook or MSHN SUD Guide to Services Customer Handbook

## II. SCREENING FOR CRISES

The following standards are applicable to CMHSP Participants only; SUD Service Providers are not required to provide emergency/crisis services. If a SUDSP is performing an access screening and determines the person may be experiencing a mental health crisis they shall warm transfer the person to the local CMHSP access line for additional crisis screening and intervention.

- A. The Access System staff shall first determine whether the presenting mental health need is urgent, emergent, or routine and, if so, will address emergent and urgent need first. To assure understanding of the problem from the point of view of the person who is seeking help, methods for determining urgent or emergent situations must incorporate “caller or client-defined” crisis situations. Workers must be able to demonstrate empathy as a key customer service method.
- B. The Access System shall have 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. The Access System may use telephonic crisis intervention counseling, face-to-face crisis assessment, mobile crisis team, and dispatching staff to the emergency room, as appropriate. The Access System shall perform or arrange for inpatient assessment and admission, or alternative hospital admissions placements, or immediate linkage to a crisis practitioner for stabilization, as applicable.
- C. The Access System shall inquire as to the existence of any established medical or psychiatric advance directives relevant to the provision of services.
- D. The Access System shall assure coverage and provision of post stabilization services for Medicaid beneficiaries once their crises are stabilized. Individuals who are not Medicaid beneficiaries, but who need mental health services and supports following crisis stabilization, shall be referred to the Access System for assistance.

## III. PRIORITY POPULATION MANAGEMENT

- A. The Substance Abuse Prevention and Treatment Block Grant (SAPTBG) requirements indicate that clients who are pregnant or injecting drug users have admission preference over any other client accessing the system and are identified as a priority population. Priority population clients must be admitted to services as follows:

<b>Population</b>	<b>Admission Requirement</b>	<b>Interim Service Requirement</b>
Pregnant Injecting Drug User	1) Screened and referred within 24 hours. 2) Detoxification, Methadone, or Residential – Offer admission within 24 business hours. Other Levels or Care – Offer admission within 48 business hours.	<i>Begin within 48 hours:</i> 1. Counseling and education on: a) human immunodeficiency virus (HIV) and tuberculosis (TB). b) Risks of needle sharing. c) Risks of transmission to sexual partners and infants. d) Effects of alcohol and drug use on the fetus. 2. Referral for pre-natal care. 3. Early intervention clinical services.
Pregnant Substance Use Disorders	1) Screened and referred within 24 hours. 2) Detoxification, Methadone, or Residential – Offer admission within 24 business hours. Other Levels or Care – Offer admission within 48 business hours.	<i>Begin within 48 hours:</i> 1. Counseling and education on: a) HIV and TB. b) Risks of transmission to sexual partners and infants. c) Effects of alcohol and drug use on the fetus. 2. Referral for pre-natal care. 3. Early intervention clinical services.
Injecting Drug User	Screened and referred within 24 hours. Offer admission within 14 days.	<i>Begin within 48 hours – maximum waiting time 120 days:</i> 1. Counseling and education on: a) HIV and TB. b) Risks of needle sharing. c) Risks of transmission to sexual partners and infants. 2. Early intervention clinical services.
Parent At-Risk of Losing Children	Screened and referred within 24 hours. Offer admission within 14 days.	<i>Begin within 48 business hours:</i> Early intervention clinical services.
Individuals Under Supervision of Michigan Department of Corrections (MDOC) and Referred by MDOC or Individuals Being Released Directly from an MDOC Without Supervision and Referred by MDOC	Screened and referred within 24 hours. Offer admission within 14 days.	<i>Begin within 48 hours:</i> Early intervention clinical services Recovery Coach services
All Others	Screened and referred within seven calendar days. Capacity to offer admission within 14 days.	Not required.

B. It is the expectation that SUD services are provided to priority population clients before any other non-priority client is admitted for any other treatment services. Exceptions can be made when it is the client’s choice to wait for a program that is at capacity.

- C. SUD Service Providers are responsible for maintaining a SAPTBG waiting list and reporting the waiting list to MSHN each month. Please refer to [Reporting Requirements \(midstatehealthnetwork.org\)](http://midstatehealthnetwork.org) for monthly submission due dates and additional information.
- D. SUD Service Providers must contact clients who are placed on the SAPTBG waiting list every 30 days to check their status/well-being and continued interest in services until they are linked with the appropriate level of care. Attempts and contacts shall be documented to ensure that the list is properly maintained. Those clients who are not able to be contacted or who do not respond after 90 days may be removed.
- E. Priority population clients placed on a waiting list are required to be offered interim services. Interim services must minimally include:
  - a. Counseling and education about the human immunodeficiency virus (HIV) and tuberculosis (TB).
  - b. The risks of needle sharing
  - c. The risks of transmission to sexual partners and infants and steps that can be taken to ensure that HIV and TB transmission does not occur.
  - d. HIV or TB treatment service referrals
  - e. Counseling on the effects of alcohol and drug use on a fetus and referral for prenatal care are required for pregnant women

#### IV. DETERMINING COVERAGE ELIGIBILITY FOR PUBLIC MENTAL HEALTH OR SUBSTANCE ABUSE TREATMENT SERVICES

- A. The Access System shall ensure access to public **mental health services** in accordance with the Michigan Department of Health and Human Services (MDHHS)/Prepaid Inpatient Health Plan (PIHP) and MDHHS/CMHSP contracts and:
  - a. The Behavioral Health and Intellectual and Developmental Disabilities Supports and Services Chapter of the Medicaid Provider Manual (MPM) if the individual is a Medicaid beneficiary.
  - b. The MICHild Provider Manual if the individual is a MICHild beneficiary.
  - c. The Michigan Mental Health Code and the MDHHS Administrative Rules if the individual is not eligible for Medicaid or MICHild. For mental health services, CMHSP Participants shall serve individuals with serious mental illness, serious emotional disturbance, and developmental disabilities giving priority to those with the most serious forms of illness and those in urgent and emergent situations. Once the needs of these individuals have been addressed, MDHHS expects that 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 agency priorities and within the funding available.
- B. The Access System shall ensure access to public **substance abuse treatment services** in accordance with the MDHHS/PIHP contract and:
  - a. The Behavioral Health and Intellectual and Developmental Disabilities Supports and Services Chapter of the Medicaid Provider Manual (MPM) if the individual is a Medicaid beneficiary.
  - b. The MICHild Provider Manual if the individual is a MICHild beneficiary.
  - c. The priorities established in the Michigan Public Health Code if the individual is not eligible for Medicaid or MICHild
  - d. Provisional diagnostic impression using all five axes of the current version of the DSM.
  - e. Medical necessity and level of care determination criteria utilizing the American Society of Addiction Medicine (ASAM) Criteria:
    - i. Dimension 1 – Alcohol Intoxication and/or Withdrawal Potential.
    - ii. Dimension 2 – Biomedical Conditions and Complications.
    - iii. Dimension 3 – Emotional, Behavioral, or Cognitive Conditions and Complications.

- iv. Dimension 4 – Readiness to Change.
    - v. Dimension 5 – Relapse, Continued Use or Continued Problem Potential.
    - vi. Dimension 6 – Recovery Environment.
  - f. All CMHSP Participants and SUD Service Providers are required to complete the Brief Screening and Level of Care Determination in REMI (MSHN’s regional managed care information system) for all individuals who are requesting substance abuse treatment services. These are required to be completed at the time of the initial request for substance abuse treatment services.
- C. The Access System shall ensure that screening tools and admission criteria are based on eligibility criteria established in contract and regulations and are valid, reliable, and uniformly administered
- D. CMHSP Participants shall provide the Early Periodic Screening, Diagnostic, and Treatment (EPSDT) corrective or ameliorative services that are required by the MDHHS PIHP specialty services and supports contract
- E. When a clinical screening is conducted, the access system shall provide a written (hard copy or electronic) screening decision of the person’s eligibility based upon established admission criteria. The written decision shall include:
- a. Presenting problems and needs for services and supports,
  - b. Initial identification of the population group ([Intellectual/Developmental Disabilities (I/DD), Mental Illness (MI), Serious Emotional Disturbance (SED), or SUD] that qualifies the person for public mental health and/or SUD services and supports,
  - c. ASAM Criteria
  - d. Legal eligibility and priority criteria (where applicable),
  - e. Documentation of urgent and emergent needs including how they were linked for crisis services,
  - f. Screening disposition, and
  - g. Rationale for admission or denial.
- F. The Access System shall identify and document any third-party payer source(s) for linkage to an appropriate referral source, either in network, or out-of-network.
- G. The Access System shall not deny any eligible individual a service because of individual/family income or third-party payer source. Does not apply to SUD Service Providers when performing access activities for individuals seeking substance use treatment
- H. The Access System shall document the referral outcome and source, either in-network or out-of-network.
- I. The Access System shall document when a person with mental health needs, but who is not eligible for Medicaid or MICHild, is placed on a ‘waiting list’ and why. Does not apply to SUD Service Providers when performing access activities for individuals seeking substance use treatment
- J. MSHN CMHSP Participants shall assure that an individual who has been discharged back into the community from outpatient services and is requesting entrance back into the CMHSP or provider, within one year, will not have to go through a duplicative screening process. They shall be triaged for presenting mental health needs per urgent, emergent, or routine.

## V. COLLECTING INFORMATION

- A. The Access System shall avoid duplication of screening and assessments by using assessments already performed or 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 SUDs)

- B. The Access System shall have procedures for coordinating information between internal and external providers, including Medicaid Health Plans (MHPs) and primary care physicians (PCPs)

#### VI. REFERRAL TO PIHP OR CMHSP PRACTITIONERS

- A. The Access System shall assure that applicants are offered appointments for assessments with mental health professionals, including substance abuse treatment professionals, of their choice within the MDHHS PIHP and CMHSP contract-required standard timeframes. Staff follows up to ensure the appointment occurred
- B. The Access System shall ensure that, at the completion of the screening and coverage determination process, individuals who are accepted for services provided through the CMHSP provider system have access to the Person-Centered Planning (PCP) process.
- C. The Access System shall ensure that the referral of individuals with co-occurring mental illness and SUDs to PIHP or CMHSP or other practitioners must be in compliance with confidentiality requirements of 42 CFR.

#### VII. REFERRAL TO COMMUNITY RESOURCES

- A. The 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 Plan (MHP) or Medicaid fee-for-service providers.
- B. The Access System shall refer individuals who request mental health or substance abuse services but who are neither eligible for Medicaid, Healthy Michigan Plan, 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, to alternative mental health or substance abuse treatment services available in the community
- C. The Access System shall 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

#### VIII. INFORMING INDIVIDUALS

- A. General  
The Access System shall provide information about and help people connect as needed with the Organization's Customer Services Unit, peer supports specialists, 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
- B. Rights
  - a. The Access System shall provide Medicaid, Healthy Michigan Plan, 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 service and supports, Healthy Michigan Plan, 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 illness with information regarding the local CMHSP Office of Recipient Rights (ORR). The Access System shall provide individuals with SUDs or persons with co-occurring substance use/mental illness with information regarding the local substance abuse coordinating ORR.

- c. 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/or file an appeal through 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 the network at no cost. The person has the right to a face-to-face determination, if requested.
- e. The Access System shall ensure the person and any referral source (with the person's consent) are informed of the reasons for denial and shall recommend alternative services and supports or disposition.

C. Services and Providers Available

- a. The Access System shall assure that applicants are provided comprehensive and up-to-date information about the mental health and substance abuse services that are available and the providers who deliver them.
- b. The Access System shall 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 Limited English Proficiency (LEP)

IX. ADMINISTRATIVE FUNCTIONS

A. Community Outreach and Resources

- a. CMHSP Participants and SUD Service Providers shall have an active outreach and education effort to ensure the community is aware of the Access System and how to use it
- b. CMHSP Participants and SUD Service Providers shall have a regular and consistent outreach effort to commonly 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. CMHSP Participants and SUD Service Providers shall assure that staff performing access and screening activities 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. CMHSP Participants shall maintain linkages with the community's crisis/emergency system, liaison with local law enforcement, and have a protocol for jail diversion

B. Oversight and Monitoring

The following standards are applicable to CMHSP Participants; MSHN retains oversight and monitoring functions for access to SUD treatment services.

- a. Each CMHSP Participant's Medical Director shall be involved in the review and oversight of its Access System policies and clinical practices.
- b. CMHSP Participants shall assure that the Access System staff are qualified, credentialed, and trained consistent with the MPM, MICHild Provider Manual, the Michigan Mental Health Code, the Michigan Public Health Code, and the specialty services and support contract
- c. CMHSP Participants shall monitor provider capacity to accept new individuals and be aware of any provider organizations not accepting referrals at any point in time
- d. CMHSP Participants shall routinely measure telephone answering rates, call abandonment rates, and timeliness of appointments and referrals. Any resulting performance issues are addressed through the Organization's Quality Improvement Plan.
- e. CMHSP Participants shall assure that the Access System maintains medical records in compliance with state and federal standards
- f. CMHSP Participant staff shall work with individuals, families, local communities, and others to address barriers to using the Access System, including those caused by lack of transportation.

C. CMHSP Waiting Lists

- a. CMHSP Participants shall have policies and procedures for maintaining a waiting list for individuals not eligible for Medicaid or MICHild and who request community mental health services but cannot be immediately served. The policies and procedures shall minimally assure:
  - i. No Medicaid or MICHild beneficiaries are placed on waiting lists for any medically necessary Medicaid or MICHild service.
  - ii. A local waiting list shall 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 or MICHild
  - iii. 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. Persons who are not eligible for Medicaid or MICHild who receive services on an interim basis that are other than those requested shall 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.
  - v. Use of a defined process, consistent with the Mental Health Code, to prioritize any service applicants and recipients on its waiting list.
  - vi. Use of a defined process to contact and follow-up with any individual on a waiting list who is awaiting a mental health service.
  - vii. Reporting, as applicable, of waiting list data to MDHHS as part of its annual program plan submission report in accordance with the requirements of the Mental Health Code

**Applies to:**

- All Mid-State Health Network Staff
- Selected MSHN Staff, as follows:
  - MSHN's CMHSP Participants:  Policy Only     Policy and Procedure
  - Other: Sub-contract Providers

**Definitions:**

- 42 CFR Part 2: The portion of the Code of Federal Regulations which establishes confidentiality requirements pertaining to recipients of substance use disorder treatment services
- ASAM-PPC: American Society of Addiction Medicine-Patient Placement Criteria
- BH-TEDS: Behavioral Health Treatment Episode Data Set
- CAFAS: Child and Adolescent Functional Assessment Scale
- CFR: Code of Federal Regulations
- CMHSP: Community Mental Health Service Program
- COFR: County of Financial Responsibility
- Contractual Provider: refers to an individual or organization under contract with MSHN Pre-Paid Inpatient Health Plan (PIHP) to provide administrative type services including CMHSP Participants who hold retained functions contracts
- DSM: Diagnostic and Statistical Manual of Mental Health Disorders
- Employee: refers to an individual who is employed by the MSHN PIHP
- EPSDT: Early Periodic Screening, Diagnostic, and Treatment
- HIV: Human Immunodeficiency Virus
- I/DD: Intellectual/Developmental Disability
- LEP: Limited English Proficiency
- LOCUS: Level of Care Utilization System



MDHHS: Michigan Department of Health and Human Services

MHP: Medicaid Health Plan

MI: Mental Illness

MICHild: a Medicaid health insurance program for uninsured children of Michigan's working families

MPM: Medicaid Provider Manual

MSHN: Mid-State Health Network

ORR: Office of Recipient Rights

PIHP: Pre-paid Inpatient Health Plan

Provider Network: refers to MSHN CMHSP Participants and SUD providers directly under contract with the MSHN PIHP to provide/arrange for behavioral health services and/or supports. Services and supports may be provided through direct operations or through the subcontract arrangements

REMI: MSHN's regional managed care information system

SAPTBG: Substance Abuse Prevention and Treatment Block Grant

SED: Serious Emotional Disturbance

Staff: refers to an individual directly employed and/or contracted with a CMHSP Participant or SUD providers

Subcontractors: refers to an individual or organization that is directly under contract with CMHSP and/or MSHN to provide behavioral health services and/or supports

SUD: Substance Use Disorder

SUDSP: Substance Use Disorder Service Provider

**References/Legal Authority:**

1. Access System Standards: MDHHS, revised July 29, 2020
2. Appeal and Grievance Resolution Processes Technical Requirement: MDHHS, revised July 29, 2020
3. 42CFR 438.206: Access Standards
4. 42 CFR 438.208(c)(4)
5. 42CFR 438.210: Enrollee Rights
6. Michigan Mental Health Code 330.1124: Waiting Lists for Admission
7. Michigan Mental Health Code 330.1208: Individuals to Whom Service is Directed
8. MDHHS Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disabilities Supports and Services chapter
9. Person-Centered Planning Practice Guideline: MDHHS, revised July 29, 2020

**Other References:**

MSHN Medicaid Subcontract Agreement Exhibit H: Technical Requirement: CMHSP RESPONSIBILITIES FOR 24/7/365 ACCESS FOR INDIVIDUALS WITH PRIMARY SUBSTANCE USE DISORDERS

**Change Log:**

<b>Date of Change</b>	<b>Description of Change</b>	<b>Responsible Party</b>
04/01/2022	New Procedure	Director of Utilization & Care Management
02/22/2024	Biennial Review	UM Committee