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SUBJECT	CHAPTER	SECTION	SUBJECT
Access to Services	05	01	01

CHAPTER	SECTION
Clinical Practice Guidelines	Access to Services

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I. APPLICATION:

☒ PIHP Board ☒ CMH Providers ☒ SUD Providers
☒ PIHP Staff ☒ CMH Subcontractors

II. POLICY STATEMENT:

Region 10 Prepaid Inpatient Health Plan (PIHP) access system ensures prompt, responsive, timely and easy access to specialty mental health services and supports for all Medicaid beneficiaries who are experiencing a severe mental illness, severe emotional disturbance, a substance use disorder or living with an intellectual/developmental disability. For ease of access, regulatory compliance and administrative efficiency, Region 10 operates one access system via two access center locations, one at St. Clair County Community Mental Health and one at Genesee Health System. The access system is available to address emergent and urgent requests 24 hours per day, seven days a week throughout the year and embraces a "no wrong door philosophy" of care. All people are welcomed and treated with dignity and respect. Access is staffed by culturally competent, trauma informed and co-occurring disorder trained individuals. Access promotes pathways to recovery that reduce stigma and recognize resiliency and the strengths of persons served and their natural supports. Region 10 PIHP's access system fully complies, in policy and practice, with Michigan Department of Health and Human Services (MDHHS) philosophies of person-centered, self-determined, recovery-oriented and trauma-oriented care in the least restrictive environments possible.

III. DEFINITIONS: N/A

IV. STANDARDS:

A. Welcoming

- The access system welcomes all residents of Michigan, regardless of where they live or where they contact the system.
- Access to a toll-free telephone crisis line is available 24 hours per day, 7 days per week accommodating people with Limited English Proficiency (LEP) as needed.
- The access centers are open minimally eight hours per day, Monday through Friday except for holidays, accommodating both telephone and walk-in requests.
- Callers are served via a live person and individuals with emergent and urgent requests

are immediately linked to a qualified clinician for intervention.

- Non-emergent callers hold time does not exceed three minutes without being offered an option for callback or talk with a non-professional in the interim. All non-emergent call backs occur within one business day.
- Those individuals with routine needs must be screened or other arrangements made within thirty (30) minutes.
- Access accommodates individuals presenting with LEP and other linguistic or communication needs, diverse cultural and demographic backgrounds, visual impairments and mobility challenges.
- Financial considerations, including county of financial responsibility are addressed as a secondary concern, only after any emergent and urgent mental health needs of the individual are addressed. No financial contribution is required for screening and screening and crisis intervention do not require a prior-authorization.
- All applicants are provided with a summary of their rights under the Michigan Mental Health Code and have access to the pre-planning process once eligibility determination has been confirmed.

B. Screening for Crisis

- Through its screening process, the access system shall determine whether the individual's call or walk-in situation presents as emergent, urgent or routine and address emergent and urgent needs first.
- The access system provides immediate access to emergency services including inpatient hospitalization and a number of less restrictive community-based crisis service levels of care as clinically appropriate; as well as post stabilization services as deemed medically necessary.

C. Priority Population Management

- The access system shall determine whether the status of the presenting individual qualifies them with priority population status as listed below and will respond according to federal guidelines:
  - Pregnant injecting drug user
  - Pregnant substance user
  - Injecting drug user
  - Parent of child who has been or is at risk of being removed from the home
  - Individual under the supervision of MDOC

- Refer to Exhibit A- Priority Population Management Admission Priority Standards and Interim Service Requirements

D. Determining Coverage Eligibility and Coordination of Benefits

- Coverage determination is the result of integrating eligibility criteria and clinical needs within a medical necessity framework based upon insurance benefits that may be present as follows:
  - General Fund Priority Populations as defined in the Michigan Mental Health Code
  - Medicaid State Plan for Specialty Services and Supports
  - Medicaid 1915 (b)(3) Services and Supports Plan
  - Medicaid Health Services Plan
  - Medicaid Fee-for-Service Plan
  - Medicaid Habilitation Supports Waiver Services and Supports Plan
  - Medicaid Children's Waiver Program
  - Healthy Michigan Plan
  - MIChild Program
  - Michigan Department of Health and Human Services (MDHHS) Managed State Plan Services Medicare Plan
  - Substance Abuse Prevention and Treatment (SAPT) Block Grant
- When the coordination of benefit process determines the existence of a third party insurance, access will ensure appropriate linkage to a qualified (in-network) credentialed provider that maximizes all third party payments in accordance with federal and state billing requirements; and take into consideration that certain benefit plans require specific staff qualifications. Access recognizes the publicly funded benefits as the payor(s) of last resort.
- Admission criteria as specified in the PIHP/MDHHS contract and the Medicaid Provider Manual shall be utilized for eligibility for Medicaid beneficiaries, as well as the MIChild Provider Manual for MIChild beneficiaries and are considered valid and reliable and are uniformly distributed.
- Region 10 PIHP's Community Mental Health Service Programs (CMHSPs) shall serve individuals experiencing severe mental illness, severe emotional disturbances and living with intellectual / developmental disabilities who are not eligible for Medicaid according to the Michigan Mental Health Code and MDHHS Administrative Rules as funding is available, giving priority to those with the most severe need. Those service requirements are specified within separate contracts between MDHHS and each local Community Mental Health Services Program.
- Access to public substance abuse treatment for Medicaid beneficiaries is provided in accordance with MDHHS/PIHP contract and the Medicaid Provider Manual; and MIChild Provider Manual if a MIChild beneficiary. Priorities established in the Michigan Public Health Code are adhered to for those ineligible for a Medicaid product.
- Region 10 PIHP provides access to Early Periodic Screening, Diagnostic and Treatment (EPSDT) corrective or ameliorative services that are required by the MDHHS/PIHP

specialty services and supports contract.

- When a clinical screening is conducted, an electronic screening decision is compiled and includes the following: presenting problem, disability designation (I/DD, SMI, SED, or SUD), legal eligibility where applicable, documentation of any emergent or urgent needs and the crisis response; as well as a rationale for system admission or denial. The referral outcome shall be documented, either in-network or out-of-network.
- The access system shall verify insurance including third-party payers and provide information and linkage to appropriate referral sources. Access shall not deny eligible individuals because of income or third-party payer source.
- The PIHP shall document when an eligible person without Medicaid or MIChild is placed on a substance use disorder waiting list and why.
- The CMHSP shall document when an eligible person without Medicaid or MIChild is placed on a mental health waiting list and why.

E. Collecting Information

- Individuals who are requesting entrance back into the PIHP/CMHSP system within one year shall not go through a duplicative screening process but instead be triaged for presenting mental health needs and linked to appropriate services.
- Access to information collected in the screening process is made available to referral sources to minimize the number of times persons served need to repeat information. All exchange of information complies with federal and state confidentiality guidelines including 42 CFR as applicable.
- Access shall inquire as to the existence of any established medical or psychiatric advance directives relevant to the provision of services.

F. Referral to Services

- Eligible applicants are offered an appointment at their choice of available provider within the MDHHS/PIHP and CMHSP contract-required standard timeframes.
- Medicaid beneficiaries who do not meet criteria for specialty supports and services are referred to their

  Medicaid Health Plans or Medicaid fee-for-service providers.

- Applicants who are not eligible for Medicaid or MIChild mental health and substance abuse services, nor meet the priority population to be served via criteria in the Michigan Mental Health Code or the Michigan Public Health Code for substance abuse services, are referred to alternative mental health and substance abuse treatment services available in the community.
- Information about non-behavioral health resources is made available to individuals as requested and appropriate.

G. Informing Individuals

- Access shall provide information and support in connecting with Customer Services, peer and recovery support specialists and family advocates and other community resources as needed including: transportation, prevention programs, local advocacy, self-help groups and other public or private programs or agencies.
- When an individual is denied community mental health services, he/she is notified in writing of the right under the Michigan Mental Health Code to request a second opinion; as well as information about the local dispute resolution if not a Medicaid beneficiary and the local dispute resolution and state Medicaid Fair Hearing process if a Medicaid beneficiary. The individual is given the reason for the denial and information about alternative resources is provided. Second opinions are completed in a timely manner at no cost to the individual requesting and by a qualified health care professional either via the telephone or face to face as requested.
- The access system shall provide individuals with mental health or co-occurring mental health and substance use disorders needs with information regarding the local community mental health Office of Recipient Rights (ORR) or the local substance abuse Office of Recipient Rights for those with substance use or co-occurring disorders.
- Access shall ensure applicants are provided with comprehensive and current information about the mental health and substance use disorder services that are available and the providers who deliver them.

H. Administrative Functions

- The Region shall perform active outreach and education to ensure that providers and other community partners are aware of the access system and how to use it. Outreach occurs to commonly un-served or underserved populations such as children and families, older adults, homeless persons, members of ethnic, racial, linguistic and culturally-diverse groups, persons with dementia and pregnant women.
- Access staff are kept up to date about a variety of community resources that may be useful to applicants; and maintain linkages with local law enforcement and follow protocol for local jail diversion.
- The Region's Medical Director shall be involved in the review of and oversight of access policies and clinical practices.
- All access system clinicians are qualified, credentialed and trained according to the Medicaid Provider Manual, MIChild Provider Manual, Michigan Mental Health Code, Michigan Public Health Code and the contract with MDHHS.
- Mechanisms are in place to ensure conflict free case management and to prevent other conflict of interest between the coverage function and access or authorization of services.
- Provider capacity is monitored to ensure adequate capacity for all levels of care and services types.

- Telephone answering rates, call abandonment rates and timeliness of appointments are routinely monitored and measured and any necessary performance issues are addressed through a Quality Improvement Plan.
- The PIHP will implement a process to verify that the provider network adheres to walk-in access standards; for example, verifying that members who walk- in requesting services are screened within 30 minutes. There will be a contract monitoring component to ensure compliance, especially with priority population timeframes.
- Medical records are maintained in compliance with all state and federal standards and guidelines.
- Access works diligently to address any barriers to the access system and makes accommodations as necessary.

I. Waiting Lists

- The CMHSPs have policies and procedures for maintaining a waiting list for individuals who meet criteria for specialty services but are not eligible for Medicaid or MIChild and for whom funding is not currently available.
- Region 10 PIHP has policies and procedures for maintaining a waiting list for individuals who meet criteria for substance use disorders but are not eligible for Medicaid or MIChild and for whom funding is not currently available. Admission preference is given to individuals who meet criteria as Federal Priority Populations.
- Region 10 PIHP reports any Substance Abuse Brock Grant (SABG) Deficiencies to MDHHS on a monthly basis per reporting requirements.
- No Medicaid or MIChild beneficiaries are placed on waiting lists for any medically necessary Medicaid or MIChild service.
- A set of standard criteria determine who is placed on the wait list, how long they must be retained on the wait list and the order in which they are served.
- A defined process consistent with the Mental Health Code as well as a defined process of contact and follow-up is used to prioritize the needs of individuals on the wait list.
- Compliance is maintained in reporting wait list data to MDHHS as part of its annual program plan submission as required by the Mental Health Code.

V. PROCEDURES: N/A

VI. EXHIBITS:

Exhibit A- Priority Population Management Admission Priority Standards and Interim Service Requirements.

VII. REFERENCES:

Michigan Department of Health and Human Services, Bureau of Substance Abuse and Addiction Services. *Treatment Policy # 07*. Subject: Access Management

System.
Michigan Department of Health and Human Services / Community Mental Health Services Programs*, Managed Mental Health Supports and Services Contract FY15*. Attachment C3.1.1.
Michigan Department of Health and Human Services *Medicaid Provider Manual*. Chapter: Mental Health/Substance Abuse. Sections 1 and 2.
Michigan Mental Health Code. Act 258 of 1974. Section 333.1100.
The Standards Group (TSG). *Access Technical Resource Manual*. Community Mental Health Services Programs. 10-28-2009.