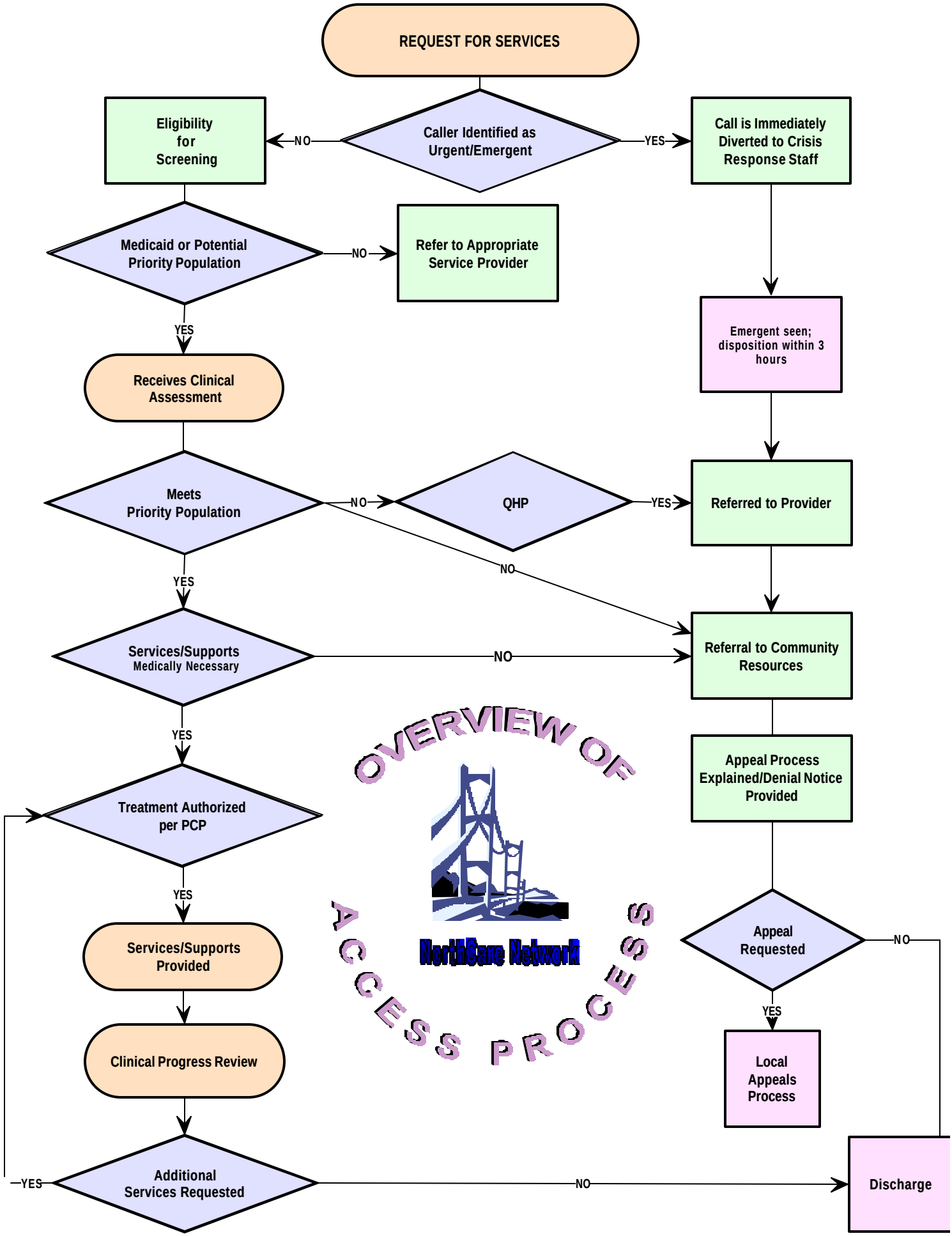
REQUEST FOR SERVICES
Caller Identified as Urgent/Emergent
NO
YES
Eligibility for Screening
Call is Immediately Diverted to Crisis Response Staff
Medicaid or Potential Priority Population
NO
Refer to Appropriate Service Provider
YES
Emergent seen; disposition within 3 hours
Receives Clinical Assessment
Meets Priority Population
NO
QHP
YES
Referred to Provider
NO
YES
Services/Supports Medically Necessary
NO
Referral to Community Resources
YES
Appeal Process Explained/Denial Notice Provided
OVERVIEW OF ACCESS PROCESS
NorthCare Network
Treatment Authorized per PCP
YES
Appeal Requested
NO
YES
Services/Supports Provided
Local Appeals Process
Clinical Progress Review
YES
Additional Services Requested
NO
Discharge