

NORTHCARE NETWORK

POLICY TITLE: Access Policy	EFFECTIVE DATE: June 26, 2002
DATE OF LAST REVIEW: (Reviewed with no changes or minimal text revisions.) 6/22/09	DATE OF LAST POLICY REVISION: (Revision to policy statement.) 04/01/11

POLICY

NorthCare Network's access systems function as the front doors for obtaining behavioral health services and they provide an opportunity for callers with perceived problems resulting from trauma, crisis, or problems with functioning to be heard, understood and provided with options including treatment and provider options. The Access System is expected to be available, accessible and welcoming to all individuals on a telephone and a walk-in basis.

All Michigan residents are assisted when contacting the access system. Individuals calling for mental health services or supports will be provided timely and welcoming access to eligibility screening.

Medicaid consumers are entitled to a choice of service providers, and shall be supported in exercising this choice.

Access to emergency services is provided through a 24 hour 7 day-a-week crisis support and referral system.

Individual calling for substance abuse services.

Individuals seeking routine outpatient services are encouraged to initiate access directly with the outpatient provider of their choice within the NorthCare Coordinating Agency Provider Network. Individuals may also call the NorthCare Central Diagnostic and Referral (CDR) office for outpatient provider information or referral.

Individuals seeking intensive outpatient or residential treatment may access services by contacting the NorthCare Central Diagnostic and Referral (CDR) office for screening to determine the appropriate level of care prior to entering an intensive level treatment program.

PURPOSE

The purpose of this policy is to outline requirements that will assist NorthCare Network's Access Unit, affiliate Community Mental Health Services Programs' (CMHSPs), NorthCare's Central Diagnostic and Referral (CDR), and Substance Abuse Providers' Access Unit and Network Providers to comply with Michigan Department of Community Health (MDCH) contract and Access System Standards. [Please reference PHIP/MDCH Contract Attachment P.3.1.1 Access System Standards.]

APPLIES TO

NorthCare Access Unit, CMHSPs, NorthCare CDR, and Substance Abuse Network Providers.

PROCEDURE

1. NorthCare Access Unit, NorthCare CDR, and all Network Providers have the responsibility to assess the need for Limited English Proficiency assistance and other reasonable accommodations at the time of access and facilitate identified needs.
2. Staff have the responsibility to know and perform the following key functions:
 - a) Welcome all individuals and facilitate their connection to the appropriate supports and services to meet their stated needs.
 - b) Screen individuals who approach the access system to determine whether they are in crisis, and if so, assure that they receive timely, appropriate attention.
 - c) Determine individuals' eligibility for Medicaid specialty services and supports, Adult Benefit Waiver (ABW), MIChild, and general fund CMHSP supports and.
 - d) Collect information from individuals for decision making and reporting purposes.
 - e) Refer individuals in a timely manner to the appropriate PIHP/CMHSP mental health or substance abuse providers for assessment, person-centered planning/ treatment planning, and/or supports and services; or if the individual is not eligible for PIHP/CMHSP services, to community resources that may meet their needs.
 - f) Inform individuals about all the available mental health and substance abuse services and providers and their due process rights under Medicaid, ABW, MIChild, the Michigan Mental Health Code, and the Michigan Public Health Code.
 - g) Provide outreach to under-served and hard-to-reach populations.
3. Access system staff shall first determine whether the presenting mental health need is emergent or routine and will address emergent need first.
 - a) Individuals presenting with real and imminent danger to self or others and/or require immediate diagnosis and treatment are considered an emergent situation and are immediately transferred to a qualified provider without requiring an individual to call back.
 - b) Individuals presenting as relatively stable and able to function in their current environment are screened for eligibility and if appropriate are scheduled for a face-to-face assessment.
4. Individuals who are denied services, are given an appropriate referral and verbally informed about the right to request a second opinion. A notice of denial for an initial assessment must also be given which includes specific contact information and instructions on appeal rights.

REFERENCES

- ✓ ~~Volume 42 Federal Code of Regulations~~ 42 CFR, Parts 431, 434, 438
- ✓ Michigan Mental Health Code, Act 258 of the Public Acts of 1974 as amended
- ✓ Michigan Public Act 368 of 1978 , Article 6 Substance Abuse, as amended
- ✓ MDCH Contract Requirements (Part II, Sec. 1)
- ✓ MDCH Application for Participation (AFP. Sec. 1.13.3)
- ✓ MDCH Medicaid Provider Manual, Chapter for Mental Health/Substance Abuse
- ✓ Michigan Association of Community Mental Health Boards Policy on Determination of CMHSP of Financial Responsibility
- ✓ NorthCare Utilization Management Plan
- ✓ NorthCare Benefit Plan for Individuals with Mental Illness and Individuals with Developmental Disorders
- ✓ NorthCare Substance Abuse Services Provider Manual
- ✓ NorthCare Accessibility and Accommodations Policy
- ✓ NorthCare Service Authorization Policy
- ✓ NorthCare Access Unit Procedure Manual
- ✓ MDCH/PIHP Contract Attachment P.3.1.1 – Access System Standards
- ✓ Access Management Standards for Substance Use Disorder Services

BOARD ADOPTED/REVIEWED DATE

5/4/05; 8/6/08; 6/1/11

COO APPROVAL

04/01/11

HISTORY

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