

NORTHCARE NETWORK

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PURPOSE

The purpose of this policy is to outline requirements that will assist NorthCare Network Providers to ensure Medicaid consumers receive timely access to appropriate services and are supported in exercising choice as to the provider of services. Timely access also requires the providers accommodate consumers with special needs. The requirements for meeting special needs are in a companion policy: NorthCare Accessibility and Accommodations Policy.

DEFINITIONS

Choice of Health Professional: Each provider must allow each consumer to choose his or her health professional to the extent possible and appropriate. {42 CFR Part 438 Subpart A 438.6(m)}

Denying or limiting services: The process for denying a service authorization or authorizing a service in an amount, duration, or scope that is less than requested. This decision can only be made by a health care professional who has appropriate clinical expertise in treating the enrollee's condition or disease. {Reference 42 CFR 434 Subpart D 438.210(b) (3)}

Health Care Professional: Definitions of the various health care professionals who may provide Medicaid services are outlined in the Michigan Department of Community Health (MDCH) Medicaid Provider Manual, Chapter for Mental Health /Substance Abuse, Section 2.4.

Limited English Proficiency (LEP): A consumer with limited English proficiency will be provided assistance in an alternative language format. This could include oral language translation; sign language; and other types of assistance necessary to fully understand how to access and utilize services.

NorthCare Accessibility and Accommodations Policy: The policy establishing the requirement for the CMHSPs and Substance Abuse Service Providers to have policies, procedures and practices that promote equal accessibility for all consumers.

Service authorization request means a managed care enrollee/guardian request for the provision of a service. {42 CFR 431.201}

POLICY

Medicaid consumers are entitled to a choice of service providers, and shall be supported in exercising this choice. NorthCare maintains standards for access to emergent and routine services in accordance with:

- Code of Federal Regulations implementing the Balanced Budget Act regarding Medicaid services
- Michigan Mental Health Code as amended through 2004

- Michigan Department of Community Health (MDCH) guidelines
- Policy on Determination of CMHSP of Financial Responsibility developed through the Michigan Association of Community Mental Health Boards (MACMHB)

Timely access to routine specialty mental health services or developmental disability supports for consumers is provided through the NorthCare Access Unit. Routine access to services for substance abuse is provided through outpatient substance abuse providers. For more intensive substance services, the NorthCare Central Diagnostic and Referral office (CDR) completes a level of care screening and makes appropriate referrals. Emergency services are provided through a 24 hour crisis support and referral system. Timely access may also require the providers to accommodate for consumers with special needs. NorthCare monitors compliance with these standards across the Upper Peninsula through the review of Performance Indicators, site reviews with local provider affiliates, and regional consumer grievance and appeals reports.

PROCEDURE

All providers have the responsibility to assess the need for Limited English Proficiency assistance at the time of access.

All staff providing access services have the responsibility to know and perform the following key functions:

1. Welcome all individuals and facilitate their connection to the appropriate supports and services to meet their stated needs.
2. Screen individuals who approach the access system to determine whether they are in crisis, and if so, assure that they receive timely, appropriate attention.
3. Determine individuals' eligibility for Medicaid specialty services and supports, Adult Benefit Waiver, MICHild, general fund CMHSP supports and services. Collect information from individuals for decision making and reporting purposes.
4. Refer individuals in a timely manner to the appropriate PIHP/CMHSP mental health or substance abuse practitioners 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.
5. 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.
6. Provide outreach to under-served and hard-to-reach populations.

Access to Services for Individuals with mental illnesses or developmental disabilities that meet the Medicaid Provider Manual Criteria for PIHP/CMHSP Specialty Services. (Attachment A.2.1)

NorthCare defines two acuity levels and access standards for each level:

Emergent Situations: Those clinical presentations which involve real and imminent danger to self or others and/or require immediate diagnosis and treatment. An assessment and disposition must be completed within three (3) hours.

Routine: Those situations in which the consumer presents as relatively stable and able

to function in their current environment, but may require services to improve functioning in one or more settings and/or to alleviate emotional distress, and/or to address significant behavioral disturbances; and/or to maintain functioning in the least restrictive setting. An initial assessment must be provided within 14 days of the initial request.

Routine CMHSP specialty mental health services are accessed through the NorthCare Access Unit. Any consumer or guardian may request routine services by calling their local provider or the NorthCare Access Unit during business hours. NorthCare will also take information from an individual acting on behalf of a consumer and make arrangements to complete a screening with the consumer.

If the caller desires, routine requests for services that are made after hours through Gryphon Place (Emergency After Hours Telephone Response) will be routed to the NorthCare Access Unit the next business day. The NorthCare Access Unit will attempt to contact the caller the next business day.

1. When a consumer or responsible party acting on behalf of a consumer initiates a request for services, they are asked to identify whether or not they are calling regarding an emergency. If identified as an emergent situation, the call is immediately diverted to crisis support staff at the local affiliate. If the call is identified as a routine request for services, the initial telephone screening identifies consumer demographics, potential funding sources, and referral information (including whether or not the member is referred by a primary Early Periodic Screening Diagnosis and Treatment (EPSDT) screener).
2. Consumers requesting access to services are screened for eligibility and either scheduled for an initial clinical assessment at the CMHSP or referred to a community provider.
3. The NorthCare Access Unit often handles calls from Medicaid recipients seeking services from another CMHSP other than through their Home Board. In these cases, the Access Screener will first determine if the caller meets the eligibility criteria for CMHSP services. If the caller does meet the criteria, an appointment is scheduled with the home Board, which is responsible for completing an initial assessment and initial plan of service and making arrangements as appropriate with the other CMHSP. If a consumer is reluctant to work with the home Board, the Access staff may refer the individual to recipient rights or suggest the consumer bring along an advocate to the initial assessment, or suggest the consumer meet with a peer support specialist prior to the assessment, to ensure that the desires and concerns of the consumer are expressed. For children located in a residential setting not in their home Board County, the home Board may choose to contract with the CMHSP near the residential setting for the initial assessment.
4. If denied services, a consumer is 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. Denial notices are tracked for regional trending and patterns by the Quality Council and Customer Services Committees. Staff denying services must meet the criteria given in the definition section for denying or limiting services.

5. The NorthCare Access Unit Procedure Manual provides the specific details for the day-to-day operations of the Access Unit.

Access to Services for Individuals seeking Substance Abuse Treatment

The eligibility criteria for access to services, whether outpatient or intensive, are in accordance with SAPT federal block grant regulations at CFR 96.131 and Sec. 6232 of Public Act 368 of 1978, as amended, and give preference for treatment admission as follows:

Priority One – Pregnant, injecting drug users

Priority Two – Pregnant substance users

Priority Three – Injecting drug users (injected a drug in the past 30 days)

Priority Four – A parent whose child has been removed or is in danger of being removed from the home under the Child Protection laws of Michigan because of the parent's substance abuse.

Priority Five – All other individuals

All Substance Abuse access staff will ensure that all consumers feel welcomed and are connected to the appropriate supports and services.

Outpatient Services: Consumers seeking outpatient substance abuse services will be encouraged to initiate access directly at the outpatient Medicaid provider of their choice within the NorthCare provider network. The providers are listed in the NorthCare Customer Handbook.

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

REFERENCES

- ✓ Volume 42 Federal Code of Regulations , Parts 431, 434, 438
- ✓ Michigan Mental Health Code as amended through 2004
- ✓ 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 Draft Access System Standards