

ATTACHMENT 2 NORTHCARE UM PLAN FY09/FY10
*NORTHCARE'S ACCESS SYSTEM**
(5/15/08)

It is the expectation of the Michigan Department of Community Health (MDCH) that Prepaid Inpatient Health Plans' (PIHPs) and Community Mental Health Services Programs' (CMHSPs) access systems are the front doors of their helping organizations and are available and accessible to all individuals who call or walk in. It is expected that the practices of the access system reflect the philosophies of support and care that promote person-centered, recovery-oriented, trauma-informed, and least restrictive environment philosophies.

Functions

The key functions of an access system are to:

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 (ABW), MIChild or other general fund CMHSP supports and services.
4. **Collect information** from individuals for decision-making and reporting purposes.
5. **Refer** individuals in a timely manner to the appropriate mental health practitioners for assessment, person-centered planning, and/or supports and services; or, if the individual is not eligible for PIHP or CMHSP services, to community resources that may meet their needs.
6. **Inform** individuals about all the available mental health and substance abuse services and providers and their due process rights under Medicaid, ABW, or MIChild, and the Michigan Mental Health Code.
7. **Conduct outreach** to under-served and hard-to-reach populations.

*This document is an adaptation of the Draft TSG's Access System Standards (3/5/08)

I. WELCOMING

- a. The organization's 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 service¹.
- b. The access system shall operate from 8:00-5:00pm on NorthCare work days. After hours, the counties crisis services will take calls and non-emergent calls will be called back on the next business day. Telephone lines are toll-free; accommodate Limited English Proficiency (LEP), and are accessible for individuals with hearing impairments².
 - i. 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 that their situation is not urgent or emergent.
 - ii. All crisis/emergent calls are immediately transferred to the CMHC crisis practitioner without requiring an individual to call back.
 - iii. For non-emergent calls, a person's time on-hold awaiting a screening must not exceed **five minutes** without being offered a callback option.
 - iv. All non-emergent callbacks must occur within **one business day** of initial contact.
- c. The access system shall provide a timely, effective response to all individuals who walk in.
 - i. For individuals who walk in with urgent or emergent needs³, an intervention shall be immediately initiated.
 - ii. Those individuals with routine needs are given phone access from the local CMHC site to the NorthCare A&E system within 10 minutes.
- d. The access system shall maintain the capacity to immediately accommodate individuals who present with:
 - i. LEP and other linguistic needs
 - ii. Diverse cultural and demographic backgrounds
 - iii. Visual impairments
 - iv. Alternative needs for communication
 - v. Mobility challenges⁴

¹ MDCH Specialty Pre-Paid Health Plan 2002 Application for Participation (AFP), Section 3.1

² 42 CFR 438.10 and 438.206. Michigan Mental Health Code, P.A. 258 of 1974 (MHC) 330.1206. MDCH/PIHP & CMHSP Contracts, Part II, Section 3.4.2. MDCH AFP, Section 3.1.8

³ For definition of emergent and urgent situations, see MHC 330.1100a and 1100d

⁴ 42 CFR 438.10. MDCH/PIHP & CMHSP Contracts, Part II, Section 3.4.2. MDCH AFP, Section 3.1.8

- e. The access system shall address financial considerations, including county of financial responsibility 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.⁵
- f. The access system shall inform callers as to their eligibility and authorization for a full assessment at their local CMHC or the reason why they are not eligible and appropriate referral resources.

II. SCREENING FOR CRISIS

- a. 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.
- b. The organization 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 services⁶. The organization 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 applicable⁷.
- c. The access system shall make reasonable efforts to ensure that informed consent has been obtained from the person (or their legal representative) prior to the screening and assessment process⁸. This includes an inquiry as to the existence of any established medical or psychiatric advance directives relevant to the provision of services⁹.
- d. The organization shall assure coverage and provision of post stabilization services for Medicaid beneficiaries once their crises are stabilized¹⁰. Individuals who are not Medicaid beneficiaries, but who need mental health services and supports following crisis stabilization, shall be referred back to the access system for assistance.

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

⁵ 42 CFR 438.114

⁶ MDCH Administrative Rule 330.2006

⁷ MHC 330.1206 and 1409

⁸ MDCH/PIHP & CMHSP Contracts, Part I, Section 14.0

⁹ 42 CFR 438.6

¹⁰ 42 CFR 438.114. MDCH/PIHP Contract, Part I, Section I

- a. The organization shall ensure access to public mental health services in accordance with the MDCH/PIHP and MDCH/CMHSP contracts¹¹ and:
 - i. The Mental Health and Substance Abuse Chapter of the Medicaid Provider Manual, if the individual is a Medicaid beneficiary.
 - ii. The Adult Benefits Waiver (ABW) Chapter of the Medicaid Provider Manual, if the individual is an ABW beneficiary.
 - iii. The MIChild Provider Manual if the individual is a MIChild beneficiary.
 - iv. The Michigan Mental Health Code, if the individual is not eligible for Medicaid, ABW, or MIChild¹². CMHSPs 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, MDCH 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)¹³, will be served as long as funds are available.
- b. The organization shall ensure access to public substance abuse treatment services in accordance with the MDCH/PIHP and MDCH/Substance Abuse Coordinating Agency (CA) contracts¹⁴ and:
 - i. The Mental Health and Substance Abuse Chapter of the Medicaid Provider Manual, if the individual is a Medicaid beneficiary.
 - ii. The Adults Benefits Waiver Chapter of the Medicaid Provider Manual, if the individual is an ABW beneficiary.
 - iii. The MIChild Provider Manual if the individual is a MIChild beneficiary.
 - iv. The priorities established in the Michigan Public Health Code, if the individual is not eligible for Medicaid, ABW, or MIChild¹⁵.
- c. The organization shall ensure that admission criteria are based on eligibility criteria in parts III.a and III.b. above, and are valid, reliable, and uniformly administered¹⁶.
- d. The organization shall be capable of providing the Early Periodic Screening, Diagnostic and Treatment (EPSDT) corrective or ameliorative

¹¹ MDCH/PIHP & CMHSP Contracts, Part II, Section 3

¹² MHC 330.1208

¹³ The **Diagnostic and Statistical Manual of Mental Disorders (DSM)** is an American handbook for mental health professionals that lists different categories of mental disorders and the criteria for diagnosing them, according to the publishing organization the American Psychiatric Association.

¹⁴ MDCH/CA contract, Attachment A, Statement of Work, and Attachment E, Methadone Enrollment Criteria and Access Management Policy.

¹⁵ Public Health Code P.A. 368 of 1978 333.6100 and 6200 and MDCH Administrative Rule 325.14101

¹⁶ MDCH AFP, Section 3.1.5

services that are required by the MDCH/PIHP specialty services and supports contract¹⁷.

- e. When clinical screening is conducted, the access system shall provide a written (hard copy or electronic) screening decision of the person's eligibility for admission based upon established admission criteria. The written decision shall include:
 - i. Identification of presenting problem(s) and need for services and supports.
 - ii. Initial diagnosis that qualifies the person for public mental health and substance use disorder services and supports.
 - iii. Legal eligibility and priority criteria (where applicable).
 - iv. Documentation of any emergent or urgent needs and how they were immediately linked for crisis service.
 - v. Identification of screening disposition.
 - vi. Rationale for system 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 organization shall not deny an eligible individual a service because of individual/family income or third-party payer source¹⁸.
- 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, ABW or MICHild, is placed on a 'waiting list' and why¹⁹.

IV. 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 substance use disorders).
- b. The access system shall have procedures for coordinating information between internal and external providers, including Medicaid Health Plans and primary care physicians²⁰.

V. REFERRAL TO PIHP or CMHSP PRACTITIONERS

- a. The access system shall assure that applicants are offered appointments for assessments with mental health professionals of their choice within the

¹⁷ MDCH/PIHP Contract, Part II, Section 3.4.3. Michigan Medicaid Provider Manual, Practitioner Chapter

¹⁸ MCH 330.1208

¹⁹ MHC 330.1226

²⁰ 42 CFR 438.208

MDCH/PIHP and CMHSP contract-required standard timeframes²¹. 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, the individual with mental health needs has access to the person-centered planning process²².

VI. 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 Plans²³.
- b. The access system shall refer individuals who request mental health or substance abuse services but who are neither eligible for Medicaid, ABW, or MICHild mental health and substance abuse services, nor who meet the Michigan Mental Health Code criteria for public mental health 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 it²⁴.

VII. INFORMING INDIVIDUALS

a. General

- i. The access team shall provide information about, and help people connect as needed with, the organization's Customer Service Unit, peer supports specialists and 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 appropriate²⁵.

b. Rights

- i. The access system shall provide Medicaid, ABW and MICHild beneficiaries' information about the local dispute resolution process and the state Medicaid Fair Hearing process²⁶. When an individual is determined ineligible for Medicaid specialty service and supports, ABW or MICHild mental health services, he/she is notified both verbally and in-writing of the right to request a second opinion;

²¹ Choice of providers: 42 CFR 438.52. MDCH/PIHP & CMHSP Contracts, Part II, Section 3.4.4. Timeframes for access: Section 3.1

²² MDCH AFP, Section 3.2. MDCH/PIHP & CMHSP Contracts, Part II, Section 3.4.1 and Attachment 3.4.1.1

²³ 42 CFR 438.10

²⁴ MDCH AFP, Section 2.9

²⁵ MDCH AFP, Section 2.9

²⁶ 42 CFR 438.10. MDCH/PIHP Contract, Part II, Section 6.3.2 and Attachment 6.3.2.1

and/or file an appeal through the local dispute resolution process; and/or request a state Fair Hearing.

- ii. The access system shall provide individuals with mental health needs or persons with co-occurring substance use/mental illness with information regarding the local community mental health Office of Recipient Rights (ORR)²⁷. The access system shall provide individuals with substance use disorders, or persons with co-occurring substance use/mental illness with information regarding the local substance abuse coordinating Office of Recipient Rights²⁸.
- iii. 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 the local dispute resolution process²⁹.
- iv. 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 eligibility determination, if requested³⁰.
- v. The access system shall ensure the person and any referral sources (with the person's consent) are informed of the reasons for denial, and shall recommend alternative services and supports or disposition³¹.

c. Services and Providers Available

- i. 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 them³².
- ii. 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 LEP³³.

VIII. ADMINISTRATIVE FUNCTIONS

- a. The organization shall have written policies, procedures and plans that demonstrate the capability of its access system to meet the standards herein.

²⁷ MHC 330.1706

²⁸ MDCH Administrative Rules 325.14302

²⁹ MHC 330.1706, MDCH/CMHSP Contract, Part II, Attachment 6.3.2.1

³⁰ MDCH/PIHP & CMHSP Contract, Part II, Section 3.4.5

³¹ 42 CFR 438.10

³² 42 CFR 438.10, MDCH/PIHP Contract, Part II, Section 6.3.3. MDCH AFP, Section 3.1.1

³³ 42 CFR 438.10, MDCH/PIHP Contract, Part II, Section 6.3.3

b. Community Outreach and Resources

- i. The organization shall have an active outreach and education effort to ensure the network providers and the community are aware of the access system and how to use it.
- ii. The organization shall have a regular and consistent outreach effort to commonly un-served 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 women³⁴.
- iii. The organization shall assure that the access system staff 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.
- iv. The organization shall maintain linkages with the community's crisis/emergency system, liaison with local law enforcement, and have a protocol for jail diversion.

c. Oversight and Monitoring

- i. The organization's Medical Director shall be involved in the review and oversight of access system policies and clinical practices.
- ii. The organization shall assure that the access system staff are qualified, credentialed and trained consistent with the Medicaid Provider Manual, MICHild Provider Manual, the Michigan Mental Health Code, the Michigan Public Health Code, and this contract³⁵.
- iii. The organization shall have mechanisms to prevent conflict of interest between the coverage determination function and access to, or authorization of, services.
- iv. The organization shall monitor provider capacity to accept new individuals, and be aware of any provider organizations not accepting referrals at any point in time³⁶.
- v. The organization 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.
- vi. The organization shall assure that the access system maintains medical records in compliance with state and federal standards³⁷.
- vii. The organization staff shall work with individuals, families, local communities, and others to address barriers to using the access system, including those caused by lack of transportation³⁸.

³⁴ MDCH AFP, Section 3.1.2

³⁵ 42 CFR 438.214. MDCH/PIHP Contract, Part II, Attachment 6.7.1.1

³⁶ 42 CFR 438.10

³⁷ Michigan Medicaid Provider Manual, General Information Chapter, Section 13.1

³⁸ MDCH AFP, Section 3.1.10

d. Waiting Lists

- i. The organization shall have policies and procedures for maintaining a waiting list for individuals not eligible for Medicaid, ABW or MICHild, and who request community mental health services but cannot be immediately served³⁹. The policies and procedures shall minimally assure:
 1. No Medicaid, ABW and MICHild beneficiaries are placed on waiting lists for any medically necessary Medicaid, ABW or MICHild service.
 2. A waiting list will be used when the organization cannot meet the mental health needs of its priority populations who are not eligible for Medicaid, ABW, or MICHild⁴⁰.
 3. A waiting list will be used when the organization cannot meet the mental health needs of any other person with a diagnosis found in the most recent DSM, who is not eligible for Medicaid, ABW, or MICHild, and requests mental health services.
 4. Maintenance of a waiting list for specific program services for any person not eligible for Medicaid, ABW, or MICHild, but with a serious mental illness, serious emotional disturbance, or developmental disability who cannot access a specific mental health service.
 5. Use of a defined process, consistent with the Mental Health Code, to prioritize any service applicants and recipients on its waiting list.
 6. Use of a defined process to contact and follow-up with any individual on a waiting list who is awaiting a mental health service.
 7. Reporting, as applicable, of waiting list data to MDCH as part of its annual program plan submission report in accordance with the requirements of the Mental Health Code.
 8. Report annual community needs assessment from A&E contacts and outreach activities to each of five local U.P. CMHSP Boards.

³⁹ MHC 330.1124

⁴⁰ MHC 330.1208