

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Access System Standards	Chapter: 05 - Organizational Management	Subject No: 05.04.04
Effective Date: 6/1/10	Date of Review/Revision: 8/19/15, 3/14/17, 3/14/18, 9/10/19, 2/28/20, 3/31/21, 3/21/22, 2/27/23, 3/7/24, 3/28/25, 2/25/26	Approved By: Sandra M. Lindsey, CEO
	Supersedes:	Responsible Director: Kristie Wolbert, Executive Director of Clinical Services and Programs
 SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Kim Hall Additional Reviewers: Monique Taylor-Whitson, Lauri Brown, Clinical Directors

Purpose:

This policy ensures that SCCMHA performs access system functions within standards of practice established by the Michigan Department of Health and Human Services (MDHHS), Midstate Health Network (MSHN) and all other regulatory bodies.

Policy:

All access system functions will adhere to standards described here-in and these standards shall be derived from comprehensive summary of contractual and regulatory requirements.

Application:

This policy shall be implemented by the Executive Director of Clinical Services and Programs in all operations which regulate access to services.

Standards:

- Access System shall be made available and accessible to all individuals on a telephone and walk-in basis 24 hours per day, 7 days per week. These services are provided through a collaborative approach by the Central Access and Intake (CAI), Crisis Intervention Services (CIS) and Mobile Response and Stabilization Services (MRSS) departments.
- Access System shall ensure that callers encounter no telephone “trees” and are not put on hold or sent to voicemail until they have spoken with a live representative, and it is determined that their situation is not urgent.
- Access System shall be welcoming to each individual who presents for services by demonstrating empathy and providing opportunity for the person presenting to describe

situations, problems and functioning difficulties, while exhibiting excellent customer service skills, and working with them in a non-judgmental way.

- Access System will screen individuals who approach for services to determine whether they are in crisis and, if so, assure they receive timely, immediate attention by the Crisis department.
- Access System will determine individuals' eligibility for Medicaid specialty services and supports, Healthy Michigan Program (HMP), MI Child, or, for those who do not have any of these benefits as a person presenting needs for mental health services, make them a priority to be served.
- Access Systems to complete eligibility screens to provide a disposition for an initial biopsychosocial assessment to be completed.
- Access System will collect information from individuals for decision-making and reporting purposes.
- Access Systems will obtain insurance benefit information and applicable diagnosis to determine persons seeking treatment ability to participate in the Certified Community Behavioral Health Clinic (CCBHC) services.
- Access System will refer individuals to the appropriate mental health practitioners for assessment, person-centered planning, and/or supports and services; or, if the individual is not eligible for SCCMHA services, to community resources that may meet their needs.
- Access System will inform individuals about all the available mental health and substance abuse services and providers and their due process rights under Medicaid, HMP, or MI Child, and the Michigan Mental Health Code.
- Access System will offer the waiting list to non-Medicaid, non-HMP, and non-MI Child person served who do not meet the eligibility screening criteria for services, as applicable. Please refer to policy titled "Waiting List" for further information.
- Access System will conduct outreach to under-served and hard-to-reach populations and be accessible to the community-at-large.

Definitions:

None

References:

MDHHS Technical Requirements on Access Standards, Contract Attachment C.3.1.1-February 2014

Mid-State Health Network: Access System Policy 701, 11.22.13

Exhibits:

Exhibit A: Access Eligibility Screening

Procedure:

ACTIONS	RESPONSIBLE
1) Access System Services shall be available to all residents of the State of Michigan,	1) Central Access and Intake Crisis Intervention, MRSS

4) The Access System shall maintain capacity to immediately accommodate individuals who present with LEP, diverse cultural and demographic backgrounds, visual impairments, alternative needs for communication and mobility challenges.	4) Central Access and Intake Hospital Diversion Specialist, Crisis Intervention Specialist
5) 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) Central Access and Intake Hospital Diversion Specialist, Crisis Intervention Specialist
6) The Access System shall provide applicants with a summary of their rights guaranteed by the Michigan Mental Health Code, including information about their rights to the person-centered planning process and assure that they have access to the pre-planning process as soon as screening and coverage determination processes have been completed.	6) Central Access and Intake Hospital Diversion Specialist, Crisis Intervention Specialist
<u>Determining Coverage Eligibility for Public Mental Health Services</u>	
1) The Access System shall provide an electronic screening decision of the person's eligibility for admission based upon established admission criteria. The written decision shall include: a) Identification of presenting problem(s) and need for services and supports	1) Central Access and Intake Hospital Diversion Specialist

b) Initial identification of population group (DD, MI, SED, or SUD) that qualifies the person for public mental health services. c) Documentation of any emergent or urgent needs and how they were immediately linked for crisis service d) Identification of screening disposition 2) Rationale for system admission or diversion. 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. 3) SCCMHA shall not deny an eligible individual a service because of individual/family income or third-party payer source. 4) The Access System shall document the referral outcome and source, either in-network or out-of-network. 5) The Access System shall document when a person with mental health needs, but who is not eligible for Medicaid, HMP or MI Child, is placed on a waiting list and why. 6) Access System to obtain insurance benefit information and applicable diagnosis to determine persons seeking treatment ability to participate in the Certified Community Behavioral Health Clinic (CCBHC) services.	2) Central Access and Intake Hospital Diversion Specialist 3) Central Access and Intake Hospital Diversion Specialist 4) Central Access and Intake Hospital Diversion Specialist, Entitlement Specialist 5) Central Access and Intake Hospital Diversion Specialist, Entitlement Specialist 6) Central Access and Intake Hospital Diversion Specialist
<u>Collecting Information</u> 1) The Access System shall avoid duplication of screening and assessments by using assessments already performed. Information gathered during the screening process is available to the provider receiving the referral, thru the Sentri electronic medical record. 2) The Access System shall have procedures for coordinating information between internal and external providers, including Medicaid Health Plans and primary care physicians. <u>Referral to PIHP or CMHSP Practitioners</u>	1) Central Access and Intake Hospital Diversion Specialist, Provider Network

1) The Access System shall assure that applicants are offered appointments for assessments with mental health providers of their choice within the MDHHS/PIHP/MSHN and CMHSP contract-required standard timeframes. Staff follow-up is required to ensure the appointments occurred. 2) The Access System shall ensure that, at the completion of the screening and coverage determination process, individuals who are accepted for services have access to the person-centered planning process. 3) The Access System shall ensure that the referral of individuals with co-occurring mental illness and substance abuse disorders to PIHP or CMHSP or other practitioners must be in compliance with confidentiality requirements of 42 CFR.	2) Central Access and Intake Hospital Diversion Specialist, Provider Network
	1) Central Access and Intake Hospital Diversion Specialist, Care Management, Provider Network
	2) Central Access and Intake Hospital Diversion Specialist, Care Management, Provider Network
<u>Referral to Community Resources</u> 1) 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 Plans or Medicaid fee-for-service providers. 2) The Access System shall refer individuals who do not meet the priority population to be served criteria in the Michigan Mental Health Code or the Mild to Moderate program through CCBHC to alternative mental health treatment services available in the community. 3) The Access System shall provide referrals to Mid-State Health Network substance abuse treatment providers when person served is requesting detox/withdrawal management. All CAI and CIS staff shall be registered users of REMI, the MSHN SUD electronic UM record.	3) Central Access and Intake Hospital Diversion Specialist
	1) Central Access and Intake Hospital Diversion Specialist, Family Guide Representative
	2) Central Access and Intake Hospital Diversion Specialist, Crisis Intervention Specialist, Family Guide Representative

4) 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 it.	3) Central Access and Intake Hospital Diversion Specialist, Crisis Intervention Specialist, Family Guide Representative
<u>Informing Individuals</u> <u>General</u> 1) The Access System shall provide information about, and help people connect as needed with, the organization's Customer Services Department; peer supports specialist and family advocates; and local community resources, such as: transportation services, prevention programs, local community advocacy groups, self-help groups, and other avenues of support, as appropriate. <u>Rights</u> 1) The Access System shall provide Medicaid, HMP and MI Child beneficiaries information about local dispute resolution process and the state Medicaid Fair Hearing process. When an individual is determined ineligible for Medicaid specialty service and supports, HMP or MI Child mental health services, he/she is notified both verbally and in-writing of the right to request a second opinion; and/or file an appeal through the local dispute resolution process; and/or request a state Fair Hearing. 2) The Access System shall provide individuals with mental health needs with information regarding the Office of Recipient Rights (ORR). 3) Non-Medicaid beneficiaries are notified of the right under the Mental Health Code to request a second opinion and local dispute resolution process thru the Office of Recipient Rights (ORR).	
4) Central Access and Intake Hospital Diversion Specialist, Family Guide Representative 1) Central Access Intake and Hospital Diversion Specialist, Family Guide Representative 1) Central Access and Intake Hospital Diversion Specialist, Entitlement Specialist 2) Central Access and Intake Hospital Diversion Specialist, Family Guide Representative	

4) Insured, uninsured, and commercially insured individuals seeking services are provided with an Ability to Pay (ATP)/ Sliding Fee Scale to complete to assist with determining reduced cost of treatment for their mental health needs. 5) The Access System shall schedule and provide for a timely second opinion, when requested, from a qualified health professional at no cost. The person has a right to a face-to-face determination, if requested. 6) The Access System shall ensure the person and any referral source (with the person's consent) are informed of the reasons for denial, both verbally and in-writing. <u>Administrative Functions</u> 1) SCCMHA 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. 2) SCCMHA has a regular and consistent outreach effort to commonly unserved and underserved populations, as described in the Eligibility Policy, Exhibit A, "Table of Priority Populations". 3) SCCMHA 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. 4) SCCMHA shall maintain linkages with the community's crisis/emergency system, liaison with local law enforcement, and have a protocol for jail diversion. 5) SCCMHA's Medical Director is involved in the review and oversight of the Access System policies and clinical practices.	3) Central Access and Intake Hospital Diversion Specialist Family Guide Representative Peer Support Specialist 4) Central Access and Intake Hospital Diversion Specialist 5) Crisis Intervention Specialist, CIS Coordinator 6) Central Access and Intake Hospital Diversion Specialist, Crisis Intervention Specialist 1) Executive Director of Clinical Services and Programs 2) Executive Director of Clinical Services and Programs 3) Executive Director of Clinical Services and Programs, Central Access and Intake Supervisor, Crisis Intervention Supervisor
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6) SCCMHA will ensure Access staff are qualified, credentialed and trained consistent with the Medicaid Provider Manual, MI Child Provider Manual, and the Michigan Mental Health Code. 7) SCCMHA shall monitor Access Center performance and implement quality improvement measures in response to performance issues. 8) SCCMHA shall monitor provider capacity to accept new individuals, and be aware of any network providers not accepting referrals at any point in time. 9) SCCMHA 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. 10) SCCMHA shall work with individuals, families, local communities, and others to address barriers to using the access system, including those caused by lack of transportation.	4) Executive Director of Clinical Services and Programs, Central Access and Intake Supervisor, Crisis Intervention Supervisor 5) Medical Director, Executive Director of Clinical Services and Programs, and Director of Enhanced Health and Integration 6) Executive Director of Clinical Services and Programs 7) Chief of Quality Information and Compliance 8) Director of Network Services, Director of Care Management 9) Chief of Quality Information and Compliance
<u>Waiting Lists</u> 1) SCCMHA shall have policies and procedure for maintaining a waiting list for individuals not eligible for Medicaid, HMP or MI Child, and who request community mental health services but cannot be immediately served. <i>Please refer to "Waiting Lists" Policy # 03.01.01.06"</i>	10) Executive Director of Clinical Services and Programs,

Exhibit A: Access Eligibility Screening



Eligibility Assessment



IDENTIFYING INFORMATION				
NAME	DOB	AGE	CASE #	GENDER
Consumer W. Twelve	07/04/2003	20	000000012	Male
ADDRESS				
1021 Burt St., SAGINAW, MI 48607				

DATE 04/08/2024 TIME 10:00AM

PRESENTING PROBLEM(S)/DISABILITY (INCLUDING HX)
Presenting Problem including symptoms of anxiety, depression, psychosis, substance abuse or behavioral issues. Any current mental health medications.

MH TREATMENT HISTORY
Mental Health History including admission or out-patient services for mental health or substance abuse, Any diagnosis that has been previously given and the source, Any history of abuse or trauma, Any special services in educational or legal setting.

DISPOSITION/DESIGNATION INCLUDING DURATION, INTENSITY AND LEVEL OF FUNCTIONING

☐ DD
☐ Child

APPOINTMENT

PROGRAM

☐ Consumer requested an appointment outside of 14 days of this intake
☐ Appointment outside 14 days due to no appointment available

REASON FOR APPOINTMENT OUTSIDE OF 14 DAYS OF THIS INTAKE

ENTRY TO TREATMENT (BH-TEDS)

TIME TO TREATMENT

PRIOR TREATMENT EPISODES

PREGNANT ON SERVICE START DATE

N/A - male adult or prepubescent child

REFERRAL SOURCE

DEMOGRAPHICS**CORRECTIONS / LEGAL STATUS**

LEGAL RELATED STATUS

Not under jurisdiction of corrections or law enforcement program;
 No juvenile justice involvement

ARRESTS IN PAST 30 DAYS

☐ Not collected (crisis only, unknown, other exception, etc.)

JUVENILE JUSTICE INVOLVEMENT AT UPDATE OR DISCHARGE

None

YOUTH PRIOR LAW ENFORCEMENT HISTORY

None

YOUTH PRIOR JUVENILE JUSTICE HISTORY

None

DESIGNATIONS

IDD DESIGNATION

☐ Yes ☒ No ☐ Not Evaluated

MI OR SED DESIGNATION

☒ Yes ☐ No ☐ Not Evaluated

DETAILED SMI OR SED STATUS

☒ SMI ☐ SED ☐ Neither SMI nor SED ☐ Not Evaluated

CO-OCCURRING DISORDER/INTEGRATED SUBSTANCE USE AND MENTAL HEALTH TREATMENT

☐ Yes, client with co-occurring SU and MH problems is being treated with an integrated Tx plan by an integrated team☐ No, client does NOT have a co-occurring SU and MH problem☒ Client with co-occurring SU and MH problems is NOT currently receiving integrated treatment☐ Not collected (crisis only, unknown, other exception, etc.)**EDUCATION**

EDUCATION LEVEL

Grade 11

CURRENTLY IN MAINSTREAM SPECIAL EDUCATION

No

SCHOOL ATTENDANCE STATUS

No, client has not attended school at any time in the past 3 months

EMPLOYMENT / FINANCIAL

EMPLOYMENT STATUS

Not in competitive, integrated labor force

DETAILED 'NOT IN COMPETITIVE, INTEGRATED LABOR FORCE'

Individual chooses not to work or participate in any of the above-listed activities due to their current disability symptoms.

MINIMUM WAGE

N/A - Individual is not working

TOTAL ANNUAL INCOME

\$ 0

NUMBER OF DEPENDENTS

1

☐ Not collected (crisis only, unknown, other exception, etc.)☐ Not collected (crisis only, unknown, other exception, etc.)

ENROLLED IN SDA, SSI OR SSDI

☐ Yes ☒ No ☐ Not collected (crisis only, unknown, other exception, etc.)

WORK/TASK HOURS (TOTAL IN THE PAST 2 WEEKS) N/A for selected employment status		EARNINGS PER HOUR (IN THE PAST 2 WEEKS) N/A for selected employment status	
MARITAL STATUS Never Married			
RACE / ETHNIC ORIGIN		HISPANIC OR LATINO ETHNICITY	
White		Not of Hispanic or Latino origin Unknown Cuban	
RESIDENTIAL LIVING ARRANGEMENT			
LIVING ARRANGEMENTS Homeless			
VETERAN / MILITARY INFORMATION			
CONSUMER OR FAMILY MILITARY SERVICE No			
MOST RECENT MILITARY SERVICE ERA Not applicable - No military service		BRANCH SERVED IN Not applicable - No military service	
CONSUMER/FAMILY ENROLLED IN/CONNECTED TO VA/VETERAN RESOURCES/OTHER SUPPORT & SERVICE ORGANIZATIONS No			
VETERAN STATUS Not a veteran			

LOCUS	
LOCUS COMPOSITE SCORE	ASSESSMENT DATE

DIAGNOSIS				
	ICD-10	Description	Status Date	Status
Pri	F41.1	Generalized anxiety disorder (DSM-5)	04/01/2024	Active
Sec	F33.2	Major depressive disorder, Recurrent episode; Severe (DSM-5)	04/01/2024	Active
Ter	F43.10	Posttraumatic stress disorder (DSM-5)	04/03/2024	Rule Out
Quat	F34.1	Persistent depressive disorder (dysthymia) (DSM-5)	04/05/2024	Active
Diagnostic Summary				
Additional Information				
DIAGNOSIS MADE BY			EFFECTIVE DATE	

SUD SUBSTANCES (SA OR MH/INTEGRATED TX EPISODES)				
Substance Rank	Substance	Route of Administration	Frequency of Use	Age at First Use
PRIMARY		N/A	N/A	N/A
SECONDARY		N/A	N/A	N/A
TERTIARY		N/A	N/A	N/A
MEDICATION-ASSISTED OPIOID THERAPY ☐ Yes ☐ No ☒ Not Applicable ☐ Not collected (crisis only, other exception, etc.)				
ATTENDANCE AT SUBSTANCE USE SELF-HELP GROUPS IN PAST 30 DAYS ☐ Not collected (crisis only, unknown, other exception, etc.)				

0 SERVICE ACTIVITY LOGS

04/09/2024



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SIGNATURES

STAFF SIGNATURE / CREDENTIALS

DATE

COUNTER SIGNATURE / CREDENTIALS

DATE

