


CHAPTER: 4	SECTION: 9	SUBJECT: INDIVIDUAL CARE TO CONSUMERS
TITLE: ACCESS PROCESS		
EFFECTIVE DATE: 03/31/2011	REVISED DATE: 6/11/12; 8/23/13; 11/1/13; 8/5/14; 9/2/16	
ISSUED AND APPROVED BY:  EXECUTIVE DIRECTOR		

I. POLICY:

It is the policy of the Access Center to ensure that all eligible consumers receive timely, appropriate and high quality services while minimizing unnecessary, inappropriate and ineffective utilization of resources.

II. PURPOSE:

To ensure that the organization has a system in place to allow for eligible individuals to receive mental health services that are high quality, timely and clinically appropriate to their individual needs.

III. DEFINITIONS:

- A. **Assessment and Diagnostic Tools**: Includes structured interview tools such as the MINI, SCID II and C-SSRS, as well as level of care tools such as the LOCUS and CAFAS.
- B. **Eligibility Assessment**: Face-to-face assessment conducted by a clinician with the use of structured interview and other assessment tools to determine diagnosis, level of care need, and eligibility for CMH services and/or appropriateness of other referral resources
- C. **Emergent Situation**: One in which an individual is at imminent risk due to the potential for physical injury to self or another person, inability to attend to food, clothing, shelter or basic physical activities, or impaired judgment leading to the inability to understand the need for treatment, resulting in physical harm to self or others.
- D. **Initial Service Request**: Telephone or face to face review by Access Center staff of an individual's needs.
- E. **Medically Necessary**: Refers to services that are: necessary for screening and assessing the presence of a mental illness, developmental disability or substance use disorder

and/or required to identify and evaluate a mental illness, developmental disability or substance use disorder and/or intend to treat, ameliorate, diminish or stabilize the symptoms of mental illness, developmental disability or substance use disorder and /or expected to arrest or delay the progression of a mental illness, developmental disability or substance use disorder and/or designed to assist the beneficiary to attain or maintain a sufficient level of functioning in order to achieve his goals of community inclusion and participation, independence, recovery or productivity.

- F. **Routine Situation:** One in which an individual presents a mental illness which has a significant negative impact on his or her ability to perform effectively in major aspects of their life, but does not put them at immediate risk for harm.
- G. **Waiting List:** A list of individuals who meet eligibility criteria, but due to resource shortages the service is not available.

IV. PROCEDURE:

- A. The Access line services residents of Ottawa County.
- B. Current hours of operation are Monday through Friday, 8:00 AM to 5:00 PM. After hours calls to the Access Center are forwarded to an answering service. A message is taken for routine calls and the call is returned next business day by Access Center staff. Emergent calls are immediately transferred to crisis services.
- C. Access Center Staff will respond to service requests in accordance with DCH Access System Standards. Utilizing a welcoming manner and empathic listening skills, staff will provide consumers an opportunity to explain their situation, problems and needs. Staff will immediately determine the consumer's intensity of need for services, which will be classified as emergent, urgent, or routine.
- D. If the consumer is geographically located in Ottawa County and in need of crisis services in response to an emergent or urgent need, his or her care will be immediately referred to the CMHOC Crisis Team. The Crisis Team, operating within state guidelines for response time (i.e. screening disposition within 3 hours), will evaluate and arrange for an appropriate disposition including inpatient, partial hospitalization, crisis residential, crisis stabilization services or referral to other internal or external service providers. Persons with HMO insurance will be referred to their gatekeeper for response to all behavioral health needs, including urgent care.
- E. Once a service request is determined to be routine, (or if emergent/urgent needs have been adequately addressed), staff will determine:
 - 1. County of residency- non county residents will be referred to their county CMH or other appropriate resources.

2. Whether the desired service is provided by CMHOC- specific requests for such services as marriage counseling, substance abuse only treatment, psychological testing only or any other service not provided by the agency will be referred to other community resources.
- F. At the time of the initial service request, Access Center staff record the following information in the Avatar PM Access episode: consumer name, gender, date of birth, social security number, address, phone number, primary language spoken, parent or guardian information, insurance information and presenting problem.
 - G. If the caller is seeking services provided by CMHOC, an appointment for an eligibility screening assessment will be scheduled with an Access Center clinician within 14 days of the date of the service request. The consumer will be directed to arrive 15 minutes early to complete the mental health intake form. The consumer will be informed that they may bring someone (relative, friend, etc.) to the assessment if they wish. They are also advised to plan on up to 2 hours for the complete assessment process.
 - H. The Eligibility Screening Assessment is conducted face-to-face by a Licensed, Masters level Access Center clinician using assessment and diagnostic tools. All available sources of information, including the interview with the consumer, input from family or other third parties, treatment records, etc. are considered by the clinician in the completion of the assessment. Eligibility determination and disposition for adults and children with mental illness is based primarily on diagnosis, level of functioning, and insurance status. Eligibility determination and disposition for individuals with a developmental disability is based on Developmental Disability Services Eligibility Criteria, insurance status, and level of care needed.
 - I. Individuals found eligible for services are referred to the appropriate treatment program and scheduled for an initial appointment within 14 days of the date eligibility was determined.
 - J. Individuals with less severe and persistent forms of mental illness that meet clinical eligibility with insurance status other than Medicaid or MICHild, but due to resource shortages, CMHOC is unable to serve, will be placed on the waiting list and assisted with the Medicaid/Healthy Michigan Plan application process. They may also receive short term transitional services by Access Center clinicians as needed. No person eligible for services through Medicaid or MICHild programs will be placed on waiting lists for any medically necessary service.
 - K. Individuals found not eligible for services are eligible for alternative services provided by Access Center clinicians that include up to 3 follow-up stabilization sessions. They are given referral information and assistance with connecting with community providers and resources. A notice of rights and appeal information is given to those not eligible.

- L.** With the individual's permission, coordination of care information is sent to their primary care physician.
- M.** The essential information from the assessment: presenting problem, diagnosis, LOCUS or CAFAS score, insurance information, eligibility determination and disposition is documented in the Eligibility Assessment Report on the Avatar clinician work station.

V. SPECIAL POPULATIONS:

- A.** Children and families are served by staff that are specially educated and trained to provide diagnostic and treatment services to this population.
- B.** Individuals in need of school to community transition, when requested to do so by the school personnel, will participate in school to community transition planning for eligible students with disabilities from special education programs when the student is 16 years of age or older and within 2 years of completing school. CMHOC services will be directed to individuals with the most severe forms of serious mental illness, serious emotional disturbance and developmental disability.
- C.** Nursing home residents that are located in Ottawa County and deemed in need of CMH specialized services by an OBRA Level II evaluation will be scheduled for an eligibility screening at the nursing facility.
- D.** Children who have been identified as requiring mental health services through the EPSDT screening process will be identified and referred to the appropriate mental health resource.
- E.** All persons are screened for substance use in the eligibility screening assessment. Indication of substance abuse in conjunction with a mental illness, severe emotional disturbance or a developmental disability may result in a referral to the local coordinating agency for specific substance abuse services, to be integrated with mental health treatment.
- F.** Individuals presenting with special needs such as hearing impaired or non-English speaking will be accommodated within the required access timeframes by the procurement of specialized services.