

PREPAID INPATIENT HEALTH PLANS AND COMMUNITY MENTAL HEALTH SERVICES PROGRAMS

ACCESS SYSTEM STANDARDS

Revised: February 2014

Preamble

It is the expectation of the Michigan Department of Health and Human Services (MDHHS) that Prepaid Inpatient Health Plans' (PIHPs) and Community Mental Health Services Programs' (CMHSPs) access systems function not only as the front doors for obtaining services from their helping systems but that they provide an opportunity for residents with perceived problems resulting from trauma, crisis, or problems with functioning to be heard, understood and provided with options. The Access System is expected to be available and accessible to all individuals on a telephone and a walk-in basis. Rather than screening individuals "in" or "out" of services, it is expected that access systems first provide the person "air time," and express the message: "How may I help you?" This means that individuals who seek assistance are provided with guidance and support in describing their experiences and identifying their needs in their own terms, then assistance with linking them to available resources. CMHSPs and PIHPs are also expected to conduct active outreach efforts throughout their communities to assure that those in need of mental health services are aware of service entry options and encouraged to make contact. In order to be welcoming to all who present for services, the access systems must be staffed by workers who are skilled in listening and assisting the person with trauma, crisis or functioning difficulties to sort through their experience and to determine a range of options that are, in practical terms, available to that individual. Access Systems are expected to be capable of responding to all local resident groups within their services area, including being culturally-competent, able to address the needs of persons with co-occurring mental illness and substance use disorders. Furthermore, it is expected that the practices of access systems and conduct of their staff reflect the philosophies of support and care that MDHHS promotes and requires through policy and contract, including person-centered, self-determined, recovery-oriented, trauma-informed, and least restrictive environments.

Functions

The key functions of an access system are to:

1. **Welcome** all individuals by demonstrating empathy and providing opportunity for the person presenting to describe situation, problems and functioning difficulties, exhibiting excellent customer service skills, and working with them in a non-judgmental way.
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, MICHild or, for those who do not have any of these benefits as a person whose presenting needs for mental health services make them a priority to be served.
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, or MICHild, and the Michigan Mental Health Code.
7. **Conduct outreach** to under-served and hard-to-reach populations and be accessible to the community-at-large.

STANDARDS

These standards apply to all PIHPs and CMHSPs, whether the access system functions are directly provided by the PIHP or CMHSP, or are 'delegated' in whole or in part to a subcontract provider(s). Hereinafter, the above entities are referred to as "the organization." These standards provide the framework to address all populations that may seek out or request services of a PIHP or CMHSP including adults and children with developmental disabilities, mental illness, and co-occurring mental illness and substance use disorder. For individuals with substance use disorders, the Access Management Standards for Substance Use Disorder Services shall apply for access to substance use disorder treatment. Access Management Standards for Substance Use Disorder Services can be found at:

http://www.michigan.gov/documents/MDHHS/Policy_Tx_07_AMS_183337_7.pdf

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 service.
- b. The access system shall operate or arrange for an access line that is available 24 hours per day, seven days per week; including in-person and by-telephone access for hearing impaired individuals. Telephone lines are toll-free; accommodate Limited English Proficiency (LEP); are accessible for individuals with hearing impairments; and have electronic caller identification, if locally available.
 - 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, following an empathetic opportunity for the caller to express their situation and circumstances, that their situation is not urgent or emergent.

- ii. All crisis/emergent calls are immediately transferred to a qualified 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 **three minutes** without being offered an option for callback or talking with a non-professional in the interim.
 - iv. All non-emergent callbacks must occur within **one business day** of initial contact.
 - v. For organizations with decentralized access systems, there must be a mechanism in place to forward the call to the appropriate access portal without the individual having to re-dial.
- 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 needs¹, an intervention shall be immediately initiated.
 - ii. Those individuals with routine needs must be screened or other arrangements made within **thirty minutes**.
 - iii. **It is expected that the Access Center/unit or function will operate minimally eight hours daily, Monday through Friday, except for holidays.**
- 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 challenges
- 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 served².
- f. 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 the screening and coverage determination processes have been completed.

II. SCREENING FOR CRISES

- 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. To assure understanding of the problem from the point of view of the person who is seeking help, methods for determining

¹ For definition of emergent and urgent situations, see MHC §330.1100a and 1100d

² 42 CFR §438.114

urgent or emergent situations must incorporate “caller or client-defined” crisis situations. Workers must be able to demonstrate empathy as a key customer service method.

- 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 services³. 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 applicable⁴.
- c. The access system shall inquire as to the existence of any established medical or psychiatric advance directives relevant to the provision of services⁵.
- d. The organization shall assure coverage and provision of post stabilization services for Medicaid beneficiaries once their crises are stabilized⁶. 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

- a. The organization shall ensure access to public mental health services in accordance with the MDHHS/PIHP and MDHHS/CMHSP contracts and:
 - i. The Mental Health and Substance Abuse Chapter of the Medicaid Provider Manual, if the individual is a Medicaid beneficiary.
 - ii. The MICHild Provider Manual if the individual is a MICHild beneficiary.
 - iii. The Michigan Mental Health Code and the MDHHS Administrative Rules, if the individual is not eligible for Medicaid or MICHild⁷. 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, MDHHS expects that individuals with other diagnoses of mental disorders with a diagnosis found in the most recent Diagnostic and Statistical

³ MDHHS Administrative Rule 330.2006

⁴ MHC § 330.1206 and 1409

⁵ 42 CFR §438.6; MCL 700.5501 et seq

⁶ 42 CFR §438.114.

⁷ MHC §330.1208

Manual of Mental Health Disorders (DSM)⁸, will be served based upon agency priorities and within the funding available..

- b. The responsible organization shall ensure access to public substance abuse treatment services in accordance with the MDHHS/PIHP contract and:
 - i. The Mental Health and Substance Abuse Chapter of the Medicaid Provider Manual, if the individual is a Medicaid beneficiary.
 - ii. The MICHild Provider Manual if the individual is a MICHild beneficiary.
 - iii. The priorities established in the Michigan Public Health Code, if the individual is not eligible for Medicaid or MICHild⁹.
- c. The organization shall ensure that screening tools and admission criteria are based on eligibility criteria in parts III.a. and III.b. above, and are valid, reliable, and uniformly administered.
- d. The organization shall be capable of providing the Early Periodic Screening, Diagnostic and Treatment (EPSDT) corrective or ameliorative services that are required by the MDHHS/PIHP specialty services and supports contract.
- 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 identification of population group (DD, MI, SED, or SUD) 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 source¹⁰.
- h. The access system shall document the referral outcome and source, either in-network or out-of-network.

⁸ 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](#)

⁹ Public Health Code P.A. 368 of 1978 §333.6100 and 6200 and MDHHS Administrative Rule 325.14101

¹⁰ MHC §330.1208

- i. The access system shall document when a person with mental health needs, but who is not eligible for Medicaid or MICHild, is placed on a 'waiting list' and why¹¹.
- j. The organization shall assure that an individual who has been discharged back into the community from outpatient services, and is requesting entrance back into the PIHP/CMHSP or provider, within one year, will not have to go through the duplicative screening process. They shall be triaged for presenting mental health needs per urgent, emergent or routine.

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 physicians¹².

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 MDHHS/PIHP and CMHSP contract-required standard timeframes¹³. 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, individuals who are accepted for services have access to the person-centered planning process.
- c. The access system shall ensure that the referral of individuals with co-occurring mental illness and substance use disorders to PIHP or CMHSP or other practitioners must be in compliance with confidentiality requirements of 42 CFR.

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 Plans or Medicaid fee-for-service providers.
- b. The access system shall refer individuals who request mental health or substance abuse services but who are neither eligible for Medicaid or MICHild mental health and substance abuse services, nor who meet the priority population to be served criteria in the Michigan Mental Health Code or the Michigan Public Health Code for substance abuse services, to

¹¹ MHC §330.1226

¹² 42 CFR §438.208

¹³ Choice of providers: 42 CFR §438.52.

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 it.

VII. INFORMING INDIVIDUALS

a. General

- i. The access system shall provide information about, and help people connect as needed with, the organization's Customer Services 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 appropriate.

b. Rights

- i. The access system shall provide Medicaid and MICHild beneficiaries information about the local dispute resolution process and the state Medicaid Fair Hearing process¹⁴. When an individual is determined ineligible for Medicaid specialty service and supports or MICHild 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.
- 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)¹⁵. 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 Rights¹⁶.
- 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 process¹⁷.
- 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 determination, if requested.

¹⁴ 42 CFR § 438.10.

¹⁵ MHC §330.1706

¹⁶ MDHHS Administrative Rule 325.14302

¹⁷ MHC §330.1706

- v. The access system shall ensure the person and any referral source (with the person's consent) are informed of the reasons for denial, and shall recommend alternative services and supports or disposition¹⁸.

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 them¹⁹.
- 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 LEP²⁰.

RECIPIENT RIGHTS REQUIREMENTS REGARDING THE DENIAL OF SERVICES

A. Denial of Hospitalization

- 1. If a pre-admission screening unit or children's diagnostic and treatment service of the CMHSP denies hospitalization, the individual, his/her guardian or his/her parent in the case of a minor child, may request a second opinion from the executive director of the CMHSP.

The request for the second opinion shall be processed in compliance with Sections 409(4), 498e(4) and 498h(5) of the Code. If the conclusion of the second opinion is different from the conclusion of the children's diagnostic and treatment service or the pre-admission screening unit, the executive director, in conjunction with the medical director, shall make a decision based upon all clinical information available within one business day.

- 2. If the request for a second opinion is denied, the individual or someone on his/her behalf may file a recipient rights complaint with the CMHSP Office of Recipient Rights.
- 3. If the initial request for inpatient admission is denied, and the individual is a current recipient of other CMHSP services, the individual or someone on his/her behalf may file a Chapter 7 complaint alleging a violation of his/her right to treatment suited to condition.
- 4. If the second opinion determines the individual is not clinically suitable for hospitalization and the individual is a current recipient of

¹⁸ 42 CFR § 438.10

¹⁹ 42 CFR § 438.10

²⁰ 42 CFR § 438.10

other CMHSP services, and a recipient rights complaint has not been filed previously on behalf of the individual, the individual or someone on his/her behalf may file a complaint with the CMHSP Rights Office for processing under Chapter 7A.

B. Denial of Access to Community Mental Health Service Program Services

1. If an initial applicant for CMHSP services is denied such services, the applicant or his/her guardian, or the applicant's parent in the case of a minor must be informed of their right to request a second opinion of the executive director. The request shall be processed in compliance with Section 705 of the Code and must be resolved within five business days.
2. The applicant may not file a recipient rights complaint for denial of services suited to condition as he/she does not have standing as a recipient of mental health services. He or she may, however, file a rights complaint if the request for a second opinion is denied.

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.
- 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 women.
 - 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 contract²¹.
- 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 time²².
 - 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 standards²³.
 - 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 transportation.

d. Waiting Lists

- i. The organization shall have policies and procedures for maintaining a waiting list for individuals not eligible for Medicaid or MICHild, and who request community mental health services but cannot be immediately served²⁴. The policies and procedures shall minimally assure:
 - 1. No Medicaid or MICHild beneficiaries are placed on waiting lists for any medically necessary Medicaid or MICHild service.
 - 2. A local waiting list shall be established and maintained when the CMHSP is unable to financially meet requests for public mental health services received from those who are not eligible for Medicaid, , or MICHild²⁵. Standard criteria will be developed for who must be placed on the list, how long they must be retained on the list, and the order in which they are served.
 - 3. Persons who are not eligible for Medicaid, or MICHild, who receive services on an interim basis that are other than those requested shall be retained on the waiting list for the specific requested program services. Standard criteria will be developed for who must be placed on the list, how long they must be retained on the list, and the order in which they are served.

²¹ 42 CFR §438.214. MDHHS/PIHP Contract, Part II, Attachment 6.7.1.1

²² 42 CFR §438.10

²³ Michigan Medicaid Provider Manual, General Information Chapter

²⁴ MHC §330.1124

²⁵ MHC §330.1208

4. Use of a defined process, consistent with the Mental Health Code, to prioritize any service applicants and recipients on its waiting list.
5. Use of a defined process to contact and follow-up with any individual on a waiting list who is awaiting a mental health service.
6. Reporting, as applicable, of waiting list data to MDHHS as part of its annual program plan submission report in accordance with the requirements of the Mental Health Code.