

COMMUNITY MENTAL HEALTH SERVICES OF MUSKEGON COUNTY

POLICY

Policy No. 20-017

Prepared by:

Effective: June 1, 2003
Revised: March 4, 2009

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Program Supervisor

Subject: Access Process for
Adults and Children with
Mental Illness and Individuals with
Developmental Disabilities.

Approved by:

John North, Executive Director

I. POLICY:

It is the policy of the Division of Managed Care Services of Muskegon County to have an established central intake system which allows individuals to easily access mental health services in a timely manner.

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. Triage:** The determination of the level of risk, intensity and immediacy of the presenting problem, identification and linkage with services needed.
- B. Initial Screening:** Telephone or face-to-face review by a clinician of an individual's problems and needs, precipitating events, relevant history, substance abuse, present level of functioning, financial eligibility and provisional diagnosis.
- C. Comprehensive Assessment:** Comprehensive Psychosocial Assessment which covers the individual's current and historical behavioral health symptoms, social history, functioning level, strengths and desired outcome.
- D. Preadmission Screening:** An assessment to determine whether inpatient or other alternative settings are appropriate and available.
- E. Authorization/Reauthorization:** Approval of a set of services identified as a part of a person centered plan.

IV. PROCEDURE:

- A. The Access line services residents of Muskegon County.
- B. Current hours of operation are Monday through Friday 8:00 a.m. to 5:00 p.m. The phone line is answered 24 hours a day, seven days a week. After hours emergencies are triaged to the emergency on-call system. Routine calls are processed and forward to utilization specialist staff to follow up on the next working day.
- C. Utilization Specialists will complete an initial intake to determine eligibility for services. The caller will be triaged to the appropriate service according to their request for services and current clinical need. If it is determined that CMH services should be considered, a face-to-face appointment is scheduled by the utilization specialist. The individual will receive a more in-depth evaluation in order to determine appropriate services and referral.
- D. During the course of the initial intake, person-centered planning and medical necessity will be used as criteria to match services and supports to the individual's needs.
- E. If in the course of the initial intake, it is apparent that the individual requires crisis intervention, the Utilization Specialist will intervene to assist the caller with the immediate crisis and will direct them to walk into their area Emergency Services unit or emergency room.
- F. Utilization Specialists will attempt to obtain complete insurance information on all referrals. If Community Mental Health is not part of the provider network, the Utilization Specialist will make every appropriate attempt to connect the individual with the appropriate gatekeeper/services.
- G. Individuals who have private insurance with Medicaid secondary and who are eligible for CMH services may be referred to a CMH network provider when their primary benefit is exhausted or the services needed are not a covered benefit under their primary coverage. Every attempt will be made to coordinate third party reimbursement before utilizing Medicaid coverage.
- H. Utilization Specialists will evaluate the transportation needs of all eligible referrals. Transportation options will be explored. In cases in which no option appears to be available, the specialist will notify the provider agency at the time of the referral and direct the provider to transportation options suitable for the individual's capabilities. EPSDT participants and their families will be assisted in facilitating linkages to adequate, dependable transportation.
- I. When processing referrals within the CMHSP network, Utilization Specialists will open the appropriate programs in Avatar.
- J. If a caller does not meet eligibility criteria for services, the Utilization Specialist will give alternative community resources and phone numbers and assist the caller in accessing services.
- K. All denials of service will receive the option of getting a second opinion if they disagree with the decision made by the Access Utilization Specialist.
- L. Second opinions will be processed by the Access Supervisor or in their absence, his or her designee.

- M. All individuals who are determined to not meet eligibility criteria will be connected to an alternative community resource to ensure that they have connected with the appropriate referral. The phone number(s) of that resource will also be given to the individual for future reference. In every case of community referral, the Utilization Specialist will explain why CMH services are not appropriate at this time and discuss the alternatives.

V. Provision of Emergency Services

- A. Mental health emergency services will be available 24 hours a day, seven days a week for all populations.
- B. Emergency assessments will occur primarily at all CMH locations and emergency rooms although this can also occur in the jail.
- C. Preadmission screenings will be completed in accordance with DCH standards.
- D. Persons presenting with urgent/emergent needs will be assessed for the least restrictive service.
- E. If inpatient or residential placement is deemed unnecessary, follow-up services to an agreed-upon provider will occur.
- F. Each individual will be given the option for a second opinion if they disagree with the outcome of the evaluation.
- G. If an individual is presenting with a substance abuse disorder they will be screened to determine whether they have a co-occurring disorder. Follow up services will be arranged with CMH, or other community resource per their fund source and preferences. If the individual is assessed as having a primary substance abuse disorder, emergency services staff will provide the individual with a follow-up appointment with a substance abuse agency. Releases will be obtained whenever possible to assure coordination of care with that provider.

VI. SPECIAL POPULATIONS:

- A. 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.
- B. Individuals presenting with a substance abuse disorder will be screened to determine if they have a co-existing mental illness or developmental disability. When it is determined that the individual is not dually diagnosed, a referral will be made to a qualified substance abuse agency. Individuals who are believed to be dually diagnosed will be given an appointment at the appropriate CMHSP location.
- C. 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.
- D. Provision of Emergency Services to Children:

1. Mental health services will be available 24 hours a day, seven days per week. Emergency intervention is generally provided at a mental health location or at the emergency room; however outreach is available in the youth home and local jail.
2. The staff providing the emergency intervention will have a minimum of a master's degree and also have received 24 hours a year of child/adolescent specific training.
3. The child will be evaluated using established Service Selection Guidelines. Every effort will be made to use the least restrictive service available with full coordination with the parent/guardian.
4. Consultation will occur with the assigned therapist or prescriber where applicable. If the intervention occurs within the context of a medical setting, the emergency services therapist will act as a part of the hospital treatment team (physician, nurse and social worker) in making clinically appropriate placement decisions.
5. Children who are deemed appropriate for inpatient hospitalization will in most cases be transported by ambulance to the psychiatric unit. There are situations in which the parents wish to provide the transport when the child is not posing an acute threat to self or others.

VII. PERSONAL CHOICES/PERSON CENTERED PLANNING:

- A. Utilization Management Specialists will educate the individual on the person centered planning process and their options of participation and choice.
- B. Every effort will be made to meet individual preferences for services and requested provider.
- C. The individual requesting services will be included in the decision to choose a specific worker or to request a specific network provider. Individuals have a choice of providers within the service network.

VIII. PROVIDER TIMELINESS:

- A. Every network provider must be in compliance with the following timeliness standards:
 1. Initial Assessments will be provided within 14 days.
 2. Onset of service will be within 14 days of the assessment.
 3. Preadmission screening disposition will be within three hours of the initial request for hospitalization.

IX. WAITING LIST PROVISION

- A. It is the policy of Community Mental Health of Muskegon County to not have a waiting list. However, if circumstances should warrant the use of a waiting list the following outline shall be followed:
 1. All individuals must be General Fund.

2. All individuals must not be at risk to self or others.
3. It is not expected that by delaying services that this individual will continue to decompensate and require more intensive services.
4. Symptoms must be mild to moderate and meet the above criteria. (Someone who is hearing voices with mild impairment currently but who has a history of becoming very psychotic without treatment intervention would not be a candidate for a waiting list.)
5. Persons with Axis II personality disorders which appear to be primary and who meet the above criteria may be placed on a waiting list.
6. Individuals regardless of history who have a history of missing multiple appointments with their therapist and keep re-applying for services but still fail to engage in treatment.
7. The waiting list will be monitored by phone to ensure that they are not decompensating. If their symptoms are worsening, they will be asked to walk in at their convenience.
8. If they no longer wish to be on the waiting list, they will be removed and this action will be clearly documented by Utilization Management staff.

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Muskegon County Access Center	(231) 720-3200
TTY	(231) 720-3280
Ottawa County Access Center	
Holland Area	(616) 393-5681
All other Ottawa areas, Toll-free	1-877-588-4357
TTY	(616) 494-5508
Lakeshore Coordinating Council	
ACCESS at Shoreline Consultation Services	
(231) 733-5334 Muskegon -or- 1-800-981-2481 also for TTY	

All calls to the Access Center are private and confidential.

The Access Center's qualified staff will talk with you to determine your needs and eligibility for CMH services. Each service that CMH offers has criteria established by the Department of Community Health. CMH staff may suggest one or more of the services based on your needs. You may request a complete list of services and the providers available in your area.

If you are eligible, you will be given an appointment for services. If you are not eligible for CMH services, the Access Center will help you locate other agencies in the community that can meet your needs.

You are welcome to bring a family member or friend to this appointment. There will be paperwork to complete before talking with someone about your problem.

If you need mental health services while you are outside of your county area, contact your assigned CMH worker, their supervisor, or the Access Center in your home county and they will assist you.

Emergency and After-Hours Access to Services

A "mental health emergency" is when a person is experiencing a serious mental illness, or a developmental disability, or a child is experiencing a serious emotional disturbance and can reasonably be expected in the near future to harm him/herself or another; or because of his/her inability to meet his/her basic needs is at risk of harm; or the person's judgment is so impaired that he or she is unable to understand the need for treatment and that their condition is expected to result in harm to him/herself or another individual in the near future. You have the right to receive emergency services at any time, twenty-four (24) hours a day, seven (7) days a week, without prior authorization for payment of care.

If you have a mental health emergency, you should seek help right away. At any time during the day or night call:

Helpline 24-Hr. Emergency Assistance

MUSKEGON COUNTY (231) 722-HELP (4357)

Grand Haven (616) 842-HELP (4357) Holland (616) 396-HELP (4357)