Subject: Access Management, Triage and Referral Protocol	**Accountability:** Utilization Management	**Effective Date:** 4/27/17	**Pages:** 8
Overarching Policy: 4.2: Access Management, Triage and Referral		**Last Reviewed Date:** 4/27/17	**Past Reviewed Dates:**
LINE OF BUSINESS: ☐ Specialty Waiver (B/C) ☐ 1115 Waiver ☐ Healthy Michigan ☐ SUD Medicaid ☐ SUD Block Grant ☒ MI Health Link ☐ OTHER: _____	**APPLICATION:** ☒ SWMBH Staff and Ops ☒ Participant CMHSPs ☒ SUD Providers ☒ MH / DD providers ☐ Other:_____	**Last Revised Date:**	**Past Revised Dates:**
Approved: Kim Lyle 5.10.17 Date: Charlie Ch Zenney 5/10/17		**Required Reviewer:** Chief Clinical Officer Director of UM & ME Manager of UM & Call Center	

I. Purpose

To describe clear protocols for assessing urgent, emergent, and/or routine behavioral health treatment needs, determining the appropriate level of care, and connecting members with medically necessary mental health and substance abuse services in a timely manner.

II. Scope

This procedure intends to assure that Southwest Michigan Behavioral Health staff performing triage and referral functions are trained in the use of SWMBH's clinically based triage and referral protocols. Triage and Referral protocols guide decisions made by SWMBH clinical staff to ensure that service responses are appropriate to the member's level of clinical acuity and risk, and congruent to the level of urgency of the member's clinical circumstances.

III. Procedural Steps

A. **Triage and Referral Process Overview**

1. Individuals may contact the SWMBH Call Center 24 hours a day, 7 days a week for inbound collect or toll-free calls, for any behavioral health or substance situation they define as urgent or emergent. All calls will be answered within 30 seconds by a live person; no phone tree shall be used.
2. All triage and referral decisions are made by SWMBH Care Manager/Coordinators who are licensed by the State of Michigan in their respective field (Michigan fully or temporary/limited Licensed Masters Level Social Workers LLMSW/LMSW, Michigan fully or temporary/Limited Licensed Psychologists TLLP/LLP/LP, Michigan fully or temporary/Limited Licensed Professional Counselors LLPC/LPC, Registered Nurse, Physicians MD, DO, Occupational or Physical Therapists, OT, PT). Screening and referral staff are supervised by a Licensed Masters Level clinician with 5 years post graduate experience and the Medical Director oversees screening and referral decisions, and are overseen by SWMBH's Medical Director

3. Service determinations resulting in medical necessity denials are made by appropriately licensed and credentialed staff limited to the SWMBH Chief Medical Officer, contracted board certified psychiatrist or contracted fully licensed psychologist.
4. At the time a member accesses the system, it is determined if the member requires emergent, urgent, or routine services.
5. For apparent medical emergencies, depending on the urgency, staff will refer the individual to the medical facility of his/her choice, facilitate arranging for emergency transportation and/or contact 911. The Care Manager/Coordinator is responsible for assuring prompt entry into necessary treatment or support.
6. When an urgent or emergent call is received, a specific Care Manager/Coordinator may be selected to handle the call based on availability, expertise and assignments. The Care Manager/Coordinator shall:
    a. Triage and screen for risk and safety including assessing for lethality.
    b. Verify if an Advanced Directive or WRAP/Crisis Plan is in place and honor accordingly.
    c. Make or arrange for an intervention which may include either telephone or on-site face-to-face crisis services, provides crisis intervention if necessary and determine the type of referral needed based upon symptom intensity or the presenting circumstances; and
    d. Document all decisions or arranges other appropriate care (i.e., emergency mental health, psychiatric, medical, substance abuse, etc.).
7. The Care Manager/Coordinator verifies all eligibility and benefit data and available provider resources to facilitate any treatment services/referrals
8. Based upon the screening, including verification of insurance and residency status, the Care Manager shall:
    a. Make a medical necessity or benefits determination for the requested service including inpatient care, partial hospitalization, crisis residential or outpatient care consistent with NICE, Michigan Quality Improvement Consortium (MQIC), and Beacon Health Options Medical Necessity Criteria, Triage and Referral Protocol for Substance Use Disorders, Triage and Referral Protocol for Behavioral Health & Co-Occurring Disorders", the Michigan Department of Health and Human Services (MDHHS) Provider Manual/Medicaid Criteria, Medicare Manual Chapter 13, Level of Care Grid, service utilization expectations, changes (if any) in MDHHS Medicaid criteria or professional qualifications requirements, MDHHS Substance Use Disorder Policy Manual, and SMWMBH Clinical Pathways
    b. Provide a SWMBH Authorization or Denial for Services confirmation and any subsequent Action Notices to the customer and/or service provider as indicated.
    c. Verbal Authorization shall be provided within 30 minutes of making the determination for inpatient requests.
    d. Make arrangements for transportation if necessary.
    e. When additional diagnostic information is required, the Care Manager/Coordinator facilitates an immediate evaluation at an appropriate SWMBH Services location or through a network provider.
    f. Coordinate referrals to resources such as other SWMBH funded treatment services, community resources, medical care or natural supports.

g. Coordinate with the County of Residency or County of Financial Responsibility (COFR) for persons residing in another county or who have Medicaid from another county and are enrolled in the MI Health Link Demonstration.
h. Coordinate treatment data including when applicable, a warm transfer to the identified ICO Care Coordinator.
i. Coordinate with other applicable treatment providers.

B. Triage and Referral Protocol for Substance Use Disorders

Presenting Issues/Situation	Level of Urgency	Care Setting(s)	Admission Requirements	Interim Services
Pregnant Injecting Drug User	Screened & referred within 24 hours	Withdrawal Management Short Term Residential Long Term residential Methadone	Offer Admission within 24 hours *Other Levels of Care- Offer Admission within 48 hours*	Begin within 48 hours: Counseling and Education on : • HIV & TB • Risk of needle sharing • Risk of transmission to sexual partner & infants • Effects of alcohol & drug use on the fetus Referral for prenatal care
Pregnant Substance Abuser	Screened & referred within 24 hours	Withdrawal Management Short Term Residential Long Term residential Methadone	Offer Admission within 24 hours *Other Levels of Care- Offer Admission within 48 hours*	Begin within 48 hours: Counseling and Education on : • HIV & TB • Risk of transmission to sexual partner & infants • Effects of alcohol & drug use on the fetus Referral for prenatal care Early Intervention Clinical Services
Injecting Drug User	Screened & referred within 24 hours	Outpatient Counseling Intensive Outpatient Program Withdrawal Management Short-term Residential Long-Term Residential Methadone	Offer admission within 14 days	Begin within 48 hours-maximum waiting time 120 days: Counseling & education on: • HIV & TB • Risks of needle sharing • Risk of transmission to sexual partner and infants
Parent at risk of Losing Children	Screened & referred within 24 hours	Outpatient Counseling Intensive Outpatient Program Withdrawal Management Short-term Residential Long-Term Residential Methadone	Offer admission within 14 days	Begin within 48 business hours: Early Intervention Clinical Services
All other SUD	Screened and referred within 7 calendar days.	Outpatient Counseling Intensive Outpatient Program Withdrawal Management Short-term Residential Long-Term Residential Methadone	Capacity to offer Admission within 14 days	Not required

C. Triage and Referral Protocol for Behavioral Health and Co-Occurring Disorders

Description	Response Type	Typical Presentations	Action/Care Settings
Current actions endangering self or others/ Very High risk of imminent harm to self or others	Emergent- Immediate	• Medical emergency (potential overdose, potential for life threatening withdrawal symptoms, medical situation neglected due to mental health or substance abuse issues that present possible serious harm to physical health) • Suicide attempt/serious self-harm in progress • Violence/threats of violence and possession of a weapon • Active suicidal ideation or risk of harm to others with clear plan and means and/or history of self-harm or aggression	• Care Manager to notify local emergency authority and/or securing transport to ER for evaluation ***Additional actions to consider:*** • Keep caller on the line/provide support until emergency services arrive • Notify other relevant individuals/services as appropriate under "duty to warn" ***Upon Face-to Face-Evaluation:*** • Assess Level of care need based on SWMBH Medical Necessity Criteria for Inpatient Psychiatric Hospitalization, Partial Hospitalization, Crisis Stabilization and/or SUD services: Withdrawal Management, Short and Long Term Residential • Refer to less intensive services as applicable and appropriate
High risk of imminent harm to self or others and/or high distress	Emergent- within 3 hours	• High risk behavior associated with perceptual/ though disturbance, delirium, dementia, or impaired impulse control • Rapidly increasing symptoms of psychosis and/or severe mood disorder • Unable to care for self or dependents or perform activities of daily living • Known member requiring urgent intervention to prevent or contain relapse	• Care Manager to notify local emergency authority and/or securing transport to ER, or local CMHSP, for evaluation ***Additional actions to consider:*** • Keep caller on the line/provide support until emergency services arrive, if appropriate • Consultation with current behavioral health/SUD service provider, if applicable • Notify other relevant individuals/services as appropriate under "duty to warn" ***Upon Face-to Face-Evaluation:*** • Assess Level of Care need based on SWMBH Medical Necessity Criteria for Inpatient Psychiatric Hospitalization, Partial Hospitalization, Crisis Stabilization and/or SUD services: Withdrawal Management, Short and Long Term Residential, IOP • Refer to less intensive services as applicable and appropriate (Outpatient, Intensive Outpatient Program, Medication Management)
Moderate risk of harm and/or significant distress	Urgent- within 48 hours	• Significant distress associated with serious mental illness (including mood/anxiety disorder) but not suicidal • Early symptoms of psychosis • Requires face to face assessment in order to clarify diagnostic status • Known customer requiring treatment or review	• Assess Level of Care need based on SWMBH Medical Necessity Criteria, LOCUS and/or ASAM, for Inpatient Psychiatric Hospitalization, Partial Hospitalization, Crisis Stabilization and/or SUD services: Withdrawal Management, Short and Long Term Residential • Refer to less intensive services as applicable and appropriate (Outpatient, Intensive Outpatient Program, Medication Management)
Low risk of harm in short term or moderate risk with high supports/ stabilizing factors	Routine- within 14 calendar days	• Requires specialist mental health assessment but is stable and at low risk of harm during waiting period • Known customer requiring non-urgent review, treatment or follow up	• Assess Level of Care need based on SWMBH Medical Necessity Criteria, LOCUS and/or ASAM, for Outpatient Counseling (i.e. assessment, outpatient individual therapy, outpatient group therapy, medication management). • Refer to SWMBH contracted outpatient SUD and/or mental health provider. Member must be offered appointment within 14 calendar days.
Referral not requiring face to face	Referral	• Consumer/caregiver requiring advice, opportunity to talk, or seeking community resources but not treatment • Service provider requiring telephone consultation/advice • Issue not requiring mental health or other services	• Provide consultation to customer or provider, and/or information on community resources

D. **Levels of Care for Mental Health Specialty Services**

1. Crisis Services

Crisis services are considered a benefit for any SWMBH member who is in need of urgent intervention. Crisis services are not considered a Level of Care and do not require prior authorization. SWMBH clinical staff meeting the qualifications pursuant to Michigan Mental Health Code 330.1409 Sec 409 provide inpatient screening and authorization of 1-3 days of psychiatric inpatient or crisis residential or partial hospitalization and/or any appropriate diversion and/or second opinion services.

2. Levels of Care for Adults (18 years or older) with Mental Illness and Co-occurring MI and Substance Use Disorders.

Level of Care Utilization System for Psychiatric and Addiction Services (LOCUS). The LOCUS is utilized to determine level of care needs for the purpose of triage and referral (refer to the actual AACP Level of Care Determination Grid for scores and placement guide):

a. Level VI - Medically Managed Residential Services

Members receiving services at this level of care are adults with a composite LOCUS score of 28 or more* and is the most intensive level of care in the continuum. These services are typically provided in a hospital setting.

b. Level V – Medically Monitored Residential Setting

Members receiving services at this level of care are adults with LOCUS Score of 23-27 who have inability to function in most areas, persistent danger to self and others, require significant support to reside independently in the community. Treatment is likely aimed at insuring safety, managing/reducing impact of symptoms, minimizing danger to self and others. Treatment at this level is generally provided in a non-hospital, residential setting.

c. Level IV – Medically Monitored Non- Residential Services

Members in this level of care are Adults with LOCUS Score of 20-22 with significant impairment of functioning in most areas, moderate to significant risk of harm to self or others, with significant supported needed to function independently in the community. May be engaging in high risk behaviors and be involved in the criminal justice system. Treatment needs require intensive management by a multi-disciplinary team and have traditionally been described as partial hospitalization or assertive community treatment programs.

d. Level III – High Intensity Community Based Services

Members receiving services at this level of care are Adults with a LOCUS Score of 17-19 who need intensive support and treatment and with low to moderate ability to function in some areas, low to moderate risk of harm to self or others, requires minimal support to reside independently in the community. Occasional risk activities. Needs regular assistance with linking/coordinating and developing skills and self-advocacy and requires contact several times a week generally through a clinic based program.

e. Level II – Low Intensity Community Based Services

Members in this level of care are Adults with a LOCUS Score of 14-16 with low impairment of functioning in most areas, low to minimal risk of harm to self or others, able to reside independently in the community. Minimal assistance with linking/coordinating actively utilizing self-improvement and treatment

skills acquired. Treatment needs are generally met through infrequent clinic based services.

f. Level I – Recovery Maintenance and Health Management

Members in this level of care are Adults with a LOCUS Score of 10-13 with minimal impairment of functioning, minimal to no risk of harm to self or others, resides independently in the community or require minimal support in the community. Minimal encouragement with linking/coordinating actively utilizing self-improvement and treatment skills acquired.

*(Refer to the actual AACP Level of Care Determination Grid for scores and placement guide)

3. Levels of Care for Adults (ages 18 and older) Developmental Disabilities (SIS Levels TBD):
   a. Level V – Intense Need

      Members receiving services at this level of care are Adults (18 years or older) and typically require total assistance on a daily basis including enriched staffing (24 hours per day, 2:1, or 1:1 staffing during awake hours).

   b. Level IV – High Need

      Members receiving services at this level of care are Adults (18 years or older) and typically require daily reminders to engage or complete activities and personal support which may include enhanced staffing (24 hours per day, 1:2 or 1:1 staffing while awake) has an active Behavior Management Plan and or specialty professional staff (OT, PT, etc.).

   c. Level III – Moderate Need

      Members receiving services at this level of care are Adults (18 years or older) and typically require frequent prompts/reminders to engage or complete activities (less than daily/more than weekly) or physical support. Moderate behavioral issues may be present with or without the need for a Behavior Plan.

   d. Level II – Low Need

      Members receiving services at this level of care are Adults (18 years or older) and typically require occasional prompts/reminders to engage or complete activities (weekly or less) to insure maintenance of skills or physical support. Mild/moderate behavioral issues without the need for a Behavior Management Plan.

   e. Level I – Minimal Need

      Members receiving services at this level of care are Adults (18 years or older) and typically require minimal prompts to engage or complete activities, monitoring of support needs with changes as situation dictates. Support may be needed for community inclusion.

4. Levels of Care for Substance Use Treatment Services
   a. Level 0.5 – Early Intervention

      Services include assessment and education for those who are at risk, but do not currently meet the diagnostic criteria for a substance-related disorder. Members who are determined to have this level of need are typically referred to available community resources including support groups and prevention activities. Member is screened for co-occurring mental health issues and referred to appropriate levels of care to meet identified needs. Per definition, early intervention as a specifically focused treatment program, including stage-based intervention for individuals with substance use disorders as identified

through a screening or assessment process, and individuals who may not meet the threshold of abuse or dependence.

b. Level 1.0 – Outpatient Services
Community-based substance use outpatient treatment of less than 9 hours per week for adults and less than 6 hours per week for youth. Treatment is directed at recovery, motivational enhancement therapy and strategies to reduce or eliminate substance use and improve ability to cope with situations without substance use.

c. Level II.1 – Intensive Outpatient
Community-based substance use outpatient treatment of greater than 9 hours per week for adults and greater than 6 hours per week for youth. Treatment is directed to treat multidimensional instability. This level of care may be authorized as a step-down from a higher level of care or in situations in which a higher level of care would otherwise be warranted, but is not an appropriate option (either due to inability to participate in a residential treatment program or motivational issues).

d. Level II.5 – Partial Hospitalization
Partial Hospitalization treatment is a structured treatment similar to the treatment available in a residential setting, however is directed toward members who require greater than 20 hours per week of treatment for multidimensional stability, but not requiring 24 hour care.

e. Level III.1 – Clinically-Managed Low-Intensity Residential
Clinically-managed low-intensity residential treatment includes a 24-hour setting with available trained staff and at minimum 5 hours of clinical treatment services per week.

f. Level III.3 – Clinically-Managed Medium-Intensity Residential
Clinically-managed medium-intensity residential treatment includes a 24-hour setting with staff who are trained to treat multidimensional needs and address risk/imminent danger.

g. Level III.5 – Clinically Managed High Intensity Residential
Clinically-managed high-intensity residential treatment includes a 24-hour setting with staff who are trained to treat multidimensional needs and address risk/imminent danger and prepare for outpatient step-down. Member must be able to tolerate and use full active milieu available.

h. Level III.7 – Medically-Monitored Intensive Inpatient
Medically-Monitored Intensive Inpatient - Nursing care with physician availability 24-hours per day for significant problems that arise in Dimensions 1, 2, or 3. Counselor is available 16 hours per day.
Level IV – Medically-Managed Intensive Inpatient Medically-Managed Intensive Inpatient - Nursing care and daily physician care 24-hours per day for severe, unstable problems that arise in Dimensions 1, 2, or 3. Counselor is available to engage the member in treatment.

i. Level I-D – Detoxification
Detoxification - Nursing care with services provided by a licensed hospital 24-hours per day only to address medical or psychiatric needs.

j. Level OMT – Opioid Maintenance Therapy
Opioid medication and counseling available daily or several times per week to maintain multidimensional stability for those with opioid dependence. Opioid

maintenance therapy is considered to be an appropriate and effective treatment for opiate addiction for some members, particularly members who have completed other treatment modalities without success, and are motivated to actively engage in the treatment necessary in OMT.

IV. Definitions

A. None

V. References

A. None

VI. Attachments

A. None