



Section: Utilization Management	Policy Name: Access Management Program Description	Policy Number: 04.01
Owner: Manager of UM & Call Center	Reviewed By: Elizabeth Guisinger, LPC, CAADC Bangalore Ramesh, MD	Total Pages: 7
Required By: <input checked="" type="checkbox"/> BBA <input checked="" type="checkbox"/> MDHHS <input type="checkbox"/> NCQA <input checked="" type="checkbox"/> Other (please specify): See References	Final Approval By: <i>Elizabeth Guisinger</i> <i>B. Ramesh</i>	Date Approved: 10-22-2021
Application: <input checked="" type="checkbox"/> SWMBH Staff/Ops <input checked="" type="checkbox"/> Participant CMHSPs <input checked="" type="checkbox"/> SUD Providers <input checked="" type="checkbox"/> MH/IDD Providers <input type="checkbox"/> Other (please specify): _____	Line of Business: <input checked="" type="checkbox"/> Medicaid <input type="checkbox"/> Other (please specify): <input checked="" type="checkbox"/> Healthy Michigan _____ <input checked="" type="checkbox"/> SUD Block Grant <input checked="" type="checkbox"/> SUD Medicaid <input type="checkbox"/> MI Health Link	Effective Date: 1/1/14

**Policy:** It shall be the policy of Southwest Michigan Behavioral Health (SWMBH) to ensure a coordinated and integrated access system that is welcoming and provides prompt, responsive, timely and easy access to specialty services and supports for all persons seeking services (emergent, urgent or routine) through the public mental health and substance use disorder systems. Access system functions shall include: triage, crisis intervention (if necessary), clinical screening, diagnosis, eligibility determination, service authorization (or denial), informational services, and referral. Access System staff who performing triage and referral functions, shall be trained in the use of SWMBH’s clinically based triage and referral protocols that are utilized to guide decisions made to ensure that service responses are appropriate, and time sensitive to the member’s level of clinical acuity and risk. All functions shall adhere to state and federal standards and timeframes.

**Purpose:** To identify a clear method for applicants of SWMBH requesting those services funded by the Prepaid Inpatient Health Plan (PIHP) to access necessary publicly funded mental health and substance services through the region’s integrated comprehensive access system, regardless of point of entry or contact.

**Scope:** To ensure Access Staff provides appropriate and correctly implemented access system functions according to guidelines outlined in this policy.

**Responsibilities:** SWMBH and Community Mental Health Service Provider (CMHSP) Access Staff should comply with all guidelines set forth in this policy regarding providing a timely access to services and requests in a welcoming manner while maintaining federal and state standards and timelines.



**Definitions:** See Definitions section of Policy Manual

**Standards and Guidelines:**

**A. Access System Program Description**

SWMBH shall have a written Access System Program Description, contained herein, that is available for network providers, customers, and other interested parties. The Access System Program Description shall encompass the entire SWMBH provider network.

**B. Program Description Dissemination and Education**

The Access System Program Description shall be distributed to board members, executive management, provider organizations and staff, and made available to community stakeholders, persons served and their families and interested others upon request and via SWMBH's website.

**C. Philosophy**

The activities of the Access System shall be designed and implemented to:

1. Support the recovery or well-being of the persons and families served.
2. Enhance the quality of life of the customers.
3. Reduce symptoms or needs and build resilience.
4. Restore and/or improve functioning of customers.
5. Support the integration of the customers into the community.
6. Operate within the construct of a "no-wrong door" philosophy.
7. Engage in continuous quality improvement of access system functions and timeliness of services.
8. Render the highest quality of access system functions by achieving notable satisfaction ratings from persons served.

**D. Access System Oversight**

The SWMBH Medical Director and Manager of Utilization Management and Call Center shall provide oversight and guidance to SWMBH access system, including review of access system policies, clinical practice guidelines, and medical necessity criteria used by the Utilization Management (UM) Program's care managers and utilization managers. SWMBH's Medical Director, or a fully licensed master's level clinician, is available for case review and consultation with access system staff 24 hours a day, 7 days a week.

**E. Access System Staffing**

Access, Triage and referral functions are performed by licensed and credentialed staff 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) and have been deemed capable by the Medical Director and Manager of Utilization Management and Call Center in making decisions requiring clinical judgement and determining the appropriate level of service in a timely manner. The Medical Director (MD, psychiatrist) is available for consultation and provides review functions for services requiring a physician (Inpatient Psychiatric, Crisis Residential, Substance Abuse Residential, Community Based Medical, Methadone and ECT Peer Review). Cases that require a medical necessity determination but present a real or perceived conflict of interest if reviewed by the SWMBH Medical Director and/or consulting psychologist, are reviewed by an external board-certified consultant.



#### F. Access System Management

SWMBH, through the assistance of the Utilization Management Committee, shall develop various tracking and monitoring mechanisms that assesses the ability of the Access System to ensure capacity, manage network resources, develop and manage monitoring reports, ensure compliance with regulatory, statutory and funding source eligibility and service requirements and ensure appropriate triage, referral screening.

#### G. Access System Capacity Management

SWMBH, through Regional Committees, data/encounter reporting, stakeholder feedback and gap analysis, shall track and manage Access System capacities including capacity management, population health needs and provider network adequacy.

#### H. Hours of Operation

SWMBH Access System, through delegation, shall be available to address emergent and urgent requests for services and supports year-round, 24 hours per day, seven days per week, and staffed by qualified credentialed professional staff. Delegated access system functions to local Community Mental Health Service Programs (CMHSPs) shall provide assurance as to how it complies with this element, especially for after-hour access coverage.

#### I. Non-Residency Criteria

Crisis Response and Stabilization Capacity. The SWMBH Access System shall be available to all residents of the State of Michigan, regardless of where the person lives, or where he/she contacts the system. Should any applicant contact the system through a network behavioral health provider (e.g. telephonic, crisis walk-ins, etc.), the provider shall always first stabilize any presenting crisis, and then link (i.e. via telephone contact) the recipient into the PIHP's designated access system portals for an eligibility screening and subsequent service authorization into the system (i.e. appropriate provider; level of care; etc.).

#### J. Staffing Capacity

The access system shall be appropriately staffed to meet the service inquiry and access demands for the entire service area. This means having sufficient capacity of appropriately credentialed practitioners capable of rendering culturally sensitive screening, access, and when clinically appropriate, access denial decisions and external referrals for all requests for services and supports made based upon the expressed existence of a qualifying condition (e.g. SMI, SED, I/DD, SUD and co-morbid conditions) and coverage by an accepted benefit plan.

#### K. Integrated Access System

SWMBH shall ensure its Access System is capable of operating as an integrated 'access system' across the entire network for persons experiencing either mental illness, developmental disabilities, serious emotional disturbance, substance use and/or co-occurring disorder conditions, including persons with co-occurring primary care and behavioral health needs. This means that SWMBH has ensured Access System care managers are capable of providing screenings for co-morbidity need identification, and that required screening elements address the behavioral health and primary health care needs of the individual including screening and assessing for substance abuse disorders, co-occurring disorders, and primary health care needs, as well as co-occurring Primary Care and Behavioral Health (PC/BH) needs.



#### L. Welcoming/Access System Response

The Access System personnel shall be “welcoming,” accepting, and helping with all applicants for service including individuals with co-occurring mental health and substance abuse disorders, and/or persons with primary care and behavioral health care needs. Staff shall provide an empathic opportunity for the caller to express his/her situation and circumstances, and to link the individual to appropriate network and community resources in accordance with the identified needs and desires of the person. Staff shall address all elements mandated in the Specialty Services Contract “Access System Standards” Technical Requirement.

#### M. Coverage Determination

The Access System care managers shall facilitate entry into the mental health and substance use disorder systems by determining beneficiary coverage eligibility through the use of nationally recognized medical necessity criteria, standardized assessment tools and level of care guidelines, as well as providing the beneficiary with benefit plan information, helping beneficiaries navigate the system, and providing linkage and referrals.

#### N. Special Needs

The Access System shall have the capacity to meet the special needs of persons contacting the access system, including:

1. Limited English Proficiency or other linguistic needs
2. Diverse cultural and demographic backgrounds
3. Visual and hearing impairments
4. Alternative needs for communications
5. Mobility challenges

#### O. Prior Authorization/Cost

Access System screenings shall not require prior-authorization and are provided without a charge to the individual served. SWMBH will cover post-stabilization services, as defined in Medicaid managed care regulations at 42 CFR 438.118(e), without requiring authorization, and regardless of whether the member obtains the services within or outside of the participating provider network if any of the following situations exist:

1. The post-stabilization services were pre-approved by SWMBH
2. The post-stabilization services were not pre-approved by SWMBH because SWMBH did not respond to the provider’s request for these post-stabilization services within one (1) hour of the request.
3. The post-stabilization services were not preapproved by SWMBH because SWMBH could not be reached by the provider to request pre-approval for these post-stabilization services.

#### P. Enrollee/Recipient Rights

Access System staff members shall provide applicants with a summary of their enrollee rights and recipient rights, including their right to appeal an adverse decision, their right to request a fair hearing, their right to a person-centered planning process and timely access to the pre-planning process. Evidence of the provision of rights information shall be in writing.

#### Q. Second Opinions/Appeals

The Access System appropriately credentialed staff making an adverse decision (i.e. access denial; desired level of care denial, etc.), shall provide the applicants with written notice of their right to request a second opinion and/or access appeal from a credentialed UM practitioner who is qualified



to assess and address the medical needs of the individual and who was not involved in the original determination.

R. Hospitalization Denials

The Access System care manager shall refer and link all individuals who are denied inpatient psychiatric hospitalization services to alternative services and provide the member and provider with indicated second opinion and appeal/grievance rights.

S. Advance Directives

The Access System staff shall inquire as to the existence of any established medical or psychiatric advance directive relevant to the provision of mental health and/or substance use disorder services.

T. Clinical Screening for Eligibility

A credentialed and qualified Access System care manager shall conduct a screen (either telephonically or face-to-face), utilizing the agreed upon standardized assessment tools (ASAM, LOCUS), and nationally recognized medical necessity criteria to determine eligibility of the person prior to the commencement of non-emergent billable services by any network provider. Clinical screening from the access system shall result in a written (hard copy or electronic) screening decision which addresses required elements.

U. Screening/Referral Processes

SWMBH shall ensure an integrated and coordinated Access System across its entire network, for both mental health and substance use disorder services. In this regard, all care managers across CMHSPs and providers shall use SWMBH's policy, procedures, level of care guidelines, protocols, clinical criteria and processes, and shall apply such criteria in a consistent manner to inform the service determination decision.

V. Intake Assessment

SWMBH has delegated the intake assessment (i.e. comprehensive assessment) to the provider system. The intake assessment shall be considered part of the Access System process, as it may further clarify the medical necessity and clinical needs of the individual, and validate any financial responsibility (e.g. ATP, Co-pays, TPL, etc.) and use tools meeting agreed upon SWMBH requirements.

W. Outreach Services

SWMBH, through its delegated CMHSPs, shall ensure regular and consistent outreach effort to commonly underserved and unserved populations which ensure that outreach occurs regardless of the presence of a mental health or substance use condition. Either SWMBH and/or the local CMHSP shall maintain documentation that reflects the efforts to reach mandated population groups.

X. SWMBH Policy Coordination

The SWMBH Access System shall operate in coordination with all SWMBH policies.

Y. Utilization Management

SWMBH shall manage the overall Utilization Management Program (UM) for the provider network. The program will consist of access to services, level of care screening/assessment, service support selection, pre-authorization and linkage, services authorization, monitoring, care management, utilization review, departmental interface and discharge follow-up. Each entity will comply with all applicable SWMBH policies.

Z. Access System Evaluation



SWMBH shall utilize the UM Committee and Quality Management (QM) to conduct an annual evaluation of the access system, including the level of persons-served and practitioner satisfaction with the Access System. The evaluation shall identify any improvement opportunities and shall ensure that identified improvement are addressed in the annual UM Program Plan.

**AA. Delegation**

SWMBH shall develop a delegation agreement with any entity that has Access System functions, including care management, customer services, and intake assessment. The Delegation Agreement shall meet all the conditions of 42 CFR 438.230, and shall specify the specific Access System functions/services that will be managed by the RE4, and the specific duties/responsibilities that shall be implemented by the delegated entity.

**References:**

- A. BBA Section: 42 CFR 438.10; 438.100; 438.220; 438.330
- B. PHIP Contract Section: Attachment P.4.1.1
- C. MDHHS/MSA Medicaid Provider Manual Mental Health Code, PA 258, Chapters 2, 3, and 7

**Attachments:** None

