




Section: Utilization Management	Policy Name: Access Management Program Description	Policy Number: 04.01
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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:  <u>Beth Guisinger</u> Nov 16, 2022 14:06 EST)	Date Approved: Nov 16, 2022
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: 1/1/2014

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. The key functions of an access system shall include welcoming all, screening to determine crisis and need of services, eligibility determinations, collecting information for decision-making and reporting, referring to appropriate providers, informing individuals about providers and due process rights, and conducting outreach to community populations. 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

E. 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. 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 have an access line 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.

1. Callers encounter no telephone trees and are not placed on hold or sent to voicemail until they have spoken with a live representative and it has been determined that their situation is not urgent/emergent.
2. All crisis/emergent calls are immediately transferred to a qualified practitioner without requiring the individual to call back.
3. For non-emergent calls, a person's time on hold awaiting a screening must not exceed three (3) minutes without being offered an option for callback or talking with a non-professional in the interim.
4. All non-emergent callbacks must occur within one (1) business day of initial contact.

I. Walk-In Access

The Access System shall provide a timely, effective response to all individuals who walk in to obtain services.

1. For individuals who walk in with urgent or emergent needs, an intervention shall be immediately initiated.
2. Those individuals with routine needs must be screened or other arrangements made within thirty (30) minutes.
3. It is expected that the Access Center unit or function will operate minimally eight (8) hours daily, Monday through Friday, except for holidays.

J. 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.).

K. 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.

L. Integrated Access System

M. SWMBH shall ensure its Access System can operate 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 can provide 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. Procedures shall be in place to coordinate information between internal and external providers, including Medicaid Health Plans and primary care physicians.

N. Duplication of Screening and Assessments

Access Systems 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, particularly related to SUD and 42 CFR part 2.

O. 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 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. Access systems must be staffed by workers who are skilled in assisting with trauma, crisis, or functioning difficulties, including being culturally competent to address the needs of all local resident groups in their service areas. Staff shall address all elements mandated in the Specialty Services Contract “Access System Standards” Technical Requirement.

P. Coverage Determination

The Access System care managers shall facilitate entry into the mental health and substance use disorder systems by determining beneficiary coverage eligibility using 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.

Q. Third-Party Payer



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. No eligible individual shall be denied a service because of individual/family income or third-party payer source. Documentation shall include the referral outcome and source, either in-network or out-of-network.

R. 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 impairments
4. Alternative needs for communications
5. Mobility challenges
6. Hearing loss or deafness

S. 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.

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.

T. 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. Any 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 requests.

U. 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.

V. 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.

W. 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.

X. 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. Documentation of any emergent or urgent needs and how they were immediately linked for crisis services.

Y. Screening/Referral Processes

SWMBH shall ensure an integrated and coordinated Access System across its entire network to identify of population group (DD, MI, SED or SUD) that qualifies the person for public mental health and SUD services and supports. 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. Rationale for system admission or denial should be documented.

Z. 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.

AA. Outreach Services

SWMBH, through its delegated CMHSPs, shall have an active outreach and education to ensure the network providers and community are aware of the access system and how to use it. Regular and consistent outreach efforts shall take place to commonly underserved and unserved 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. Access staff will be informed about and refer individuals to alternative public mental health and/or substance use treatment services and other resources to help meet basic needs. Coordination shall be maintained with the community's crisis/emergency system, liaison with local law enforcement, and have a protocol for jail diversion. Either SWMBH and/or the local CMHSP shall maintain documentation that reflects the efforts to reach mandated population groups.

BB. SWMBH Policy Coordination

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

CC. 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.

DD. 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.

EE. 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 438.1; 438.100; 438.220; 438.330
- B. MDHHS Polices & Practice Guidelines, Access Standards, version 10/08/2021
- C. MDHHS/MSA Medicaid Provider Manual Mental Health Code, PA 258, Chapters 2, 3, and 7

Attachments: None






04.01 Access Management Program Description

Final Audit Report

2022-11-16

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