



Section: <b>Utilization Management</b>	Policy Name: <b>Access Management, Triage &amp; Referral</b>	Policy Number: <b>MHL 04.02</b>
Owner: <b>Manager of UM &amp; Call Center</b>	Reviewed By: <b>Elizabeth Guisinger, LPC, CAADC</b> <b>Bangalore Ramesh, MD</b>	Total Pages: <b>8</b>
Required By: <input checked="" type="checkbox"/> <b>BBA</b> <input checked="" type="checkbox"/> <b>MDHHS</b> <input checked="" type="checkbox"/> <b>NCQA</b> <input checked="" type="checkbox"/> <b>Other (please specify):</b> <b>See References</b>	Final Approval By: <i>Elizabeth Guisinger</i> <small>Elizabeth Guisinger (Apr 30, 2020)</small> <i>b k ramesh</i> <small>b k ramesh (May 7, 2020)</small>	Date Approved: <b>Apr 30, 2020</b>
Application: <input checked="" type="checkbox"/> <b>SWMBH Staff/Ops</b> <input checked="" type="checkbox"/> <b>Participant CMHSPs</b> <input checked="" type="checkbox"/> <b>SUD Providers</b> <input checked="" type="checkbox"/> <b>MH/IDD Providers</b> <input type="checkbox"/> <b>Other (please specify):</b> _____	Line of Business: <input type="checkbox"/> <b>Medicaid</b> <input type="checkbox"/> <b>Other (please specify):</b> _____ <input type="checkbox"/> <b>Healthy Michigan</b> <input type="checkbox"/> <b>SUD Block Grant</b> <input type="checkbox"/> <b>SUD Medicaid</b> <input checked="" type="checkbox"/> <b>MI Health Link</b>	Effective Date: <b>4/28/2020</b>

**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 services and supports for all persons enrolled in the MI Health Link (MHL) demonstration who are seeking services (emergent, urgent or routine) through the public behavioral health and substance use disorder systems. Access system functions shall include triage, crisis intervention (if necessary), clinical screening, diagnosis, eligibility determination, service determination (authorization or denial), informational services, and referral. Access System staff who perform 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 National Council for Quality Assurance (NCQA) standards and timeframes. Emergency Services, those requiring immediate medical attention based on the assessment of a prudent layperson or assessed by an authorized representative, shall not require prior authorization.

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

**Scope:** SWMBH Utilization Management (UM) and Access Center shall ensure the policy of “no wrong door entry” is followed and shall screen and refer members in a timely manner, while supporting the best interests of individuals and supporting recovery.



**Responsibilities:** SMWBH Care Managers will assure timeliness of appropriate screens, referrals, and care coordination, and support ongoing recovery efforts.

MI Health Link Committee and SWMBH Medical Director will provide ongoing oversight triage and referral protocols, access system policies, medical necessity criteria, clinical practice guidelines, and utilization management criteria.

**Definitions:** None

**Standards and Guidelines:**

A. Access System Program Description

SWMBH shall have a written Access System Program Description, contained herein, available for network providers, members, 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 the SWMBH 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. Medical Director Oversight

As part of the overall Utilization Management Program, the SWMBH Medical Director shall provide oversight and guidance to SWMBH access system, including review of triage and referral protocols, access system policies, medical necessity criteria, clinical practice guidelines, and utilization management criteria used by the UM Program’s care managers and utilization managers. Medical necessity criteria and protocols for behavioral healthcare triage and referral are reviewed a minimum of every two years by the Medical Director and within the MI Health Link Committee. SWMBH’s Medical Director, or a doctoral-level clinical psychologist, is available for case review and consultation with access system staff 24 hours a day, 7 days a week.

E. Access System Supervision

Access, triage and referral staff are directly supervised by a master’s level licensed clinician with a minimum of 5 years post-graduate clinical experience. The supervisor is on site and available to access system staff during normal business hours, and available by telephone and email when off site, and after normal business hours. The supervisor is involved in the day to day activities of the access system,



provides direction and consultation, provides education and guidance, and monitors for consistent application of triage and referral protocols and access standards.

#### F. 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). The Medical Director and/or the consulting psychologist make all determinations that result in medical necessity denials, for behavioral health and substance use disorder authorization requests. 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.

#### G. Access System Management

SWMBH, through the assistance of the MI Health Link 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.

#### H. Access System Capacity Management

Through various monitoring mechanism and standards, SWMBH tracks, manages and ensures Access System capacities including capacity management, network adequacy, and geo mapping and provider network directory.

#### I. Hours of Operation

SWMBH Access System shall be available for inbound collect or toll-free calls 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. Members may also utilize e-visits via telephone or video chat. The SWMBH Access system shall be available 8am-8pm Mon-Fri to address routine service requests. Access system functions may be contracted to the SWMBH provider network. The PIHP through monitoring and oversight shall provide assurance as to how it complies with this element, especially for contracted services.

#### J. Non-Residency Criteria

Crisis Response and Stabilization Capacity. The SWMBH Access System shall be available to all beneficiaries enrolled in the MI Health Link demonstration. 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, 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, I/DD, SUD and co-morbid conditions) and coverage by an accepted benefit plan.

**L. Integrated Access System**

SWMBH shall ensure its Access System can operate as an integrated ‘access system’ across the entire network for persons enrolled in the MI Health Link demonstration who are experiencing either a mental illness, intellectual/developmental disability, substance use and/or co-occurring disorder/conditions, including persons with comorbid primary care and behavioral health needs. This means that SWMBH has ensured Access System care managers capable of providing screenings for comorbidity 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 PC/BH needs.

**M. 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 Medicaid Specialty Services Contract “Access System Standards” Technical Requirement and as identified through the NCQA standards.

**N. Coverage Determination**

The Access System care managers shall facilitate entry into the mental health and substance use disorder systems by: determining beneficiary coverage eligibility, providing the beneficiary with benefit plan information, helping beneficiaries navigate the system, providing linkage and referrals and coordinating with the ICO through the Carebridge system and other identified agreed upon mechanisms. SWMBH does not provide financial incentives, reimbursements or bonuses, to staff or providers, based on member utilization of covered services.

**O. Special Needs**

The Access System shall have the capacity to meet the special needs of persons contacting the access system at no charge to the customer, including:

1. Limited English Proficiency or other linguistic needs.
2. Diverse cultural and demographic backgrounds.
3. Visual and Hearing Impairments.
4. Alternative needs for communication.
5. Mobility challenges.

**P. Prior Authorization/Cost**

Access System screenings and emergency services 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 pre-approved by SWMBH because SWMBH could not be reached by the provider to request pre-approval for these post-stabilization services. SWMBH does not provide financial incentives, reimbursements or bonuses, to staff or providers, based on customer utilization of covered services.

Q. Enrollee/Recipient Rights

At point of request for services, members shall be provided with a summary of their enrollee rights, including their rights 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.

R. Second Opinions/Appeals

When an adverse decision is rendered, the Access System care manager (i.e. access denial; desired level of care denial, etc.), shall provide the applicant 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, is the same or similar specialist as the original reviewer, not a subordinate of the practitioner rendering the adverse decision, and who was not involved in the original determination.

S. 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.

T. Advance Directives

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

U. Clinical Screening for Non-Emergent Service Eligibility

Utilizing the agreed upon tools (LOCUS, ASAM, SIS), a credentialed and qualified Access System care manager shall screen (either telephonically or face-to-face) 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. All screening decisions shall be coordinated with the ICO Care Coordinator.

V. Screening/Referral Processes

SWMBH shall ensure an integrated and coordinated Access System across its entire network, for both behavioral health and substance use disorder services. In this regard, all care managers shall use the Triage and Referral protocols, clinical criteria and processes of SWMBH, and shall apply such criteria in a consistent manner. Based upon the results of the identified screening/tool including the ASAM, LOCUS and SIS, applying applicable nationally recognized behavioral health criteria, MDCH practice



guidelines, and the selected clinical pathways, members shall be referred to medically necessary levels of care. Those persons not meeting medical necessity criteria shall be referred to other community-based supports and back to the ICO Care Coordinator. All screening decisions shall be coordinated with the ICO Care Coordinator.

**W. Intake Assessment**

Except for the SIS, SWMBH has contracted the intake assessment (i.e. bio-psycho-social comprehensive assessment) to the provider network 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 and use tools meeting agreed upon SWMBH requirements.

**X. Outreach Services**

SWMBH, through direct care management staff or its provider network, 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. SWMBH and/or the local provider network shall maintain documentation that reflects the efforts to reach mandated population groups.

**Y. SWMBH Policy Coordination**

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

**Z. 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.

**AA. Access System Evaluation**

SWMBH shall utilize the MI Health Link UM/QM Committee and 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.

**BB. Delegation**

SWMBH shall comply with requirements set forth in the applicable ICO contract.

**References:**

- A. MHL P04.02.01 Access Management, Triage & Referral Protocol
- B. NCQA MBHO 2019 Standards and Guidelines
- C. MDHHS FY 2019 Contract attachment 4.1: Access Standards
- D. BBA Section 42 CFR 438.10; 438.100; 438.220; 438.330
- E. PIHP Contract Section Attachment P.4.1.1.
- F. NCQA/URAC Standard UM 2,3, 4, 5 & 11
- G. Other AMS Policy Exhibit, MDHHS Administrative Rules for Substance Abuse Services in Michigan, MDHHS Administrative Rules for Mental Health Services in Michigan, Public Health Code, PA 368, 42 CFR Confidentiality for Substance Abuse Services, American Society of Addiction Medicine (ASAM)



Patient Placement Criteria, OROSC Policy & Technical Advisory Policies, Access Management System Policy, #2, MDHHS/MSA Medicaid Provider Manual, Mental Health Code, PA 258, Chapters 2, 3, and 7

**Attachments:** None













# MHL 04.02 Access Management, Triage, & Referral

Final Audit Report

2020-05-07

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