| Subject: | Accountability: | Effective Date: | Pages: 3 | | | |
|--|---------------------|--------------------|---------------|--|--|--|
| Admission Criteria and Intake | SAPT & UM | 7/28/14 | | | | |
| Procedures- SARF | | | | | | |
| REQUIRED BY: | | Last Reviewed | Past Reviewed | | | |
| BBA Section | | Date: | Dates: | | | |
| PIHP Contract Section | _ | 9/16/16 | 5/25/16 | | | |
| NCQA/URAC Standard | | | | | | |
| SA SARF Department of Commu | | | | | | |
| Health and Substance Abuse Ad | | | | | | |
| Substance Use Disorder Service: | | | | | | |
| 325.14107, Operating Manual, Rule 107 | | | | | | |
| Other | | | | | | |
| LINE OF BUSINESS: APPLICAT | ION: | Last Revised | Past Revised | | | |
| 🔲 Specialty Waiver (B/C) 🛮 🔀 SWMB | H Staff and Ops | Date: | Dates: | | | |
| ☐ I Waiver Partici | pant CMHSPs | 9/16/16 | 5/15/15 | | | |
| Healthy Michigan 🛮 🔀 SUD Pi | oviders | | | | | |
| SUD Medicaid | DD providers | | | | | |
| SUD CA Block Grant DD pro | viders | | | | | |
| OTHER: Other: | \mathcal{A} | | | | | |
| | | Required Reviewer: | | | | |
| Approved: Muche Amelo | | Director of SAPT | | | | |
| Date: //////////////////////////////////// | Director of UM & CS | | | | | |
| 11.28-16 | | | | | | |

I. Purpose

Admission Criteria and intake procedures is considered an integral part of determining medically necessary treatment, particularly in higher/short-term levels of care. Consideration of the continuum of care and long-term recovery needs of the customer will be considered at every step of the screening and assessment. Priority is given to the federally identified Priority Populations identified below. Specified timeframes for referrals as well as interim care are followed. Utilizing uniform admission criteria and intake procedures intends to improve the quality of care, improve outcomes and control costs by assuring plan full coordination of and referral to primary and specialty mental health, substance use disorder and medical health providers in a manner that eliminates barriers to and duplication of services while satisfying SARF licensure requirements.

II. Policy

It shall be the policy of Southwest Michigan Behavioral Health (SWMBH) to provide/assure that Admission Procedures and Intake services meet the contractual and regulatory requirements of the Michigan Department of Health and Human Services contract and Center for Medicare and Medicaid Services (CMS) Code of Federal Regulations (CFR) and the Public Health Code and advance the recovery and/or independence of SWMBH customers. This will be accomplished by establishing collaborative, planning relationships among CMHSP's, behavioral health, substance use disorder and medical health care providers.

III. Standards and Guidelines

A. Southwest Michigan Behavioral Health's benefits management system provides multiple channels of access to care for customers with Substance Abuse Disorders.

A customer may access the system through any of the following avenues:

- 24-hour toll-free access line
- Face-to-Face evaluation by network providers
- Same day telephonic screening resulting in an immediate referral to a network provider,
 if warranted. This screening will be conducted by a qualified individual in accordance
 with the ASAM criteria and contractual requirements. A service referral for priority
 populations will be made as contractually required and clinically indicated.
- Crisis services through inpatient hospitals/residential treatment centers, mobile crisis teams, or urgent care centers
- Medicaid beneficiaries requiring substance abuse services may access treatment by contacting Southwest Michigan Behavioral Health or by requesting services from a local provider who subsequently requests authorization from Southwest Michigan Behavioral Health.

When a customer calls Southwest Michigan Behavioral Health to access services, staff will collect necessary demographic and other information to facilitate appropriate referrals to providers and complete an ASAM and/or an authorization for assessment. Southwest Michigan Behavioral Health will provide the customer with provider contact information, and/or facilitate a warm transfer via three way call to connect the customer to the provider. The network provider will complete an assessment dependent on the customer's request. The priority population guidelines are as follows:

| Population | Population Admission Requirement | | Authority |
|---------------------------------|---|--|---|
| Pregnant Injecting Drug User | 1)Screened & referred w/in 24 hrs. 2)Detox, Meth. or Residential – Offer Admission w/in 24 business hrs Other Levels of Care – Offer Admission w/in 48 Business hrs | Begin w/in 48 hrs: Counseling & education on: A. HIV & TB B. Risks of needle sharing c. Risks of transmission to sexual partners & infants Effects of alcohol & drug use on the fetus Referral for pre-natal | Recommende |
| Pregnant Substance User | 1)Screened & referred w/in 24 hrs 2)Detox, Meth or Residential Offer admission w/in 24 business hrs Other Levels of Care – Offer Admission w/in 48 Business | B. Risks of transmission to sexual partners & infants | CFR 96.121; CFR 96.131; Recommende d |
| Injecting Drug User | Screened & Referred w/in 24 hrs; Offer Admission w/in 14 days | 1. Counseling & education on: A HIV & TB | CFR 96.121; CFR 96.126 Recommende |
| Parent at | Screened & referred w/in 24 hrs. Offer Admission w/in 14 days | Early Intervention Clinical | Michigan Public Health Code Section 6232 |
| All Others | Screened & referred wiin seven calendar days. Capacity to offer Admission w/in 14 days | Not Required | CFR 96.131(a) – sets the order of priority; |

IV. Definitions

None

V. References

Department of Community Health Mental Health and Substance Abuse Administration Substance Use Disorder Services Program R 325.14107, Operating Manual, Rule 107

VI. Attachments

None

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