

COPPER COUNTRY MENTAL HEALTH SERVICES BOARD

POLICY AND PROCEDURE

DATE: April 26, 2017 Access to Services.P9

RESCINDS: April 27, 2016

CATEGORY: Client Services

SUBJECT: Access to Services

POLICY: It is the policy of the Copper Country Mental Health Services Board (CCMHS) to assist all Michigan residents who contact the Agency, regardless of where they live. Further, the Agency provides timely access to appropriate and necessary services to all persons with mental illness, intellectual/developmental disabilities and/or co-occurring substance use disorder who meet eligibility criteria. The process of accessing services is expected to be available, accessible and welcoming to all persons on the telephone and on a walk-in basis.

PURPOSE: The purpose of this policy is to define acuity levels, processes and key functions for staff to assist persons who are requesting services.

Definitions:

EMERGENT SITUATIONS: Those clinical presentations which involve real and imminent danger to the person or others and which require immediate diagnosis and treatment.

PEER CLINICAL REVIEW: Clinical review conducted by appropriate health professionals when a request for a service or support was not approved during initial clinical review.

ROUTINE: Those situations in which the person appears to have a mental illness, and/or an intellectual/developmental disability with or without a co-occurring substance use disorder and presents as relatively stable and able to function in their current environment; but may require services to improve functioning in one or more settings, and/or to alleviate emotional distress, and/or to address significant behavioral disturbances, and/or to maintain functioning in the least restrictive setting.

PROCEDURE:

- I. Key functions of CCMHS staff that have first contact, either by phone or in person, with someone requesting services are as follows:
  - A. Welcome all persons requesting services by demonstrating empathy, providing opportunity for the person to describe his/her situation, problems and functioning difficulties, exhibiting excellent customer service skills, and working with them in a non-judgmental way.
  - B. Screen people who approach the access system to determine whether they are in an emergent situation.
  - C. If the person is in an emergency situation, assure that they receive timely, appropriate attention by an Emergency Services worker.
  - D. If the person requests routine services during normal business hours, connect the person to the NorthCare Centralized Access System by giving them the NorthCare phone number to call from their home or offering a private office to make the call immediately.

This initial telephone screening completed by NorthCare determines the person's eligibility for assessment for on-going services, identifies demographics, referral information (including whether or not the person is referred by a primary EPSDT screener) and potential funding sources. A person with Medicaid or Healthy Michigan who is potentially eligible for Specialty Mental Health services is then scheduled for an assessment (i.e. intake) at the appropriate CCMHS office.

Those persons who do not have Medicaid or Healthy Michigan and who are found eligible for an assessment at CCMHS are scheduled for a telephonic interview. This interview will determine symptom severity/functional impairment and their level of need before any determination of additional service authorization will be rendered.

- E. Assess the need for Limited English Proficiency assistance and other reasonable accommodations, and facilitate accommodations for those identified needs in a timely manner.
- II. Emergency Services are available 24 hours a day to all persons in the four-county area. During regular business hours, persons in emergent situations, or someone on his/her behalf,

can call CCMHS at 906-482-9404 or 1-800-526-5059, or request services in person at any of the CCMHS clinics, or at any of the local hospitals' emergency rooms.

After hours, persons in emergent situations, or someone on his/her behalf, may phone the Emergency After-Hours Telephone Response line (1-800-526-5059) or go to their closest hospital emergency room.

Emergency Services may also be requested by personnel at hospital emergency rooms, courts, or jails 24 hours a day.

A screening of the person's condition and a disposition by qualified personnel will occur within three hours of the person being available for the screen. Emergency screenings can be conducted at any of the agency clinics during business hours and at hospital and jails either during business hours or after hours.

- III. Persons or guardians seeking routine (non-emergent) access to services may phone NorthCare Network's Regional Access System (888-906-9060) during regular business hours and speak to an access worker (mental health professional) who completes a phone screening. If the call is identified as an emergent situation, the call is immediately diverted to the Emergency Services Team at CCMHS.

The NorthCare Network's Regional Access System will also take information from anyone acting on behalf of a person and make arrangements to complete a screening with the person or his/her guardian.

Requests for services may be made in person at any of the CCMHS clinics during regular business hours. Persons who present with immediate risk/emergency situation are referred for assessment by the Emergency Services team.

A person who has been discharged from services, and requests services again within one year, will not have to go through the duplicative screening process. They shall be triaged to determine whether presenting mental health needs are emergent or routine.

Requests for routine services that are made after hours through the Emergency After-Hours Telephone Response line will be routed to the NorthCare Access Unit the next business day.

- IV. If a person with Medicaid or Healthy Michigan is determined to be eligible for an initial assessment upon completion of the screening by the NorthCare Network's Regional Access System, the person is scheduled for a face-to-face assessment with a

mental health professional at a CCMHS office within fourteen (14) days. The mental health professional completing the assessment has an active Michigan license and/or certification with a relevant scope of practice.

- A. The mental health professional who conducts the assessment:
1. Completes an initial clinical review to obtain information regarding the person's eligibility for Medicaid specialty services and supports, Healthy Michigan or, for those who do not have any of these benefits, as a person who's presenting needs for mental health services make them a priority to be served.
  2. Collects information for decision making and reporting purposes.
  3. Informs people about all the available mental health and substance abuse services and providers and their due process rights under Medicaid, or Healthy Michigan, and the Michigan Mental Health Code.
  4. Approves requests for services or supports that meet criteria and refers requests that do not meet criteria to peer clinical review.
- V. To the extent possible and appropriate, persons seeking services are given a choice of physician or other mental health professional.
- VI. Persons making an initial request for services, who after either the initial screening or face-to-face assessment, are determined to be ineligible for services are informed of the decision and of their right to request a second opinion. A notice of denial for an initial assessment is provided by NorthCare; a notice of denial after a face-to-face assessment must be provided by CCMHS. These notices include specific contact information and informal appeal rights. Referral sources, with the consent of the person, are notified of this decision as well. Persons who are determined to be ineligible for services are referred to alternative community resources that may meet their needs.
- VII. CCMHS provides outreach to under-served and hard-to-reach populations and is accessible to the community-at-large.
- VIII. CCMHS has an established mechanism to periodically seek feedback from people who have had contact with staff members to confirm that those staff members have demonstrated a welcoming, accepting attitude and that they have helped with service requests.

CROSS REFERENCE:

CCMHS Policy - Grievance and Appeal Processes - Medicaid and  
Healthy Michigan (HM)

CCMHS Policy - Grievance and Appeal Processes - Non-Medicaid

NorthCare Network Access Policy