

HEALTHWEST

Policy and Procedure

No. 06-022

Prepared by:

Effective: June 1, 2003

Revised: August 23, 2024

Christy Ladronka
Clinical Services Manager

Approved by:

Subject: Service Entry Process for Adults and Children with Mental Illness, Individuals with Developmental Disabilities and Individuals with Substance Use Disorder

DocuSigned by:

Rich Francisco

AA7F048ABB04A3

Rich Francisco, Executive Director

I. POLICY

HealthWest will have an established central intake system which allows all individuals, regardless of residency, to easily obtain mental health services or information in a timely manner.

HealthWest does not discriminate in the provision of services to an individual **(i)** because the individual is unable to pay; **(ii)** because the payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP); or **(iii)** based upon the individual's race, color, sex, national origin, disability, religion, age, sexual orientation, or gender identity.

II. PURPOSE

To ensure that the organization has a system in place to allow for eligible individuals to receive mental health services that are high quality, timely and clinically appropriate to their individual needs.

III. APPLICATION

All HealthWest programs and contracted providers.

IV. DEFINITIONS

- A. Triage: The determination of the level of risk, intensity and immediacy of the presenting problem, identification, and linkage with services needed.
- B. Comprehensive Assessment: Comprehensive Assessment which covers the individual's current and historical behavioral health symptoms, social history, functioning level, needs & strengths, and desired outcome.
- C. Preadmission Screening: An assessment to determine whether inpatient or other alternative settings are appropriate and available.

- D. Authorization/Reauthorization: Approval of a set of services identified as a part of a Person-Centered Plan.

V. PROCEDURE

A. Service Entry

1. The service entry line is a resource for all Michigan residents.
2. Clinic hours are Monday through Thursday 8am – 7pm, Friday 8am – 5pm and Saturday 8am – 12pm beginning 10/1/16. Individuals seeking services may walk-in during clinic hours or contact the after-hours crisis line to or present to the local emergency department for crisis support outside of clinic hours. Individuals seeking services will be supported in coordinating an immediate response to their request for services.
3. Telehealth Assessment may be conducted using internet resources when available and appropriate to meet the needs of consumers.
4. The HealthWest service system is available twenty-four (24) hours per day, seven (7) days per week, including in-person and by-telephone access for hearing impaired individuals. Telephone lines are toll-free; accommodate Limited English Proficiency (LEP); are accessible for individuals with hearing impairments; and have electronic caller identification.
 - a. Calls are answered by a live representative who will assist the caller in connecting him/her based on request of services for Adults or Youth & Families once it is determined that their situation is not urgent or emergent.
 - b. All crisis/emergent calls are immediately transferred to a qualified practitioner without requiring the individual to call back.
 - c. For non-emergent calls, a person's time on-hold awaiting proper call routing must not exceed **three (3) minutes** without being offered an option for callback or talking with a non-professional in the interim.
 - d. All non-emergent callbacks must occur within **one (1) business day** of initial contact.
5. Individuals presenting with a request for services will receive a brief screening and stabilization services by an Access Clinician. The brief screening assessment tool utilized will be appropriate to address the presenting Adult Needs or Youth/Family needs. Initial approval or denial of community-based services and authorization will take place. If approved services, the initial authorization will be added to the Electronic Health Record (Latitude 43) and the Access Team will communicate and coordinate the next steps. If denied services, a Notice of Adverse Benefit Determination will be provided along with community referrals that could benefit the individual.

6. If during the brief screening medical needs are identified, Access Staff will consult with the requesting provider for medical services when appropriate. Access Staff will ensure that proper coordination of care is provided in all situations.
7. If in the course of an screening it is apparent that the individual requires crisis intervention, the individual, youth and/or family will be assisted in safety planning and/or Pre-Admission screening. Whenever necessary the individual, youth and/or family will be directed to the closest emergency room.
8. An attempt to obtain complete insurance information and/or ability to pay is made for each individual or family requesting service. This is conducted on site by a member of the finance team or may be conducted by an Access worker within the community. If HealthWest is not part of the insurance's provider network, the Access worker will make every appropriate attempt to connect the individual with the appropriate gatekeeper/services; however, no one will be refused services for inability to pay.
9. Individuals who have private insurance with Medicaid secondary and who are eligible for HealthWest services may be referred to a HealthWest network provider when their primary benefit is exhausted, or the services needed are not a covered benefit under their primary coverage. Every attempt will be made to coordinate third party reimbursement before utilizing Medicaid coverage. In all cases, emergent/urgent needs are immediately addressed.
10. A qualified member from the Access team will evaluate the transportation needs of all eligible referrals. Transportation options will be explored. In cases in which no option appears to be available, the Clinician will notify the provider agency at the time of the referral and direct the provider to transportation options suitable for the individual's capabilities. Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) participants and their families will be assisted in facilitating linkages to adequate, dependable transportation.
11. When processing referrals within the CMHSP provider network, a member of the Access team will open the appropriate programs in the electronic record.
12. If an individual, youth & family does not meet eligibility criteria for services, the Master's Level Clinician will give alternative community resources and phone numbers and assist the caller in connecting to these services. This will be completed through the external referral process.
13. All denials of service will receive the option of obtaining a second opinion if they disagree with the decision made by the Access Clinician.
14. Second opinions will be processed by the appropriate Supervisor or in their absence, his or her designee.
15. Decisions to deny or reduce services are made by health care professionals who have the appropriate clinical expertise to treat the conditions.

16. All individuals who are determined to not meet eligibility criteria will be connected to an alternative community resource to ensure that they have connected with the appropriate referral. The phone number(s) of that resource will also be given to the individual for future reference. In every case of community referral, the Access Clinician will explain why HealthWest services are not appropriate at this time and discuss the alternatives.
17. The HealthWest system of care shall provide a timely, effective response to all individuals who walk into the center.
 - a. For individuals who walk into the center with urgent or emergent needs, an intervention shall be immediately initiated.
 - b. Those individuals with routine needs must be screened or other arrangements made within **thirty (30) minutes**.
18. The HealthWest system of care shall maintain the capacity to immediately accommodate individuals who present with:
 - a. LEP and other linguistic needs
 - c. Diverse cultural and demographic backgrounds
 - d. Visual impairments
 - e. Alternative needs for communication
 - f. Mobility challenges
19. The HealthWest system of care shall address financial considerations, including county of financial responsibility as a secondary administrative concern, only after urgent or emergent needs of the individual are addressed. Initial assessment and crisis intervention shall never require prior authorization, nor shall service entry system screening and referral ever require any financial contribution from the individual served.
20. The service entry system shall provide individuals with a summary of their rights guaranteed by the Michigan Mental and Public Health Codes, including information about their rights to person-centered planning (or individual treatment plan of service) process and assure that they have access to the pre-planning process as soon as the assessment and coverage determination processes have been completed.

B. Access

1. HealthWest will maintain timely completion of timely determinations (within 3 hours of request) for pre-admission screenings for inpatient hospitalization admissions for 95% of all screenings conducted, for both children and adults.

2. HealthWest will provide a comprehensive mental health assessment within 14 days of request for services.
3. HealthWest consumers will start services within 14 days of their initial assessment and determination of eligibility.
4. HealthWest SUD consumers will be given admission preference in the following order:
 - a. Pregnant injecting drug user
 - b. Pregnant drug user
 - c. Injecting drug user
 - d. Parents at risk of losing custody of their children
 - e. Individuals under MDOC supervision
 - f. All others

Population	Admission Requirement	Interim Service Requirement
Pregnant Injecting Drug User	1. Screened and referred within 24 hours. 2. Detoxification, Methadone, or Residential – Offer admission within 24 business hours. Other Levels of Care – Offer admission within 48 hours.	Begin within 48 hours: 1. Counseling and education on: a. HIV and TB b. Risks of needle sharing. c. Risks of transmission to sexual partners and infants. d. Effects of alcohol and drug use on the fetus. 2. Referral for pre-natal care. 3. Early intervention clinical services.
Pregnant Substance Use Disorders	1. Screened and referred within 24 hours. 2. Detoxification, Methadone, or Residential – Offer admission within 24 hours. Other Levels or Care – Offer admission within 48 business hours.	Begin within 48 hours: 1. Counseling and education on: a. HIV and TB b. Risks of transmission to sexual partners and infants. c. Effects of alcohol and drug use on the fetus. 2. Referral for pre-natal care. 3. Early intervention clinical services.
Injecting Drug User	Screened and referred within 24 hours. Offer admission w/in 14 days.	Begin within 48 hours – maximum wait time of 120 days: 1. Counseling and education on: a. HIV and TB b. Risks of transmission to sexual partners and infants. c. Effects of alcohol and drug use on the fetus. 2. Early intervention clinical services.
Parent at Risk of Losing Children	Screened and referred within 24 hours. Offer admission w/in 14 days.	Begin within 48 hours: Early intervention clinical services
Individuals under MDOC Supervision	Provide notice of admission decision to the Supervising Agent within 1 business day.	
All Others	Screened and referred within 7 calendar days. Capacity to offer admission w/in 14 days.	Not required.

5. The CCBHC will make and document reasonable attempts to contact all individuals receiving CCBHC services who are discharged from these settings within 24 hours of discharge. For individuals receiving CCBHC services being discharged from such facilities who are at risk for suicide or overdose, the care coordination protocols between these facilities and the CCBHC must include a requirement to coordinate consent and follow-up services with the person receiving services within 24 hours of discharge and continues until the person is linked to services.

C. Provision of Crisis and Emergent Services

1. Mental health crisis and emergent services will be available twenty-four (24) hours a day, seven (7) days a week for all populations. HealthWest has several on-call systems to handle after-hours request for support.
 - a. Assertive Community Treatment
 - b. Pre-Admissions Screening
 - c. Mobile Crisis
 - d. Nursing

Crisis response and/or Pre-Admission Screening will occur in accordance with the Michigan Department of Health and Human Services standards and be available at all HealthWest locations and emergency rooms. This service may also occur in the jail and juvenile transition center, in the schools, or within the community to meet consumer needs.

2. Persons presenting with urgent/emergent needs will be assessed for the least restrictive service.
3. Law Enforcement partnerships (all 11 precincts) are utilized with pick up order to foster involuntary assessment and medical clearance.
4. If inpatient, residential placement or partial hospitalization is determined to be medically necessary then authorization will be entered into the Electronic Health Record (Latitude 43) and sent to the contracted provider. If inpatient, residential placement or partial hospitalization is deemed unnecessary, follow-up services to an agreed upon provider will occur.
5. Each individual will be given the opportunity to obtain a second opinion if they disagree with the outcome of the evaluation. The decision to deny or reduce services is made by health care professionals (in this case a Psychiatrist), who have the appropriate clinical expertise to treat the conditions.
6. If an individual is presenting with a substance abuse disorder, they will be assessed to determine what level of care they require using the ASAM placement criteria. Follow-up services will be arranged with HealthWest, or other community resources per their preferences. Staff will provide the individual with a follow-up

appointment with a substance abuse service which fits with their level of care needs as well as choice.

D. Mobile Crisis

1. Individuals who present in a psychiatric or substance related emergency may be referred to the Intensive Crisis Stabilization Team (Mobile Crisis team).
2. The crisis teams are comprised of a Master's and Bachelor level clinician. Other members of the team may be added (peer or case management assistant).
3. The teams will receive referrals from emergency room staff, HealthWest Service Entry Master's Level Clinicians, ProtoCall Services (24-hour emergency line service), and from agency staff including psychiatry.
4. Staff will respond in the community, and preferably the individual's home, unless the individual has a preference to not meet there, or the person or situation is deemed unsafe by the team. This will occur within 1 hour urban and 2 hours rural.
5. A neutral location is accessible at the Trinity Hospital campus. Mobile Crisis staff will contact hospital security for support.

E. Special Populations

Individuals presenting with special needs such as Deaf or non-English speaking will be accommodated within the required access timeframes by the procurement of specialized services.

F. Choices/Person-Centered Planning

1. Access staff will educate the individual on the person-centered planning process and their options of participation and choice.
2. Every effort will be made to meet individual preferences for services and requested provider.
3. The individual requesting services will be included in the decision to choose a specific worker or to request a specific network provider. Individuals have a choice of providers within the service network.

G. Provider Timeliness

1. Every network provider must be in compliance with the following timeliness standards:
 - a. Initial Assessments will be provided within fourteen (14) days. The Crisis Prevention Plan is built into this workflow. It is also built into the annual workflow and is available as a standalone form to be completed or updated whenever necessary.

- b. Onset of service will be within fourteen (14) days of the assessment.
- c. Preadmission screening disposition will be within three (3) hours of the initial request for hospitalization.
- d. Post hospitalization follow-up occurs at the earliest business day available, but no more than seven (7) days from discharge.

H. Underserved Provision

- 1. It is the policy of HealthWest to not have a waiting list. HealthWest will never have a waitlist for CCBHC services. However, if circumstances should warrant the use of a non-CCBHC underserved list, the outline below shall be followed:
 - a. Persons will be maintained on the list in the order by date they requested services.
 - b. All individuals must not be at risk to self or others.
 - c. It is not expected that by delaying services that this individual will continue to decompensate and require more intensive services.
 - d. Symptoms must be mild to moderate and meet the above criteria. (Someone who is hearing voices with mild impairment currently but who has a history of becoming very psychotic without treatment intervention would not be a candidate for a waiting list.)
 - e. Individuals regardless of history who have a history of missing multiple appointments with their therapist and keep re-applying for services but still fail to engage in treatment.
 - f. The underserved list will be monitored by phone to ensure that they are not decompensating. If their symptoms are worsening, they will be asked to walk in at their convenience.
 - g. If they no longer wish to be on the underserved list, they will be removed, and this action will be clearly documented by the Master's Level Clinician.

I. Administrative Functions

- 1. Oversight and Monitoring
 - a. The Medical Director shall be involved in the review and oversight of the service entry system policies and clinical practices.
 - b. The service entry system staff is qualified, credentialed and trained consistent with the Medicaid Provider Manual, MICHild Provider Manual, the Michigan Mental Health Code, the Michigan Public Health Code and the Michigan Department of Health and Human Services contract requirements.

Policy and Procedure

Service Entry Process for Adults and Children with Mental Illness, Individuals with Developmental Disabilities and Individuals with Substance Use Disorder

No. 06-022

Page 9 of 9

- c. The service entry department shall monitor provider capacity to accept new individuals and be aware of any provider organizations not accepting referrals at any point in time.
- d. The agency shall routinely measure telephone answering rates, call abandonment rates and timeliness of walk-ins, appointments and referrals. Any resulting performance issues are addressed through the Quality Improvement Plan.

CL/hb