

CENTRA WELLNESS NETWORK

Board Adopted Procedure		
Procedure	03.01.01	Policy Title: Enrollee Rights
Effective Date:	6/10/2010	Subject: Waiting List
Review Cycle:	3 years	
Approval Validation Record		
Action	Date	Board Sec'y Initials
Full Board Vote:	6/10/2010	ARH
Minutes Approved:	7/8/2010	ARH
Accountability		
Board Committee:	Policy Committee	
Agency Function:	Enrollee Rights – Wait List Procedure	
Sunset Review Begins:		
Revised Date:	2-1-2017	ARH
Review Date:	3-4-2014	ARH

**CENTRA WELLNESS NETWORK
PROCEDURE 03.01.01 WAITING LIST**

I. APPLICATION:

Agency Wide, including employees, affiliated providers and interpreters.

II. POLICY:

The Centra Wellness Network (CWN) Governing Board shall establish policies with related procedures to ensure clients are offered the rights afforded them pursuant to obligations under the Mental Health Code, Administrative Rules, contractual obligations with the Michigan Department of Health and Human Services (MDHHS), and the Inter-local agreement with Manistee and Benzie Counties, any other state and federal regulations, and pertinent accreditation criteria.

III. DEFINITIONS:

N/A

IV. PROCEDURES:

A. Eligibility for Waiting List

1. The CWN Waiting list procedure does not apply to individuals applying for or receiving services who are Medicaid, Healthy Michigan Plan, or Medicaid Waiver clients. These individuals must immediately receive all medically necessary services.
2. Persons presenting in urgent or emergent situations receive immediate risk assessment and crisis intervention services until current risk is mitigated.
3. When funding is insufficient to provide medically necessary services, CWN will maintain a waiting list of all individuals applying for services in the Code-defined Priority Population.
4. Currently enrolled clients, whose services have been suspended, reduced or terminated due to General Fund restrictions and any current consumers identified as underserved will be included on the list.

B. Placement on the Waiting List

1. Current clients and individuals requesting services meeting medical necessity criteria may be placed on the waiting list after face-to-face or telephone screening by a qualified Mental Health Provider (MHP) according to the Medicaid Provider Manual. The following information will be documented in the screening:
 - a) Presenting problem/key issues;
 - b) Risk assessment;
 - c) Initial qualifying diagnosis;
 - d) Duration of symptoms;
 - e) Functional impairment;
 - f) Co-occurring conditions;
 - g) Developmental history (for children); and
 - h) History of prior services
2. Individuals placed on the waiting list will be informed in writing of other community resources or services that may be available.
3. Individuals have a right to decline placement on the waiting list.
4. Active consumers who have their services denied, reduced, terminated, or suspended will be notified in writing of their right to access the local dispute resolution process.
5. All individuals placed on the waiting list will receive a notification letter informing them of how to access crisis services, what to do if their situation changes, and of their right to request a review of the decision (sample attached).

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6. The review of waiting list decision will occur within 5 business days of a request. An individual in an urgent situation is entitled to an expedited review, which will be processed within 2 business days of the request. The review will be documented and the consumer informed in writing of the review disposition.

C. Management of the Waiting List

1. The Director of CAPS, or qualified designee, will maintain and prioritize the waiting list. The list will be prioritized based upon the following information and criteria for adults with Severe Mental Illness (SMI), children with Serious Emotional Disturbance (SED) and persons with Intellectual and/or Developmental Disability(I/DD):
 - a) Severity of mental illness, emotional disturbance or intellectual or developmental disability;
 - b) Severity of functional impairment;
 - c) Domains in which there is risk;
 - d) Risk factors and degree of risk;
 - e) Existence of complex, co-occurring condition;
 - f) Developmental profile/status (for children);
 - g) Stability of living situation, to include consideration of a primary caregiver with a serious mental illness or complex condition (for children or individuals with I/DD);
 - h) Priority may be mitigated by other available options, such as community resources, other insurance payers, natural supports, etc.
2. Severity and urgency of each individual on the waiting list will be the primary consideration when allocating resources. An individual's position on the waiting list may be re-ordered according to severity and urgency of others on the list.
3. Individuals on the waiting list will be contacted quarterly by mail (see attached letter) to determine if they wish to stay on the list and if there has been any change in their situation which would re-prioritize their position on the list.
4. Individuals are removed from the waiting list under the following circumstances:
 - a) The individual received all needed services;
 - b) The individual obtains Medicaid, ABW/Healthy Michigan Plan, or MI Child benefits;
 - c) The individual moves outside the CWN service area;
 - d) The individual requests to be removed from the waiting list; and/or
 - e) The individual has not responded to request for information sent to his/her mailing address in 90 days.
5. CWN resources are monitored regularly through Director's Team Meetings, Operation Management Team Meetings, and the utilization management process to create capacity for individuals on the waiting list.

D. Reporting

1. CWN will present summary information related to the waiting list as requested but no less than annually to the Governing Board.
2. CWN will submit waiting list data to MDHHS as required by the MDCH/CMHSP contract.

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V. DISCUSSION OF INTENT:

This procedure for CWN provides services to any eligible individual with Severe Mental Illness, Severe Emotional Disturbance and/or qualifying Intellectual and/or Developmental Disability diagnosis, regardless of ability to pay. However, insufficient General Fund revenue may limit the ability of CWN to meet the full community need for mental health services for our Mental Health Code defined priority populations.

The priority population for Community Mental Health Service Providers is defined as in Chapter 2, Section 330.1208 (3) of the Michigan Mental Health Code, "Priority shall be given to the provision of services to individuals with the most severe forms of serious mental illness, serious emotional disturbance, and developmental disability. Priority shall also be given to the provision of services to individuals with a serious mental illness, serious emotional disturbance, or developmental disability in urgent or emergency situations.

Authority and Related Directives Trace	
Federal	42§ CFR 438. 206;438.207
State	Michigan Mental Health Code Chapter 1, Section 330.1124 (2); Chapter 2, Section 330.1208 (1-3)
NMRE	Prepaid Inpatient Health Plans and Community Mental Health Services Programs Access System Standards Section III (i)
County	Interlocal Agreement Between Manistee and Benzie Counties 12/15/1992, Section IX
CARF	CARF 2016 Behavioral Health Section 2B (4)
Other	

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Client Name
Address
City, State ZIP

Dear [Name],

As a result of your request for mental health services on [date], it has been determined that you meet criteria for the following service(s): [identify service type]. However, due to inadequacy of current funding, you are being placed on a waiting list for this service.

You have the right to request a review of this decision. If you would like to request a review of this decision, or have questions about this action, please contact:

Erin King, LMSW
Director, Customer and Provider Services
6051 Frankfort Hwy. Suite 800
Benzonia, MI 49616
1-877-398-2013

If your situation changes, or if you wish to have your name removed from the waiting list, please contact our Access Center at 1-877-398-2013.

If you are experiencing a mental health emergency, **crisis services are available 24 hours a day, 7 days a week by calling 1-877-398-2013.**

Sincerely,

[Staff Name]
[Title]

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Consumer Name
Address
City, State ZIP

Dear [Name],

The purpose of this letter is to inquire if you wish to remain on the waiting list for the following service(s): [identify service type].

Additionally, we would like to know if there has been any change to your condition or situation.

You can be removed from the waiting list if you:

- Obtain Medicaid or other insurance;
- Move outside the CWN service area; and/or
- Request to be removed from the waiting list.

Please respond to this request within **90 days of receiving**.

If you are experiencing a mental health emergency, **crisis services are available 24 hours a day, 7 days a week by calling 1-877-398-2013.**

Sincerely,

[Staff Name]
[Title]