CENTRA WELLNESS NETWORK

Board Adopted Procedure			
Procedure	03.01	**Policy Title: 03.00 Enrollee Rights**	
Effective Date: 3/10/2011		**Subject: Access**	
Review Cycle:		3 years	
Approval Validation Record			
Action		**Date**	**Board Sec'y Initials**
Full Board Vote:		3/10/2011	
Minutes Approved:		4/14/2011	
Accountability			
Board Committee:		Policy Committee/Recipient Rights Committee	
Agency Function:		Access to Services	
Sunset Review Begins:			
Revised Date:		4.13.17	
		1.6.2021	
		5.5.2021	
Review Date:		3/27/2014	
		5.6.2020	

I. PURPOSE STATEMENT:

Centra Wellness Network's (CWN) Governing Body establishes and evaluates policies and related procedures as required by statutory and contractual obligations.

CWN reserves the right in its sole discretion to adopt and implement policies and procedures that ensure a safe, functional and professional workplace that operates with integrity using person-centered focus and planning, trauma informed practices and respect of others, cultural sensitivity and transparency in communication and practice. Organizationally and in practice, CWN is responsive to the needs of clients, community and staff.

Any statements and procedures are subject to review and/or unilateral change, modification, suspension or cancelation in whole or in part of any published/unpublished policies or procedures without notice and without having to give cause, justification, or consideration to any employee. Recognition of these rights and prerogatives of CWN is a term and condition of and maintaining employment.

Policies and Procedures are approved by the Board and/or upon recommendation by the Executive Director or his/her designee.

II. APPLICATION:

Agency Wide, including employees, affiliated providers and interpreters.

III. DEFINITIONS:

Centra Wellness Network (CWN) access system: Customer and Provider Services staff and all CWN staff from clinical programs who may be called upon to respond to crises, complete screenings, and provide intake assessments.

IV. POLICY STATEMENT:

The purpose of this procedure is to ensure that clients served by Centra Wellness Network receive information about access to covered services, including but not limited to, assistive supports, peer supports specialists, family advocates, and local community resources. CWN does not discriminate in the provision of services to an individual because the individual is unable to pay; because payment for those services would be made under Medicare, Medicaid, or the Children's Health Insurance Program (CHIP); or based upon the individual's race, color, sex, national origin, disability, religion, age, sexual orientation or gender identity.

V. PROCEDURES:

A. Key Functions of the Access System:
   1. Functions as the front door for obtaining services by telephone or on a walk-in basis.
   2. Screens individuals to see if they are in crisis and if so, provide a timely, appropriate response;
   3. Determines the individuals' eligibility based on need and priority for services;
   4. Collects information for decision-making and reporting purposes;
   5. If not eligible, refers in a timely manner to the appropriate community resources and supports;
   6. Reaches out to the under-served and hard-to-reach populations and be accessible to the community-at-large;
   7. Coordinates Family Support Subsidy for CWN; and
   8. Facilitates Consumer Council meetings

B. Expectations of the Access System:
   1. Staff is available, accepting, welcoming, empathetic and helpful to all individuals regardless of where they live or where they contact the system.
   2. Staff reflects the MDHHS philosophies of person-centered, self-determined, recovery-oriented, trauma-informed and least restrictive environments.
   3. Staff welcomes individuals by listening to their situation, problems, and functioning difficulties using good customer service skills in a non-judgmental way;

4. A toll-free access phone line is available 24 hours a day and 7 days per week. There is access to the phone line for hearing impaired and limited English Proficient (LEP) individuals.
    a. Phone systems have electronic caller identification.
    b. Individuals do not encounter phone trees and are not put on hold until they have spoken with a live person and had an opportunity to discuss their situation.
    c. All crisis/emergent calls are immediately transferred to a qualified professional without having to call back.
    d. No individual seeking a non-emergent screening is placed on hold for more than 3 minutes without being offered a callback or the option to speak with a paraprofessional in the interim.
    e. All non-emergent callbacks are returned within one business day of initial contact.
    f. Individuals can be transferred directly to an access worker from any extension in a Centra Wellness Network office.
5. Provides a timely, effective response to all individuals who walk in.
    a. Urgent or emergent needs are immediately referred to the appropriate professional.
    b. Non-emergent needs are screened or other arrangements are made within 30 minutes.
6. Immediately accommodates individuals with:
    a. LEP and other communication needs
    b. Diverse cultural and other demographic backgrounds
    c. Alternative communication needs
    d. Mobility challenges
    e. Visual Impairments
7. Addresses financial considerations including county of fiscal responsibility (COFR), only after addressing urgent and emergent needs.
    a. Does not require prior authorization for crisis intervention or an access screening.
    b. Does not require any financial contribution for phone screening and referral.
    c. Provides individuals with a summary of their rights including rights to person-centered planning.
8. Offers new clients an orientation to services, emergency procedures and the Community Mental Health Guide to Services
9. Assures that new clients have access to pre-planning as soon as the eligibility has been determined.

C. Screening for Crises
1. Staff, will assure that urgent and emergent needs are identified and addressed first. This includes understanding when issues are urgent or emergent from the individual's point of view.
2. Staff completes timely assessments, provides appropriate interventions, and timely admissions to inpatient units or alternate services when appropriate.
3. Staff will ask if the individual has existing advance directives.
4. Necessary post-stabilization services will be provided following stabilization of the crises. Individuals without Medicaid who require post-stabilization will be referred back to the access system for assistance.

D. Screening and Determining Eligibility for Services
1. Determining Coverage for mental health and/or substance abuse services shall be completed using:
    a. MDHHS/PIHP and PIHP/CMHSP contracts;
    b. Medicaid Provider Manual for a Medicaid and Medicaid Waiver beneficiary; and
    c. The Michigan Mental Health Code and Administrative Rules if the beneficiary is not eligible for Medicaid or a Medicaid Waiver.

2. An in person clinical assessment will be conducted to gather information to determine eligibility for services.
    a. The assessment will gather an adequate amount of information without duplicating information gathered to develop an appropriate plan of care and to subsequently provide appropriate and safe services.
    b. The assessment is completed by a mental health care professional within their scope of practice.
    c. A number of standardized assessment tools are used to assist in the gather of information including but not limited to PECFAS, CAFAS, ADOS-2, ADIR, LOCUS, and SIS. These tools, along with standards outlined in Section D(1) are used to determine appropriate level of care.
    d. Eligibility determined by a Master's Level clinician.
    e. Any third party payer source will be identified to provide an appropriate referral source, in or out of network.
    f. No individual will be denied service because of individual/family income or third party payer sources.
    g. The referral source will be identified whether in or out of network. With the consent of the individual served, the referral source will be informed of the determination of eligibility for services.
    h. When the assessment is conducted, the individual and legal representative, if applicable, will be offered a written determination of eligibility based upon established admission criteria. The written decision will include:
        i. Presenting problems and needs for services and supports;
        ii. Initial identification of the population group that qualifies the individual for services and supports (I/DD, MI, SED, SUD)~~.~~;
        iii. Co-occurring mental illness and substance use disorder;
        iv. Urgent and emergent needs including links for crisis services~~.~~;
        v. Screening deposition~~.~~; and
        vi. Rationale for admission or denial.
3. Individuals with mental health needs who are not eligible for Medicaid or Medicaid Waiver may be placed on a waiting list with a written explanation of reasoning.
4. Appointments are made with mental health professionals of the individual's choice whenever possible within 14 days of the assessment.
5. Staff will follow up with the individual to make sure that the appointment was kept.
6. Individuals accepted for services have access to the person-centered-planning process.
7. Referrals are made in compliance with confidentiality requirements of 42CFR.

E. Referrals to Community Resources
1. Individuals with Medicaid who request mental health services but do not meet eligibility for specialty support and services are referred to their Medicaid Health Plans or Medicaid fee-for-service providers.
2. Individuals who request mental health or substance abuse services but who are not eligible for Medicaid or Medicaid Waiver mental health and substance abuse services, individuals who do not meet the "priority population to be served" criteria in the Michigan Mental Health Code or the Michigan Public Health Code for substance abuse services, or individuals who request information about the other non-mental health community resources or services that are not the responsibility of the public mental health system shall referred to alternative mental health or substance abuse treatment services available in the community.
3. Staff will provide information about and help individuals connect as needed, with Customer Service, peer supports specialists, family advocates, and local community resources such as: transportation services, prevention programs, local community advocacy groups, self-help groups, service recipient groups, and other avenues of support, as appropriate and available.

VI. EXHIBITS:

N/A

VII. REFERENCES:

Authority and Related Directives Trace	
Federal	42§ CFR 438.6, 438.52, 438.100, 438.206-438.210, 438.114
State	MDHHS/CMHSP Contract, Part II, Section 3.0 and 6.3; Michigan Mental Health Code 330.1100, 330.1124, 330.1206, 330.1208, 330.1226, 330.1409, 330.1702 and 330.1706; Michigan Medicaid Provider Manual: Behavioral Health and Intellectual and Development Disability Supports and Services
NMRE	Administrative Manual, Chapter 6
County	
CARF	2020 CARF Behavioral Health Standards
Other	