BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY
POLICIES AND PROCEDURES MANUAL

Chapter: 4	**Care and Treatment Services**		
Section: 4	**Eligibility, Intake and Utilization Management**		
Topic: 46	**General Intake Process – Primary Care Services**		
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Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) that all individuals who request all clinical services from BABHA receive a comprehensive assessment to determine their need for care, levels and types of care appropriate to needs, and whether further assessment and/or referrals to other types of services are called for. This assessment will be conducted by competent and qualified staff through a general intake process and delivered in a welcoming and culturally competent environment that accepts individuals at all stages of need.

Purpose

This policy and procedure is established to provide guidelines for the general intake process for all clinical services.

Education Applies to:

☐ All BABHA Staff
☒ Selected BABHA Staff, as follows: Clinical Management and Primary Care Staff
☐ All Contracted Providers: ☐ Policy Only ☐ Policy and Procedure
☒ Selected Contracted Providers, as follows: Primary Care Providers
☐ Policy Only ☒ Policy and Procedure
☐ Other:

Definitions

N/A

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Procedure

Intake Process: BABHA Emergency and Access Services conducts the screening with provisional diagnosis and forwards the resulting report to an internal or external outpatient provider in the form of a referral (see BABH Policy and Procedure, C04-S04-T335 Enrollment, Re-enrollment, Screening and Referral). The provider then arranges for an initial face–to-face appointment with the individual seeking services to conduct the clinical assessment to determine eligibility for specialty behavioral health services (see C04-S04-T34 Access and Eligibility for Specialty Mental Health Services).

Initial "Face-to-Face" Appointment: The individual will meet with provider clinical staff based on –BABHA referral information. A comprehensive assessment, in collaboration with the individual and/or guardian, will be conducted by the Client Services Specialist/Clinical Specialist. Information needed for the assessment will be gathered by means of agency intake paperwork and a question/answer style discussion session that adheres to the assessment form content. If the individual is a minor child, the parent(s) or guardian of the child shall take part in the assessment.

Minimum Intake Paperwork

A. The following are guidelines for completion of minimum intake paperwork at the initial (first) "face-to-face" appointment:
   1. Copy of Insurance/Medicaid Card
   2. Consent to Treatment Form
   3. Confirmation if the individual would like text appointment reminders
   4. Review/confirm Consumer Information in Phoenix andReferral Information
   5. Financial Liability Determination/Ability to Pay Form
   6. HIPAA Information
   7. Recipient Rights Booklet
   8. Authorization to Disclose or obtain information
   9. DHS Authorization to release information (if applicable)
   10. Orientation Materials
   11. Coordination of Care Consent Form

B. The following will be completed within the first 14 days of service:
   1. Acknowledgment of Receipt covering: Summary of Our Agency and Your Privacy and contents of the Consumer Handbook.
   2. Distribution of the Provider Directory

Forms in sections A and B are kept in the individual's record and updated annually, or as needed, depending on whether the case remains open or closed.

C. The following materials will be distributed at the time of the initial appointment:
   1. Rights Book
   2. Guide to Services Booklet
   3. Advance Directives (Medical and Mental)
   4. HIPAA Information
   5. Know Your Rights (Substance Use Guide), when clinically appropriate

Completion of Demographic Information: Immediately following receipt of the above completed forms, primary clinician or clerical staff will enter the demographic information, BH TEDS information, as well as the insurance information into the electronic health record. This information must include the Date of Birth, Social Security Number, and Address.

Orientation: During the first thirty (30) days of service the individual will be orientated to the services they will be receiving. This will include, but not limited to, type of services provided and by who; rights and responsibilities of the individual and/or guardian; grievance and appeals process; ways input can be given; confidentiality policies; informed consent for treatment; behavioral expectations; transition and discharge criteria; potential risks to the individual; accessing after-hour services; professional standards; reporting requirements; financial obligations; health and safety policies; program rules; familiarization with facilities, include emergency exits and/or shelters, fire suppression equipment, and first aid kits; advance directives; the assessment process; process to develop the person centered plan. This education will be documented through the Acknowledgment of Receipt, Consent to Treatment, and clinical progress notes during the first initial appointments.

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Completion of Assessment: Once all required information is gathered, the Client Services Specialist/Clinical Specialist will complete the assessment. The assessment process focuses on the person's specific needs; identifies the goals and expectations of the person served; is responsive to the changing needs of the individual and reflects significant life or status changes of the individual; includes any provisions for communicating information to guardian, or other applicable personnel, including legally required notifications. This assessment will determine eligibility for specialty behavioral health services, and if the individual meets eligibility the assessment will serve as the basis for treatment. The assessment includes a section called "The Explanation of Medical Necessity for Services", which will be an interpretive summary of all recommendations from the assessment will be documented and justification for such services will be identified. An Initial/Interim Person Centered Plan will be completed when a program receives a new referral and will be developed with the person served covering the services that will be provided for the first 30 days of service. All recommendations from the assessment will be addressed during the PCP process in the Individual Plan of Service (IPOS). Per consumer choice, if the issue/recommendation is not included in the goals and objectives, it will be documented why it is not addressed and how the clinician will address the issue if it is not included the plan.

Approved Timelines for Intake Activities

1. First contact within 14 calendar days after screening or within 7 calendar days of a hospital discharge
2. Second contact will occur within 14 calendar days of first contact
3. Assessment to occur within 14 days of first contact, and documentation will be completed within 30 calendar days.
4. Person-Centered Plan will be completed within 30 days of first contact, and documented within 45 calendar days.

There may be exceptions, such as a consumer requesting an appointment outside the initial 14 calendar day standard set by MDCH and/or refusing an appointment that would have occurred within this same 14 calendar day period. Client Services Specialists and clinical specialists should consult with their immediate supervisor to request an exception to the approved timelines.

The reasons for the exceptions and the dates offered to the consumer must be documented in progress notes.

Approved Timelines for Annual Updates

1. Assessment update will be initiated at least 45 calendar days before the PCP due date

2. PCP will be completed within 365 days from the previous PCP. It should be noted that in extenuating circumstances, a PCP may be delayed longer than the 365 days. In this situation, an Interim PCP will be developed for the duration of 30 days continuing the goals and objectives until the full PCP meeting can be conducted.

Re-assessment should begin at least 45 days prior to the expiration of the current PCP to allow sufficient time to complete the assessment update, pre-planning document, and PCP meeting. The re-assessment also includes a section called "The Explanation of Medical Necessity for Services", which will be an interpretive summary of all recommendations from the assessment will be documented and justification for such services will be identified. All recommendations from the re-assessment will be addressed during the PCP process in the Individual Plan of Service (IPOS). Per consumer choice, if the issue/recommendation is not included in the goals and objectives, it will be documented why it is not addressed and how the clinician will address the issue if it is not included the plan. . The PCP meeting should be held prior to expiration of the current PCP. Persons served should receive a copy of the completed PCP within 15 business days of their PCP meeting.

Updating Demographic Information: When clinical staff become aware of changes in demographic information, they will access the individual in the electronic health record and make necessary changes. Annual updates should include confirmation if the individual would like to instate and/or continue to receive appointment reminders via text.

Further Assessment and/or Referral Elsewhere: If the comprehensive assessment shows that further assessment is needed, such as a psychiatric evaluation, or that the individual would be better served by or is more appropriate for a different program either within or outside of BABHA's services, a referral will be made by the Client Services Specialist/Clinical Specialist. If a referral is made to a program outside of BABHA's services, an Authorization to Disclose and/or Obtain Information form must be filled out, signed and dated by the individual, or in the

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case of a minor, by the parent(s) or guardian, before information can be shared. If the referral is within BABHA's services, information will be shared with appropriate BABHA staff.

Denial of Service: If the information gathered during the initial assessment does not support the individual meeting eligibility criteria for specialty behavioral health services he/she will be:
(BABHA Policy and Procedure, C04-S04-T34 Access and Eligibility for Specialty Mental Health Services)

a) Informed of the decision
b) Provided information on his/her right to appeal the decision
c) Provided information about local ES availability
d) Provided information for alternative community resources
e) Receive an advanced notice letter, which will include the following information:
   i. Reason for denial,
   ii. Alternative services/resources in the community
   iii. Information regarding grievance and appeal options (see BABH PP C03-S08-T07-Appeals and Grievance Procedural Processes).

Attachments
N/A

Related Forms
Acknowledgement of Receipt Form (G:/Clinical Services/Master Clinical Files)
Clinical Assessment (EHR)
Authorization to Disclose or Obtain Information (G:/Clinical Services/Master Clinical Files)
Coordination of Care Consent (G:/Clinical Services/Master Clinical Files)
Consent to Treatment (G:/Clinical Services/Master Clinical Files)
BABH Welcome Letter (G:/Clinical Services/Master Clinical Files)
Financial Liability Determination/Ability to Pay Form (G:/Clinical Services/Master Clinical Files)
Program Rules for ACT, CM/SC, IFB, OT (G:/Clinical Services/Master Clinical Files)
Program Rules for ES (G:/Clinical Services/Master Clinical Files)
Program Rules for North Bay (COI) (G:/Clinical Services/Master Clinical Files)

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Related Materials

Referral/Face Sheet Information (EHR)
C04-S09-T14 Advance Directives for Medical Care and Do Not Resuscitate
C04-S05-T05 Personal Advocate/Patient Advocate and Advance Directive for Mental Health Care
C04-S04-T34 Access and Eligibility for Specialty Mental Health Services
C03-S08-T07- Appeals and Grievance Procedural Processes
Guide to Services Booklet (at each site)
HIPAA Information (G:/Clinical Services/Master Clinical Files)
Know Your Rights (S/A Guide) (at each site)
Rights Book (at each site)
Workflow: Start of Services

References/Legal Authority

C04-S04-T34 Access and Eligibility for Specialty Mental Health Services

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SUBMISSION FORM				
AUTHOR/ REVIEWER	**APPROVING BODY/COMMITTEE/ SUPERVISOR**	**APPROVAL /REVIEW DATE**	**ACTION (Deletion, New, No Changes, Replacement or Revision)**	**REASON FOR ACTION - If replacement list policy to be replaced**
M. Wolber	PI Council	07/07/08	New	
M. Swank	CLT	05/26/09	Revision	Timeframes needed to be added to clarify how much time primary care staff have to complete an initial assessment and Person Centered Plan for a new or returning consumer.
M. Swank	CLT	06/07/10	Revision	Ad all program rules to related forms
M. Swank P. Baker	M. Swank	08/13/10	Revision	Under related forms – added new CI-Jail services-Arenac County
M. Swank	CLT	04/25/11	Revision	Added language to indicate that timelines for clinical documentation apply to persons served who are due for a PCP update.
D. Tomczak	PNLT	03/15/12	Revision	Updated to include requirements related to the Electronic Medical Record - ECHO
B. Roszatycki T. Charbonneau-Ivey	PNLT	08/08/13	Revision	Triennial review – revision made based on 2012 CARF survey recommendations and intake process revisions
K. Amon	K. Amon	06/06/14	Revision	Electronic Health Record has made changes to our intake process and need to be reflected in policy
J. Hahn	C. Pinter	05/27/15	Revision	Number scheme change, referenced PP update, and added denial of service procedure. Was 4-2-3 and now is 4-4-46
J. Hahn	C. Pinter	7/26/2017	Revision	Updated to include additional directives for the assessment.
J. Hahn	C. Pinter	12/13/2021	Revision	Add language re: appointment reminders via text.