

BAY-ARENAC BEHAVIORAL HEALTH AUTHORITY POLICIES AND PROCEDURES MANUAL

Chapter: 4	Care and Treatment		
Section: 4	Eligibility and Utilization Management		
Topic: 35	Enrollment, Re-enrollment, Screening and Referral		
Page: 1 of 8	Supersedes Date: Pol: 6-20-02, 10-18-01 Proc: 10-8-21, 1-28-20, 06-11-18, 5-15-15, 9-3-14, 5-3-13, 1-28-11, 10-21-10, 4-5-10, 12-18-08, 8-19-03, 6-20-02, 10-18-01 (previously C11-S04-T01, 6-20-02)	Approval Date: Pol: 12-18-08 Proc: 3-4-2022	_____ <i>Board Chairperson Signature</i>
			_____ <i>Chief Executive Officer Signature</i>
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Policy

It is the policy of Bay-Arenac Behavioral Health Authority (BABHA) to implement enrollment, re-enrollment, screening, referring, and authorizing practices to ensure that eligible persons receive non-emergent mental health and/or substance treatment services in a timely manner.

Purpose

This policy and procedure is established to ensure that all persons residing in the catchment areas of the participating Community Mental Health Services Program (CMHSP) Boards have the opportunity to request non-emergent specialty mental health services and/or substance use disorder services, and service requests are processed in a timely manner.

Education Applies to:

- All BABHA Staff
- Selected BABHA Staff, as follows: All Clinical, Clinical Management and Access
- All Contracted Providers: Policy Only Policy and Procedure
- Selected Contracted Providers, as follows: LIPs, Primary Care
 Policy Only Policy and Procedure
- Other:

Definitions

N/A

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Procedure

1. BABHA Emergency and Access Services is located in Bay City, MI, in a building that is physically accessible for disabled persons and providers of mental health and/or substance use disorder services. Emergency and Access Services is open Monday through Friday 8:00 AM - 5:00PM for the purpose of routine eligibility screenings. Emergency and Access Services provides provisional eligibility screening for specialty mental health and substance use disorder services for the residents of Bay and Arenac Counties. Emergency and Access Services also provides contracted access/screening services for residents of Huron County (via contract with Huron Behavioral Health) and Tuscola County (via contract with Tuscola Behavioral Health Systems). Calls placed to Emergency and Access Services after regular business hours or on weekends are answered by professional staff without encountering call trees or being put on hold.
2. Emergency and Access Services may screen individuals for eligibility over the phone and/or individuals presenting on-site requesting "walk-in" services at any time through Emergency and Access Services on a 24-hours a day, 7 days a week basis.
3. A toll-free telephone number (800-448-5498) is available for individuals and providers. Individuals who are deaf or hard of hearing should utilize the Michigan Relay Center (MRC) by dialing 7-1-1 to connect them to the number they are trying to reach.
4. Any person contacting Emergency and Access Services has their call answered by professional staff and does not encounter call trees. Individuals are not put on hold prior to speaking with a person. Calls are answered by Emergency and Access Services' Intake Representatives, who complete the enrollment process (demographics, insurance, contact information, guardianship information, etc.). Upon completion of the enrollment process, calls will be warm transferred to an Emergency and Access Services Clinician, who will complete the screening process for specialty mental health services. If there are no clinicians available to complete a screening at the time of the initial call, a call-back message will be taken for non-emergent calls and callbacks will occur within one business day of the initial contact. Emergent/crisis calls will be processed at the time of the initial call by an Emergency and Access Services Specialist

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5. To ensure that all individual's requests for services are received regardless of their method of communication, alternative forms of communication will be available for all calls to Emergency and Access Services.
 - a) For non-English speaking individuals, Emergency and Access Services utilizes Voices for Health for over the telephone interpretation services. Through this service, staff are able to speak to individuals via an interpreter in 140 different languages.
 - b) Emergency and Access Services staff are trained on using 711 relay and will refer the individuals to the appropriate service through this route. Interpreters are also available through VOICE.
 - c) Emergency and Access Services staff are provided Limited English Proficiency (LEP)/cultural competency training according to established agency standards on a regular basis. Additionally, information pertaining to "Safe Harbor" populations for each affiliate is made available to the staff, thereby supporting the cultural and demographic needs of the community we serve. When victims of human trafficking are referred to CMHSP services, they often are not in possession of identification documents. In keeping with the Social Welfare Act (Act 280 of 1939, MCL 400.109m), victims of human trafficking may receive benefits for medical and psychological treatment resulting from their status as a victim. These services should be initiated without delay and until such time that identity and eligibility for other funding is established. CMHSPs may utilize general funds as appropriate for services.

6. All individuals who call Emergency and Access Services will be screened to determine urgency of service need based on established BABH procedures.
 - a) If during the Access screening process, it is determined the individual warrants pre-admission screening for acute care services, the clinician will complete the pre-admission screening.
 - b) If after business hours it is determined by an Emergency and Access Services staff member that an Access screening/follow-up is necessary, the Emergency and Access Services staff will enroll the individual and complete the screen if time allows or place the individual in the call back queue to be contacted within the timeframe required by Access Standards for an Access screen to determine eligibility for services if time does not allow.

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7. Emergency and Access Services staff will be “Welcoming” and treat each individual calling BABH with dignity and respect regardless of the services being requested by the caller.

8. Emergency and Access Services staff will screen for specialty mental health services and substance use disorder services. Determination of service authorization will be based on if the person meets criteria based on BABHA Policy and Procedure, C04-S04-T34 Access and Eligibility for Specialty Mental Health Services.

9. Information obtained during the screening process shall include but is not limited to:
 - a) Demographic information including: name, date of birth, county of residence, address, phone number, guardian information (if applicable).
 - b) Insurance coverage of the potential customer.
 - c) Type of service being requested.
 - d) Presenting problem, current symptoms, pattern of symptoms, functional impairment, and mental status.
 - e) Treatment history for mental health, medical, and substance use disorder

10. Based on the information provided, if the person does not meet the eligibility criteria for the target population (refer to BABHA Policy and Procedure, C04-S04-T34 Access and Eligibility for Specialty Mental Health Services”), he/she will:
 - a) Be informed of the decision, provided information on his/her right to appeal the decision, provided information about local Emergency and Access Services availability, and provided information for alternative community resources.
 - b) Receive an Advance Benefit Determination, which will include the following information: reason for denial, alternative services/resources in the community, and information regarding grievance and appeal options (see C03-S08-T07- Appeals and Grievance Procedural Processes). When a person is found ineligible for services, in accordance with the choice of the person, the family/support system and referral source will be informed as to the reasons why. This will be completed by citing the reason for the denial in the ABD and sending a copy of the ABD to the individual, family/support person, and/or referral source with the individual’s permission. When completing the ABD, clinicians may add extra detail as necessary to further explain the reason for the

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denial, as well as encourage the individual to follow up with the referral source as appropriate.

11. Individuals may be referred (diverted) to non-specialty mental health services or other community services if:
 - a) They do not meet eligibility criteria.
 - b) They are enrolled in a Qualified Health Plan and Severe Mental Illness (SMI)/Intellectual Developmental Disability (IDD)/Serious Emotional Disturbance (SED) criteria have not been met.
 - c) They have a primary commercial insurance/Health Maintenance Organization (HMO) plan, are not financially indigent, and are not in need of specialty mental health services.
 - d) To assist in the processing of phone calls, Emergency and Access Services Staff will have available resources as noted in their Department Manual. The information included will be program overviews, staff telephone lists, protocols for authorized service activities, listings for Qualified Health Plans, phone directory for each CMHSP in the State of Michigan, information related to providers/codes, including substance treatment providers, and listing of community resources.

12. Other persons may telephone the Access Center on behalf of a potential customer. This telephone call may result in an enrollment, re-enrollment, screening, and referral when:
 - a) Confidentiality is not violated in accordance with the CMHSP Board’s Policies and Procedures and the Michigan Department of Health and Human Services Mental Health Code,
 - b) The individual making the referral has the legal capacity to make the request for service, e.g., legal parent, legal guardian, person in-loco parentis, etc.
 - c) Community agencies/providers, outside of the CMHC system, calling to refer individuals for services will be encouraged to have the individual call for their own services or have the individual present at the time the community agency calls. Information may not be shared with the community agency caller unless there is a release of information signed by the potential customer.

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13. An Access screen will be completed for individuals requesting an eligibility determination for non-emergent services. The screening will include presenting problem, current symptoms, pattern of symptoms, functional impairment, mental status, LOCUS or CAFAS calculation, treatment history for mental health, medical, and substance use disorder, risk assessment, provisional diagnosis, disability determination, and narrative section including other pertinent information. Information will be entered into the appropriate Electronic Health Record.
14. Individuals who have been screened and meet the protocol guidelines to access mental health services through Medicaid, or qualify for General Fund dollars, will be referred to their local CMHSP or other contracted provider. Based on agency standards, Emergency and Access Services clinicians will provide initial authorization and admission for these referrals, if applicable. When possible, individuals will be offered a choice of providers.
15. Standard authorization decisions will be determined as expeditiously as the enrollee's health condition requires. Once eligibility is determined, a copy of the individual's Access screen will be forwarded to the provider through the PCE electronic health record system when the clinician signs the screen, or through REMI for SUD referrals.
16. Onset of services from the date of initial request will be carried out within State established timeframes and/or shall not exceed 14 calendar days following receipt of the request for services. This is considered a Routine referral.
17. Urgent referral decisions are cases in which a provider indicates, or Emergency and Access Services determines, that following the standard (Routine) time frame could seriously jeopardize the person's life or health or ability to attain, maintain, or regain maximum function. An individual with an Urgent referral must be seen by the service provider within three days. An individual with an Emergent referral must be seen within 24 hours. An individual with a Hospital Discharge referral must be seen within seven days.
18. Medicaid, Healthy MI, and MI Child eligibility will be verified via the insurance verification look-up on the Internet. Providers will verify commercial insurance eligibility and will follow Coordination of Benefits (COB) guidelines as established in BABHA Policy and Procedure Coordination of Benefits, Third Party Coverage.

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19. During the access screening process to determine eligibility, all individuals, including families, children, and youth will be provided understandable and meaningful information to make informed choices regarding services and supports available to them. They will have a voice in determining the services they receive. Services and supports should be delivered in the home and community whenever possible.

Attachments

N/A

Related Forms

N/A

Related Materials

N/A

References/Legal Authority

1. MDHHS Mental Health Code, Revised 2001
2. BABHA Policy and Procedure, C03-S03-T02 - Confidentiality and Disclosure, pgs. 1-7
3. MDCH Medical Services Administration Clarification Memo dated 12/01/00
4. Dean Howe LEP County Language Profiles, Languages by Census Bureau Language Grouping "Safe Harbor"
5. BABHA Policy and Procedure, C04-S04-T34 - Access and Eligibility for Specialty Mental Health Services
6. LOCUS/CALOCUS Worksheet

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7. MDHHS/MSHN (PIHP)CMHSP Managed Specialty Supports and Services Contract: Section 4.0 and related attachments
8. BABH Policy and Procedure Grievance and Appeal Standards, and Grievance and Appeal Systems
9. BABHA Policy and Procedure, C03-S08-T07- Appeals and Grievance Procedural Processes 42 CFR 438.210(d)(1) and (2)
10. BABHA Policy and Procedure, – Coordination of Benefits-3rd Party Coverage
11. CARF
12. MDHHS Memorandum – Services for Victims of Human Trafficking, Dec. 11,2017
13. Access Standards

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
J. Hahn	C. Pinter	09/19/08	Revision	Updated for accreditation requirements
N. Kulhanek	C. Pinter	04/05/10	Revision	Updated to reflect current practices
C. Pinter	C. Pinter	10/21/10	Revision	Updated to reflect response to calls is done by “live” staff after hours and on weekends
N. Kulhanek	C. Pinter	01/28/11	Revision	Updated to reflect current practices
N. Kulhanek	C. Pinter	05/03/13	Revision	Updated to reflect current practices
N. Kulhanek J. Hahn	C. Pinter	09/03/14	Revision	Numbering scheme/section change from C11-S04-T03; updated referenced PP numbers. MDCH/MDHHS update.
J. Hahn	J. Hahn	05/15/15	No change	Triennial review.
S. Krasinski K. Moore	K. Moore	6/11/18	Revision	Review. Update procedure.
K. Moore	K. Moore	1/28/2020	Revision	Add Substance Treatment E.H.R. REMI
S. Krasinski	J. Hahn	8/2/21	Revision	Updated to reflect current practices
S. Krasinski	S. Krasinski	10/8/21	Revision	Added youth-guided and family-driven language
S. Krasinski	J. Hahn	3-4-2022	Revision	Add process detail to #10.