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PROCEDURE

Application

This procedure shall apply to the clinical services of The Right Door for Hope, Recovery and Wellness.

1.0 Standards of Care

1.1 It is the expectation of The Right Door for Hope, Recovery and Wellness that the Access System functions not only as the front doors for obtaining services, but that it also provides an opportunity for people with perceived problems resulting from trauma, crisis, or problems with functioning to be heard, understood and provided with service options.

1.2 The Access System is available to all individuals on a telephone as well as a walk-in basis.

1.3 The Access System will provide individuals who seek assistance are provided with guidance and support in describing their experiences and identifying their needs in their own terms, then assistance with linking them to available resources.

1.4 The Access System will be staffed by workers who are skilled in listening and assisting the person with trauma, crisis, or functioning difficulties to sort through their experience and to determine a range of service options, in practical terms, that are available to that individual.

1.5 The Access System will provide culturally sensitive and competent services and be able to address the needs of all people, including those with co-occurring disorders and substance use disorders.

1.6 The Access System will reflect the philosophies of person-centered care, self-determination, recovery-oriented care, trauma-informed care, and least restrictive environment.

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2.0 Functions of the Access System:

2.1 Welcome all individuals

2.2 Screen individuals to determine whether they are in crisis, and if so, assure they receive timely, appropriate service.

2.3 Determine individuals' eligibility for Medicaid specialty services and supports, Healthy Michigan Plan, Substance Abuse Block Grant, or for those who do not have any of these benefits as a person whose presenting needs for behavioral health services make them a priority to be served.

2.4 Collect information from individuals for decision-making and reporting purposes.

2.5 Refer individuals in a timely manner to the appropriate behavioral health practitioners for assessment, person-centered planning, and/or supports and services; or if the person is not eligible for PIHP or CMHSP services, to community resources that may meet their needs.

2.6 Inform individuals about all the available mental health and substance abuse services and providers and their due process rights under Medicaid or Healthy Michigan Plan, Substance Abuse Block Grant and the Michigan Mental Health Code.

2.7 Conduct outreach to under-served, hard to reach populations and be accessible to the community at large.

3.0 Request for Services

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3.1 During regular business hours an individual, family member and/or other community member/agency requesting services shall be connected directly to an Access/Mobile Crisis Therapist or designee.

3.1.1 For non-emergent calls, a person's time on hold awaiting a connection to an Access/Mobile Crisis Therapist or designee does not exceed 3 minutes without being offered an option for callback or talking with a non-professional in the interim.

3.1.2 All non-emergent call backs occur within one business day of initial contact.

3.1.3 Individuals with routine needs are screened for service eligibility or other arrangements are made within 30 minutes of a non-emergent call or contact.

3.1.4 All identified crisis/emergent calls are immediately transferred to a qualified therapist without requiring an individual to call back.

3.2 All requests for services after hours are processed through the 24-hour crisis line contact center and forwarded to an on-call worker if determined to be emergent. Information gathered by the on-call worker is forwarded to an Access/Mobile Crisis Team Therapist or designee the next business day.

3.3 At the time of initial contact, an Access/Mobile Crisis Team Therapist or designee shall obtain relevant information, which may include demographic, insurance, presenting problem and preference information, and the person served shall be offered a screening appointment on the same day as the request is made with a clinician. The person served shall be given the name of the clinician, if available, and appointment time for the screening at this time.

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3.3.1 The access system shall address financial considerations, including insurance, and county of financial responsibility as a secondary administrative concern, only after any urgent or emergent needs of the person are addressed. Access system screening and crisis intervention shall never require prior authorization; nor shall access system screening and referral ever require any financial contribution from the person being served above their ability to pay.

3.3.2 The access system shall provide applicants with a summary of their rights guaranteed by the Michigan Mental Health Code, including information about their rights to the person-centered planning process.

3.3.3 The access system shall provide information regarding confidentiality (42 CFR) and recipient rights of substance use disorder clients to all individuals requesting services.

3.4 Person served identified choice and preferences shall always be documented and honored if not always granted.

3.5 An Access/Mobile Crisis therapist or designee shall use the information gathered to determine priority based on requested service need and medical necessity criteria.

3.6 Assigned primary staff shall provide adverse benefit determination as authorized or denied to the person served at the screening or within 14 calendar days from the request for service. If services are authorized, the adequate notice (interim plan letter) will provide detailed information on the service type, units authorized and time frame for the authorization. If services have been denied, the reason for denial will be clearly documented and second opinion information will be provided.

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3.6.1 For SUD Services, a screening decision shall be provided that shall include:

3.6.1.1 Identification of presenting problem(s) and need for services and supports.

3.6.1.2 Initial identification of population group (DD, MI, SED, or SUD) that qualifies the person for public mental health and substance use disorder services and supports.

3.6.1.3 ASAM Criteria

3.6.1.4 Legal eligibility and priority criteria (where applicable).

3.6.1.5 Documentation of any emergent or urgent needs and how they were immediately linked for crisis service.

3.6.1.6 Identification of screening disposition.

3.6.1.7 Rationale for system admission or denial.

3.6.1.8 Access staff shall follow up with individuals who made contact within two (2) business days to ensure service needs have been met or to re-engage if referral connections have not been met.

4.0 Waiting Lists

4.1 Persons meeting criteria for mental health or substance use services that are beneficiaries of Medicaid or Healthy Michigan, or are part of a “defined benefit” entitlement program and cannot be placed on a waiting list.

4.2 When funding is insufficient for The Right Door for Hope, Recovery and Wellness to serve adults and children who have a Serious Mental Illness

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(SMI), Serious Emotional Disturbance (SED), Substance Use Disorder (SUD), or a Intellectual/Developmental Disability (I/DD), priority shall be given to the provision of services to (i) individuals with the most severe forms of Serious Mental Illness, Serious Emotional Disturbance, Substance Use Disorder and Intellectual/Developmental Disability; and (ii) individuals with a SMI, SED, SUD or I/DD in **emergent** or **urgent** situations.

4.3 Persons who are determined to be in an emergent situation must be prioritized for and receive immediate services. Individuals who are in an urgent situation may be served by crisis services to mitigate risk while waiting for ongoing services. If stable and the risk mitigated, a person in an urgent situation may be placed on a waiting list.

4.4 Under conditions where service prioritization and waiting list management must occur, services shall always be prioritized to those individuals with the most severe and urgent needs.

4.5 Once placed on the waiting list, any person on the list informing The Right Door for Hope, Recovery and Wellness of a change in their situation, will be re-evaluated and re-prioritized given the additional information. This re-evaluation may result in the person receiving immediate services, if warranted.

4.6 Persons placed on the waiting list shall be informed of other community resources or services that may be available. For clients with a Substance Use Disorder, the required interim services will be provided.

4.7 Persons placed on the waiting list shall be informed of their right to request a review of the waiting list decision.

4.8 There shall be one master integrated waiting list for The Right Door for Hope, Recovery and Wellness that is maintained and regularly reviewed by Access department.

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4.9 The order of priority on the waiting list shall be based upon the following information and criteria:

4.9.1 Adults with Serious Mental Illness (SMI):
- 4.9.1.1 Severity of mental illness
- 4.9.1.2 Severity of functional impairment
- 4.9.1.3 Domains in which there is an impairment
- 4.9.1.4 Risk Factors/Degree of Risk
- 4.9.1.5 Existence of complex, co-occurring condition, such as SUD or significant medical condition
- 4.9.1.6 Priority may be mitigated by other available options, such as community resources, other insurance payers, natural supports, etc.

4.9.2 Children with Serious Emotional Disturbance (SED):
- 4.9.2.1 Severity of emotional disturbance
- 4.9.2.2 Severity of functional impairment
- 4.9.2.3 Domains in which there is an impairment
- 4.9.2.4 Risk Factors/Degree of Risk
- 4.9.2.5 Existence of complex, co-occurring condition, such as SUD or significant medical condition
- 4.9.2.6 Developmental profile/status
- 4.9.2.7 Stability of living situation, to include consideration of a primary caregiver with a serious mental illness or complex condition
- 4.9.2.8 Priority may be mitigated by other available options, such as community resources, other insurance payers, natural supports, etc.

4.9.3 Persons with Intellectual/Developmental Disabilities (I/DD):
- 4.9.3.1 Severity of developmental disability
- 4.9.3.2 Severity of functional impairment

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4.9.3.3 Domains in which there is an impairment
4.9.3.4 Risk Factors/Degree of risk
4.9.3.5 Existence of complex, co-occurring conditions, such as SUD or significant medical condition
4.9.3.6 Stability of living situation, to include consideration of a primary caregiver with a serious mental illness or other complex condition (e.g. health risks)
4.9.3.7 Priority may be mitigated by other available options, such as community resources, other insurance payers, natural supports, etc.

4.9.4 Persons with Substance Use Disorders (SUD):
4.9.4.1 Priority in this order (see chart below for required interim services):
4.9.4.1.1 Pregnant Injecting Drug User
4.9.4.1.2 Pregnant Substance Use Disorders
4.9.4.1.3 Injecting Drug User
4.9.4.1.4 Parent at risk of losing child.
4.9.4.2 Medical necessity and level of care determination criteria utilizing the American Society of Addiction Medicine (ASAM) Criteria. 1. Dimension 1 – Alcohol Intoxication and/or Withdrawal Potential. 2. Dimension 2 – Biomedical Conditions and Complications. 3. Dimension 3 – Emotional, Behavioral, or Cognitive Conditions and Complications. Dimension 4 – Readiness to Change. Dimension 5 – Relapse, Continued Use or Continued Problem Potential. Dimension 6 – Recovery Environment.
4.9.4.3 Severity of functional impairment
4.9.4.4 Domains in which there is an impairment
4.9.4.5 Risk Factors/Degree of Risk
4.9.4.6 Existence of complex/co-occuring conditions, such as a significant medical condition.

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4.9.4.7 Stability of living situation, to include consideration of a primary caregiver with a serious mental illness or complex condition.

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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 or Care – Offer admission within 48 business 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 business 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 within 14 days.	*Begin within 48 hours – maximum waiting time 120 days:* 1. Counseling and education on: a) HIV and TB. b) Risks of needle sharing. c) Risks of transmission to sexual partners and infants. 2. Early intervention clinical services.
Parent At-Risk of Losing Children	Screened and referred within 24 hours. Offer admission within 14 days.	*Begin within 48 business hours:* Early intervention clinical services.
All Others	Screened and referred within seven calendar days. Capacity to offer admission within	Not required.

4.10 The waiting list shall include, at a minimum, the following:
4.10.1 Name

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4.10.2 Case number
4.10.3 Age
4.10.4 Gender
4.10.5 Type of service(s) needed
4.10.6 Population Group (SMI, SED, I/DD)
4.10.7 Date placed on waiting list
4.10.8 Service Priority Number
4.10.9 Contacts/status
4.10.10 Disposition

4.11 Waiting List for Substance Use services

4.11.1 The Right Door for Hope, Recovery and Wellness will notify the Access Center Manager at MSHN immediately when they have to implement a waiting list and when the waiting list has ended. Persons with Medicaid or HMP eligibility cannot be put on a waiting list. If necessary residential and detox services are not available to a Medicaid or HMP eligible recipient, other appropriate service options must be made available (see interim services required above).

4.11.2 Priority population clients placed on a waiting list are required to be offered interim services

4.11.3 Interim services must minimally include:

4.11.3.1 Counseling and education about the human immunodeficiency virus (HIV) and tuberculosis (TB).
4.11.3.2 The risks of needle sharing.
4.11.3.3 The risks of transmission to sexual partners, infants, and steps that can be taken to ensure that HIV and TB transmission does not occur.
4.11.3.4 HIV or TB treatment service referrals.

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4.11.3.5 Counseling on the effects of alcohol and drug use on a fetus and referral for prenatal care are required for pregnant women.

MDHHS Guidelines

Kerry Possehn, Chief Executive Officer	Date		