

The Right Door for Hope, Recovery and Wellness

Chapter Title	Section #		Subject #
Clinical	C		310
Subject Title	Adopted	Last Revised	Reviewed
Access	10/26/98	1/26/2026	4/18/05; 4/24/06; 3/26/07; 3/27/08; 7/27/09; 1/25/10; 1/24/11; 1/23/12; 4/22/13; 8/25/14; 6/22/15; 4/25/16; 04/24/17; 4/23/18; 5/20/19; 5/26/20; 5/24/21; 11/22/21; 1/30/23; 1/29/24; 1/27/25; 1/26/26

POLICY

Application

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

1. Access

- 1.1. The Right Door for Hope, Recovery and Wellness will provide a welcoming, responsive access system 24 hours a day, 7 days a week for our MDHHS designated catchment area.
- 1.2. Information, services and supports for mental illness, intellectual developmental disabilities, substance use disorders and/or co-occurring disorders shall be available to all in the MDHHS designated catchment area who are eligible and who qualify. Crisis services shall be available to anyone 24 hours a day, seven days a week regardless of holidays or scheduled/unscheduled office closures.
- 1.3. Specialized mental health and substance use disorder supports and services are an entitlement for qualifying, enrolled Medicaid recipients.
- 1.4. The Right Door for Hope, Recovery and Wellness directs and prioritizes services and supports to individuals with serious mental illness, serious emotional disturbances, intellectual/developmental disability and/or a substance use disorder. Priority shall be given to individuals with the most severe disabilities, those in emergency situations, and/or those who meet federal and state guidelines for priority populations.
 - 1.4.1. The Right Door for Hope, Recovery and Wellness, as a Certified Community Behavioral Health Clinic (CCBHC), provides CCBHC services that are available to any person in need, including, but not limited to, those with serious mental illness, serious emotional disturbance, long-term chronic addiction, mild or moderate mental illness, and substance use disorders. A pre-existing diagnosis is not required as CCBHCs are required to provide timely assessment and diagnostic services.

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- 1.4.2. Any person with a mental health or substance-use disorder (SUD) ICD-10 diagnosis code, as cited in the most current CCBHC Demonstration Handbook, is eligible for CCBHC services. The mental health or SUD diagnosis does not need to be the primary diagnosis. Individuals with a dual diagnosis of intellectual disability/developmental disability are eligible for CCBHC services.
- 1.4.3. Priority of service provision is given to those persons that live within Ionia County or within the school district lines of schools located within Ionia County. All individuals, regardless of ability to pay, shall be served.
- 1.4.4. Individuals who do not meet specialty mental health and/or substance use disorder service and/or CCBHC criteria will be referred to alternative community resources in a timely manner.
- 1.5. Qualifying individuals shall not be denied a service because of an ability to pay issue.
 - 1.5.1. The access system shall address financial considerations, including county of fiscal responsibility as a secondary administrative concern, only after any urgent or emergent needs of the person are addressed.
 - 1.5.2. Access system screening and crisis intervention shall never require prior authorization.
- 1.6. All adult persons served (age 18 years and over) shall be presumed to be legally competent unless specifically determined by a court to be incompetent and have a court-appointed guardian. Furthermore, adults with court-appointed guardians shall be presumed competent in all areas not specifically covered by the guardianship.
- 1.7. Waiting lists for services may be established if funding is restricted or reduced. Those on a waiting list shall be prioritized for services based on severity of need. No Medicaid, Healthy Michigan, or MIChild beneficiaries

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shall be placed on a waiting list for any medically necessary, needed, and covered service.

1.8. Referrals to the appropriate mental health or substance use disorder provider for services and supports will be provided in a timely manner. Every effort should be taken to minimize times between the first contact, screening and admission or referral.

2. Medical Necessity

2.1. Medical necessity (as defined by MDHHS) criteria shall be used to determine eligibility and level of The Right Door for Hope, Recovery and Wellness supports and services.

2.2. Medical necessity determines what specific service(s) is medically (clinically) appropriate, necessary to meet the person's mental health needs, consistent with the person's diagnosis, symptomatology and functional impairments, is the most cost-effective option in the least restrictive environment and is consistent with industry standards of care.

2.3. Social services and community supports, application of person-centered planning and environmental factors, and other available resources that might address the situation must all be considered.

2.4. Medical necessity criteria are intended to ensure appropriate access to care, protect the rights of persons served, and facilitate an appropriate matching of supports and services to individual needs for the priority populations consistent with the resources available to The Right Door for Hope, Recovery and Wellness to served people.

2.5. Level and scope of services is contingent on available funding. Services provided through the use of General Funds are not an entitlement to any individual recipient.

3. Assessment Process

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3.1. Every person seeking services will be screened by qualified staff to determine if their presenting situation is urgent, emergent or routine. Staff will address urgent and emergent need first. Urgent and critical needs identified will be addressed immediately.

3.2. If the screening assessment identifies unsafe substance use:

 3.2.1. A brief intervention will be conducted either directly, through referral, or as part of the treatment program.

 3.2.2. The individual will be referred for a full assessment if needed.

3.3. Advanced Directives: Staff will inquire as to the existence of any established medical or psychiatric advance directives relevant to the provision of services.

3.4. Individuals will be assessed for the need of supports and services through a person/family centered assessment process. The assessment will be written in the words of the person served and include input from others as indicated and requested by the person served.

3.5. Re-assessments are to be completed every 90 days with a full reassessment completed annually based on changes in clinical presentation or significant life changes of the person receiving services.

3.6. Following Intake and Annual assessment, each recipient will have an Individual Plan of Service developed through a person-centered planning process in accordance with CARF and MDHHS guidelines.

4. Crisis Response

4.1. Emergency services will be available 24 hours a day, 7 days a week, for crisis intervention purposes.

 4.1.1. Crises are defined by the person served and/or care providers, law enforcement personnel and other community members.

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4.1.2. Family and/or significant others are involved in the process of assessing and planning for crisis resolution as appropriate and as required by law, and in accordance with the rights and desires of the individual and family in the case of a minor.

4.2. Emergency services are available by telephone, face-to-face at a designated prescreening unit, the individual's home, shelter, hospital, jail or at any identified setting in the community. The safety of the person served and staff will be considered in determining the best location for the service.

4.3. Pre-admission screening and coordination of psychiatric hospitalizations shall be conducted 24 hours a day, 7 days a week by qualified professionals authorized by the CEO to perform these assessments.

4.4. Community inpatient services are preferred over state psychiatric hospitalization. State inpatient facilities shall be used only after community-based options have been explored and determined insufficient or unavailable to meet the needs of the person served.

4.5. The Right Door for Hope, Recovery and Wellness will provide post stabilization services for Medicaid beneficiaries once their crises are stabilized.

4.6. The Right Door for Hope, Recovery and Wellness will refer those without Medicaid back to the access system for assistance in obtaining services and supports following crisis stabilization.

5. Additional Access Standards

5.1. The Right Door for Hope, Recovery and Wellness shall ensure that the access system staff are qualified, credentialed and trained consistent with the Medicaid Provider Manual, the Michigan Mental Health Code and the MDHHS/PIHP contract.

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- 5.2. The Right Door for Hope, Recovery and Wellness shall ensure that there is no conflict of interest between the coverage determination and the access to, or authorization of, services.
- 5.3. The Right Door for Hope, Recovery and Wellness shall monitor provider capacity to accept new individuals and be aware of any providers not accepting referrals.
- 5.4. The Right Door for Hope, Recovery and Wellness shall routinely measure telephone answering rates, call abandonment rates and timeliness of appointment and referrals. Any performance issues shall be addressed through the Quality Assurance and Process Improvement Plan.
- 5.5. The Right Door for Hope, Recovery and Wellness shall assure that the access system maintains medical records in compliance with state and federal standards.
- 5.6. The Right Door for Hope, Recovery and Wellness shall work with individuals, families, local communities, and others to address barriers to using the access system, including those caused by lack of transportation.

References:

Michigan Mental Health Code; Community mental health services program; purpose; services 330.1206 (1), Individuals to which service directed; priorities; denial of service prohibited 330.1208, Definitions of emergent and urgent situations: 330.1100a Definitions; A to E and 330.1100d Definitions; S to W

CARF, General Program Standards, Section 2.B "Screening and Access Services," Standards

CARF, Core Program Standards, Section 3.H. "Crisis Intervention,"

CARF, ASPIRE to Excellence Standards on Rights of Persons served

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CARF, ASPIRE to Excellence Standards on Accessibility

CARF, General Program Standards, 2.D. "Transition/Discharge"

MDHHS Medical Necessity Criteria Guideline MDHHS Person Centered Planning Practice Guidelines

Medicaid Provider Manual Section 3: Assessments

MSHN Policy Guidelines: Utilization Management

Deborah McPeak-McFadden, Board Chairperson			Date