NMRE Access to Care Program and Protocols

SUBJECT: Access to Care Program Policy	ACCOUNTABILITY NMRE, NMRE Network Providers	Effective Date: August 27, 2014	Pages: 12
REQUIRED BY	BBA Section: PIHP Contract Section: P.4.1.1, "Access Standards" Other:	Last Review Date: July 19, 2019	Past Review Date: September 28, 2016
Policy: ☒ Procedure: ☐	Review Cycle: Annual Author:	Responsible Department:	Reviewers: NMRE Operations

Definitions

Appeal: A request for a review of an action. An action is a decision that adversely impacts an individual's claim for services due to denial or limited authorization; reductions, suspension or termination of services; or failure to make an authorization decision within allowable timeframes.

Assessment: A comprehensive psychiatric evaluation, psychological testing, substance use disorder screening or other assessments conducted to determine a person's level of functioning and behavioral health treatment needs. Physical health assessments are not part of the CMH/PIHP services.

Beneficiary: A person served by the publicly funded behavioral health and substance use disorder system or his/her representative.

CMHSP: Community Mental Health Services Program. For the purposes of this document, a CMHSP member is one or more of the following: AuSable Valley Community Mental Health Authority, Centra Wellness Network, North Country Community Mental Health, Northeast Michigan Community Mental Health Authority, and Northern Lakes Community Mental Health Authority.

Co-Occurring: A term used when a beneficiary has co-existing mental health and substance use disorders.

Early and Periodic Screening, Diagnostic, and Treatment (ESPDT) Benefit: The child health component of Medicaid that provides comprehensive and preventive health care services for children under age 21.

Emergent Need: A life threatening condition in which an individual is suicidal, homicidal, actively psychotic, displaying disorganized thinking or reporting hallucinations and delusions which may result in self harm or harm to others; and/or is displaying vegetative signs and is unable to care for self.

Grievance: Expression of dissatisfaction about any matter other than an adverse benefit determination. A Grievance may include, but is not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the beneficiary's rights regardless of whether remedial action is requested.

Intellectual/Developmental Disability: Is defined by the Michigan Mental Health code as either of the following:

(1) If applied to a person older than five years, a severe chronic condition that is attributable to a mental or physical impairment or both, and is manifested before the age of 22 years; is likely to continue indefinitely; and results in substantial functional limitations in three or more areas of the following major life activities: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self-sufficiency; and reflects the need for a combination and sequence of special, interdisciplinary, or generic care, treatment or other services that are of lifelong or extended duration; or

(2) If applied to a minor from birth to age five, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in a developmental disability.

Limited English Proficient (LEP): Individuals who do not speak English as their primary language and who have a limited ability to read, write, speak or understand English may be LEP and may be eligible to receive language assistance for particular services, benefits or encounters.

Medical Necessity: A determination that a specific service is medically (clinically) appropriate, necessary to meet 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 clinical standards of care.

Network Provider: Any provider that receives Medicaid funding directly or indirectly to order, refer, or render covered services as a result of the state's contract with the NMRE, its member CMHSPs, and the Substance Use Disorder provider panel.

Northern Michigan Regional Entity (NMRE): The PIHP for Region 2, the 21-counties located in Michigan's northern lower peninsula.

Northern Michigan Regional Entity (NMRE) Quality Oversight Committee: Regional quality improvement committee comprised of NMRE staff and quality leaders from the five Member CMHSPs. Additional Members may be appointed as appropriate, including members from the SUD Provider panel and services beneficiaries.

Prepaid Inpatient Health Plan (PIHP): One of ten organizations in Michigan responsible for managing Medicaid services related to behavioral health, development disabilities, and substance use.

Person-centered Planning: The process for planning and supporting the individual receiving services. It builds upon the individual's capacity to engage in activities that promote community life and honors the individual's preferences, choices, and abilities.

Quality Assessment and Performance Program (QAPIP): The coordinated application of two mutually-reinforcing aspects of a quality management system: **Quality Assurance (QA)** and **Performance Improvement (PI)**. The QAPIP takes a systematic, comprehensive, and data-driven approach to quality improvement efforts.

Recovery: A journey of healing and change allowing a person to live a meaningful life in a community of his/her choice, while working toward his/her full potential.

Recovery-oriented Care: Support systems to help people with mental health and substance use disorders manage their conditions successfully.

Routine Need: A condition in which the consumer describes signs and symptoms which result in impairment and functioning of life tasks, impact the consumer's ability to participate in daily living, and/or have markedly decreased the consumer's quality of life.

Second Opinion: Advice from a second expert to confirm the advice from the first such expert.

Self-determination: A set of concepts and values which underscore a core belief that people who require support from the public mental health system as a result of a disability should be able to define what they need in terms of the life they seek, should have access to meaningful choices, and control over their lives.

Serious Emotional Disturbance (SED): A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree that adversely affects a child's educational performance: 1) An inability to learn that cannot be explained by intellectual, sensory, or health factors; 2) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers; 3) Inappropriate types of behavior or feelings under normal circumstances; 4) A general pervasive mood of unhappiness or depression; or 5) A tendency to develop physical symptoms or fears associated with personal or school problems.

Serious Mental Illness (SMI): Is defined by the Michigan Mental Health Code to mean a diagnosable mental, behavioral or emotional disorder affecting an adult that exists or has existed within the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent Diagnostic and Statistical Manual of Mental Disorders; and that has resulted in functional impairment that substantially interferes with or limits one or more major life activities.

State Fair Hearing: A state level review of beneficiaries' disagreements with a CMH/PIHP denial, reduction, suspension or termination of Medicaid services. State administrative law judges who are independent of the Michigan Department of Health and Human Services perform the reviews.

Substance Use Disorder: The taking of alcohol or other drugs at dosages that place an individual's social, economic, psychological and physical welfare in potential hazard or to the extent that an individual loses the power of self-control as a result of the use of alcohol or drugs or while habitually under the influence of alcohol or drugs, endangers public health, morals, safety or welfare, or a combination thereof.

Trauma Informed Care (TIC): An approach, based on knowledge of the impact of trauma, aimed at ensuring environments and services are welcoming and engaging for service beneficiaries and staff.

Urgent Need: A condition, in which and individual is not actively suicidal or homicidal, denies having a plan, means, or intent for suicide or homicide but expresses feelings of hopelessness, helplessness or rage, and has potential to become actively suicidal or homicidal without immediate intervention. The individual displays a condition which could rapidly deteriorate without immediate intervention, and without diversion and intervention will progress to the need for emergency services and care.

Protocols

A. Mission

The mission of the Northern Michigan Regional Entity (NMRE) is: Develop managed care structures to support publicly funded behavioral health services.

B. Authority

The counties of Alcona, Alpena, Antrim, Benzie, Charlevoix, Cheboygan, Crawford, Emmet, Grand Traverse, Iosco, Kalkaska, Leelanau, Manistee, Missaukee, Montmorency, Ogemaw, Oscoda, Otsego, Presque Isle, Roscommon, and Wexford, through their designated Community Mental Health Service Program (CMHSP) Authorities or Organizations, created a Regional Entity (NMRE) pursuant to the authority granted under the Michigan Mental Health Code, MCL 330.1001 et seq., Section 1204b as amended, and, as applicable, the Michigan Public Health Code, MCL 333.1101, et seq., as amended.

The NMRE serves as the Prepaid Inpatient Health Plan (PIHP) to directly contract with the State as a managed care entity for its 21-county region. The NMRE receives State funding and contracts for behavioral health and certain substance use disorder services with its provider sponsored Community Mental Health Service Programs (CMHSPs) including: AuSable Valley Community Mental Health, Manistee-Benzie Community Mental Health d.b.a. Centra Wellness Network, North Country Community Mental Health, Northeast Michigan Community Mental, and Northern Lakes Community Mental Health. As a PIHP, the NMRE will provide, arrange for, or otherwise have the responsibility for the provision of any inpatient psychiatric hospital or institutional services, ensure compliance with the state partial risk contract, ensure adequacy of its provider network and available services, and manage substance use disorder (SUD) funding for Medicaid, block grant, and liquor tax.

C. Structure

The NMRE will provides a centralized Access and referral system for SUD services, while the Member CMHSPs provide geographically centered access for individuals with serious mental illness (SMI), intellectual and developmental disabilities (I/DD) and children with serious emotional disturbances (SED).

D. Standards

1. Expectations of the Access System

    a. Will functions as the front door for obtaining services.

    b. Will be comprised of clinical staff who may be called upon to respond to crises, complete screenings, and provide intake assessments.

    c. Will provide opportunities for individuals with perceived problems to be heard, understood, and provided with options.

    d. Will be available and accessible to all individuals by telephone or on a walk-in basis.

    e. Will link individuals with available resources.

    f. Will provide outreach throughout the community to ensure that people who need services are aware of the services and are encouraged to make contact.

    g. Will be staffed by professionals who are skilled at listening and assisting individuals with trauma, in crisis, or exhibiting functioning difficulties.

    h. Will be staffed by professionals who are trained to be culturally competent.

    i. Will be staffed by professionals who are able to address the needs of individuals with co-occurring mental illness and substance use disorder.

    j. Will be staffed by professionals who reflect the concepts of person-centered, self-determined, recovery-oriented, trauma-informed and least restrictive care.

2. Key Functions of the Access System

    a. Will welcome individuals by listening to their situations, problems, and functioning difficulties using good clinical skills in a non-judgmental way.

    b. Will screen individuals to see if they are in crisis and if so, provide a timely, appropriate response.

    c. Will determine the individual's eligibility and priority for services.

    d. Will collect information for decision-making and reporting purposes.

    e. Will refer individual to the appropriate community resources and supports if found to be not meet eligibility criteria.

f. Will reach out to the under-served and hard-to-reach populations and be accessible.

3. Welcoming

   a. Staff will be available, accepting, welcoming, and helpful to all residents of the State of Michigan regardless of where they live or where they contact the system.

   b. A toll-free access phone line will be 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.

      i. Phone systems will have electronic caller identification.

      ii. Callers will not encounter phone trees and will not put on hold until they have spoken with a live person and had an opportunity to discuss their situation.

      iii. All crisis/emergent calls will be immediately transferred to a qualified professional without a call back.

      iv. No individual seeking a non-emergent screening will be placed on hold for more than three (3) minutes without being offered a callback.

      v. All non-emergent call backs will be returned within one (1) business day of initial contact.

   c. The access system will provide timely, effective responses to all individuals who walk in.

      i. Urgent or emergent needs will be immediately referred to an appropriate professional.

      ii. Non-emergent needs will be screened, or other arrangements will be made within 30 minutes.

      iii. It is expected that the Access Center/unit/function will operate minimally eight hours daily, Monday through Friday, except for holidays.

   d. The access system will immediately accommodate individuals with:

      i. LEP and other communication needs;

      ii. Diverse cultural and other demographic backgrounds;

      iii. Alternative communication needs;

      iv. Mobility challenges; and

      v. Visual impairments.

   e. The access system:

      i. Will not require prior authorization for crisis intervention or an access screening.

      ii. Will not require any financial contribution for phone screening and referral.

iii. Will address financial considerations including COFR, only after addressing urgent and emergent needs.

iv. Will provide individuals with a summary of their rights including rights to person-centered planning.

v. Will offers individuals referred to Network Providers with an orientation to services and emergency procedures and the NMRE "Guide to Services" handbook.

vi. Will assures that individuals have access to pre-planning as soon as eligibility has been determined.

vii. Will notifies individuals of their privacy and confidentiality, including those contained in 42 CFR if the individual is referred to substance use disorder or co-occurring treatment.

4. Screening for Crises

   a. Access staff will, with empathy, assure that urgent and emergent needs are identified and addressed first. This will include understanding when issues are urgent or emergent from the individual's point of view.

   b. Crisis services staff will complete timely assessments, provide appropriate interventions, and coordinate timely admissions to inpatient units or alternate services when appropriate.

   c. Crisis services staff will ask if the individual has existing advanced directives.

   d. Necessary post-stabilization services will be referred to the access system for assistance.

5. Determining Coverage

   Determination of coverage for behavioral health or substance use disorder treatment services will be in accordance with the MDHHS-PIHP contract and the following:

   a. The "Mental Health and Substance Abuse" chapter of the Medicaid Provider Manual;

   b. "Healthy Michigan Plan (HMP)" chapter of the Medicaid Provider Manual;

   c. The Michigan Mental Health Code and Administrative Rules;

   d. Intake Assessment or a clinical screening done by phone or in person;

   e. Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines;

   f. A written determination of eligibility based on admission criteria that will include:

      i. The individual's presenting problems and need for services and supports;

      ii. The individual's initial population designation (I/DD, MI, SED, SUD);

      iii. The individual's urgent and/or emergent needs including how to access crisis services;

iv. The screening disposition; and

v. The clinician's rationale for admission or denial.

g. Any third-party payer source identified;

h. The condition that no individual will be denied services because of individual/family income or third-party payer sources (mental health services);

i. Identification of the referral source and whether it is in or out of network. With the consent of the individual, the referral source will be notified of the determination of eligibility.

j. Wait list protocols for individuals with mental health needs but who are ineligible for Medicaid or HMP.

k. The general rule that individuals who exited the public mental health system within the previous 12 months will not have to submit to an additional screening when requesting service. These individuals will be triaged for their presenting mental health needs (urgent, emergent, or routine).

l. Wait list rules for individuals seeking SUD services.

6. Collecting Information

a. Access staff will avoid, to the greatest extent possible, duplication of information gathering, screening, and assessments. Information gathered during screening or assessments will be forwarded to the services provider in accordance with federal and state confidentiality guidelines.

b. Information will be coordinated between internal and external services providers including Medicaid Health Plans (MHP) and primary care physicians.

7. Referrals to Network Providers

a. Appointments will be made with Network Providers within 14 days of the assessment.

b. Staff will follow up with the individual to make sure that the appointment was kept.

c. Individual accepted for services will have access to the person-centered-planning process.

d. Referrals will be made in compliance with Federal and state confidentiality regulations, including those contained in 42 CFR if the individual is referred to substance use disorder or co-occurring treatment.

8. Referral to Community Resources

    a. Medicaid beneficiaries who request mental health services but do not meet eligibility for specialty support and services will be referred to their MHP or Medicaid fee-for-service providers.

    b. Individuals who request mental health or substance abuse services but who are not eligible for Medicaid or HMP, and do not meet the "priority population to be served" criteria in the Michigan Mental Health Code or the Michigan Public Health Code for SUD services, will be referred to alternative mental health or SUD treatment services available in the community.

    c. The access system will provide information about other non-mental health community resources or services that are not under the umbrella of the public mental health system if requested.

9. Providing other information

    a. General:

    The access system will provide information about and help people connect with customer services staff; 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.

    b. Rights:

    i. The access system will provide Medicaid and HMP beneficiaries with information about the local dispute resolution process and the state Medicaid Fair Hearing process. When an individual is determined ineligible for Medicaid or HMP, he/she will be notified both verbally and in-writing of the right to request a second opinion; and/or file an appeal through the local dispute resolution process; and/or request a State Fair Hearing.

    ii. The access system will provide individuals with mental health needs or with co-occurring substance use and mental health needs with information regarding the CMHSP Office of Recipient Rights (ORR) and/or the NMRE recipient rights designee.

    iii. When an individual with mental health needs who is not a Medicaid beneficiary is denied CMHSP services for whatever reason, he/she will be notified about rights under the Mental Health Code to request a second opinion, the local dispute resolution process, and the MDHHS Alternative Dispute Resolution Process.

    iv. Access system staff will schedule and provide for a timely second opinion when requested from a qualified health care professional within the provider network or arrange for the individual to obtain one outside of the provider network at no cost. The individual will have the right to a face-to-face determination if requested.

v. Access system staff will provide reasons for a denial to the individual denied services and to any referral source (with the individual's consent). The individual will be informed of the disposition and as appropriate, alternative services and supports.

vi. The access system will provide reports of disputes, complaints, and grievances to the NMRE regional Quality Oversight Committee (QOC) on a quarterly basis as part of its Quality Assessment and Performance Improvement Program (QAPIP).

10. Services and Availability of Providers

a. Individuals will be provided comprehensive and up-to-date information about available mental health and substance use disorder services and the contact information about the providers who deliver them. The NMRE Provider Director will be given to individuals at the onset of services and is available on the nmre.org website.

b. The access system will provide alternative methods for providing the information to the individuals who are deaf, are unable to read or understand written material, or who have LEP.

c. The access system will routinely refer individuals to community resources that not only include alternatives to public mental health or substance use disorder treatment services, but also resources that may help them meet their basic needs.

E. Provider Network

1. The Network Provider will have written policies, procedures, and/or plans that demonstrate the capability of its access system to meet the standards in the MDHHS-PIHP contract.

2. Community Outreach and Resources

a. Active outreach and education efforts will be in place to ensure that Network Providers and the communities in which they operate are aware of the access system and how to use it.

b. Regular and consistent outreach efforts to commonly un-served or underserved populations, including youth and families, older adults, homeless persons, members of ethnic, racial, linguistic and culturally-diverse groups, persons with dementia, and pregnant women will be maintained.

c. Network Providers will establish linkages with crisis/emergency systems and local law enforcement, and will have protocols for jail diversion.

3. Oversight and Monitoring

a. The NMRE's or Network Provider's Medical Director will be involved in the review and oversight of access system policies and clinical practices.

b. Access system staff will be qualified, credentialed, and trained consistent with the Medicaid and HMP Provider Manuals, the Michigan Mental Health Code, the Michigan Public Health Code, and the MDHHS-PIHP contract.

c. Mechanisms will be in place to prevent conflict of interest between the coverage determination function and access to, or authorization of, services.

d. The access system will monitor capacity to accept new individuals and will be aware of any Network Provider that is not accepting referrals at any point in time.

e. The access system will routinely measure telephone answering rates, call abandonment rates, and timeliness of appointments and referrals. Any resulting performance issues will be addressed by the QOC.

f. The access system will maintain medical records in compliance with Federal and state rules, regulations, and statutes.

4. Wait Lists

a. Policies and procedures will be in place for maintaining a wait list for individuals not eligible for Medicaid or HMP and who request community mental health services but cannot be immediately served. The policies and procedures will minimally assure:

i. No Medicaid or HMP beneficiaries will be placed on wait lists for any medically necessary Medicaid or HMP covered service.

ii. A local wait list will be established and maintained when the CMHSP is unable to financially meet requests for public mental health services from individuals who were determined ineligible for Medicaid or HMP. Standard criteria will be developed to determine what individuals will be place on the wait list, how long he/she will remain on the wait list, and the order in which individuals are served.

iii. Individuals ineligible for Medicaid or HMP who receive services other than those requested on an interim basis will remain on the wait list for the specific requested program. Standard criteria will be developed to determine what individuals will be place on the wait list, how long he/she will remain on the wait list, and the order in which individuals are served.

iv. The use of a defined process, consistent with the Mental Health Code, to prioritize any individuals on the wait list. .

v. The use of a defined process to contact and follow-up with any individual on a wait list who is awaiting a mental health service.

vi. Wait list data is reported to MDHHS as part of the Network Provider's annual program plan submission report as required by the Mental Health Code.

F. Grievance and Appeals

Individuals who request service from the NMRE will have the right to appeal a denial and/or request a second opinion when denied services and or authorization following their initial request for services [Michigan Mental Health Code: Sec. 705(1), (2)]. Additionally, Medicaid beneficiaries, have the right to appeal denials for requested services throughout their episode of care. Individuals who are denied inpatient hospitalization may request a second opinion [Michigan Mental Health Code: Sec. 409(4), 498e (f4) and 498h (5)]. A dispute resolution and grievance process will exist to allow individuals to resolve their concerns and disputes with the NMRE or its Network Providers. This process will allow individuals to have an easy and timely process that encourages discussion, negotiation, and problem solving.

Complete complaint, grievance, and appeal policies and procedures will be contained in the NMRE Administrative Manual.

Approval Signature

7/19/19

NMRE Chief Executive Officer Date