

**NORTH COUNTRY COMMUNITY MENTAL HEALTH  
NORTHERN AFFILIATION  
ADMINISTRATIVE MANUAL**

**CHAPTER:** Affiliation Chapter 4  
**PROCEDURE NAME:** Initial Telephone Screening  
**PROCEDURE NUMBER:** 4004

**POLICY:**

Access Center staff provides the initial consumer screening and identification of consumer service needs and eligibility determination.

**PURPOSE:**

To screen and triage consumers, assess acuity of care needs, develop a diagnostic impression and make a timely referral to the Provider network.

**APPLICATION:**

All North Country Community Mental Health, Northern Affiliation, and network Providers.

**PROCEDURES:**

I. Initial Call

The consumer will call or be transferred to the Access Center by using the toll free number 1-800-834-3393. Access Center staff provides the initial consumer screening and identification of his/her service needs and eligibility determination. The Access Center provides:

- A. Information
- B. Triage
- C. Risk assessment
- D. Determination of eligibility for Medicaid/general fund/fee-for-service behavioral health services
- E. Determination of level of care based on service authorization guidelines
- F. Authorization of behavioral health services and supports
- G. Coordination with other providers
- H. Concurrent utilization management
- I. Tracking of all phone calls
- J. Follow-up consumer satisfaction surveys

If appropriate, at the end of the phone screening, the consumer will be enrolled and given a brief orientation to their recipient rights and the grievance and appeals process. Approved authorizations, based on the North Country Community Mental Health, Northern Affiliation, Level of Care Guidelines, will result in a referral to a local mental health service provider. An appointment will be made for the consumer to be seen within 14 calendar days of the call, or sooner if warranted. The Provider will mail an appointment reminder letter to the consumer.

The local mental health care provider will be contacted by Access Center staff with the consumer information and appointment as outlined in the "Initial Authorization Guidelines" in this manual.

To assure timely care, if a consumer is in need of immediate/emergency services during normal business hours, the Access Center Staff will refer that consumer to the Emergency Services Department of each participating board. An emergent situation is defined according to the prudent layperson standard and exists when a consumer is in need of immediate assistance due to psychiatric symptoms and/or the condition is perceived to be life threatening.

It is the responsibility of each participating provider to provide crisis intervention services when the consumer, or that consumer's representative, believe an emergency exists. The emergency services staff will follow the procedures as outlined for that CMHSP/provider.

## II. Risk Assessment

Risk assessment and risk management are essential elements throughout the continuum of services and care offered by Northern Affiliation Providers. They are an essential element in any episode of care. At every point in the clinical assessment, treatment, and service delivery for consumers, the Provider is faced with risk management decisions. These decisions are based upon gathered information and the approved Level of Care Guidelines. Common to any risk assessment is the following: Presenting problem or chief complaint, precipitating factors, current functioning, mental health and substance use history, and lethality assessment. The mental status evaluation is at the heart of the assessment. Based on all the information provided by the consumer, or consumer' guardian, family members/friends, the Provider indicates the overall risk that the consumer is experiencing and records this important information on the Access Screening form, either electronically or in writing. In recording this important information the Provider uses the following Acuity of Symptoms Checklist for making the determination of routine, urgent or emergent Overall Risk/Priority Determination:

### Acuity of Symptoms for the Determination of Routine

- A. The consumer has vague or undifferentiated suicidal (violent) ideation and impulses; and
- B. Acknowledges subjective ability to control the impulses; and
- C. No serious indications of reduced impulse control; i.e., current psychosis or substance abuse; and
- D. Able to agree or contract to follow through with a prescribed referral.
- E. The response to a request for routine care results in an immediate response with the initial assessment scheduled within 14 days.

### Acuity of Symptoms for the Determination of Urgent

- A. The consumer has suicidal (violent) impulses; and
- B. Presents evidence of being able and willing to control impulses; and
- C. The consumer expresses suicidal (violent) ideation with an indefinite plan; and
  - 1. Time and place are vague or ill defined
  - 2. Method is either vague or not readily available
- D. No serious indications of reduced impulse control due to current psychosis or substance abuse; and
- E. The consumer has made a medically non-lethal gesture or threat of self-harm (harm to others); and
- F. Overt intent to die or seriously injure someone else is absent; and
- G. Support system in the community is marginal or weakened by current stressor(s), but may remain intact, or be available at a later date; and
- H. Consumer is pregnant.
- I. The response to a request for urgent care results in an immediate response with the initial appointment scheduled within 48 hours.

### Acuity of Symptoms for the Determination of Emergent

- A. The consumer has strong suicidal (violent) impulses and presents evidence of not being able to control those impulses, due to mental illness, substance abuse, or feelings of hopelessness; and/or
- B. The consumer expresses the intention to die or seriously harm someone else and has a definite plan and means to carry it out; and/or
- C. The consumer is acutely psychotic and has acute suicidal (violent) ideation of any degree; and/or
- D. The consumer had made a medically very serious attempt or threat with some suggestion of intent to die or seriously inflict harm on other(s); and/or
- E. There is an escalating pattern of suicidal (violent) ideation, threats, or attempts; and or
- F. According to current presentation, vegetative signs (sleep, appetite, and weight changes, experience of pleasure, and etc.) are severely impacted; and/or support system in the community is non-existent or exhausted.

- G. The response to a request for emergency care results in an immediate response with an immediate arrangement made for a face-to-face evaluation.
  
- III. Consumers calling the Access Center are immediately connected to an Access Center Staff. The Access Center staff will complete a brief risk assessment, and with the consumer, identify service needs and evaluate eligibility for services. Once eligibility is established, the Access Center staff and consumer complete the initial access screening to determine the presenting problem, mental health and substance abuse history, and overall risk/priority for services. The Access Center enrolls the individual and authorizes the assessment to the provider. After the initial phone screening, the consumer is given a brief orientation to the emergency #, Provider location, right of appeal, obtaining QHP pre-authorization, and potential for an ability to pay determination. The Access Center staff requests the caller to remain on the line and transfers the caller to the agreed upon Provider for scheduling of the assessment appointment. The access Center staff then the access screening form and MedifaxEDI confirmation to the Provider.

**REFERENCES:**

Michigan's Mental Health Code, 2001  
 Northern Affiliation Documentation Policy and Procedures Manual, August 2003  
 MDCH specialty Pre-paid Health Plan 2002 Application for Participation  
 Medicaid Managed Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver Program FY 03-04

**DISTRIBUTION:**

All North Country Community Mental Health, Northern Affiliation and network Providers.

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**APPROVED:**

	<b>DATE</b>
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