

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

CHAPTER: Affiliation Chapter 4
PROCEDURE NAME: Service Requests
PROCEDURE NUMBER: 4006

POLICY:

Citizens of the community including consumers enrolled in Medicaid, persons who qualify as indigent and person who have some ability to pay may be authorized to receive necessary services that ensure they have timely access to quality care in the most clinically appropriate, least restrictive environment and in the most caring, sensitive and confidential manner possible.

PURPOSE:

To arrange for services to individuals who have a serious mental illness, serious emotional disturbance, substance abuse, or developmental disability. Services may be directed to individuals who have other mental disorders that meet criteria specified in the most recent diagnostic and statistical manual of mental health disorders published by the American Psychiatric Association. Priority may be given to the provision of services to individuals in urgent or emergency situations (Michigan's Mental Health Code, 2001).

APPLICATION:

All North Country Community Mental Health, Northern Affiliation, and network providers

PROCEDURES:

- I. The Access to Care System
The Northern Affiliation Access Center is open Monday through Friday, 8:00 AM to 5:00 PM (except holidays) and provides screening for non-emergent requests for behavioral health care services from consumers. If an emergency situation arises, the Access Center Staff will refer the consumer to the Emergency Services Department of each participating Board. The Access Center will then approve, if necessary, any inpatient hospitalizations.
- II. Consumers seeking information and/or services may present in several ways. 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. Coordination with other providers
 - G. Concurrent utilization management
 - H. Tracking of all phone calls
 - I. 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 service requests, based on the MDCH Medicaid Provider Manual and 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.

- III. Providers may request information from the Access Center by calling 1-800-834-3393, Monday through Friday, 8:00 AM to 5:00 PM. Examples of information that may be provided by the Access Center are:
 - A. Any information of a general nature
 - B. Determination of eligibility for Medicaid/general fund/fee-for-service behavioral health services
 - C. Determination of level of care based on the MDCH Medicaid Provider Manual service authorization guidelines
 - D. Coordination with other providers
 - E. Concurrent utilization management

- IV. Once the provider has met with the consumer, the provider will complete the initial assessment, risk assessment, and the Preliminary Person-centered Plan or Person-centered Plan (PCP) and if necessary arrange for continued services.

Services must meet the following criteria:

- A. Be medically necessary
- B. Provided at the appropriate level and length of stay as outlined in the MDCH Medicaid Provider Manual and the Northern Affiliation Level of Care Guidelines
- C. Provided by an appropriate credentialed and privileged provider
- D. Provided in a frequency required to meet the consumer's need(s)
- E. Provided in the most appropriate location to meet the consumer's need
- F. Meet the consumer's treatment need(s)
- G. Provided in the least restrictive, most normalizing environment and
- H. Satisfying to the consumer.

REFERENCES:

Michigan's Mental Health Code, 2001
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
Michigan Department of Community Health, Medicaid Provider Manual, January 2004

DISTRIBUTION:

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

REVISED: May 2004

APPROVED:

DATE

DATE