

**Detroit-Wayne County
Community Mental Health Agency**

Name of Policy: **Access to Services**
Effective Date: **April 1, 2008**

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Approved By: *Jeda Sharp*

Title: *Acting Executive Director*

I. PROTOCOL

It is the policy of the Detroit-Wayne County Community Mental Health Agency (Agency) that consumers seeking mental health services, and meeting the criteria for services through the Agency's public mental health system, shall be afforded timely access to services based upon the severity and urgency of individualize need, and medical necessity criteria.

II. PURPOSE

The purpose of this policy is to delineate and describe the functions and oversight of the Agency and the responsibilities of the Managers of Comprehensive Provider Network (MCPNs) and/or their Subcontractors, Direct Contractors, and Substance Abuse Coordinating Agencies (C.A.s), in ensuring timely access to appropriate services when a particular level of service is not currently available.

III. APPLICATIONS

This policy applies to the Agency, MCPNs and their subcontractors, Direct Contractors, and C.A.s, which provide mental health or substance abuse services, supports, treatment and utilization review activities on behalf of the Agency.

IV. DEFINITIONS

Alternative Services: The array of additional Medicaid Covered Services (B3s), available to Medicaid-eligible consumers, based upon individual preference and medical necessity, provided within the context of the person-centered planning process.

Individualized Plan of Service (IPOS/PCP): The document that identifies the needs and goals of the individual beneficiary and the medical necessity amount, duration, and scope of the services and supports to be provided. For beneficiaries receiving metal health or developmental disabilities services, the individual plan of services must be developed through a person-centered planning process. The case of minors with developmental disabilities, serious emotional disturbances or mental illness, the child and his family are the focus of

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service planning, and family members are an integral part of the planning process.

Manager of Comprehensive Provider Networks (MCPNs): A business entity contracted by the Agency to develop and manage a comprehensive network of providers which can meet the needs of individuals with, or at risk of, developing serious mental illness, serious emotional disturbance, developmental disabilities and/or substance abuse.

Medical Necessity: 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. Medical necessity of a service shall be documented in the individual plan of service.

Mental Health Professional: A physician, psychologist, licensed masters social worker, licensed professional counselor, licensed marriage and family therapist, or registered nurse.

Non-emergent services: Services rendered when no immediate, emergency, or crisis intervention is needed.

Person-Centered Planning: A process for planning and supporting the individual receiving services that:

1. Builds on the individual's capacity to engage in activities that promote community life and honors the individual's preferences, choices, and abilities;
2. Involves family/significant others, friends and professionals;
3. Is to be incorporated into the existing service delivery system as a routine part of the intake, assessment/evaluation, development, implementation, monitoring and systematic periodic review, and revisions is indicated, of the Individualized Plan of Services.
4. Takes into account health, safety, juvenile justice and other legal considerations (e.g., serious medical conditions, aggression towards self or others; age; temporary/permanent court ward status; involuntary commitment for treatment; Not Guilty By Reason of Insanity (NGRI) status; involvement in the criminal justice or correctional system);
5. Is not a document or a meeting and is not intended to avert the CMH role as a "safety net" for persons with dysfunction due to

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active mental illness, serious emotional disturbance, or developmental disabilities.

Substance Abuse Coordinating Agency (C.A.): A legal entity contracted with the Agency to coordinate, monitor, and facilitate the provision of substance abuse services and supports.

V. STANDARDS:

- A. The Agency shall ensure MCPNs, their subcontractors, Direct Contractors, and CA's, develop policies and procedures specific to ensuring access to services for consumers meeting criteria to receive services through their respective provider networks.
- B. Consumers diagnosed with serious mental illness; serious mental illness/substance abuse disorder; developmental disabilities, and children and adolescents with serious emotional disturbances, are eligible to receive mental health/substance abuse services.
- C. All consumers seeking mental health services shall be assessed to determine the need for immediate, emergency, or crisis intervention services. These services shall be provided as needed.
- D. Alternative services, assessed through the person-centered planning process, shall be offered and provided to all consumers waiting for an opening in the desired services.
- E. Individual case records shall be maintained for all consumers receiving alternative services while waiting for a desired non-emergent service.
- F. Quality Improvement activity shall ensure consistent and on-going monitoring of case records for consumers receiving alternative services while waiting for a desired non-emergent service.
- G. MCPNs, subcontractors, Direct Contractors, and CAs shall ensure the submission of annual aggregate reporting to the Agency, specific to the status of consumers receiving alternative services, and waiting for desired non-emergent services.

VI. QUALITY ASSURANCE/IMPROVEMENT

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- A. The Agency shall review and monitor contractor adherence to this policy as one element in its network management program.
- B. The MCPN's, their subcontractors, CA's, and Direct Contractor's quality improvement program must include measures for both the monitoring of and the continuous improvement of the program or process described in this policy.

VII. COMPLIANCE WITH ALL APPLICABLE LAWS

Agency staff, contractors and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all Federal waiver requirements, state and county contractual requirements, policies, and administrative directives in effect and as amended.

VIII. LEGAL AUTHORITY AND REFERENCES

- A. Michigan Mental Health Code, as Revised 1996: Section, 330, 1228
- B. Michigan Department of Community Health, Medicaid Provider Manual: Mental Health Substance Abuse, Revised January 1, 2008.
- C. Individualized Plan of Service/Person-Centered Planning Policy, March 1, 2004.

IX. EXHIBIT (S)
None

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