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Owner:	<i>Barika Butler: Chief Medical Officer, MD, MHCM</i>
Policy Area:	<i>Clinical Practice Improvement</i>
References:	<i>NCQA, QI 4</i>

Access

POLICY

It is expected that all persons seeking information about, or referrals for, behavioral health services receive information, screening and assessments in a timely fashion, in a manner that treats them with dignity and respect, honors choice, and allows for self-direction.

PURPOSE

This policy establishes the standards and protocols for consumer access to behavioral health services.

APPLICATION

1. This policy shall be implemented and complied with by DWMHA staff, contracted providers and their subcontractors.
2. This policy applies to services to all populations: Adults with Mental Illness (AMI), Children with Severe Emotional Disturbance (SED), persons with Intellectual and/or Developmental Disorders (I/DD), and persons with Substance Use Disorders (SUD).
3. This policy impacts all service lines, though distinct service lines may have specific protocols.

KEY WORDS

STANDARDS

1. General: DWMHA will make available to the Wayne County Community a single portal for initial screening and eligibility services as an entry point to the system of services. These standards are detailed in the Eligibility and Screening Policy. This Access Center then links to the array of services and supports for eligible persons with serious mental illness, serious emotional disturbance, substance use disorders, and/or intellectual/developmental disabilities. There is no wrong door for access to persons with any of these disorders.
2. The culture of the DWMHA system will be culturally competent, trauma-informed, integrative in its approach, consumer- and community-focused, and support recovery, resiliency, diversity, and self-determination.
 - a. DWMHA collects data on cultural, ethnic, racial and linguistic needs of its members and conducts a quantitative assessment of needs to determine unmet needs.

- b. DWMHA uses multiple sources of information, which may include: member surveys, member complaint data, census bureau data and published health statistics.

3. Access to the system shall also meet the following:

- a. Availability: Services must be available in a timely fashion, meeting medical necessity. Initial screenings shall be available 24 hours a day, seven days a week. Should the need be assessed as an emergency, crisis services are to be provided immediately. If the consumer has urgent needs, an assessment will be completed as soon as possible, within 24 hours. For routine needs, service will be delivered within 7 days.
 - 1. DWMHA evaluates the availability of behavioral healthcare practitioners and providers within the delivery system, DWMHA shall, on an annual basis:
 - i. Define the types of behavioral healthcare practitioners and providers.
 - ii. Establish quantifiable and measurable standards for the number of each type of behavioral healthcare practitioner and provider.
 - iii. Establish quantifiable and measurable standards for the geographic distribution of each type of behavioral healthcare practitioner and provider.
 - iv. Analyzes performance against the standards annually.
 - v. Identifies opportunities for improvement.
 - vi. Implements interventions.
 - vii. Measures the effectiveness of interventions.
- b. Accessibility: Provider site locations will be able to meet the needs of their consumers, and easy to access (E.g. along bus routes). Providers will have alternatives for access, including providing transportation for services, delivering services in the community (including in the home), and making telemedicine available if necessary. Hours of service will be sufficient to meet the needs and preferences of consumers and their supports, including evening and weekend hours.
- c. Affordability: Providers shall ensure that consumers/supports complete the standardized ability to pay forms, and will make sliding fee scales available for persons with financial difficulties. When consumers are unable to pay for services, fees will be waived. All fees will be reasonable, and within the standard ranges as set by the DWMHA. No person shall be denied services due to inability to pay. Providers shall assist consumers in obtaining all benefits to which they are entitled.
- d. Accommodations: Providers shall make reasonable accommodations for consumers and their supports as necessary, and as requested. Where there is limited English proficiency, objective interpreters will be made available, free of cost. Signage in the lobbies will be in the languages spoken by significant percentages of consumers served. The physical plant shall be barrier free.
- e. Acceptability: All persons served, their families and supports will be treated with dignity and respect. Consumer preference for location of services shall be honored whenever possible and reasonable. Provider premises will be welcoming; clean and in good repair; and safe for consumers and staff. Providers will maintain compliance with all Federal, State, and local laws and regulations regarding facility structures, safety and cleanliness (E.g. building codes, fire safety...).

QUALITY ASSURANCE/IMPROVEMENT

The Authority shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the QAPIP Goals and Objectives.

The quality improvement programs must include measures for both the monitoring of and the continuous improvement of the programs or processes described in this policy.

COMPLIANCE WITH ALL APPLICABLE LAWS

Authority 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, as amended.

LEGAL AUTHORITY

MDHHS-DWMHA Contracts for Medicaid, General Fund and Substance Use Disorders

Michigan Mental Health Code, P.A. 258 of 1974, as amended

Michigan Public Health Code, P.S. 368 of 1978, as amended

Michigan Medicaid Providers Manual

RELATED POLICIES

Eligibility and Screening

RELATED DEPARTMENTS

1. Administration
2. Clinical Practice Improvement
3. Integrated Health Care
4. Quality Improvement
5. Utilization Management
6. Substance Use Disorders

CLINICAL POLICY

YES

INTERNAL/EXTERNAL POLICY

EXTERNAL

Attachments:

No Attachments

Approval Signatures

Approver	Date
Dana Lasenby: Chief Clinical Officer	01/2019
Allison Smith: Project Manager, PMP	09/2018

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