

Community Mental Health Partnership of Southeast Michigan/PIHP	<i>Policy Access System</i>
Department: Clinical Performance Team	Local Policy Number (if used)
Implementation Date 12/06/2024	Regional Approval Date 10/31/2024

Reviewed by:	Recommendation Date:
ROC	09/23/2024
CMH Board:	Approval Date:
Lenawee	10/31/2024
Livingston	10/29/2024
Monroe	10/23/2024
Washtenaw	10/24/2024

I. PURPOSE

To establish policies for the provision of Community Mental Health Partnership of Southeast Michigan (CMHPSM) access system services.

II. REVISION HISTORY

DATE	MODIFICATION
03/10/2010	Policy created
05/03/2013	Revised to reflect the new regional entity effective January 1, 2014
12/11/2014	Updated to include new program guidelines and references
02/14/2018	Revised to reflect the name change of MDCH to MDHHS
05/02/2018	Revised References
12/17/2021	3-year review
10/31/2024	3-year review

III. APPLICATION

The policy applies to:

<input checked="" type="checkbox"/> CMHPSM PIHP Staff, Board Members, Interns & Volunteers
<input checked="" type="checkbox"/> Regional Partner CMHSP Staff, Board Members, Interns & Volunteers
Service Providers of the CMHPSM and/or Regional CMHSP Partners:
<input checked="" type="checkbox"/> Mental Health / Intellectual or Developmental Disability Service Providers
<input checked="" type="checkbox"/> SUD Treatment Providers <input type="checkbox"/> SUD Prevention Providers
<input type="checkbox"/> Other as listed:

IV. DEFINITIONS

Access management services: Those responsibilities associated with determining a consumer/individual's eligibility for support from the public mental health and substance use disorder care system; managing resources (including capacity, availability and accessibility of resources to meet service and demands); ensuring compliance with various funding eligibility and service requirements; and assuring associated quality of care. Activities to carry out these responsibilities include information services, screening, service authorization, and appropriate referral and placement into the public mental health and substance use disorder care system, or linkage to other community resources.

Access system: A coordinated and integrated arrangement of administrative and clinical resources that: (1) provides information about the public mental health and substance use disorder care systems' covered services; (2) ensures the consumer/individual's appropriate need identification, and linkage to any crisis services to address any emergent needs; (3) renders a defined eligibility determination and authorizes the comprehensive assessment; and (4) coordinates the efficient provision of supports from the public mental health and substance use disorder care system. The access system is an arrangement of coordinated functions that provides screening and eligibility determination; it is not a building or a place.

American Society of Addiction Medicine (ASAM): Organization that establishes the criteria for determination of level of care for substance use disorders based on the following dimensional criteria:

- Dimension 1: Acute Intoxication and/or Withdrawal Potential
- Dimension 2: Biomedical Conditions and Complications
- Dimension 3: Emotional, Behavioral or Cognitive Conditions and Complications
- Dimension 4: Readiness to Change
- Dimension 5: Relapse, Continued Use or Continued Problem Potential
- Dimension 6: Recovery/Living Environment

Applicant: Consumer/individual served who requests mental health, intellectual/developmental disabilities, substance use disorder, or co-occurring mental illness and substance use disorder services through the access system.

Assessment: The face-to-face comprehensive bio-psychosocial and/or clinical evaluation that obtains appropriate and necessary information about each consumer/individual served seeking entry into a public mental health and substance use disorder care setting or service. The information is used to match a consumer/individual's need with the appropriate care setting, care level and service intervention.

Community Mental Health Partnership of Southeast Michigan (CMHPSM): The Regional Entity that serves as the Prepaid Inpatient Health Plan (PIHP) for Lenawee, Livingston, Monroe and Washtenaw for mental health, intellectual/developmental disabilities, and substance use disorder services.

Community Mental Health Services Program (CMHSP): A program operated under Chapter 2 of the Michigan Mental Health Code as a county community mental health agency, a community mental health authority, or a community mental health organization. CMHSPs are individually responsible for administering the general fund benefit for their designated counties.

Core Substance Use Disorder Provider: Provider designated to serve as the access management system for substance use disorder services.

Crisis Situation: A situation in which a consumer/individual served is experiencing a medical or psychiatric emergency or is suicidal or homicidal, thereby requiring an immediate referral/intervention to a provider specializing in the service most appropriate to the consumer/individual's situation and needs.

Emergent Situation: A situation in which a consumer/individual served is experiencing a serious mental illness or a intellectual/developmental disability, or a minor is experiencing a serious emotional disturbance, and one of the following applies: (1) The consumer/individual served can reasonably be expected within the near future to physically injure themselves, or another consumer/individual served, either intentionally or unintentionally; (2) The consumer/individual served is unable to provide themselves food, clothing, or shelter or to attend to basic physical activities such as eating, toileting, bathing, grooming, dressing, or ambulating, and this inability may lead in the near future to harm to the consumer/individual served or to another consumer/individual served; or (3) The consumer/individual's judgment is so impaired that they are unable to understand the need for treatment, and in the opinion of the mental health professional, their continued behavior as a result of the mental illness, intellectual/developmental disability, or emotional disturbance can reasonably be expected in the near future to result in physical harm to the consumer/individual served or to another consumer/individual served. Emergent situations require immediate attention by the access system with a decision to be made about the disposition and linkage to state and federally approved medically necessary services within 3 hours of initial contact.

Qualified Practitioner: A professional practitioner, provider or staff member who is qualified to provide public mental health and substance use disorder care, treatment, support or services by virtue of one or more of the following: education, licensure, certification, competence, experience, and/or applicable law or regulation.

Pre-Paid Inpatient Health Plan (PIHP): Organizations in Michigan that manage designated geographic areas for the Medicaid mental health, intellectual/developmental disabilities, and substance use disorder services outlined in the 1915(b) and 1915(c) waivers that created the CMHSP managed care model in the State.

Procedure Manual: A written set of documents developed and maintained locally by each CMHPSM Community Mental Health Services Program (CMHSP) that details how the staff will provide access system services to meet the Access System Policy requirements and standards.

Routine Situation: A situation where the consumer/individual served appears to have mental health, intellectual/developmental disability, and/or substance use disorder needs requiring an assessment by a professional.

Screening: A brief telephone or face-to-face triage that determines the need for immediate mental health, intellectual/developmental disability, and/or substance use disorder services authorization for initial entry into the public mental health system, substance use disorder treatment services, or referral to community resources. Triage results in the determination of whether the consumer/individual's call/walk-in is emergent, urgent, or routine. The purpose of a screening is to connect the consumer/individual served to services/resources as quickly as possible.

Urgent Situation:

1. Mental Health Services: A situation in which a consumer/individual served is determined to be at risk of experiencing an emergency situation in the near future if they do not receive care, treatment, or support services. Urgent situations require a face-to-face assessment within 24-48 hours by a professional appropriate to the consumer/individual's condition.
2. Substance Use Disorders: A situation that requires a priority population to be seen within 24 hours according to MDHHS Waitlist and Priority Population Management Guidelines.¹ A situation where a consumer/individual served who is pregnant and has a substance use disorder is considered an urgent situation.

V. POLICY

It is the policy of the CMHPSM to provide a welcoming, responsive, access system 24 hours a day, 7 days a week for all consumers/individuals served who contact the CMHPSM seeking information, services, and/or support systems for behavioral health care needs (including intellectual/developmental disabilities, mental health, substance use, or co-occurring disorders). Access system services are delegated by the CMHPSM to Community Mental Health Services Programs (CMHSP) in the region or through contractual arrangements with providers. All access system services will be provided in accordance with all applicable access and availability standards.

VI. STANDARDS

A. CMHPSM access system key functions include:

- a. Welcoming all consumers/individuals served by demonstrating empathy, providing the opportunity for the consumer/individual served to describe their situation, exhibiting excellent customer service skills, and working with consumers/individuals served in a non-judgmental way.
- b. Screening consumers/individuals served who contact the access system for services to determine whether the consumer/individual's need is a crisis, emergent, urgent, or routine, including the consumer/individual's perception of the urgency of their situation in the urgency determination.
- c. Determining a consumer/individual's eligibility for Medicaid specialty services and supports, other Medicaid-funded programs, MI Child or, for those who do not have any of these benefits, as a consumer/individual served whose presenting needs for mental health/substance use disorder services make them a priority to be served.
- d. Collecting and documenting information from consumers/individuals served for decision-making and reporting purposes. Information related to service requests will be documented in the consumer/individual's electronic medical record.
- e. Referring consumers/individuals served in a timely manner to the appropriate mental health practitioners, substance use disorder services, or community resources that may meet their needs.
- f. Informing consumers/individuals served about all the available mental health and substance use disorder services and providers and their due process rights under all applicable Medicaid programs, MI Child, and the Michigan Mental Health Code.
- g. Conducting outreach to under-served and hard-to-reach populations and maintaining accessibility to the community-at-large.

B. Welcoming

- a. All consumers/individuals served contacting the CMHPSM, including all Michigan residents and regardless of where the consumer/individual served lives, will be

- assisted through the access system. All staff will be welcoming, accepting and helpful with the applicant's request for service.
- b. CMHPSM access system services are available through toll free access telephone lines 24 hours a day, 7 days per week including in-person and telephone access for hearing impaired consumers/individuals served.
 1. The access system telephone lines accommodate Limited English Proficiency (LEP), are accessible for consumers/individuals served with hearing impairments and have electronic caller identification if locally available.
 2. Access system telephone lines are answered by a live representative from the access system. Callers will not encounter telephone "trees," will not be put on hold or sent to voicemail until they have spoken to a representative from the access system to express their situation and circumstances, and it is determined that their situation is not urgent or emergent.
 3. Consumers/individuals served calling the CMHPSM access system with a crisis/emergent need will be immediately transferred to a qualified practitioner without requiring the consumer/individual served to call back.
 4. Consumers/individuals served calling the CMHPSM access system with non-emergent needs will not be kept on hold waiting for a screening for more than three (3) minutes without being offered an option of being called back. Any subsequent callback will occur within one (1) business day of the initial contact.
 5. Decentralized access systems have a mechanism in place to forward the call to the appropriate access portal without the consumer/individual served having to re-dial.
 - c. The CMHPSM access system will provide a timely, effective response to all consumers/individuals served who walk in.
 1. For consumers/individuals served who walk into a CMHPSM access system service location with urgent or emergent needs, an intervention will be initiated immediately.
 2. Consumers/individuals served who walk into a CMHPSM access system service location to request routine services will be screened or other arrangements made within thirty (30) minutes.
 - d. The CMHPSM access system maintains the capacity to immediately accommodate consumers/individuals served who present with:
 1. LEP and other linguistic needs
 2. Diverse cultural and demographic backgrounds
 3. Visual impairments
 4. Alternative needs for communication
 5. Mobility challenges
 - e. The CMHPSM access system will address financial considerations, including the county of financial responsibility as a secondary administrative concern, only after any urgent or emergent needs are addressed. Access system screening and crisis intervention services do not require prior authorization. Screening and referral will never require financial contribution from the consumer/individual served being served.
 - f. The access system will provide applicants with a summary of their rights guaranteed by the Michigan Mental Health Code or Substance Abuse Administrative Rules, including information about their rights to the person-centered planning process, and will ensure that they have access to the pre-planning process (as applicable) as soon as the screening and coverage determination processes have been completed.

- C. The CMHPSM access system screening for crises:
 - a. Access system staff shall first determine whether the presenting mental health or substance use disorder need is emergent, urgent, or routine and will address emergent and urgent needs first. To assure understanding of the problem from the point of view of the consumer/individual served who is seeking help, methods for determining emergent or urgent situations will incorporate “caller or client-defined” crisis situations. Staff will demonstrate empathy as a key customer service method.
 - b. The CMHPSM has emergency intervention services with sufficient capacity to provide clinical evaluation of the problem, to provide appropriate intervention, and to make timely disposition to admit to inpatient care or refer to outpatient services. Emergency intervention services will be provided through telephonic crisis intervention counseling, face-to-face crisis assessment, mobile crisis team interaction, and dispatching staff to an emergency room, as appropriate. Access system staff will perform or arrange for inpatient assessment and admission, alternative hospital admissions placements, or immediate linkage to a crisis practitioner for stabilization, as applicable.
 - c. The access system crisis assessment will include an inquiry as to the existence of any established medical or psychiatric advance directives relevant to the provision of services.
 - d. CMHPSM will provide coverage and provision of post-stabilization services for Medicaid beneficiaries once the consumer/individual’s crisis is stabilized. Consumers/individuals served who are not Medicaid beneficiaries but who need mental health or substance use disorders services and supports following crisis stabilization will be referred back to the access system for assistance.
- D. The CMHPSM access system will make coverage eligibility determinations for public mental health or substance use disorder treatment services
 - a. The CMHPSM will ensure access to public mental health services in accordance with the Michigan Department of Health and Human Services (MDHHS)/ PIHP and MDHHS/CMHSP contracts and:
 - 1. The Mental Health and Substance Abuse Chapter of the Medicaid Provider Manual, if the consumer/individual served is a Medicaid beneficiary.
 - 2. Any applicable Medicaid program in the Medicaid Provider Manual.
 - 3. 2.The MI Child chapter of the Medicaid Provider Manual, if the consumer/individual served is a MI Child beneficiary. The Michigan Mental Health Code and the MDHHS Administrative Rules, if the consumer/individual served is not eligible for a Medicaid program. or MI Child. The CHMPSM will serve consumers/individuals served with serious mental illness, serious emotional disturbance, intellectual/developmental disabilities substance use disorders, giving priority to consumers/individuals served with the most serious forms of illness and those in urgent and emergent situations. Once the needs of these consumers/individuals served have been addressed, consumers/individuals served with other diagnoses of mental disorders with a diagnosis found in the most recent Diagnostic and Statistical Manual of Mental Health Disorders (DSM) will be served based upon CMHPSM/CMHSP priorities and within funding available.
 - b. The CMHPSM ensures access to public substance use disorder treatment services in accordance with the MDHHS/PIHP and MDHHS contracts, and:
 - 1. The Mental Health and Substance Abuse Chapter of the Medicaid Provider Manual, if the consumer/individual served is enrolled in a Medicaid program.

2. The MI Child chapter of the Medicaid Provider Manual, if the consumer/individual served is a MI Child beneficiary. The priorities established in the Michigan Public Health Code, if the consumer/individual served is not eligible for Medicaid or MI Child.
 - c. The CMHPSM ensures that all screening tools and admission criteria to determine eligibility are valid, reliable, and uniformly administered.
 - d. The CMHPSM access system will utilize the ASAM LOC Criteria to make eligibility determinations and level of care placement decisions.
 - e. The CMHPSM access system is capable of providing the Early Periodic Screening, Diagnostic and Treatment (EPSDT) corrective or ameliorative services that are required by the MDHHS/PIHP specialty services and supports contract.
 - f. When a clinical screening is conducted, the access system will provide a written (hard copy or electronic) screening decision of the consumer/individual's eligibility for admission based upon established admission criteria. The written decision will include:
 1. Identification of the presenting problem(s) and need for services and supports.
 2. Initial identification of population group (intellectual/developmental disability, mental illness, severe emotional disturbance, or substance use disorder) that qualifies the consumer/individual served for public mental health and substance use disorder services and supports.
 3. Legal eligibility and priority criteria (where applicable).
 4. Documentation of any emergent or urgent needs and how they are immediately linked for crisis service.
 5. Identification of screening disposition.
 6. Rationale for system admission or denial.
 - g. The CMHPSM access system identifies and documents any third-party payer source(s) for linkage to appropriate referral source, either in or out of network.
 - h. The CMHPSM access system will not deny an eligible consumer/individual served a service because of the consumer/individual served/family income or third-party payer source.
 - i. The CMHPSM access system will document the referral outcome and source, either in-network or out-of-network.
 - j. The CMHPSM access system will document when an consumer/individual served with mental health needs, but who is not eligible for any Medicaid program, is placed on a waiting list for service and why.
- E. Collecting information:
- a. The CMHPSM access system will avoid duplication of screening and assessments by using the assessments already performed or by forwarding information gathered during the screening process to the provider receiving the referral, in accordance with the applicable federal/state confidentiality guidelines (e.g. 42 CFR Part 2 for substance use disorders).
 - b. The access system shall have procedures for coordinating information between internal and external providers, including Medicaid Health Plans and primary care physicians.
 - c. All CMHPSM screening and assessment information will be documented in the CMHPSM electronic medical record system.
- F. Referral to PIHP or CMHSP Practitioners:
- a. The CMHPSM access system will ensure that applicants are offered appointments for assessments with mental health or SUD professionals of their

- choice within the MDHHS/PIHP and CMHSP contract-required standard timeframes. Staff will follow up to ensure the appointment occurred.
- b. The CMHPSM access system will ensure that, at the completion of the screening and coverage determination process, consumers/individuals served who are accepted for services have access to the person-centered planning process.
 - c. The CMHPSM access system shall ensure that the referral of consumers/individuals served with substance use disorders or co-occurring mental illness and substance use disorders to PIHP or CMHSP or other practitioners must be in compliance with the confidentiality requirements of 42 CFR.
- G. Referral to community resources:
- a. The CMHPSM access system shall refer Medicaid beneficiaries who request mental health services, but do not meet eligibility for specialty supports and services, to their Medicaid Health Plans or Medicaid fee-for-service providers.
 - b. The CMHPSM access system shall refer consumers/individuals served who request mental health or substance use disorder services but who are not eligible for Medicaid-covered mental health and substance use disorder services, nor who meet the priority population criteria in the Michigan Mental Health Code or the Michigan Public Health Code for substance use disorder services, to alternative mental health or substance use disorder treatment services available in the community.
 - c. The CMHPSM access system will provide information about other non-mental health community resources or services that are not the responsibility of the public mental health system to consumers/individuals served who request it.
- H. Informing consumers/individuals served:
- a. General – The CMHPSM access system will provide information about, and help consumers/individuals served connect as needed with
 1. The CMHPSM Customer Services Department, peer support specialists, or other internal supports
 2. 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.
 - b. Rights:
 1. The CMHPSM access system will provide Medicaid beneficiaries with information about the local dispute resolution process and the State Medicaid Fair Hearing process. When a consumer/individual served is determined to be ineligible for Medicaid, mental health or substance use disorder services, they are 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.
 2. The CMHPSM access system will provide persons with substance use disorders, or persons with co-occurring substance use/mental illness with information regarding local substance use disorder Recipient Rights.
 3. When a consumer/individual served with mental health needs, who is not a Medicaid beneficiary, is denied community mental health services, for whatever reason, they are notified of the right under the Mental Health Code to request a second opinion. That consumer/individual served will also be provided with the option of pursuing the local dispute resolution process.
 4. The CMHPSM access system will schedule and provide for a timely second opinion, when requested, from a qualified health care professional within the network, or arrange for the consumer/individual served to

- obtain one outside the network at no cost to the consumer/individual served. The consumer/individual served has the right to a face-to-face determination, if requested.
5. The CMHPSM access system ensures the consumer/individual served and any referral source (with the consumer/individual's consent) are informed of the reasons for denial and will recommend alternative services and supports or disposition.
- c. Services and providers available:
 1. The CMHPSM access system will ensure that applicants are provided comprehensive and up-to-date information about the mental health and substance use disorder services that are available and the providers who deliver them.
 2. The CMHPSM access system will assure that there are available alternative methods for providing the information to consumers/individuals served who are unable to read or understand written material, or who have limited English proficiency (LEP).
 - I. Administrative functions:
 - a. The CMHPSM has written policies, procedures, and plans that demonstrate the capability of its access system to meet access system standards.
 - b. Community outreach and resources
 1. The CMHPSM has an active outreach and education effort to ensure the network providers, and the community are aware of the access system and how to use it.
 2. The CMHPSM has regular and consistent outreach efforts to commonly un-served or underserved populations who include children and families, older adults, homeless persons, members of ethnic, racial, linguistic and culturally diverse groups, persons with dementia, and pregnant women.
 3. The CMHPSM assures that the access system staff are informed about, and routinely refer consumers/individuals served 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 other basic needs.
 4. The CMHPSM maintains linkages with the community's crisis/emergency system, liaisons with local law enforcement, and has protocols for jail diversion.
 - c. Oversight and monitoring:
 1. The CMHSP's medical directors are involved in the review and oversight of the CMHPSM access system policies and clinical practices.
 2. The CMHPSM assures the access system staff are qualified, credentialed and trained consistent with the Medicaid Provider Manual, the MI Child chapter of the Medicaid Provider Manual, the Michigan Mental Health Code, the Michigan Public Health Code, and the MDHHS/PIHP and CMHSP contracts.
 3. The CMHPSM has mechanisms to prevent conflict of interest between the coverage determination function and access to, or authorization of, services.
 4. The CMHPSM monitors provider capacity to accept new consumers/individuals served and be aware of any provider organizations not accepting referrals at any point in time.
 5. The CMHPSM routinely measures telephone answering rates, call abandonment rates and timeliness of appointments and referrals. Any

resulting performance issues are addressed through the CMHPSM Quality Improvement Plan.

6. The CMHPSM assures that the access system maintains medical records in compliance with state and federal standards.
7. The CMHPSM staff work with consumers/individuals served, families, local communities, and others to address barriers to using the access system, including those caused by lack of transportation.

d. Waiting Lists:

1. The CMHPSM ensures that the CMHSPs have policies and procedures for maintaining a waiting list for consumers/individuals served not eligible for Medicaid, MI Child, or Healthy Michigan and who request community mental health services but cannot be immediately served. The policies and procedures minimally assure:
 - i. No Medicaid, MI Child, or Healthy Michigan beneficiaries are placed on waiting lists for any medically necessary Medicaid, MI Child, or Health Michigan service.
 - ii. A local waiting list will be established and maintained when the CMHSP is unable to financially meet requests for public mental health services received from those who are not eligible for Medicaid, MI Child, or Healthy Michigan. Standard criteria will be developed for who must be placed on the list, how long they must be retained on the list, and the order in which they are served.
 - iii. Consumers/individuals served who are not eligible for Medicaid, Healthy Michigan, or MI Child who receive services on an interim basis that are other than those requested will be retained on the waiting list for the specific requested program services. Standard criteria will be developed for who must be placed on the list, how long they must be retained on the list, and the order in which they are served.
 - iv. Use of a defined process, consistent with the Mental Health Code, to prioritize any service applicants and recipients on its waiting list.
 - v. Use of a defined process to contact and follow-up with a consumer/individual served on a waiting list who is awaiting a mental health service.
 - vi. Reporting, as applicable, of waiting list data to the Michigan Department of Health and Human Services as part of its annual program plan submission report in accordance with the requirements of the Mental Health Code.
- J. All CMHPSM CMHSPs and SUD core providers will maintain written Access System procedures that detail how the access system standards identified in the Access System Policy are met locally.
- K. All Certified Community Behavioral Health Clinics (CCBHC) will maintain the following Access standards:
 - a. Expanded Access to Services: CCBHC program requirements stipulate that CCBHCs cannot refuse service to any person based on either ability to pay or residence, expanding the population eligible for the robust service array. Any fees or payments required by the clinic for such services will be reduced or waived to ensure appropriate accessibility and availability. Additionally, CCBHCs must follow standards intended to make services more available and accessible, including expanding service hours, utilizing telehealth,

engaging in prompt intake and assessment processes, offering 24/7 crisis interventions, and following person and family-centered treatment planning and service provision.

- b. CCBHC Recipient Eligibility: Any person with a mental health or substance use disorder (SUD) ICD-10 diagnosis code is eligible for CCBHC services. The mental health or SUD diagnosis does not need to be the primary diagnosis. Individuals with a dual diagnosis of intellectual disability/developmental disability are eligible for CCBHC services. Eligibility review should align with assessment and diagnosis requirements and take place as frequently as specified or as clinically appropriate following the person-centered planning process and must be medically necessary. For those with Medicaid, eligible Medicaid beneficiaries include those enrolled in Medicaid (MA), Health Michigan Plan (MA-HMP), Freedom to Work (MA-FTW), MICHild Program (MAMICHILD), Full Fee-for-Service Health Kids-Expansion (HK-EXP), and Integrated Care – MI Health Link (ICO-MC). Medicaid beneficiaries cannot be enrolled in the PACE or Brain Injury Services Benefit Plans concurrently with CCBHC. Medicaid beneficiaries eligible for CCBHC are eligible for all Medicaid covered services.
- c. Residency: CCBHCs must serve all individuals regardless of residency or ability to pay. CCBHCS may define service catchment areas for targeted outreach that correspond directly to the required annual needs assessment. For individuals residing out of state, CCBHCs are responsible for providing, at a minimum, crisis response, evaluation, and stabilization services and should have protocols developed for coordinating care across state lines.
- d. Availability and Accessibility: The CCBHC must provide a functional, safe, clean, and welcoming environment for consumers and staff and are subject to all state standards for provision. Services are delivered at times and in locations that meet the needs of the population to be served, offering transportation, mobile in-home services, and telehealth/telemedicine when appropriate to guarantee access. Consumers are to be served regardless of ability to pay, insurance, or place of residence. Although there is technically no limit on the amount or duration of services offered, the amount, scope, and duration of services are determined through a person-centered planning process based on service eligibility and medical necessity criteria.

VII. EXHIBITS

None

VIII. REFERENCES

Reference:	Check if applies:	Standard Numbers:
42 CFR Parts 400 et al.	X	
45 CFR Parts 160 & 164 (HIPAA)	X	
42 CFR Part 2 (Substance Abuse)	X	
American Society of Addition Medicine, Inc (ASAM)	X	
<u>ASAM Patient Placement Criteria for the</u>	X	

<u>Treatment of Substance-Related Disorders</u> <u>2nd Edition, 2001</u>		
HITECH Act of 2009	X	
Current Joint Commission Behavioral Health Standards	X	
MDHHS Certified Community Behavioral Health Clinic (CCBHC) Handbook	X	
MDHHS Medicaid Contract	X	
MDHHS Substance Abuse Contract	X	
Michigan Medicaid Provider Manual	X	
Michigan Mental Health Code Act 258 of 1974	X	
Assessment Policy	X	
Confidentiality & Access to Clinical Records Policy	X	
Consumer Appeal Policy CMHPSM	X	
Customer Services Policy CMHPSM	X	
Culturally & Linguistically Appropriate Services Policy	X	
Employee Competency & Credentialing Policy	X	
Notice of Privacy Practices and Consumer Complaints for Protected Health Information Policy	X	
Person Centered Planning Policy	X	
Right to Dignity and Respect Policy	X	
Services Suited to Condition Policy	X	
Training Policy	X	
Utilization Management/Review Policy	X	