MICHIGAN DEPARTMENT OF COMMUNITY HEALTH
OFFICE OF DRUG CONTROL POLICY

TREATMENT POLICY #07

SUBJECT: Access Management System

ISSUED: November 1, 2006

EFFECTIVE: November 1, 2006

PURPOSE

The purpose of this policy is to establish the requirements for the access management system (AMS).

SCOPE

This policy applies to the Substance Abuse Coordinating Agencies (CAs) and their provider network.

DEFINITIONS

Access Management - Access management consists of those responsibilities, as outlined in the procedures section of this policy, associated with determining administrative and clinical eligibility, managing resources (including demand, capacity and access), ensuring compliance with various funding eligibility and service requirements, and assuring associated quality of care. Activities to carry out these responsibilities include appropriate referral and linkage to other community resources.

Access Management System (AMS) – AMS as a system refers to the manner in which the CA carries out access management functions. Since AMS is administrative in nature, the CA can directly operate the AMS and/or these activities can be assigned to various providers. The AMS is a "system" not a "place."

Administrative Eligibility Determination and Enrollment – Administrative eligibility determination and enrollment is the process by which the client requesting treatment is determined to be eligible for services and enrolled as a client of the CA. Enrollment includes determination of financial responsibility, notice of recipient rights, confidentiality and release of information documents, as required by law or funding source.

Assessment – An assessment is used to collect information in a manner that will enable the provider to establish (or rule out) the presence of a substance use disorder. It is also used to determine the client's readiness for change, identify client strengths or problem areas that may affect the processes of treatment and recovery, and engage the client in the development of a

treatment relationship. The assessment serves as the basis for treatment plan. Assessment is included in the treatment process and is therefore outside (excluded from) the AMS system.

Capacity Management – Capacity management is the ability of an AMS to track and manage service availability. Capacity management includes assuring yearlong access is available for all services, maintaining waiting list information, assuring access for priority populations and monitoring provision of interim services as necessary.

Clinical Eligibility Determination – Clinical eligibility determination includes: triage (assessment of risk), determination of medical necessity (the presence or a likelihood of a substance use disorder), a determination of initial level of care (based on the American Society of Addiction Medicine), a provisional diagnostic impression and it must include appropriate referral(s) for services.

Crisis Situation – A situation in which a client seeking access is experiencing a medical or psychiatric emergency or who is suicidal or homicidal thereby requiring an immediate referral/intervention to a provider specializing in the service most appropriate to the client's situation and needs.

Customer Services – Customer services are non-treatment/support services provided to clients and other consumers that are directed at the entire population of the CA catchment area and consist of information services, coordination of client participation in managed care activities, community benefit, and complaint, grievance and appeals processes.

Demographic Data – Demographic data is the client identifying information needed to open a case file. It includes but is not limited to name, address, city, state, date of birth, income, sex, marital status, phone number and race and ethnicity.

Initial Screening - An initial screening is a formal, brief process that occurs as the client requests or presents for services to determine the likelihood of a substance use disorder and a preliminary identification of other needs. The screening process results in the determination of eligibility for assessment at an initial level of care and an initial service authorization.

Quality Assurance Monitoring – Quality assurance monitoring is the review and monitoring of the provider network to determine appropriate application of service guidelines and criteria.

Service Driven – A system is service driven when it is responsive to the needs of the client, service providers and referral sources.

Utilization Review – Utilization review is the review of individual client records specific to system practices and trends. In the AMS system, utilization review includes but is not limited to assuring that the initial level of care determination is appropriate.

Urgent Situation– A situation in which an individual is determined to be at risk of experiencing a substance abuse or mental health crisis situation in the near future if they do not receive care,

treatment or support services. Any priority population client seeking substance abuse services that meet the level of care criteria for admission to detoxification or residential services is an urgent situation.

Welcoming – Welcoming is conceptualized as an accepting attitude and understanding of how clients 'present' for treatment and a capacity on the part of the provider to address client needs in a manner that accepts and fosters a service and treatment relationship that meets the needs and interests of the service recipient.

BACKGROUND

A statewide system of Central Diagnostic and Referral (CDR) services became a substance abuse treatment system mandate for Michigan in the early 1990's. Accurate, unbiased and comprehensive assessment of treatment needs and assurance that clients received the needed level of care (treatment) were the goals of the CDR system. During the 1990's, the CDR system evolved to include the use of American Society of Addiction Medicine (ASAM) Patient Placement Criteria, a requirement for a diagnostic impression based on Diagnostic and Statistical Manual (DSM) criteria and the use of medical necessity criteria.

In fiscal year 2002, the CDRs were renamed the Access, Assessment and Referral (AAR) services. The name change was made to emphasize access to treatment at the provider level. The need for further change became evident in 2004 due to conflicts between administrative and treatment responsibilities, the need to reduce duplication of services, and the desire to adopt best practices relative to client engagement and retention.

In late 2004, a draft policy was issued on access management. A workgroup began meeting in January 2006 to review the draft policy and develop a final Access Management System policy. This document incorporates the discussion and input from that workgroup. This policy seeks to acknowledge managed care administrative responsibilities. It moves towards using a brief screening for service authorization purposes and "moving" the biopsychosocial assessment to the treatment provider while fostering the welcoming concept. In July 2006, the administrative rules for substance abuse were revised to define access management as an administrative function.

REQUIREMENTS

Administrative Rules for Substance Abuse Service Programs, promulgated pursuant to Section 6231(1) of Michigan Public Act 368 of 1978, as amended

42 United States Code (U.S.C.) 290dd-2; 42 C.F.R. Part 2 (Confidentiality)

Public Act 368 of 1978, as amended, Article 6, Part 62, Section 6228, (Coordinating Agency Required Functions)

Requirements as stated in Michigan Department of Community Health (MDCH) contract with the Coordinating Agencies

PROCEDURE

The following core values were established by the workgroup and are incorporated in this policy. These are considered essential to best practice.

- Access management is a "system" not a "place."
- An AMS is welcoming. Welcoming is intended to facilitate building the relationship between the provider and the client from the initial treatment contact.
- An AMS must be service driven - meeting needs of clients, service providers and referral sources.
- An AMS must be client centered and foster engagement and support recovery.
- An AMS must be administratively and clinically effective as well as efficient.

This policy recognizes the importance of the biopsychosocial assessment as the first step in the development of an individualized treatment plan. In doing so, the need for assessment from the provider who will be treating the individual is being emphasized. By doing this, the AMS is supporting a welcoming framework that will minimize the client having to repeat information and facilitate building the relationship between the provider and the client as the counselor will be able work with the client from the initial treatment contact.

The goal of the AMS is to provide easy access for clients seeking services in an efficient and cost-effective manner. Coordinating agencies are responsible for assuring the availability and operation of an efficient and effective access management system, including the assurance that staff performing these functions are skilled, trained and appropriately supervised in the functioning of the AMS. Further, the CA needs to ensure that access for clients seeking substance abuse treatment is streamlined, client-friendly, culturally appropriate and effective in making accurate referrals for service.

The responsibility rests with the CA to ensure an AMS meeting these standards is in place and operational. The selection of the procedures, programs or methods by which this is accomplished is at the discretion of the CA. CAs must meet the following requirements when developing and implementing their regional system:

Availability

The AMS must be available to triage clients seeking services 24 hours a day, seven days a week. This requirement does not demand 24/7 staffing unless volume/demand is sufficient to support such a capacity. Triage can be completed in various ways such as an on-call person available by telephone (voice mail is not adequate), an answering service utilizing trained staff, a contracted 24/7 crisis center or a detoxification provider open 24/7. Clients who are identified as needing urgent help or determined to currently be in a crisis situation must be screened and referred to the appropriate services. A crisis situation requires an immediate referral to the appropriate provider to assist the individual. If the client does not meet the

criteria for an urgent or a crisis situation, a referral for screening by the AMS on the next business day is required.

The AMS may offer services in a face-to-face manner, by telephone or electronically when geographic or other barriers make it more efficient or accessible. In situations where a method other than face-to-face is used, the CA must have protocols in place to ensure that there is documentation of the client receiving information regarding recipient rights and that the confidentiality requirements have been met.

For routine service requests, the minimum timeliness standard for conducting a client's screening, level of care (LOC) determination, provider selection (placement activities) and admission to treatment is fourteen days from the first contact with the AMS.

Requirements at Initial Contact with Clients

Administrative Functions

- Administrative eligibility – Enough information should be gathered through the first contact to make a provisional eligibility determination, further verification efforts can be directed to the treatment provider to take place during the assessment process, the CA needs to ensure that the AMS is designed to gather this information.
  - Verification of county of residence.
  - Verification of income and application of sliding fee scale.
  - Coordination of benefits.
    - Determination of existence of third party insurance.
    - Determination of existence of a responsible relative that has income or insurance.
  - Determination of priority population status.
    - Pregnant.
    - Pregnant injecting drug user.
    - Injecting drug user.
    - Parents of children who have been or are at risk of being removed from their home.
  - Provision of information regarding confidentiality to all clients.
  - Provision of information regarding recipient rights to all clients.
  - Obtain/ensure completion of a signed release of information based on individual client circumstance.

- Enrollment.
  - Collection of identifying information and essential demographic data.

- Initial authorization or denial of service.
  - Authorization to receive an assessment at the determined LOC and at the provider chosen by the client.
  - If the client is not eligible or does not require services, referral and/or linkage to an appropriate service/provider to meet identified needs.

- Notification of rights to grievance and appeals.

Clinical Functions

There are four components to the clinical requirements when a client presents for service: triage, screening, level of care determination and referrals for services.

- Triage.
  - Risk assessment.
  - Determination of situation as urgent or routine.

- Screening for substance use disorders and mental health problems.

- Level of care determination.
  - Determination of medical necessity.
  - Provisional diagnostic impression using all five axes of the DSM IV.
  - Level of care determination using ASAM Patient Placement Criteria.
    - Dimension 1 – Alcohol 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 Environment.

- Service referral.
  - Provide information on available programs to assist the client with informed program choice.
  - Referral to program.
  - Linkage to other needs that may be identified during the screening process such as physical health and primary health care, housing, food, vocational/academic, self help groups, child care, child welfare, mental health, legal, employment, transportation and communicable disease.

Ongoing Administrative Functions

The AMS has the responsibility to perform and maintain documentation of the following ongoing administrative functions relative to access management:

- Capacity management – It must assure all services are available for the full 12 months of the fiscal year; monitor provider capacity to accept new clients; and adjust service mix consistent with demand and funding.

- Service authorization/reauthorization based on ASAM Patient Placement Criteria.
  - Initial service authorization.
  - Continuing stay reviews.

- Notification of rights to grievance and appeals procedures.

- Utilization review – assuring that level of care determinations are accurate and making necessary recommendations for change.

- Quality assurance monitoring – the ability to review the services being received by clients at various levels of care to determine effectiveness and make necessary recommendations for change.

- Administrative oversight to timeliness, access, tracking clients between levels of care and follow-up to collect post-discharge information for outcome studies.

- Identify community based service providers, develop referral or working relationships for the purpose of ensuring that the variety of client needs can be addressed.

- Care management for the efficient and effective use of resources.

- Public information regarding access to prevention and treatment services.

- Ensure access to culturally competent/sensitive services.

- Ensure data related to the AMS function is accurate, timely and complete. This includes quality improvement and/or other performance indicator data that must be collected and transmitted as required by MDCH/CA agreement.

- Provide customer service information.

The AMS must be able to utilize the substance abuse screening and treatment needs information provided by district court probation officers when the probation officer is certified by the Michigan Certification Board for Addiction Professionals (MCBAP) with either Access Referral Management Specialist (ARMS) or Criminal Justice certification. A release of information form must accompany the screening material. The information provided by the probation officer should provide enough information to apply ASAM Patient Placement Criteria to determine LOC and referral for placement. In situations where information is not adequate, the release of information will allow the screener to contact the referral source to obtain other needed information. The AMS must be able to authorize these services in order for CA funds to be used to pay for treatment.

Given the specialized nature of the Salvation Army Harbor Light Monroe Deaf/Hard of Hearing Program and the Project Rehab Hispanic Residential Program, the AMS must accept substance abuse screening and treatment needs information from these providers. As with the above court service programs, a release of information should be obtained from the client to allow the AMS screener to get any other needed information from these programs if it is needed. The AMS must have the ability to authorize any additional services beyond the screening contact in order for the CA to fund any further services for the client.

REFERENCES

Administrative Rules for Substance Abuse Service Programs, promulgated pursuant to Section 6231(1), Michigan Public Act 368 of 1978, as amended: http://www.michigan.gov/documents/cis_bhs_fhs_sa_part4_37163_7.pdf

Administrative Rules for Substance Abuse Service Programs, Article 6, Part 62, Section 6228, Michigan Public Act 368 of 1978, as amended: http://www.michigan.gov/documents/cis_bhs_fhs_sa_part4_37163_7.pdf

Center for Substance Treatment. *Screening, Assessment, and Treatment Planning for Persons with Co-Occurring Disorders.* COCE Overview Paper 2. DHHS Publication No. (SMA)06-4164 Rockville, MD: Substance Abuse and Mental Health Services Administration, and Center for Mental Health Services, 2006.

Code of Federal Regulations. 42 U.S.C. 290dd-2; 42 C.F.R. Part 2 (Confidentiality) http://ecfr.gpoaccess.gov/cgi/t/text/text-idx?c=ecfr&sid=b27cb1fbcf297fe648b9225f338763e7&rgn=div5&view=text&node=42:1.0.1.1.2&idno=42

Mee-Lee D, Shulman GD, Fishman M, Gastfriend DR, and Griffth JH, eds. (2001). *ASAM Patient Placement Criteria for the Treatment of Substance-Related Disorders, Second Edition-Revised (ASAM PPC-2R).* Chevy Chase, MD: American Society for Addiction Medicine, Inc.

Michigan Department of Community Health, Office of Drug Control Policy, Agreement with Coordinating Agencies.

APPROVED BY: _____

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