TREATMENT POLICY #07

SUBJECT: Access Management System

ISSUED: November 1, 2006, revised September 30, 2011

EFFECTIVE: November 30, 2011

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 networks.

DEFINITIONS:

Access Management – As outlined in the procedures section of this policy, access management consists of those responsibilities, 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 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 initial basis for the treatment and recovery plan. Assessment is included in the service delivery process and is therefore outside of

(excluded from) the AMS. In contrast, 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.

Capacity Management – Capacity management is the ability of an AMS to track and manage service availability. Capacity management includes assuring year-long access is available for all services, maintaining waiting list information, assuring access for priority populations, and monitoring the 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 the initial level of care (LOC) (based on the American Society of Addiction Medicine Patient Placement Criteria 2R (ASAM), and a provisional diagnostic impression that 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 and 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, zip, telephone, date of birth, income, sex, marital status, and race/ethnicity.

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

Routine – a request for service that is a non-urgent or non-crisis situation from a potential client or referral source.

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, 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 use disorder or mental health crisis in the near future, without the intervention of care, treatment, or support services. Note: Any priority population clients seeking substance use disorder services that meet the level of care criteria for admission to detoxification or residential services are an urgent situation.

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

BACKGROUND:

The requirement for a statewide system of Central Diagnostic and Referral (CDR) services became a substance abuse treatment system mandate for Michigan in the early 1990s. 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 1990s, the CDR system evolved to include the use of 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 AMS policy. This document incorporates the discussion and input from that workgroup. It moves toward 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. *Note: As of September 30, 2008, an assessment is no longer a covered service if it takes place at a centralized CA access management setting, or one that does not also provide licensed treatment services.*

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 the 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 service contact.
- An AMS must be service-driven to meet the 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/recovery plan. In doing so, the need for assessment from the provider who will be treating the individual is emphasized. This procedure supports a welcoming framework that minimizes the client having to repeat information, and facilitates the development of a relationship between the provider and the client, as the counselor will be able to work with the client from the initial treatment contact.

One of the goals of the AMS is to provide easy access for clients seeking services in an efficient and cost-effective manner. CAs 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 use disorder services is streamlined, client-friendly, culturally appropriate, and effective in making accurate referrals.

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:

<u>Availability</u>

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 have been 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 timeline 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 during the first contact to make a provisional eligibility determination. Further verification efforts can take place during the assessment process. The CA needs to ensure that the access management system is designed to gather the following information:
  - Verification of county of residence.
  - Verification of income and sliding fee scale application.
  - Verification of need for the coordination of benefits by:
    - Determining the existence of third party insurance.
    - Determining the existence of a responsible relative that has income or insurance.
    - Determining the priority population status; is the client:
      - Pregnant.
      - Pregnant injecting drug user.
      - Injecting drug user.
      - Parents of children who have been or are at-risk of being removed from their home.
  - Provide information regarding confidentiality to all clients.
  - Provide information regarding recipient rights to all clients.
  - Obtain/ensure completion of a signed release of information based on individual client circumstance(s).

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

- Initial authorization or denial of service.
  - Authorization to receive an assessment/service 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 appeal.

Clinical Functions

There are four components to the clinical requirements when a client presents for service: triage, screening, LOC determination, and referral for services.

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

2. Screening for substance use disorders, mental health problems, and co-occurring disorders.

3. Level of care determination.
   - Determination of medical necessity.
   - Provisional diagnostic impression using all five axes of the current version of the DSM of Mental Disorders.
   - LOC determination using ASAM PPC - 2nd Edition, Revised (ASAM PPC-2R).
     - 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.

4. Service referral.
   - Provide information on available programs to assist the client with an informed choice.
   - Referral to the selected service or program.
   - Linkage to other needs that may be identified during the screening process, such as physical and primary health care, housing, food, vocational/academic, self-help groups, childcare, 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 the service mix consistent with demand and funding.

- Service authorization/reauthorization based on ASAM PPC-2R.
  - Initial service authorization.
  - Continuing stay reviews.
  - Notification of rights to grievance and appeal procedures.

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

- Quality assurance monitoring – can involve the review of 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 a variety of client needs can be addressed.

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

- Public information regarding access to prevention, treatment, and recovery 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.

<u>Waiting List and Priority Population Management</u>

The Substance Abuse Prevention and Treatment (SAPT) Block Grant requirements indicate that clients who are pregnant or injecting drug users have admission preference over any other client accessing the system and are identified as a priority population. Priority population clients must be admitted to services as follows:

Population	Admission Requirement	Interim Service Requirement
Pregnant Injecting Drug User	1) Screened and referred within 24 hours. 2) Detoxification, Methadone, or Residential – Offer admission within 24 business hours. Other Levels or Care – Offer admission within 48 business hours.	*Begin within 48 hours:* 1. Counseling and education on: a) HIV and TB. b) Risks of needle sharing. c) Risks of transmission to sexual partners and infants. d) Effects of alcohol and drug use on the fetus. 2. Referral for pre-natal care. 3. Early intervention clinical services.
Pregnant Substance Use Disorders	1) Screened and referred within 24 hours. 2) Detoxification, Methadone, or Residential – Offer admission within 24 business hours. Other Levels or Care – Offer admission within 48 business hours.	*Begin within 48 hours:* 1. Counseling and education on: a) HIV and TB. b) Risks of transmission to sexual partners and infants. c) Effects of alcohol and drug use on the fetus. 2. Referral for pre-natal care. 3. Early intervention clinical services.
Injecting Drug User	Screened and referred within 24 hours. Offer admission within 14 days.	*Begin within 48 hours – maximum waiting time 120 days:* 1. Counseling and education on: a) HIV and TB. b) Risks of needle sharing. c) Risks of transmission to sexual partners and infants. 2. Early intervention clinical services.
Parent At-Risk of Losing Children	Screened and referred within 24 hours. Offer admission within 14 days.	*Begin within 48 business hours:* Early intervention clinical services.
All Others	Screened and referred within seven calendar days. Capacity to offer admission within 14 days.	Not required.

It is the expectation that the CA provide services to priority population clients before any other non-priority client is admitted for any other treatment services. Exceptions can be made when it is the client's choice to wait for a program that is at capacity.

The AMS is responsible for maintaining a waiting list by contacting clients who are placed on it every 30 days to check their status/well-being and continued interest in services until they are linked with the appropriate level of care. Attempts and contacts shall be documented to ensure that the list is properly maintained. Those clients who are not able to be contacted, or who do not respond after 90 days, may be removed.

Priority population clients placed on a waiting list are required to be offered interim services (see section 96.121 of the SAPT Block Grant). Interim services must minimally include:

- Counseling and education about the human immunodeficiency virus (HIV) and tuberculosis (TB).
- The risks of needle sharing.
- The risks of transmission to sexual partners, infants, and steps that can be taken to ensure that HIV and TB transmission does not occur.
- HIV or TB treatment service referrals.
- Counseling on the effects of alcohol and drug use on a fetus and referral for prenatal care are required for pregnant women.

Provision of these services, or the refusal of such, must also be documented for every priority client.

Coordination of Care with the Court System

The AMS must be able to utilize the substance use disorder screening information and treatment needs provided by district court probation officer assessments when the probation officer has the appropriate credentialing through the Michigan Certification Board for Addiction Professionals (MCBAP). A release of information form must accompany the district court probation officer referral. The information provided by the probation officer should supply enough information to the AMS to apply ASAM PPC to determine LOC and referral for placement. In situations where information is not adequate, the release of information will allow the AMS to contact the district court probation officer to obtain other needed information. The AMS must be able to authorize these services based on medical necessity, so CA funds can be used to pay for treatment.

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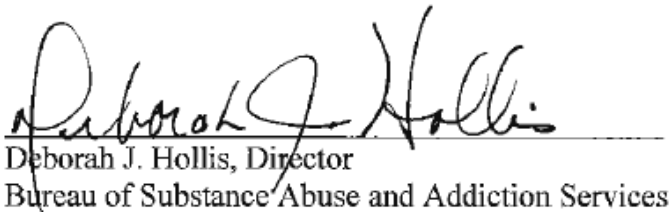
APPROVED BY: 

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