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## North Sound Mental Health Administration

### Section 1500 – Clinical: Access Standards

Authorizing Source: 42CFR438.206; WAC 388-865-0415; MHD and NSMHA Contracts 2008-2009; NSMHA

Cancels:

See Also:

Providers are required to have a “policy consistent with” this policy

Approved by: Executive Director

Date: 5/29/2008

Responsible Staff: Quality Manager

Signature:

## **POLICY #1503.00**

### **SUBJECT: ACCESS STANDARDS**

#### **PURPOSE**

To provide consumers easy access to mental health services, appropriate clinical screening, and to ensure North Sound Mental Health Administration (NSMHA) contract compliance.

#### **POLICY**

NSMHA will maintain a regional Access Line that provides customer friendly, flexible, proactive, and responsive services to individuals, families and stakeholders requesting services within the region.

#### **PROCEDURE**

Access to request crisis mental health services are available 24 hours a day, seven days a week. Access to request routine mental health services is available Monday-Friday 8 am – 5 pm. Individuals/families seeking mental health services within NSMHA will be assisted by mental health clinicians who are adept at triage and screening functions and responsive to the caller’s identified needs. Calls will be answered within 5 rings, with an average answer speed of 30 seconds, and a call abandonment rate of less than 3 percent. Consumers shall not reach a busy signal.

The first level of screening will be for safety concerns. If a crisis response is needed, the caller will be immediately connected to Volunteers of America (VOA) Care Crisis Line where Mental Health Professionals (MHP) and Child Mental Health Specialists (CMHS) are available for phone consultation. Face-to-face outreach is available if indicated.

The next level of screening will be for Medicaid coverage, or financial eligibility. Those individuals who have a Medicaid coupon that covers mental health services may not be denied an initial assessment and shall be scheduled by the provider agency for an initial assessment appointment within required timelines.

Individuals/families who, by the nature of their mental health disability, are identified during this initial screening as needing assistance to obtain their Medicaid entitlements will be referred to the Department of Social and Health Services (DSHS) as needed by the Access Specialist. An initial assessment may be offered to individuals without a Medicaid coupon within available resources as outlined by NSMHA’s plan for utilizing state-only funding.

Calls are transferred only in the following situations:

1. Crisis calls (transferred to VOA Triage Clinician). Emergent crisis services shall occur within two hours and urgent crisis services shall occur within 24 hours.
2. Consumer is not financially eligible for routine NSMHA services (transferred to appropriate provider or referral agency).

3. Current NSMHA consumer (transferred to provider of record or NSMHA if requested).

Callers will be informed of the Community Mental Health Agencies (CMHAs) available in their area and offered an initial assessment through a NSMHA-network provider CMHA that is geographically accessible within distance and travel time standards, that provides age-appropriate services, and that provides the culturally competent range of services to meet the needs of special populations if they do not request a specific CMHA. Individuals may choose to use providers that require travel beyond the travel standards. Children and parents may choose to receive services from the same provider when appropriate and available.

Once the determination has been made that the individual is not in need of crisis services and is eligible for an initial assessment, the nature and purpose of this assessment shall be clearly explained and the individual shall be connected by phone to the requested CMHA to schedule the appointment. The initial assessment appointment shall be offered to occur within 10 business days (standard assessment) or within three business days (expedited assessment) of the request for service as determined by Access Specialists.

Individuals/families scheduled for an initial assessment are encouraged to bring natural supports to the appointment to assist with the provision of support and information and to establish the format for consumer-driven support teams and continued involvement of natural supports. They are also encouraged to bring any records available to them in order to assist in the assessment process. If consumers are unable to get to a clinic-based assessment due to the consumer's mental illness, disability, lack of transportation, incarceration or other barriers, assessments can be established at other locations, including community-based detention facilities. Individuals shall be asked about any special accommodations that are needed at the assessment appointment. Accommodations shall be made for barriers of language or disability.

Access performance standards data will be reported monthly to NSMHA. This data will include volume of calls, call responsiveness statistics, and number of referrals by category of service, number of Medicaid and state-funded consumers who request service, number of Medicaid and state-funded consumers who are referred for an initial assessment, and call disposition information including the reason if no service occurs. Performance issues will be reviewed through the Quality Management system and if needed, corrective action may be requested.

**ATTACHMENTS**

None