



Current Status: *Active*

PolicyStat ID: 4893420



Origination:	04/2017
Effective:	01/2019
Last Approved:	01/2019
Last Revised:	01/2019
Next Review:	01/2020
Owner:	<i>Dana Lasenby: Chief Clinical Officer</i>
Policy Area:	<i>Clinical Practice Improvement</i>
References:	<i>NCQA Q17</i>

## Eligibility and Screening

### POLICY

It is the policy of the Detroit Wayne Integrated Health Network (DWIHN) that screening be offered to anyone requesting services delivered by DWIHN provider networks, via a centralized access point which determines eligibility for services.

### PURPOSE

This policy establishes the standards and procedures for consumer eligibility and screening to services delivered through DWIHN provider networks.

### APPLICATION

1. This policy shall apply to all directly-operated and contract network providers of the DWIHN. Who is required to implement and adhere to this policy: DWIHN Board, All DWIHN Staff, Contractual Staff, MCPN Staff, Network Providers, CVO, Access Center
2. Who does this policy serve: Adults with Mental Illness (AMI), Children with Serious Emotional Impairment/ Disturbance (SEI/SED), Persons with Intellectual and/or Developmental Disorders (I/DD), and persons with Substance Use Disorders (SUD)
3. What service line does this policy impact: MI-HEALTH LINK, SUD, Autism, Medicaid

### KEY WORDS

1. **Access Screening**
2. **Assessments**
3. **Eligibility**
4. **Waiting List**

### STANDARDS

1. **Screening**
  - a. Access to screening is available 24 hours a day, seven days a week to anyone free of charge to the requesting individual.
  - b. The Access Center will be welcoming and accessible.
  - c. Screening will be conducted by a centralized access center telephonically via a toll-free number. Face to face screening is available on request. Translation services will be made available, real time,

- upon request at no charge to the member.
- d. The contracted vendor will have policies and procedures that comply with DWIHN contractual requirements, policies and procedures.
  - e. The screening shall be sufficient to determine:
    - 1. Eligibility for services;
    - 2. Medical necessity, or need, for services; and
    - 3. Need for additional assessments.
  - f. If the screening determines the individual may be eligible, a referral for an assessment is made to an appropriate provider within the DWIHN provider networks, or to an out-of-network provider where appropriate. Choice of provider will be offered to the consumer/guardian. Intake Assessments will be completed by the provider as per the Clinical Assessments Policy.
  - g. If the screening determines the individual is not eligible for DWIHN delivered services, a referral to an appropriate provider or benefits manager will be offered to the person requesting services. A follow-up call will also be offered to the person requesting services.
  - h. The requestor will be informed, verbally at the time of the determination, as well as in writing, of their second opinion and due process rights.

## 2. Eligibility:

- a. Eligibility for services and supports is according to the Michigan Department of Health and Human Services (MDHHS) contract with the Detroit Wayne Integrated Health Network (DWIHN); the most recent MDHSS Medicaid Provider Manual; the Michigan Mental Health Code; MDHHS Administrative Rules; and other applicable contracts, laws and regulations.
  - 1. Priority is given, as per the above, to: AMI, SED, I/DD and SUD populations.
  - 2. When the priority population needs are met, then other populations will be admitted as funding allows.
- b. With the exception of those requiring services to ameliorate emergency situations, services are available to residents of Wayne County, or those for whom Wayne County has been determined to be the County of Financial Responsibility (COFR).

## 3. Waiting List

- a. It is the policy of DWIHN that sufficient service capacity be maintained throughout the provider network. As such, waiting lists are not acceptable.
- b. Contracted management entities (such as MCPNs) and providers must ensure that consumers are referred to alternative services and/or providers that meet the medically necessary services or assessments when the network is unable to meet a consumer's needs within the timeframes as set forth by contract.

## QUALITY ASSURANCE/IMPROVEMENT

The DWIHN 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 of MCPNs, their subcontractors and direct contractors 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**

DWIHN staff, MCPNs, 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**

- 1. Michigan Department of Health and Human Services, Medicaid Provider Manual
- 2. Michigan Department of Health and Human Services-DWIHN Managed Specialty Supports and Services Contract
- 3. Michigan Mental Health Code, MCL 330.1001 et seq.

**RELATED POLICIES**

**RELATED DEPARTMENTS**

- 1. Claims Management
- 2. Clinical Practice Improvement
- 3. Compliance
- 4. Customer Service
- 5. Information Technology
- 6. Integrated Health Care
- 7. Legal
- 8. Managed Care Operations
- 9. Quality Improvement
- 10. Recipient Rights
- 11. Substance Use Disorders



**Attachments:**

**Approval Signatures**

Approver	Date
Dana Lasenby: Chief Clinical Officer	01/2019

