PHOENIX
COUNSELING CENTER
Where Help, Hope and Compassion Come Together.

PHOENIX COUNSELING CENTER
POLICY AND PROCEDURE

Title: Screening and Access to Services **Responsible Department:** Clinical **Last Revision:** 07/2008 , 11/2017 **Board Reviews:** 03/18/15, 01/06/16, 02/22/17, 02/18/18, 11/19/19, 11/18/20	**Policy Number:** IV_A_003 **Effective Date:** 07/2008 DocuSigned by: **Board Chair:** Heidi Chenail 1B9E9B90F43D42C... **Date:** 11/24/2020 DocuSigned by: **CEO:** Kevin Oliver 04F5132EFBF04FC... **Date:** 11/24/2020

POLICY:

A. It shall be the policy of Phoenix Counseling Center (PCC) to utilize the Screening and Access to Service Process to maximize opportunities for persons served to gain access to needed community programs and services. PCC staff shall efficiently and effectively assess consumer need and then link the consumer to needed services and supports based on strengths, needs, abilities, preferences, and informed choices. Screening and access to services involves the following processes: screening/triage/referral, evaluation/assessment, orientation, and admission processes (administrative and clinical).

B. Admission to PCC's programs is prioritized based on clearly defined admission, continued stay, discharge, exclusionary, and re-admission criteria. Persons served that are determined ineligible for PCC services shall be informed and referred to the most appropriate community provider. Persons served that are determined eligible for PCC programs and services shall be provided sufficient information and orientation that shall allow decision-making and provide informed choice/consent on the selection of services/ programs.

C. PCC shall assure that employees are trained and demonstrate competency in applying this policy and procedure(s). Should a program reach capacity, the individual shall be referred as appropriate for medical, crisis or other supports/services as appropriate to community providers.

D. Quality and Performance Management shall be utilized to assess and assure PCC's services are easily accessible for person's served.

E. The North Carolina (NC) Division of Mental Health/Developmental Disabilities/Substance Abuse (MH/DD/SA) rules, NC Division of Medical Assistance (DMA) Medicaid Guidelines, and the Commission on the Accreditation of Rehabilitation Facilities (CARF) standards and criteria shall be utilized to develop organizational policy and procedure related to screening and access. In addition, all procedures shall be in compliance with contractual guidelines established by the Governing Entity.

APPENDIX A – GLOSSARY OF TERMS AND DEFINITIONS:

A. Admission Criteria
   1. Clearly defined and objective criteria that specify consumer eligibility for a program and/or service. This also pertains to re-admission criteria. PCC utilizes NC Division of MH/DD/SA and Medicaid Medical Necessity Criteria to establish admission/readmission criteria. Specialized criteria may be

used if the service is part of grant. These criteria are also utilized as part of utilization management/review processes.

B. Admission Process
   1. The admission process refers to the administrative and clinical procedures by which a consumer is formally determined eligible and consents to participate in PCC's programs/services. The admission process shall include: completion of required admission paperwork; providing orientation to each consumer (parent/guardian) in a format that is easily understood; providing accurate and sufficient information that shall allow the consumer to make an informed choice regarding the selection and participation in PCC's programs/services; and, obtaining service order and purchaser of service authorization for services provided to the consumer.

C. Continued Stay Criteria
   1. Clearly defined and objective criteria that determine continued eligibility for a program and/or service. PCC utilizes NC Division of MH/DD/SA and Medicaid Medical Necessity Criteria to establish continued stay criteria. These criteria are also utilized as part of utilization management/review processes.

D. Discharge Criteria
   1. Clearly defined and objective criteria that specify when a consumer is no longer eligible for a program and/or service and may be transitioned to another service/level of care. NC Division of MH/DD/SA and Medicaid Medical Necessity Criteria to establish discharge criteria. These criteria are also utilized as part of utilization management/review processes.

E. Evaluation
   1. Evaluation (or assessment) is a documented service that provides for an appraisal of a consumer in order to determine the nature of the recipient's problem and his/her need for services based on strengths, needs, abilities, and preferences. The service may include an assessment of the nature and extent of the recipient's problem(s) through a systematic appraisal of the mental, psychological, physical, behavioral, functional, social, economic, spiritual, and/or intellectual resources of the recipient. Evaluation is for the purposes of diagnosis and determination of the disability of the recipient, the recipient's level of eligibility, and the most appropriate plan for services.

F. Exclusionary Criteria
   1. Clearly defined and objective criteria that specify when a consumer is not appropriate for or excluded from a program or service. NC Division of MH/DD/SA and Medicaid Medical Necessity Criteria to establish continued stay criteria. These criteria are also utilized as part of utilization management/review processes.

G. Consumer (Informed) Choice
   1. This refers to the consumer's right to choose age appropriate services from qualified providers based on their individualized need and preferences. Critical to the provision of quality screening, and referral activities, is that the consumer is provided sufficient information regarding their identified need to make an informed choice in the selection of a service provider, other community support, and/or programs/services. Information shall include, but not be limited to:
      a. alleged benefits, potential risks, and possible alternative methods of treatment;

b. the length of time for which any consent is valid and the procedure(s) that are to be followed to withdraw consent;
c. consent for the use of restrictive intervention procedures; and,
d. the right to consent or refuse treatment as specified in NC G.S. 122C-57(d).

H. Consumer Consent
1. An agreement by a consumer or legal guardian to do something or to allow something to happen, made with complete knowledge of all relevant facts, such as the risks involved or any available alternatives. For example, a consumer may give informed consent to medical treatment only after the healthcare professional has disclosed all possible risks involved in accepting or rejecting the treatment. A healthcare provider or facility may be held responsible for an injury caused by an undisclosed risk. It is critical that staff provide consumers with sufficient information related to the risks and benefits of behavioral health services to assure the consumer can provide informed choice and consent to services, medication, laboratory requirements, etc.
   a. In the case of an involuntarily committed consumer, treatment measures other than those requiring express written consent may be given despite the refusal of the consumer, the legal guardian, a health agent named pursuant to a valid health care power of attorney, or the consumer's refusal expressed in a valid advanced instruction for treatment in the event of an emergency or when consideration of side effects related to the specific treatment measure is given and in the professional judgment, as documented in the consumer's record, of the treating physician and a second physician, who is either the director of clinical services of the facility or the director's designee, either:
      i. The consumer, without the benefit of the specific treatment measure, is incapable of participating in any available treatment plan which shall give the consumer a realistic opportunity of improving the consumer's condition;
      ii. There is, without the benefit of the specific treatment measure, a significant possibility that the consumer shall harm self or others before improvement of the consumer's condition is realized.

I. Orientation
1. Refers to the structured process by which a consumer is provided information regarding the benefits, risks, and information pertinent to the consumer's choice of programs/services. This includes, but is not limited to: agency mission, consumer rights, rules of the program/service, charges/fees for service, consumer involvement and person centered planning, emergency preparedness, and crisis procedures.

J. Screening
1. A brief interview with persons served that is documented and designed to determine if there is there a MH/DD/SA need and if the need is emergent, urgent, or routine; and, an initial determination as to whether or not the caller appears to be eligible for programs/services in the community. This service may be conducted in a face-to-face and/or telephone interview.
   a. Emergent
      i. A life-threatening or non life-threatening emergency related to MH/DD/SA problems. Needs in this category, should receive service initiation within two hours.
   b. Urgent
      i. Consumer presents with moderate risk or incapacitation in one or more area(s) of physical, cognitive, or behavioral functioning related to MH/DD/SA problems. Needs in this category should receive service initiation within forty-eight hours.
   c. Routine
      i. Consumer presents with mild risk or incapacitation in one or more area(s) of safety, or physical, cognitive, or behavioral functioning related to MH/DD/ SA problems. Needs in this category should receive service initiation within seven days.

d. Non-threshold
   i. Consumer presents with a problem that does not meet any of the above minimum required thresholds of clinical need. Individuals with need that fall into this category may be referred to community or natural supports to have their needs addressed.

K. Screening, Triage, and Referral (STR)
   1. Refers to the NC Division of MH/DD/SA process of screening, triage, and referral. STR is primarily provided by the Governing Entity and documented using the Standardized Consumer STR Interview and Registration Form. Comprehensive and enhanced service providers are also required to use this form and process to document the STR process as defined by the NC Division of MH/DD/SA and Governing Entity.

L. Triage
   1. An initial brief diagnostic determination that is documented based on screening information that results in an appropriate referral(s) for the person served to services/programs available in the community.

M. Referral
   1. A documented procedure by which the screening professional and the person served choose a clinically appropriate provider and facilitate the consumer's successful contact with that provider so that services can be initiated.