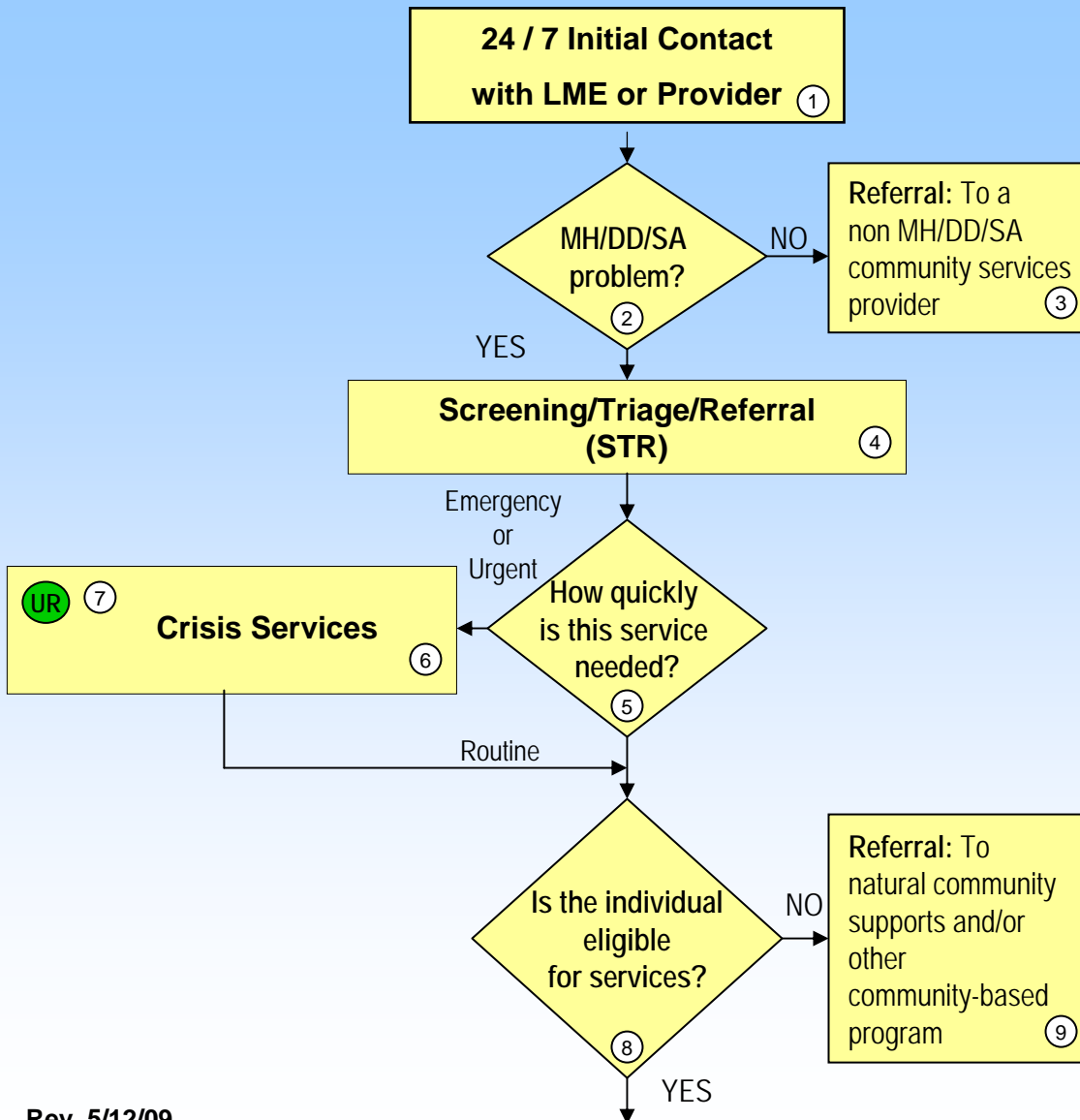


ACCESSING CARE:

How to Access Publicly Funded Services for Mental Health, Developmental Disabilities and Substance Abuse Services



Rev. 5/12/09

DMH/DD/SAS: Page 1 of 2

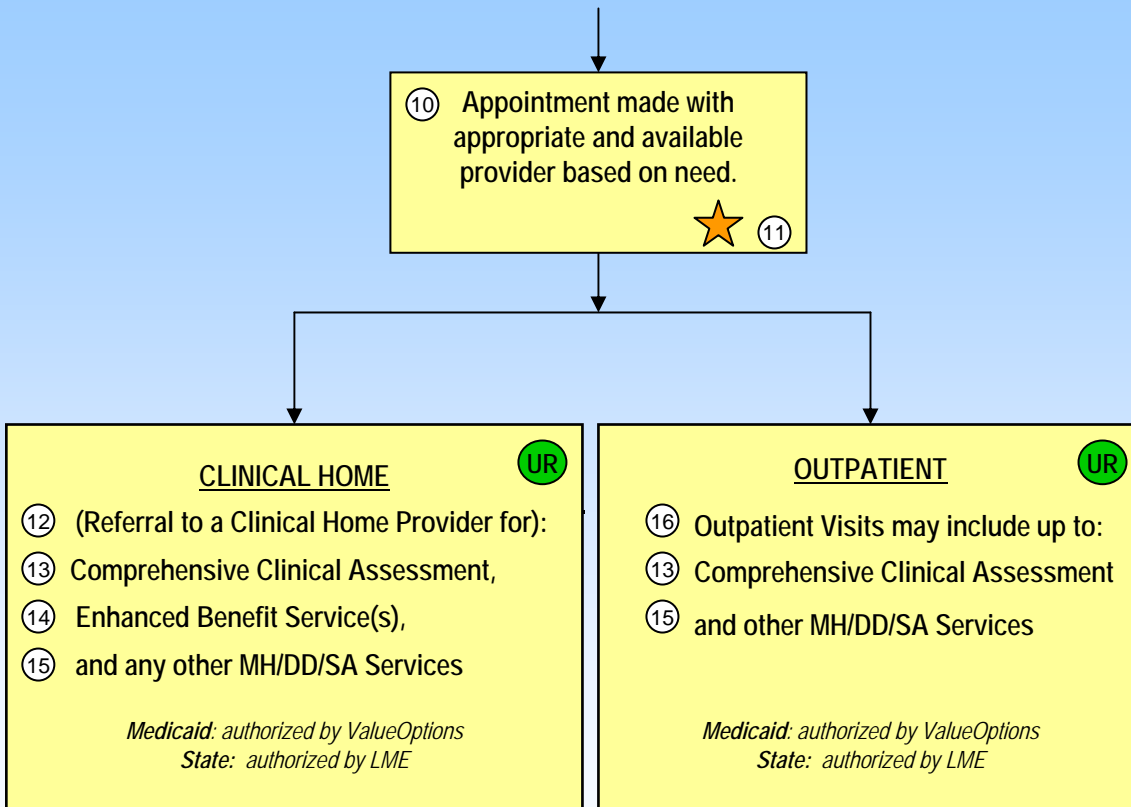
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DETAILS:

- 24/7 Initial Contact:** 1st contact with a **Local Management Entity** or **Provider** can be by telephone or face to face 24 hours a day, 7 days a week.
- MH/DD/SA problem:** A decision is made if **MH/DD/SA** services are right for the individual or they may need services from another community provider.
- Non MH/DD/SAS Community Services Provider:** The individual may be referred to other community service providers such as Public Health or the Department of Social Services.
- STR:** Screening, Triage, and Referral. (**Screening**-The professional will collect basic information and make an initial assessment of problems and supports needed; **Triage** – The professional will establish a timeframe of how quickly services are needed; **Referral** – The professional will make an appointment for with the crisis services provider.)
- How quickly is this service needed:** If the situation is an **"Emergency"**, the individual is referred for assistance within 2 hours. If the situation is considered **"Urgent"** the individual will receive assistance within 48 hours. If the situation is considered **"Routine"** the individual will receive assistance within 14 days.
- Crisis Services:** If the individual is experiencing an emergency, immediate action will be taken to determine the best service and to reduce symptoms. (Crisis Services may include: **Mobile Crisis Team, Walk-in Crisis/Psychiatric Follow-up, Facility Based Crisis Program, Detox (4 levels), Inpatient hospitalization, Crisis Respite Beds, and NC START.**)
- UR - Utilization review and prior authorization** for services may be required by Value Options for Medicaid funded services and the LME for State funded services.
- Is the individual eligible for services:** A decision is made to identify if the person meets the requirements for specific services within the NC MH/DD/SA system.
- Natural Community Supports/Community-Based Programs:** The individual may be referred to places and people who are part of his/her community life with whom they have relationships.

ACCESSING CARE: A Flow Chart for New Medicaid and New State Funded Consumers, *continued*

(Continued from Page 1)



Note: Financial eligibility is determined by the provider.

DETAILS:

10. Appointment made with the appropriate provider based on need: The professional makes an appointment with a provider for specific services based on the individual's needs.
11. ★ - The individual may choose an appropriate and available provider.
12. Clinical Home Provider: If the individual is in need of multiple or complex services, a provider is responsible for coordination of all of his/her services. A **Qualified Professional** schedules a Comprehensive Clinical Assessment and assists the person in developing their **Person Centered Plan & Crisis Plan**, in completing various authorization forms and the **NC -TOPPS**. They also act as a **First Responder** in the event of a crisis.
13. Comprehensive Clinical Assessment: - A licensed professional conducts an assessment which is used to gather the clinical and diagnostic information necessary to develop the person centered plan. Assessment tools include, but are not limited to: Diagnostic Assessment, Evaluation/Intake, and State Substance Abuse Assessment.
14. Enhanced Benefit Services: Any of the following services may be included on the individual's Person Centered Plan:
 - * **Intensive In-Home (IIH)**
 - * **Multisystemic Therapy (MST)**
 - * **Assertive Community Treatment Team (ACTT)**
 - * **Community Support Team (CST)**
 - * **SA Intensive Outpatient Program (SAIOP)**
 - * **SA Comprehensive Outpatient Treatment (SACOT)**
 - * **Targeted Case Management (TCM)**
 - * **Community Support-Children/Adolescents (CS)**
 - * **Community Support-Adults (CS)**
15. Other MH/DD/SA Services: There are other Mental Health, Developmental Disabilities and Substance Abuse Services that may be offered, including **CAP-MR/DD Waiver services**.
16. Outpatient Visits: If your needs can be met by outpatient services, you can receive services without prior authorization by **ValueOptions** or the LME. Authorization for services is required after 8 visits for adults, and 26 visits for children.