

<b>Governing Body:</b>  <b>MARION COUNTY COMMUNITY AND PROVIDER SERVICES (CAPS)</b>	<b>Function:</b>  <b>INTEGRATED DELIVERY SYSTEM (IDS) HANDBOOK</b>	
<b>Subject:</b>  <b>Access and Screening Requirements</b>	<b>Prepared By:</b>  <b>CAPS</b>	<b>Original Date: 10/01/2007</b> <b>Revised Date:</b>

**PURPOSE AND SIGNIFICANCE:**

OHP describes access guidelines for Members seeking services. In an effort to provide the best care for Members, IDS Providers are required to report access information to the MVBCN (see *Section II(3) Oregon Health Plan Access Reporting for full details*). The expectation for the IDS Providers is to maintain a customer friendly atmosphere. The OHP guidelines state that a Member must speak to an IDS Provider representative who is capable of assessing the Member’s needs and providing appropriate clinical referrals. All IDS Providers are required to follow the OHP access and screening guidelines.

**PROCESS AND/OR PROCEDURE:**

As outlined by OHP, a Provider shall assure that Members receive an initial face-to-face or telephone screening within 15 minutes of contact to determine the nature and urgency of the Member’s situation. The Provider Representative must be able to determine whether the Member’s needs are emergent, urgent, or routine and address the Member’s needs in a clinically appropriate manner.

- If a Member is in an Emergent need, he/she must receive services within 24 hours of the initial request or within the time frame indicated by the screening assessment, whichever is shorter.
- If a Member is in an Urgent need, he/she must receive services within 48 hours of the initial request or within the time frame determined by the screening assessment, whichever is shorter.
- Members shall not wait more than two calendar weeks (14 days) for an intake assessment following the initial request for covered services. This is considered a Routine appointment.

If the Member’s needs are **Emergent** or **Urgent**, the Provider Representative may need to call the Member’s Primary medical clinician, the Psychiatric Crisis Center, 911, or whomever is necessary in order to immediately stabilize the Member’s condition.

If the Member’s needs are routine and the Member does not have another IDS Provider identified as his/her Primary Care Provider in the MVIPA Website, the Provider Representative may schedule the Member for an intake appointment. If the Member does have another IDS Provider identified as his/her Primary Care Provider in the MVIPA Website, the Member must be referred back to that agency to either continue treatment or to request a transfer to a New

Provider. IDS Provider may contact one another on behalf of a Member to aide in facilitating these types of transfers.

If a Member is in a mental health crisis during business hours, the Primary Provider should consider this an “**EMERGENT**” situation and see them during business hours. A Member should not be directed to emergency services (Psychiatric Crisis Center/Emergency Room). If a clinician is not available during business hours, an on call clinician within the Member’s Primary IDS Provider should offer assistance to the Member.