

## **SUD Access Implementation Frequently Asked Questions**

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## MSHN Request for Services (RFS) and the Level of Care (LOC) Determination Screening Process

*Starting October 1, 2024, all individuals seeking withdrawal management and residential services will need to complete a MSHN RFS and LOC Determination screening. This process ensures that each person receives an appropriate level of care based on their needs.*

**Q:** How do I access the MSHN RFS screening?

**A:** To initiate the screening process, individuals should be warm transferred to the MSHN Access Line at 844-405-3095. Providers will not see the RFS completed by MSHN; the information carries into the Level of Care Determination.

**Q:** What happens during the screening?

**A:** MSHN Access Staff will conduct a RFS and a full LOC Determination during the screening. This screening helps identify the most suitable services to support each individual.

**Q:** Why are each of these documents necessary?

**A:** The RFS documents the first request for services from a person seeking services. MSHN uses the RFS to ensure that individuals receive screening, referral, and admission to treatment within the State and Federal required timeliness standards. The LOC Determination is the full screening document that determines the most appropriate level of care for a person seeking services. Both are needed for a screening to be complete.

**Q:** What will happen after the screening?

**A:** Based on the results of the screening, the MSHN Access Team member will assist the person in choosing a provider with the level of care recommended. The person will be warm transferred to the provider of their choice and MSHN Access staff will let the provider know what they are approved for and get an admission date. Once the LOC Determination is signed, the provider should see a treatment episode for them to use (more on this process later in this document).

**Q:** Is there any cost associated with the screening?

**A:** There is no cost for individuals to complete the MSHN screening process. It is a part of the service access system.

**Q:** What if I have more questions about the process?

**A:** For additional questions or concerns, please email MSHN Access at [Access@midstatehealthnetwork.org](mailto:Access@midstatehealthnetwork.org), where staff can provide further assistance and information.

## Coordination of Care

**Q:** Will the Access Team at MSHN be responsible for sharing a completed ASAM Continuum?

**A:** No, this process is the responsibility of both providers. Provider contact information can be found on the MSHN website in the Provider Directory section ([here](#)). Each provider has a coordination of care contact person listed to assist with obtaining the previous ASAM Continuum, with appropriate release in place. If you are having trouble getting an assessment from another provider, please contact your assigned Treatment Specialist at MSHN.

**Q:** What happens when someone moves from withdrawal management to residential?

**A:** The initial screening process will cover both the withdrawal management and residential levels of care. However, depending on the provider this may look different. If the provider has withdrawal management and residential under one license number, they are able to move the person through those levels of care in REMI as previously done. If the person is at a withdrawal management provider that has a different license than the residential provider, the following should be done.

1. The withdrawal management provider will work with the person to determine their residential provider of choice. That provider will also assist in connecting that person to the residential provider.
2. If the referral is coming from a withdrawal management provider in the MSHN region, the receiving residential provider should schedule the intake date for the person. After the person seeking services is taken care of, the residential provider should send a secure message in REMI to the Utilization Management (UM) Distribution list with "Transfer Request" as the subject line. The MSHN UM team will monitor these requests on a daily basis and create an initial authorization in REMI for the residential provider. Please include the following information:
  - a. Person's Name and Date of Birth -or- REMI ID
  - b. Date of Scheduled Admission/Transfer to Residential
  - c. ASAM Residential Level of Care (LOC) the person is being admitted to (3.1, 3.5, 3.7)

## Financial Impact on Providers

**Q:** What kind of financial impact will this have on providers since they will no longer be getting reimbursed for supporting the screening process (ie. H0002)?

**A:** Providers will experience varied financial impacts based on their individual screening rates. -The removal of reimbursement for H0002 may lead to some revenue loss. Providers should analyze their Level of Care Determinations from the previous year to estimate potential revenue changes for FY25 and beyond. Proactive analysis can help to strategically plan and adjust operational budgets, as needed.



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## Matching Individuals to Providers

**Q:** How will the MSHN Access Specialists determine which SUD Provider to refer a person to?

**A:** MSHN Access Specialists will consider a variety of factors when matching individuals seeking services to SUD Providers, including:

1. The provider offers the specific ASAM level of care identified through the LOC Determination.
2. Distance of SUD Provider to the individual's home; transportation needs and resources
3. Consumer preference
4. Program capacity and waitlists
5. Specific SUD Provider program characteristics such as smoking/non-smoking facility, specialty programming (gender-specific, co-occurring, criminal justice, etc.)

After carefully reviewing and discussing these considerations with the individual seeking services, the MSHN Access Specialist will offer all SUD Provider options to the individual that align with the person's needs, preferences, and geographic location.

**Q:** Can individuals seeking services ask for a preferred provider for residential services?

**A:** Yes, the MSHN Access Center supports the right of individuals to choose the providers they prefer to work with. As noted above, MSHN Access Specialists will offer all SUD Provider options to the individual that align with the person's needs, preferences, and geographic location.

**Q:** Will the Access Team Specialists have access to specific provider details that staff used to go over at the Intake Process?

**A:** Yes, the Access Team Specialists at MSHN will have access to a comprehensive provider listing document. This document contains essential details about each provider, ensuring that referrals are made appropriately. This includes information on services offered, specialties, and other pertinent factors that help in aligning consumers with the appropriate treatment provider.

**Q:** How can we as providers ensure that we are getting an adequate number of referrals from the Access Specialists?

**A:** To maximize referrals, providers should maintain up-to-date information regarding their services with MSHN. This includes details about levels of care offered, smoking policies, co-occurring capabilities, and any specialty programs. Regular updates on bed availability are also crucial, as this information allows the Access Team to make timely and appropriate referrals to providers who can accommodate new individuals seeking services. All bed updates can be sent to [access@midstatehealthnetwork.org](mailto:access@midstatehealthnetwork.org)

## Appointments / Authorizations

**Q:** What happens if an individual shows up for their appointment with a provider later than the initial authorization date?

**A:** Consumers can still be admitted even if they arrive after the initial authorization date. Providers can request coverage for the missed authorization days at the end of the treatment episode, ensuring continuity of care.

1. Withdrawal Management Example- Person requests intake on 1/1/2025; authorization is created for 5 days 1/1/2025-1/5/2025. If the person does not show until 1/2/2025, the provider should use the rest of the existing auth. If the person still needs that 5<sup>th</sup> day of withdrawal management, the reauthorization should be for 1/6/25-1/6/25.
2. Residential Example- Person requests intake on 1/1/25; authorization is created for 14 days 1/1/25-1/14/25. If the person does not show until 1/10/25, the provider should use the remaining 4 days of the authorization. Residential providers can request up to 90 days (sometimes longer depending on the individual needs of the person in treatment). After the initial authorization, reauthorizations can be requested as follows: 38 days- 1/15/25 to 2/21/25, 38 days (+ original 10 days missed)- 2/22/25 to 4/10/25. This last request will route to UM staff for a quick review.
3. If there are no days left, please send a secure message in REMI providing the initial authorization number and the actual start date for the person. MSHN staff will update the auths in those situations only.

**Q:** Will the Access Specialists identify priority populations to the providers upon referral?

**A:** Yes, Access Specialists will inform providers during the referral process if individual belongs to a priority population. This communication may occur during the call or through a voicemail, outlining any necessary timeframes for compliance with priority population standards. The priority population status will also be clearly identified on the REMI LOC Determination that the provider will receive when a person is referred to their agency.

## Authorization Process

**Q:** Does the authorization go to a specific provider, or to the general Access Department?

**A:** The authorization is directed to the specific provider. This ensures that the provider has the necessary information to prepare for the person's admission.

**Q:** Is there consideration for emergent needs, such as referrals from emergency rooms for withdrawal management?

**A:** Yes, emergent needs will be prioritized, and referrals from emergency rooms for withdrawal management will be processed promptly to ensure timely access to necessary services.

## Authorization Validity

**Q:** How long is the authorization valid?

**A:** Initial authorizations for these levels of care will be for 5 days (withdrawal management), 14 days (residential), and 45 days (recovery housing). You can review the full Benefit Plan in the REMI Help menu. That includes all levels of care, reauthorization timeframes, and other helpful information.

**Q:** When should the re-authorization request be completed?

**A:** The re-authorization requests should be completed prior to the end date of the existing auth. MSHN recommends 7-10 days prior to the expiration date of the current auth.

**Q:** Will providers be negatively impacted if the consumer is identified as a priority population but chooses an appointment date outside of the designated timeframe?

**A:** No, providers will not face negative consequences as long as they offer an admission date within the required timeframe. Accurate documentation of the admission date offered is crucial in these scenarios to support compliance and billing processes.

**Q:** Will providers be expected to offer specialty services to consumers enrolled with another provider for therapy, etc.?

**A:** No, providers are not required to offer specialty services (e.g., WSS groups) to individuals who are already receiving therapy from another provider. If a consumer seeks specialty services, they will be referred to the appropriate agency.

## SUD Waitlist Procedures

**Q:** Will there be a waitlist procedure for SUD authorizations? How will this be managed?

**A:** Providers will still be responsible for following the current waitlist reporting requirements to MSHN. This includes informing MSHN when waitlists are in place for a particular service or level of care (LOC). MSHN will closely monitor these reports and address any regional capacity issues that arise, such as when multiple providers of the same service or LOC are facing waitlists. In such cases, MSHN will work to assess and resolve any capacity concerns to ensure equitable access across the region.

## Incarcerated Individuals Seeking Services

**Q:** What if an individual is incarcerated and unable to contact MSHN?



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**A:** With appropriate releases of information (ROI), MSHN can coordinate with other individuals to assist the person in scheduling a screening time for the person. We've also tried to have each jail in our region unblock our Access Line so that people can call us without spending their own money. We will only transfer to contracted providers after completing a screening.

### Warm Transfers

**Q:** Can you explain what a "warm transfer" is once MSHN determines someone is appropriate for residential, withdrawal management, or recovery housing?

**A:** A "warm transfer" involves directly connecting a client to the next level of care while ensuring they have all necessary information and support. This means that MSHN will facilitate communication between the client and the receiving provider, ensuring the individual is engaged and understands the next step.

### Opioid Treatment Programs (OTP) and Withdrawal Management

**Q:** Is OTP considered "withdrawal management" for this process?

**A:** No, OTP (Opioid Treatment Programs) and other Medication Assisted Treatments (MAT) are not classified as withdrawal management in this context. These providers can continue to do their own screenings for this outpatient level of care.

### Referral Notification

**Q:** How will our agency know that a client has been referred to for services from MSHN?

**A:** Once a screening is completed, your agency will be notified via phone call from MSHN staff. This would be a warm transfer (when possible) so the staff member would let you know of the approval and your agency would be able to set up an appropriate intake date for the person.

### Access Number for Emergencies

**Q:** Will the access number be available after hours for withdrawal management emergencies?

**A:** Effective January 2025, the MSHN SUD Access number will be answered after hours by a contracted professional call center staffed by Master's-level behavioral health clinicians. The afterhours call center will provide provisional approval and referral to MSHN-contracted withdrawal management and residential providers. A MSHN Access Staff Member will follow up the next business day to ensure the individual's needs were met.

## Transfers and Relapses

**Q:** What happens if an individual currently in residential treatment wants to transfer to recovery housing?

**A:** People seeking services can call the recovery housing provider directly to inquire about services, intake process, and admission dates. The recovery house provider will then reach out to MSHN via a message in REMI. MSHN will review the case without requiring additional screenings, allowing for a smoother transition for the individual seeking service.

- Information in the message should include the following:
  - Person's name
  - Date of Birth
  - Any recent treatment reported by the person
  - Typical use pattern
  - Last date of use
  - Proposed admission date (we cannot complete the referral without this information)

**Q:** If someone in recovery housing relapses and wants to return to residential treatment, what is the process for them to receive support?

**A:** Please support the person to contact the MSHN Access Team for assistance. A clinical screening will be completed to assess the current needs of the person and referral to the appropriate level of care.

## Contact Information Collection

**Q:** Will multiple contact numbers be gathered during the RFS/LOC process?

**A:** Yes, it is important to collect multiple contact numbers to ensure effective communication. This helps in reaching people seeking services more reliably.

## REMI Summary of Changes for SUD Providers

**Q:** What is the main change being implemented by MSHN in October 2024?

**A:** MSHN established a directly-operated Access Center for Substance Use Disorder (SUD) services that include withdrawal management, residential, and recovery housing. The MSHN Access Team can support connections to all levels of care, but will be required for referrals to withdrawal management, residential, and recovery housing.

**Q:** What terminology is changing in the screening process?

**A:** The "Brief Screen" will now be referred to as the "SUD Request for Services." However, the document itself remains unchanged.





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**Q:** How does the permission process change with the new system?

**A:** Providers will gain access to a client's chart through the SUD Treatment Episode that is created when MSHN staff sign a LOC Determination.

**Q:** What if a client chooses a different provider than indicated in the LOC Determination?

**A:** If a client chooses a different provider at a higher level of care, the selected provider must reach out to MSHN to request this change in the system. MSHN staff will create an Administrative Level of Care Review document in REMI with the previously completed LOC Determination. The person does not need to have a new screening completed in these cases.

**Q:** Can outpatient providers self-refer under the new system?

**A:** Outpatient providers can continue to self-refer but when referring to higher levels of care, they need to support the person seeking services in a call to the MSHN Access staff. This will allow for a referral and connection to the person's selected provider.

**Q:** How will referrals to SUD providers work?

**A:** MSHN Access Team members will use the LOC Determination to refer clients to an SUD provider agency and generate an SUD Treatment Episode for the receiving provider, replicating the current process at the provider level.

**Q:** Where can I get more information about these changes?

**A:** For further details or questions regarding the changes, please review REMI help Menu or watch the REMI training Webinar.

## Access Implementation Training Questions

**Q:** What if additional services need to be added to the initial auth request?

**A:** Those services can all be added as an ancillary authorization. Please note, this is not applicable for services considered part of the bundled daily service rate.

**Q:** How should we help a walk-in client vs someone calling (specifically for WM)?

**A:** Connect the person to the MSHN Access Team. In circumstances where a provider believes an individual has urgent health and safety needs related to withdrawal management and cannot wait for a same-day callback from the MSHN access center, providers should schedule an admission appointment at an appropriate withdrawal management program to meet the person's needs. The withdrawal management provider should send an email to [access@midstatehealthnetwork.org](mailto:access@midstatehealthnetwork.org) requesting a call back. Only detail protected health



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information if you have a way to send a secure email, otherwise just note the request for a call back due to an urgent admission.

**Q:** Is the initial authorization for residential treatment still 3 weeks?

**A:** The initial residential authorization is now 14 days.

**Q:** Are there any anticipated changes in the Length of stay for levels of care?

**A:** No. There is no proscribed length of stay for people. The length of stay for a person is based on their individualized medical necessity. The amount requested per authorization may have changed for some levels of care. Please review the Benefit Plans listed in the REMI Help menu or linked on the MSHN website: [Contracts & Rates - Mid-State Health Network](#)

**Q: Is there an appeal process regarding the original Level of Care (LOC) from your screening?**

**A:** Yes. If the person is denied the LOC they are seeking, the MSHN Access Team will be generating and providing the ABD Notice to the person. MSHN Customer Service Specialist, Dan Dedloff, is also available for support. Dan can be reached by phone at 844-405-3094 or by email at [Dan.Dedloff@midstatehealthnetwork.org](mailto:Dan.Dedloff@midstatehealthnetwork.org).

**Q: Will the request for services be in the REMI system as well? Or just Level of Care?**

**A:** Yes. The Request for Services will exist in the system but if a MSHN staff member completed it, your agency will not be able to see it. The same information is contained on the LOC Determination.

**Q: Is there a new screening needed from Residential to Recovery Housing?**

**A:** No, if you are a withdrawal management, residential, or recovery housing provider – you will not have access to screening documents in REMI. Providers will assist people seeking these services in contacting the correct provider or MSHN for support.

**Q: If I complete an ASAM screening or assessment as part of an outpatient intake and determine that the LOC is higher such as residential, would I complete a referral to Access and complete a warm handoff with the client to determine the higher level of care?**

**A:** If you are an outpatient provider and get through any level of screening or assessment, and determine the person needs a higher level of care – you can connect the person to the MSHN Access Team.

**Q: Private sober living does not have to go through MSHN, correct?**

**A:** Private pay processes do not involve MSHN.

**Q: What are the MSHN call hours?**



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**A:** The MSHN Access Center operates during typical business hours Monday through Friday, 8am to 5pm. Effective January 2025, the MSHN Access Center phone number will be answered after hours by a contracted professional call center staffed by Master’s-level behavioral health clinicians who will provide professional screening and referral to MSHN-contracted SUD Provider programs.

**Q: What is the process for Michigan Department of Corrections (MDOC) referrals?**

**A:** The MSHN SUD Care Navigator, Evan Godfrey, supports the MDOC referred individuals. Please note, a person seeking services or their supervising agent (ie. Parole or Probation Officer) indicating someone is “MDOC Referred” does not always mean they are. Please feel free to reach out to [mdocreferrals@midstatehealthnetwork.org](mailto:mdocreferrals@midstatehealthnetwork.org) for questions or support related to individuals referred by MDOC.

**Q: How is Access managing call backs with persons that are incarcerated?**

**A:** The MSHN Access Center makes every effort to ensure that individuals calling from jail can be screened at the time they call. In the event that the MSHN SUD Care Navigator or an Access Specialist is not available to conduct the screening immediately, the MSHN Access Center will attempt to schedule a time for the person to call back when a clinician will be available to complete the LOC Determination. Jail staff, case managers, and probation/parole agents can also reach out to the MSHN Access Center to schedule a time to conduct a screening. A signed release of information is needed for the MSHN Access Center to coordinate screening activities with a third party on behalf of an incarcerated individual.

**Q: I feel that this option has become a barrier for incarcerated individuals. Case managers and probation agents have huge caseloads and may not have time to sit with all clients.**

**A:** MSHN has advocated with each of the county jails in its region on multiple occasions to allow incarcerated individuals to call the MSHN Access number free of charge. Some jails allow this, some do not. The decision making for this is entirely up to each county’s jail administrator. If you are experiencing difficulty with this in your local county jail, MSHN recommends reaching out to that jail administrator. The MSHN SUD Navigator is able to provide county jail administrator contact information, if needed. Please contact: [evan.godfrey@midstatehealthnetwork.org](mailto:evan.godfrey@midstatehealthnetwork.org)

**Q: Same question, along with individuals who do not have a personal phone. I have had a situation where I called access with a patient, access transferred us to a residential facility where we had to leave a voicemail. While I gained a Release of Information (ROI), the residential facility did not so they were not willing to coordinate with me without the patient sitting with me which then caused a loop of phone tag.**

**A:** MSHN recommends ensuring that the residential provider receives that ROI so they can coordinate directly with you if needed. Please call MSHN if you are experiencing any difficulty and we can help facilitate that communication.

**Q: I work in the hospital in the emergency department. People are in/out within 1-2 days. How will we connect with MSHN? Homeless people often don’t have phones. How will this work?**



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**A:** Hospital emergency department staff should assist the person with calling the MSHN Access Center, ideally before the person is discharged from the emergency department. A member of the MSHN Access team will conduct a Level of Care Determination and attempt to connect the person to an appropriate SUD Provider to secure an admission date. In the event that an admission date cannot be scheduled prior to the person being discharged from the emergency department, the MSHN Access Center can make plans to follow up with the individual via an alternate method of contact according to the person’s preferences and situation.

**Q: I work for an outpatient provider. If MSHN were to create a referral for our agency– who are those directed to?**

**A:** MSHN will not be making referrals within REMI to outpatient providers or OTPs. Only WM, residential, and recovery housing.

**Q: When MSHN refers someone to the program for residential, and the residential provider determines the person needs withdrawal management/detox - what does the provider do?**

**A:** MSHN will be supporting a “warm transfer” with a 3-way call to the provider. In that warm transfer we can continue the conversation to determine if WM is a need. If it is, then MSHN would assist the person with a referral to a WM provider instead. If this is determined by the residential provider, then please loop MSHN back in for assistance.

**Q: I work for an outpatient provider and we determine a higher level of care (WM/residential) is needed, but the person declines – what do we do?**

**A:** If the person is unwilling to go to a higher level of care, we want to support a harm reduction approach and meet them where they are at. The provider will want to ensure documentation of the discussion with the person about the higher level of care recommendation and the person’s decision to attend SUD outpatient services. The outpatient provider should also offer services/supports at a higher frequency/duration at the outpatient setting to support the person as best as possible.

Within REMI, there is a box on the current LOC the provider would check to indicate the person is opting to be seen for a different level of care than was recommended.

**Q: How many access people are available to take these requests?**

**A:** There are currently 2 full-time Access Assistants, 4 full-time Access Specialists, and 1 full-time Access Administrator. In addition, the SUD Navigator and UM Specialists are also scheduled for regular weekly shifts in the Access Call Center to ensure adequate coverage during times of high call volume. MSHN continues to closely monitor call volume and screening data on an ongoing basis to assess the level of staffing necessary to ensure that individuals who call the MSHN Access Center receive timely assistance.

**Q: What length of time does our staff have to contact Access after the initial 14-day auth? At what point will clients need to re-screen with Access themselves? For example, if client calls say 30+ days from the initial authorization, can our staff still call Access to update that authorization without the client?**



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**A:** If a person does not follow through with their original admission date and then calls back at a later date requesting a new admission, the provider should consult with the MSHN Access Center. The Access Center will provide guidance specific to each situation depending on the amount of time that has elapsed since the person was screened.

**Q: Is there capacity for a 3-way call so the provider can talk with the person and the MSHN Access Team member to gather information and make sure the provider can support the person?**

**A:** Correct. The MSHN Access Team supports warm transfers for the person to the referred provider.

**Q: If outpatient completes the "request for service" but then needs to refer to MSHN to complete the level of care portion - is that a billable service?**

**A:** The RFS is not billable, but a full LOC Determination can still be billed by outpatient providers.

**Q: Could someone touch on the IOP/MAT again? We need to call the access line for MAT?**

**A:** Outpatient process, including Medication-Assisted Treatment (MAT) and Intensive Outpatient (IOP), is not changing. They do not need prior MSHN approval.

**Q: Would a person need MSHN approval to step-down from a higher level of care to a lower level of care?**

**A:** If the person is moving from residential to outpatient services, then MSHN contact is not needed. If the person is moving from residential and is requesting recovery housing supports, then yes, the person would need to reach out to the MSHN Access Team. The MSHN Access Team would support them and look to see if they are eligible for recovery housing. MSHN-funded recovery housing support is limited to one treatment episode per 12 months for up to 90 days.

**Q: If a person has a 90-day recovery housing benefit and they used 60-days with one provider, could they use the remaining 30-days with another provider?**

**A:** The MSHN recovery housing benefit is one treatment episode per 12 months up to 90-days. The benefit is one treatment episode per 12 months and not dependent on the number of days used. If the person has questions or would like to speak with a MSHN Access Team member, please have them call 844-405-3095.

**Q: What is the best way for clients to give feedback about how this change impacts them? Is there a survey clients can complete after using this new system? I would believe client input on this change would be valuable in future planning.**

**A:** Feedback can be provided with an email to [access@midstatehealthnetwork.org](mailto:access@midstatehealthnetwork.org).

**Q: If a person has Humana or BCBS and Medicaid, do they have to go through MSHN First?**



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**A:** They need to first use their primary insurance. Depending on what they have, it might pay for the entirety of treatment. If they do owe a co-pay that they cannot afford, then they call us for the secondary authorization from Medicaid. For people with Medicare, they will need to call MSHN for Medicaid/Block Grant authorization because Medicare does not cover SUD withdrawal management or residential treatment.

**Q: If we are referring someone from Project ASSERT – it sounds like the best way to get someone help with navigation – is it the email approach?**

**A:** Project ASSERT has the same level of functioning with the Request for Services form that has routing function within the document to refer the document to MSHN Access Center. Project ASSERT coaches can also call the MSHN Access Center to receive assistance.

**Q: I work closely with one of our peer recovery organizations (Home of New Vision) in the community – go into the county jail and do screenings for services for when they are discharged. Can the peer recovery coach assist with getting the person connected for recovery housing?**

**A:** Absolutely! The Peer Recovery Coach can help the person contact the MSHN Access Team to request services prior to release. Please note, initial authorization for services to a chosen provider are only for 14 days, so it would be advantageous to call to plan ahead, but also closer to the release date so the team can provide the initial authorization.

**Q: What level of credential do the MSHN Access Team members have? Is a nurse a part of the team?**

**A:** The MSHN Access Specialists performing clinical screening (LOC Determinations) are Masters-level clinicians. There is no nursing staff on the team, but MSHN has access to the MSHN Medical Director to consult, as needed.