POLICY:  TIMELY ACCESS TO CARE

I. PURPOSE:
To establish a policy and procedure regarding access to care including responding to initial requests for behavioral health services, screening, and time frames for appointments.

II. REFERENCES:
- 42 CFR §438.206
- 28 CCR §1300.67.2.2
- California State Department of Health Care Services, MHSUDS Information Notice 18-011
- Contra Costa Mental Health Plan
- Contra Costa County Drug Media-Cal Organized Delivery System (DMC-ODS) Intergovernmental Agreement
- Policy 510-AOD, Guidelines for Urgent Substance Use Disorder (SUD) Conditions

III. POLICY:
A. The Contra Costa County Behavioral Health Division shall have an identified process for receiving and responding to initial requests for service in as timely a manner as possible.

B. All initial requests for service shall be screened using the appropriate acuity screening tool and recorded in the Division’s electronic health record.

C. All first offered initial clinical and medication appointments for mental health services shall be within the timeframes identified in Section A.4. of the Procedure Section.

IV. AUTHORITY/RESPONSIBILITY:
Chief of Adult/Older Adult Services
V. PROCEDURE:

A. Mental Health Services.

1. Responding to Initial Requests.
   a. If the request is made directly to Access Line staff (e.g., called during business hours), the request shall be handled on the same business day.
   b. If the request is during non-business hours, the request shall be handled on the next business day.

2. Recording Initial Requests.
   a. All initial requests shall be recorded in the MHP’s electronic health record.
   b. The only exceptions to recording an initial request are:
      i) Potential client name is not provided.
      ii) Request is for general information about services, (e.g., location of provider or types of services offered).
      iii) Request is clearly non-mental health related.
   c. The first offered clinical appointment for all initial requests for service shall be logged. If the potential client/representative declines the first offered clinical appointment, the accepted scheduled appointment shall also be logged.

3. Screening Initial Requests.

All initial requests must minimally be screened using the Acuity Screening Tool to determine the disposition of the request and whether the need for services is immediate, expedited, urgent or routine.

4. Timeframes for Providing Initial Services.
   a. Emergent Services.

If screening and/or triage indicates the potential client needs immediate services, the need must be addressed as soon as possible and, in all cases, the same day the request is received. Access Line
staff shall immediately refer the potential client to an appropriate provider (e.g., 911, Psychiatric Emergency Services, Miller Wellness Center, Mobile Response Team, etc.).

b. Urgent Services.
   i) If screening and/or triage indicates a request for services is “urgent”, Access Line staff will contact the appropriate clinic to arrange for an intake clinician to contact the potential client for a more detailed screening.
   
   ii) If, upon further screening, the clinician agrees that the request is “urgent”, an initial clinical appointment must be offered with the appropriate level of staff within 48 hours of the request.
   
   iii) If, upon further screening, the clinician does not believe the request is “urgent”, the request will be designated as “expedited”.

   c. Expedited (Non-Routine) Services.

   If screening and/or triage indicates the potential client’s request is not “emergent” or “urgent”, but that the client should be seen sooner than the next available routine appointment, scheduling priority shall be established and an expedited clinical appointment must be offered accordingly.

   d. Routine Services.

   i) If screening and/or triage indicates the request is appropriate for scheduling a routine appointment for intake, times and dates for an initial clinical appointment shall be offered as close as possible to the date of the original initial request. In no instance shall the offered clinical appointment be more than ten (10) business days from the date of the request for services.

   ii) If the potential client is unable or unwilling to accept the first offered appointment, Access Line staff shall attempt to schedule an alternative appointment within the ten (10) day timeframe.

   e. Psychiatric Services.

   If at any time after the initial clinical assessment, the intake clinician, treating clinician or case manager determines that the client would benefit from psychiatric services, an appointment for
a medication evaluation shall be scheduled within fifteen (15) business days of such determination.

5. Exceptions to Timeframes for Providing Initial Services.

The applicable waiting time for a particular appointment may be extended if the referring or treating licensed health care provider, or the health professional providing triage or screening services, as applicable, acting within the scope of his or her practice and consistent with professionally recognized standards of practice, has determined and noted in the relevant record that a longer waiting time will not have a detrimental impact on the health of the client.

B. Substance Use Disorder Services.

1. Responding to Initial Requests.
   a. If the request is made directly to Access Line staff (e.g., called during business hours), the request shall be handled on the same business day.
   b. If the request is during non-business hours, the request shall be handled on the next business day.

2. Recording Initial Requests.
   a. All initial requests shall be recorded in the Division’s electronic health record.
   b. The only exceptions to recording an initial request are:
      i) Potential client name is not provided.
      ii) Request is for general information about services, (e.g., location of provider or types of services offered).
      iii) Request is clearly non-alcohol/other drugs related.

3. Screening Initial Requests.
   a. Access Line staff will complete the American Society of Addiction Medicine (ASAM) Criteria Placement Screening form with the Immediate Need Profile to rule out urgent conditions.
   b. The Access Line will facilitate access to ASAM Level 1 Outpatient, Level 2.1 Intensive Outpatient, Level 3.1 Residential, and Level 3.2 Withdrawal Management as needed by beneficiaries.
   c. If there are urgent conditions as per Policy 510-AOD, Guidelines for Urgent Substance Use Disorder (SUD) Conditions, the AOD
Counselor follows the instructions in the ASAM Criteria Placement Screening.

4. Timeframes for Providing Initial Services.
   a. When a request for services is made by a beneficiary, the Division shall require and monitor services to be provided in accordance to timely access standards.
      i) For residential services, the Division must provide prior authorization within twenty-four (24) hours of the request being submitted by the provider.
      ii) For non-residential services, Outpatient Drug Free and Intensive Outpatient Treatment Programs, the Division must ensure that the beneficiary has access to a service appointment within ten (10) business days from the initial request for service.
      iii) For Opioid Treatment Programs, the Division must ensure that the beneficiary has access to a service appointment within three (3) business days of the initial request for services.
      iv) For non-residential services in which a provider indicates, or the Division determines, that following the standard timeframe could seriously jeopardize the beneficiary’s life or health or ability to attain, maintain, or regain maximum function, the Division must make an expedited authorization decision and provide notice as expeditiously as the beneficiary’s health condition requires and no later than three (3) business days of the initial request for service.