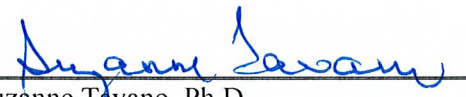


Contra Costa County Health Services Department Behavioral Health Services Division Mental Health Plan Drug Medi-Cal Organized Delivery System	POLICY NO. 803
POLICY:	Date Reviewed/Revised: January 6, 2020 Date Initially Approved: March 28, 2018 Next Review Date: January 6, 2023
<u>TIMELY ACCESS TO CARE</u>	By: <u></u> Suzanne Tavano, Ph.D. Behavioral Health Director

POLICY: TIMELY ACCESS TO CARE

I. PURPOSE:

The purpose of this policy is to establish procedures regarding access to care including responding to initial requests for behavioral health services, screening, and time frames for appointments.

II. REFERENCES:

- 42 CFR Section 438.206
- 28 CCR Section 1300.67.2.2
- California State Department of Health Care Services, MHSUDS Information Notice 18-011
- Contra Costa Mental Health Plan for Consolidated Specialty Medi-Cal Mental Health Services
- Contra Costa County Drug Medi-Cal Organized Delivery System (DMC-ODS) Intergovernmental Agreement
- Policy 510-MH, Behavioral Health Access Line Protocols for Routine and Urgent Mental Health Conditions
- Policy 510-AOD, Guidelines for Urgent Substance Use Disorder (SUD) Conditions
- Policy 815, Notice of Adverse Benefit Determination

III. POLICY:

It is the policy of the Behavioral Health Services Division (BHSD) to have an identified process for receiving and responding to initial requests for service in as timely a manner as possible, that all initial requests for service shall be screened using the appropriate acuity screening tool and recorded in BHSD’s electronic health record, and that all first offered initial clinical and medication appointments for behavioral health services shall be within the timeframes identified in the appropriate timeframes for providing initial services defined in the Procedure Section.

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IV. AUTHORITY/RESPONSIBILITY:

Deputy Director of Behavioral Health
 Behavioral Health Program Chiefs
 Quality Management Program Coordinator
 Alcohol and Other Drugs Services (AODS) Quality Assurance/Utilization Management (UM) Manager
 Clinic Program Managers
 Access Line and Care Management Unit Program Manager

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 electronic health record.
 - i) The only exceptions to recording an initial request are:
 - a) The potential client's name is not provided,
 - b) The request is for general information about services, such as the location of a provider or types of services offered, or
 - c) The request is clearly not related to mental health.
 - b. 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 be minimally screened using the Acuity Screening Tool to determine the disposition of the request and whether the need for services is emergent, urgent or routine.

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4. Timeframes for Providing Initial Services.

a. Emergency 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.

b. Urgent Services. (Note: For more detail on responding to urgent requests for services, please see Policy 510-MH, Behavioral Health Access Line Protocols for Routine and Urgent Mental Health Conditions.)

i) If screening and/or triage indicates a request for services is urgent, Access Line staff shall 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 shall be designated as routine.

c. 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.

d. Psychiatric Services.

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If at any time the client requests psychiatric services, an appointment shall be offered with a psychiatrist within fifteen (15) business days.

5. When services are not offered within the timeframes for timely access to services, the appropriate staff shall issue a Timely Access Notice of Adverse Benefit Determination (NOABD) in accordance with Policy 815, Notice of Adverse Benefit Determination.

6. 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 their 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) The potential client's name is not provided.
 - ii) The request is for general information about services, such as the location of a provider or types of services offered.
 - iii) The request is clearly not related to a substance use disorder.

3. Screening Initial Requests.

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- a. Access Line staff shall 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 shall facilitate access to a provider of the appropriate ASAM Level of Care as needed by beneficiary.
 - c. If there are urgent conditions as per Policy 510-AOD, Guidelines for Urgent Substance Use Disorder (SUD) Conditions, the AOD Counselor shall follow 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, BHSD shall require and monitor services to be provided in accordance to timely access standards .
 - i) For residential services, BHSD 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, BHSD 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, BHSD 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 BHSD determines, that following the standard timeframe could seriously jeopardize the beneficiary’s life or health or ability to attain, maintain, or regain maximum function, BHSD must make an expedited authorization decision and provide notice as expeditiously as the beneficiary's health condition requires but no later than three (3) business days of the initial request for service.
5. When services are not offered within the timeframes for timely access to services, the appropriate staff shall issue a Timely Access Notice of Adverse Benefit Determination (NOABD) in accordance with Policy 815, Notice of Adverse Benefit Determination.