



Date of Approval:

By:

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POLICY TITLE

Timely Access to Service Standards and Tracking Requirements

Policy No: 100-2-3

Date of Original Approval: 06/06/19

Date(s) of Revision(s):

PURPOSE

This policy establishes the timely access to service standards and tracking requirements for Alameda County Behavioral Health (ACBH). These standards were established by the California Department of Health Care Services (DHCS) in MHSUD Information Notice No. 18-011, dated February 13, 2018 in order to meet federal network adequacy requirements for county Mental Health Plans (MHPs) and Drug Medi-Cal Organized Delivery System (DMC-ODS) pilot counties.

AUTHORITY

- CMS Medicaid and CHIP Managed Care Final Rule (Final Rule)
- California Health and Safety Code (HSC) §1367.01
- Title 42, Code of Federal Regulations (CFR), Part 438.68: Network Adequacy Standards, Part 438.206: Availability of Services, and Part 438.207: Assurances of Adequate Capacity and Services.
- Title 28, California Code of Regulations (CCR) §1300.67.2.2: Timely Access to Non-Emergency Health Care Services
- Alameda County's MHP Contract #17-94572 with the California State Department of Health Care Services (DHCS)
- Alameda County's Intergovernmental Agreement (IA) #17-94062 (G)(2-8) with the State Department of Health Care Services (DHCS)
- MHSUDS Information Notice No: 18-011. Federal Network Adequacy Standards For Mental Health Plans (MHPS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Pilot Counties
- MHSUDS Information Notice No: 19-020. Client Services Information (CSI) Assessment Record

SCOPE

This policy applies to all ACBH county-operated programs in addition to entities, individuals and programs providing Medi-Cal specialty mental health services or substance use disorder treatment services to Medi-Cal beneficiaries under a contract or

subcontract with ACBH. ACBH and ACBH-contractors are collectively referred to as the Behavioral Health Plan (BHP).

POLICY

Effective immediately, mental health and substance use disorder treatment providers in the Behavioral Health Plan (BHP) will comply with the network adequacy standards for timely access to services as specified in the table below. Timely access standards for outpatient services refers to the number of business days or hours in which a BHP provider must make an appointment available to a beneficiary from the date the beneficiary or a provider acting on behalf of the beneficiary, requests a medically necessary service. The method in which the request is made may include, but is not limited to, via ACBH's 24/7 ACCESS line for SMHS, via Alameda County Substance Use Access & Referral Helpline, via an ACBH contractor that is designated to receive direct referrals from the public for consumers, via a written request (e.g. email or fax), or from a beneficiary directly to their provider for a new service type.

Alameda County BHCS Timely Access Standards			
Delivery System	Type of Service	Non-Urgent Services	Urgent Services*
Specialty Mental Health Services (SMHS)	Psychiatry	Within 15 business days from request to appointment	Within 48 hours of the request
SMHS	Outpatient services with a non-physician mental health care provider where prior authorization is not required	Within 10 business days from request to appointment	Within 48 hours of the request
SMHS	Outpatient services with a non-physician mental health care provider where prior authorization is required	Within 10 business days from request to appointment	Within 96 hours of a request

Alameda County BHCS Timely Access Standards (Continued)			
Delivery System	Type of Service	Non-Urgent Services	Urgent Services*
Drug Medi-Cal-Organized Delivery System (DMC-ODS)	Opioid Treatment Services (OTP's)	Within 3 business days from request to appointment	Within 48 hours of the request
DMC-ODS	Outpatient SUD Services, excluding opioid treatment programs (OTP's) where prior authorization is not required	Within 10 business days from request to appointment	Within 48 hours of the request
DMC-ODS	Outpatient SUD Services excluding opioid treatment programs (OTP) where prior authorization is required	Within 10 business days from request to appointment	Within 96 hours of the request

*Urgent services have different timeliness requirements based upon whether prior authorization is required. See Definitions section for definition of Urgent Services.

PROCEDURE

A. Tracking Requirements

For all new clients, ACBH providers who receive direct referrals from the public (i.e. EPSDT CBO's) must track the following data in accordance with ACBH procedures:

1. Date & Time of First Contact to Request Services
2. Urgency of the need for service (see definitions section for definition of Urgent Service)
3. The type of service the client is requesting.
4. Assessment Appointment First Offer Date & Time
5. Assessment Appointment Second Offer Date & Time
6. Assessment Appointment Third Offer Date & Time
7. Assessment Appointment Accepted Date & Time
8. Assessment Start Date

9. Assessment End Date
10. Treatment Appointment First Offer Date & Time
11. Treatment Appointment Second Offer Date & Time
12. Treatment Appointment Third Offer Date & Time
13. Treatment Appointment Accepted Date & Time
14. Treatment Start Date
15. Closed Out Date
16. Closure Reason
17. Referral Source
18. Referred To

B. Monitoring

ACBH will monitor the service delivery system for compliance with the timeliness standards and with this policy. ACBH will also monitor each provider for compliance with timeliness standards, data collection and reporting, and issuing appropriate notices of action.

C. Non-Compliance with Timely Access Standards

1. If any timely access to service standard is not met for a beneficiary, the beneficiary will be sent a *“Notice of Adverse Benefit Determination – Timely Access”* per ACBH Policy #300-1-2: Notices of Adverse Benefit Determination (NOABD) for Medi-Cal Beneficiaries (Link).
2. NOABD-Timely Access shall be issued as follows:
 - a. The beneficiary or the parent or legal guardian will be sent a NOABD-Timely Access by the provider responsible for providing the services.
 - b. The issuing provider shall fax or send via US Mail a copy of the NOABD-Timely Access to the ACBH Quality Assurance Office immediately upon issuance to the beneficiary:

Mail: 2000 Embarcadero, Suite 400
Oakland, CA 94606
FAX: 510-639-1346

D. Non-Compliance with Timely Access Policy

Any failure to comply with this policy may result in formal actions including and up to formal sanctions as outlined in ACBH policy 1302-1-1 “Contract Compliance and Sanctions for BHCS – Contract Providers”.

CONTACT

ACBH Office	Current as of	Email
<ul style="list-style-type: none"> Information Systems Help Desk Quality Improvement Office Quality Assurance Office 	May 2019	HIS@acgov.org QIteam@acgov.org QAOoffice@acgov.org

DISTRIBUTION

This policy will be distributed to the following:

- ACBH Staff
- ACBH County and Contract Providers
- Public

ISSUANCE AND REVISION HISTORY

Original Authors:

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Original Date of Approval: xx/xx/xxxx by Carol F. Burton, Interim Behavioral Health Director

Date of Revision: N/A

Revise Author	Reason for Revise	Date of Approval by (Name)

DEFINITIONS

Term	Definition
Beneficiary	For the purpose of this policy, a beneficiary means anyone eligible for an ACBH service.
Behavioral Health Plan (BHP)	Alameda County Behavioral Health (ACBH) and ACBH-contracted providers are collectively referred to as the Behavioral Health Plan (BHP). BHP providers and services are inclusive of both delivery systems: specialty mental health services (SMHS) and Drug Medi-Cal-Organized Delivery System (DMC-ODS).

Medi-Cal	The name of California's Medicaid program which provides health coverage to people with low-income, the aged or disabled and those with asset levels who meet certain eligibility requirements.
Medical Necessity	Per Medi-Cal, a service is medically necessary if it is needed to address a particular health condition and the following criteria are met: 1) the diagnosis is included/covered, 2) the condition results in a functional impairment, 3) the proposed intervention addresses the impairment, and 4) the condition would not be responsive to treatment by a physical health care provider. For Specialty Mental Health Services the beneficiary's impairments, as a result of their mental health condition, must fall in the moderate-severe range.
New Clients	Any Medi-Cal beneficiary requesting an ACBH service that was not served within that system in the last 12 months.
Returning Client	For this policy, a beneficiary is considered a returning client if the beneficiary received services within the same program in the prior 12 months.
Specialty mental health services (SMHS)	Medi-Cal services provided under county Mental Health Plans (MHPs) by mental health specialists, both licensed and unlicensed, such as psychiatrists, psychologists, licensed clinical social workers, licensed marriage and family therapists, licensed professional clinical counselors, and peer support providers.
Substance use disorder treatment (SUD) services	Medi-Cal services provided under county Drug Medi-Cal-Organized Delivery System (DMC-ODS) Intergovernmental Agreement (IA) by substance use disorder treatment specialists, both licensed and unlicensed, such as Licensed Practitioners of the Healing Arts (LPHA) and SUD counselors.
Urgent Services	A request for service shall be considered urgent when the enrollee's condition is such that the enrollee faces an imminent and serious threat to his or her health, including, but not limited to, the potential loss of life, limb, or other major bodily function, or the normal timeframe for the decision making process, would be detrimental to the enrollee's life or health or could jeopardize the enrollee's ability to regain maximum function.

ATTACHMENTS:

- Timely Access Standards – Procedure Manual