



Health Care Agency Behavioral Health Services Policies and Procedures	Section Name:	Medi-Cal Managed Care
	Sub Section:	Access
	Section Number:	09.01.06
	Policy Status:	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised
	SIGNATURE	DATE APPROVED
Deputy Director Behavioral Health Services	<u>Signature on File</u>	<u>12/6/2024</u>

SUBJECT: Medi-Cal Timely Access and Service Availability

PURPOSE:

To ensure compliance with the Medi-Cal Managed Care Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) (referred to in this document as Behavioral Health Plan (BHP) as described collectively) timely access and service availability requirements.

POLICY:

The Orange County Behavioral Health Services (BHS) BHP will comply with the timely access standards taking into account the urgency of the need for services for routine services including, for Specialty Mental Health Services (SMHS): 10 business days for Mental Health Services and 15 business days for Psychiatric Services, and for Substance Use Disorder (SUD) services: 10 business days for outpatient treatment services and 3 business days for Narcotic Treatment Programs. Urgent appointments shall be offered within 48 hours. Access to medically necessary services shall be available 24 hours a day, 7 days a week.

SCOPE:

Requests for access to services and service availability in the County and County Contracted BHP.

REFERENCES:

[MHSUD 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](#)

PROCEDURE:

- I. Initial service requests
 - A. 24/7 Access line and all other points of access
 - 1. Staff shall be trained to the timely access requirements for appointments and shall arrange initial appointments within those requirements.
 - 2. Staff shall maintain an access log of initial service request calls received.

3. If access standards are not met, staff shall issue a Timely Access Notice-Notice of Adverse Benefit Determination (NOABD) and required three enclosures.

II. Continuing service requests

A. 24/7 Access Line

1. During normal business hours, the 24/7 Access Line staff shall assess for emergency and if none, refer the member back to their provider, offering assistance in making the call if needed, and verifying the member's current contact information.
2. After hours, the 24/7 Access Line staff shall assess for emergency and if none, refer the member back to their provider, and verify the member's current contact information. If the member needs help contacting the provider, the 24/7 line staff will call the member back the next day and help the member link to the provider.

- a) If an emergency exists, 24/7 Access Line staff shall triage the call and contact emergency services at the Crisis Assessment Team (CAT) for prompt intervention.

B. All service providers are trained to the timely access requirements. The timely access requirements apply to all service requests, including those requests from beneficiaries who are in ongoing services. All service points receiving appointment requests shall arrange appointments within those requirements. The following exception and process below applies for the SMHS only.

1. The applicable mental health services appointment time standards may be extended if the referring or treating 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 member's record** that a longer waiting time will not have a detrimental impact on the health of the member. In addition, periodic office visits to monitor and treat mental health conditions may be scheduled in advance consistent with professionally recognized standards of practice as determined by the treating licensed mental health provider acting within the scope of his or her practice.

III. Monitoring

A. All access points shall maintain an access log for all initial requests for services for the County and County Contracted BHP.

1. Service request appointments shall be entered into the Access log field in the Integrated Record Information System (IRIS) by all County and County

Contracted providers.

2. The 24/7 Access Line staff shall enter service requests into the Access log and report back to the plan on at least a quarterly basis.
- B. The Access Logs shall be monitored by Quality Management Services (QMS). Access reports shall be reviewed and discussed in the Community Quality Improvement Committee at least annually.
1. Monitoring shall include review and analysis of Access Logs to determine if there is a change in the percentages of beneficiaries offered appointments within the requirements of the network adequacy standards.
 2. QMS shall monitor County and County Contracted BHPs providers to ensure timely access requirements have been met.
 - a) If timely access requirements have not been met, QMS will provide technical assistance to the County or County Contracted BHP providers.
 - b) If required, due to delay in timely access, a Timely Access Notice-Notice of Adverse Benefit Determination (NOABD) and required three enclosures will be issued.
 - c) QMS will initiate the corrective action process with the County or County Contracted BHP providers if there is a failure to comply with timely access requirements.
- C. NOABD data shall be reviewed to determine if patterns exist that impact timely access to services.
- D. Grievance data shall be reviewed to determine if patterns exist that are reflective of concerns regarding timely access and service availability.