

 <div style="text-align: center;"> County of Sacramento Behavioral Health Services </div>		Policy No.	QM-20-05
		Issued Date	07/01/2019
		Revision Date	02/01/2024
TITLE: Timely Access		AREA Federal Managed Care Regulations	
Approved by: (Signature on File) Signed version available upon request		Approved by: (Signature on File) Signed version available upon request	
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BACKGROUND

It is the policy of the Sacramento County Division of Behavioral Health Services (DBHS) and the Mental Health Plan (MHP) to comply with all state and federal statutory and regulatory requirements for timely access to services established by 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; 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; and Behavioral Health Information Notice (BHIN) 23-041, 2023 Network Certification Requirements for County Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Plans.

DEFINITIONS

New Client - Any Medi-Cal member requesting a Behavioral Health Service that was not served within that system in the last 12 months per client report.

Urgent Services - A request for service shall be considered urgent when the member's condition is such that the member 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.

PURPOSE

This policy establishes the timely access to service standards and tracking requirements for Sacramento County Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Plans.

DETAILS

Effective immediately, mental health and substance use disorder treatment providers in the MHP and DMC-ODS Plans 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 MHP and/or a DMC-ODS 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 initial screening or assessment for services will begin with the Access Team, System of Care, or another designated entry point (e.g., Walk-in provider sites, Intensive Placement Team) upon receipt of a service request.

Sacramento County MHP Timely Access Standards		
Type of Service	Non-Urgent	Urgent
Psychiatry	Offered an appointment within 15 business days from request for services	Within 48 hours of the request *
Outpatient Services with a non-physician mental health providers where prior authorization is not required	Offered an appointment within 10 business days from request for services	Within 48 hours of the request *
Outpatient Services with a non-physician mental health providers where prior authorization is required	Offered an appointment within 10 business days from request for services	Within 96 hours of the request *

**With all urgent care Inquiries, if a face to face is warranted, Access Team Clinicians will provide direction to go to the Mental Health Urgent Care Clinic which will allow face to face with a clinician, psychiatrist, peer, or nurse.*

Sacramento County DMC-ODS Timely Access Standards	
Modality Type	Standard
Outpatient Services – Outpatient Substance Use Disorder Services	Offered an appointment within 10 business days from request for services.
Residential	Offered an appointment within 10 business days from request for services.
Opioid Treatment Program*	Within 3 business days of request.
Non-urgent Follow-up Appointments with a Non-Physician	Offered an appointment within 10 business days from request for services.

**For OTP members, the OTP standards apply equally to both buprenorphine and methadone where applicable. Buprenorphine is not specified in several areas of the current regulations, so we default to the federal regulations. (For example, with take-home medications, time in treatment requirement is not applicable to members receiving buprenorphine.)*

A. Reporting Requirements

Data elements demonstrating timely access to services will be entered into the appropriate County EHR Timely Access Data Tool (TADT):

MHPs are required to submit timely access data for:

1. An urgent or non-urgent appointment with a non-physician mental health care provider of an outpatient specialty mental health services (SMHS),
2. An urgent or non-urgent appointment with a provider of psychiatry,
3. Non-urgent follow-up appointments with a non-physician mental health care provider; and,
4. Out of Network (OON) provider referrals.

DMC-ODS Plans are required to submit timely access data for:

1. Outpatient SUD services.
2. Residential treatment.
3. Opioid Treatment Program.
4. Non-urgent follow-up appointments with a non-physician SUD provider; and
5. OON provider referrals.

To provide the information that is used to calculate the timeliness standards the following data points must be entered into the appropriate MHP or DMC-ODS TADT form in the County EHR:

1. Referral Source – The person who referred the member to services. If the member requested services themselves, select “self”.
2. Date of First Contact – The date when the initial request for services was made. Time of first contact may be entered as well and is required when the request is market “urgent”.
3. “Urgent” or prior authorization indicator – When the “urgent” indicator is selected all time fields are required, as timeliness is measured in hours rather than days. (MHP ONLY)
4. First Service Appointment Offered Date – This is the first available appointment that was offered to the member, regardless of whether they accepted that appointment or not.
5. Reason for Delay – This is only to be use if the offered appointment is outside the timeliness range. This may be due to the member requesting a specific appointment, specific provider, or is unable to make the first offered appointment.
6. First Appointment Rendered Date – This is the date the member actually had their first appointment.
7. First Follow Up Appointment Offered Date - This is the first available appointment that was offered to the client after the first rendered service appointment. If no follow up appointment was offered, then choose the “Follow Up Appointment NOT Offered” checkbox.
8. First Follow Up Appointment Rendered Date – This is the date the member actually had their first follow up appointment.

B. Monitoring

The MHP and DMC-ODS will monitor the service delivery system for compliance with the timeliness standards and with this policy. MHP and DMC-ODS 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 member, the member will be sent a "Notice of Adverse Benefit Determination" (NOABD)
 2. NOABD-Timely Access shall be issued as follows:
 - a. The member 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 Sacramento County Member Services immediately upon issuance to the member:
 Mail: Sacramento County Member Services
 Quality Management
 7001-A East Parkway, Suite 300
 Sacramento, CA 95823
 Fax: (916) 875-0877
- D. Non-Compliance with Timely Access Policy
 Any failure to comply with this policy will result in a plan of correction.

REFERENCES/ATTACHMENTS:

- Attachment A - MH Non-Psychiatric SMHS Timeliness Record
- Attachment B - MH Psychiatric SMHS Timeliness Record
- Attachment C - SUPT Outpatient Timeliness Record
- Attachment D - SUPT Opioid Timeliness Record
- Title 42, Code of Federal Regulation-s (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

RELATED POLICIES:

- No. 02-01 Notice of Adverse Benefit Determination

DISTRIBUTION:

Enter X	DL Name	Enter X	DL Name
X	Mental Health Staff	X	Mental Health Treatment Center
X	Adult Contract Providers	X	Children Contract Providers
X	SUPT Contract Provider	X	SUPT Staff

CONTACT INFORMATION:

- Quality Management Information
QMInformation@SacCounty.gov