**March 2014** 



## The BHS Access Log

The Behavioral Health Services (BHS) Access log and its companion Contact/Access Information form (CAI) meet the California Department of Health Care Services (DHCS) requirements regarding **Medi-Cal consumer access** to Specialty Mental Health Services. DHCS requires that the County Mental Health Plan offers services to Medi-Cal beneficiaries in a **timely and culturally competent manner**.

Access Log reports are run by BHS Authority and Quality Improvement (AQIS) staff and **analyzed on a weekly basis**. These reports will soon be run **three times per week**. These reports are audited by the State during DHCS system audits to ensure that we are compliant with Access Log requirements. If appointments fall outside the required timelines, then a **Notice of Action-E** would be issued to the consumer immediately by AQIS.

Access logs that are entered in IRIS a **week or longer** after the first consumer contact present a significant problem. For example, if a consumer makes first contact to a clinic on 12/1/13, but the access log isn't created in IRIS until 1/15/14, then the Notice of Action E is already **too late to be mailed** and therefore **violates DHCS regulations**.

Presently, contact information is gathered on the Contact/Information form by the clinicians and is entered in the BHS Access Log in IRIS by the support staff.

**For County staff only:** The access log procedures will change for county staff with the implementation of the electronic health record. It will be expected that **clinical staff will start recording** access log information directly into the IRIS access log conversation. Given these changes, clinicians should be aware of the rules and procedures regarding the access log.

**Not every contact** for specialty mental services requires access log entry. Only direct contacts from **Medi-Cal eligible** consumer (or their legal guardians/family members) requesting specialty mental health services requires an access log entry. For example: Phone calls from emergency room physicians, school psychologist, or social workers referring a client for specialty mental health services **does not require** an access log entry.

> Social Workers are often the legal guardian of a client; however they cannot schedule an appointment since they usually do not bring the client to their appointment. AQIS has determined that this type of contact **does** not require an access log entry.

There are three categories of access log calls: Emergent, urgent and routine.

- **Emergent:** If calls are determined to be emergent, the client must be offered appointments **within 4 hours** of the call.
- Urgent: If calls are determined to be Urgent, the client must be offered appointments within 24 hours of the first contact. Weekend days or holidays are not excluded in calculating the 24 our timeline. For example, a consumer, or their family member calls in at 3:00 PM on Friday and the contact is determined to be urgent. That client must be offered an appt. within 24 hours. They cannot be scheduled the next business day on Monday.
- **Routine:** Calls determined to be **Routine** must be offered appointments **within 5 working days** of the first contact. Weekends and holidays **are excluded in determining** the 5 day timeline. Note that the first day of contact is not counted as part of the 5 day timeline.

If the consumer declines the initial appointment and requests another appointment outside the timeline prescribed for each type of contact, then the program **has met the access log guidelines since they have offered an appointment within the time limit.** List the initial appointment date offered and then list the date and time of the agreed upon appointment in the "Accepted box" even if it falls outside the prescribed timelines.

The Department of Health Care Services views contract and county clinic sites as **one Mental Health Plan**. The Mental Health Plan has the obligation to make sure Medi-Cal consumers are able to access specialty mental health services. A regional clinic, or county contract program, who is first receiving contact from a Medi-Cal consumer or their legal guardian, has the obligation to make sure the consumer has an appointment available within **5 working days**. If no openings are available at the County clinic then they must contact other contract clinics to determine if an appointment is available. Once it has been determined that an opening is available, then the contact/access log sheet must be faxed to the program that has agreed to accept the referral. That program must follow the **2-hour limit** to contact the consumer and offer an appointment.

The program that has **agreed to accept the referral cannot later decline that referral**. They must follow through by offering the appointment.

NOA-A's can now be printed through the BHS Explorer menu. Office support can generate a completed NOA-A form by entering the fin # of the access log transaction.

➤ An Important Reminder: NOA-A's must be presented to the consumer or their legal guardian in person or by U.S. Mail.