



Health Care Agency Mental Health and Recovery Services Policies and Procedures	Section Name:	Medi-Cal Managed Care
	Sub Section:	Access
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	SIGNATURE	DATE APPROVED
Director of Operations Mental Health and Recovery Services	<u>Signature on File</u>	<u>1/31/2022</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) timely access and service availability requirements.

POLICY:

The Orange County Mental Health and Recovery Services (MHRS) MHP and DMC-ODS will comply with the timely access standards taking into account the urgency of the need for services for routine services including, for MHP: 10 business days for Mental Health Services and 15 business days for Psychiatric Services, for DMC-ODS: 10 business days for outpatient treatment services and 3 business days for Narcotic Treatment Programs. 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 MHP and DMC-ODS.

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 beneficiary back to their provider, offering assistance in making the call if needed, and verifying the beneficiary's current contact information.
2. After hours, the 24/7 Access Line staff shall assess for emergency and if none, refer the beneficiary back to their provider, and verify the beneficiary's current contact information. If the beneficiary needs help contacting the provider, the 24/7 line staff will call the beneficiary back the next day and help the beneficiary 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 MHP 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 beneficiary's record** that a longer waiting time will not have a detrimental impact on the health of the beneficiary. 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 MHP and DMC-ODS.

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 Authority and Quality Improvement Services (AQIS). 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. AQIS shall monitor County and County Contracted MHP and DMC-ODS providers to ensure timely access requirements have been met.
 - a) If timely access requirements have not been met, AQIS will provide technical assistance to the County or County Contracted MHP and/or DMC-ODS 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) AQIS will initiate the corrective action process with the County or County Contracted MHP or DMC-ODS 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.