BHS Policies and Procedures

City and County of San Francisco
Department of Public Health
San Francisco Health Network
BEHAVIORAL HEALTH SERVICES

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Policy Title: **Timely Access and Time and Distance Standards for Behavioral Health Providers**

Approved By:

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References: Medicaid Managed Care Final Rule: Network Adequacy Standards; BHIN 24-020; BHIN 21-008; MHSUDS 19-020; CFR 42, Part 438.68 and Part 438.206(c)(1); 28 CCR § 1300.67.2.2, subd. (b)(7); Health & Safety Code § 1367.01, subd. (h)(2)

Technical Revision. Replaces 3.02-13 of October 24, 2022.

Equity Statement: The San Francisco Department of Public Health, Behavioral Health Services (BHS) is committed to leading with race and prioritizing Intersectionality, including sex, gender identity, sexual orientation, age, class, nationality, language, and ability. BHS strives to move forward on the continuum of becoming an anti-racist institution through dismantling racism, building solidarity among racial groups, and working towards becoming a Trauma-Informed/Trauma Healing Organization in partnership with staff, clients, communities, and our contractors. We are committed to ensuring that every policy or procedure, developed and implemented, leads with an equity and anti-racist lens. Our policies will provide the highest quality of care for our diverse members. We are dedicated to ensuring that our providers are equipped to provide services that are responsive to our members' needs and lived experiences.

Background and Rationale:
CalAIM focuses on timely and coordinated access to care regardless of where a beneficiary first seeks services. BHS aims to connect members to the best level of care in a timely manner regardless of point-of-entry or referral source. For requests for urgent and SUD services, BHS aspires to provide prompt access to services or treatment, either via in-person or telehealth, within 24-48 hours.

SB 221 introduced new legislation beginning January 1, 2023, which created requirements for a referral to a specialist by a primary care or another specialist provider to also comply with the required timeframe standards.

Purpose: To ensure compliance with timely access requirements for San Francisco's Mental Health Plan (MHP) and the Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan.

Scope: This policy applies to all Behavioral Health Services (BHS) providers, including civil service and contract providers, mental health and substance use disorder services, BHS Office of Coordinated Care, including Access teams.

Policy:
It is the policy of the San Francisco Department of Public Health, Behavioral Health Services (BHS) to ensure beneficiaries of specialty mental health and substance use disorder services experience timely access to care and access to a sufficient number of high-quality, culturally competent and effective service providers that are within reasonable travel distance and timely access to appointments in accordance with the standards set forth by the California state Department of Health Care Services (DHCS).

BHS adheres to standards set by the state, in compliance with CFR 42, Part 438.68 Time and Distance and Part 438.206 Timely Access. Time and distance are measured from the beneficiary's place of residence to the service provider site.

TIMLEY ACCESS & TIME AND DISTANCE STANDARDS

Timely Access Standards for Mental Health Plan (MHP)		
Provider Type	**Timely Access Standard**	**Time and Distance**
Non-urgent appointments with specialist physicians including Psychiatry	Within 15 business days of the request for appointment, except as provided in CCR §1300.67.2.2(c)(5)(G) and (H) Note: NCQA accreditation standard is 10 business days for psychiatrists.	Up to 15 miles and 30 minutes from the beneficiary's place of residence
Outpatient Non-Urgent Non-Psychiatric Specialty Mental Health Services (Non-urgent appointments with a non- physician mental health care provider)	Within 10 business days of the request for appointment, except as provided in CCR §1300.67.2.2(c)(5)(G) and (H)	Up to 15 miles and 30 minutes from the beneficiary's place of residence
All SMHS Urgent Appointments	48 hours without prior authorization. 96 hours with prior authorization.	Up to 15 miles and 30 minutes from the beneficiary's place of residence
Non-Urgent Follow-up Appointments	10 business days from the prior appointment for those undergoing a course of treatment (non-physician mental healthcare)	Up to 15 miles and 30 minutes from the beneficiary's place of residence

Timely Access Standards for Drug Medi-Cal Organized Delivery System (DMC-ODS) programs		
Provider Type	**Timely Access**	**Time and Distance**
Outpatient SUD services, other than opioid treatment programs (OTPs)	Offered an appointment within 10 business days of request for services.	Up to 15 miles or 30 minutes from the beneficiary's place of residence
Opioid Treatment Programs (OTPs)[1]	Within three (3) business days from request to appointment	Up to 15 miles or 30 minutes from the beneficiary's place of residence
Urgent Services (i.e. Withdrawal Management or for perinatal members)	Within 48 hours without prior authorization Within 96 hours with prior authorization	Up to 15 miles or 30 minutes from the beneficiary's place of residence
Residential Treatment	Offered an appointment within 10 business days of the request for services	Up to 15 miles or 30 minutes from the beneficiary's place of residence
Non-urgent Follow-up Appointments with a Non-Physician	Offered an appointment within 10 business days of the request for service per HSC §1357.03 (a)(5)(B), (D), (E) and (F)	Up to 15 miles or 30 minutes from the beneficiary's place of residence

Urgent and Other Timely Access Standards for Services	
Appointment Type	**Standard**
Urgent but non-life-threatening emergency care (i.e. comprehensive crisis)	Within 6 hours
Urgent care appointment for services that do not require prior authorization	Seen within 48 hours of the request for appointment, except as provided in CCR §1300.67.2.2(c)(5)(G)
Urgent care appointments for services that require prior authorization	Seen within 96 hours of the request for appointment, except as provided in CCR §1300.67.2.2(c)(5)(G) Note: The prior authorization (decision to approve, modify, or deny requests by providers) must not exceed

[1] For OTP patients, 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 medication, time in treatment requirements is not applicable to buprenorphine patients.)

	72 hours as described in HSC § 1367.01(h)(2)
Non-urgent appointments for ancillary services for the diagnosis or treatment of injury, illness, or other health condition	Within 15 business days of the request for appointment, except as provided in CCR §1300.67.2.2(c)(5)(G) and (H)

For DMC-ODS services, time, distance, and timely access standards differ between outpatient SUD services and OTPs due to the need for beneficiaries in an OTP to receive their medication daily since imminent withdrawal will occur without medication.

All level 3.2 Withdrawal Management services are considered urgent.

For SABG funded programs, timely standards for urgent services also applies to:
- Pregnant women and women with dependent children
- People who inject drugs.

Extending the appointment wait time:
The applicable waiting time for a particular appointment may be extended if the referring or treating licensed health care 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 relevant record that a longer waiting time will not have a detrimental impact on the health of the patient.[2]

TIMELY ACCESS DATA
Data reported on the timely access data tool (TADT) represents the entire provider network, including BHS operated departments, facilities/providers, and those of contracted facilities/providers. This data is used to evaluate whether BHS provides timely appointment offers/referrals, timely access to assessment, timely access to treatment, and timely access to follow up.

Timely access reporting data for the Mental Health Plan (MHP) is captured using the Client and Service Information (CSI) fields in the Screenings Tab, within the electronic health record (EHR). The admission CSI information must be completed during the registration process. CSI updates are also required annually and at discharge. Programs must integrate this step into the client openings, updates, and discharge workflows.

Timely Access reporting data for the Drug Medi-Cal-Organized Delivery System (DMC-ODS) is captured using the Timely Access fields in the EHR. BHS requires SUD providers to log requests for service and first offered appointment for all substance use disorder treatment services using the Timely Access forms and fields.

BHS staff, providers, and programs are required to submit accurate data to report on timely access in

[2] Section 1300.67.2.2(c)(5)(G) of Title 28 of CCR

when clients are:

1) requesting services in person or over the phone*,
2) transitioned from one level of care to the next,
3) within 30 days of discharge,
4) with the closure reason for episode or referral.

*Timely Access form shall be entered within 48 business hours upon first request of service.

TIMELY ACCESS MONITORING

BHS reports timely access outcomes to DHCS through the annual Network Adequacy Certification. BHS submits the Timely Access Data Tool (TADT) using the required fields showing timeliness of clients who receive a first appointment, first service, first follow up appointment (if applicable) and first follow up service (if applicable). BHS must use the TADT to report data on new members who request a non-psychiatry SMHS, new or established members who request psychiatric services; new members who request outpatient SUD services or opioid treatments.

Additionally, timely access data may be evaluated during DHCS Plan reviews and annual audits. These include External Quality Reviews (EQR).

BHS maintains mechanisms to assess the accessibility of services within our City and County, which is defined as a large county by CMS standards. BHS Quality management tracks and monitors:

1. The assessment of responsiveness of the BHS's 24-hour toll-free telephone number,
2. Timeliness of scheduling routine appointments and follow up appointments,
3. Timeliness of services for urgent conditions,
4. Access to after-hours care, and
5. The assessment of advanced access to in-person and telehealth services (treatment on demand within 24-48 hours).

MHP:

1. Timeliness to First Non-Urgent Services
2. Timeliness to First Delivered Service
3. Timeliness to First Offered Non-Urgent Psychiatry Appointment
4. Timeliness to First Non-Urgent Psychiatry Service Delivered
5. Timeliness to Urgent Services
6. Timeliness to Follow-Up Services after Psychiatric Hospitalization
7. Timeliness to Psychiatric Readmission Rates at 7 and 30 Days
8. No Show Rates for Psychiatrics and Clinicians

SUD:

1. Timeliness to First Non-Urgent Services
2. Timeliness to First Non-Urgent Narcotic Treatment Program (NTP)/Opioid Treatment Program (OTP)
3. Timeliness to Urgent Services

BHS shall issue Corrective Action Plan (CAPs) to network providers and programs that remain non-compliant with DHCS timely access requirements after receiving technical support from BHS.

NETWORK ADEQUACY REQUIREMENTS

BHS maintains compliance with network adequacy requirements established in WIC section 14197 and 42 CFR Parts 438.68, 438.206 and 438.207 to ensure that all Medi-Cal managed care covered services are available and accessible to members. To do so, BHS is required to provide, or arrange for the provision of, all DMC-ODS services and SMH services, as agreed upon in the Intergovernmental Agreement and MHP contract respectively, which includes providers capable of delivering all services. Information on those providers is reported to DHCS.

For the MHP, reporting on providers will be conducted through the 274 Provider Data Standard. DMC-ODS provider reporting will be conducted through the Network Adequacy Certification Tool (NACT) and the 274 Provider Data Standard. For more information, refer to BHS Policy 3.02-18.

OUT-OF-NETWORK REQUIREMENTS (OON)

Time and Distance Requirement and Out-of-Network Requirement

San Francisco BHS ensures all members have access to Specialty Mental Health Services (SMHS) and DMC-ODS within the established time and distance standards listed above.

Network adequacy time and distance standards for San Francisco County are up to 15 miles and 30 minutes from the member's address.

When BHS is unable to provide SMHS and DMC-ODS with an in-network provider that is within time and distance standards, BHS refers the member to an out-of-network (OON) provider for SMHS or DMC-ODS covered services, within the same time and distance standards.

In cases where an OON provider is not available within the time and distance standards, BHS will arrange for telehealth or transportation to an in-person visit.

Timely Access and Out-of-Network Requirement

In addition to the time and distance standards, and in accordance with W&I section 14197, subdivision (d)(1), BHS complies with the timely access to care standards (title 28, California Code of Regulations (CCR) section 1300.67.2.2), ensuring that our directly operated and contracted provider network is adequate in capacity and composed of licensed providers able to offer beneficiaries appointments that meet the timely access timeframes standards.

In addition, CCR, title 28, section 1300.67.2.2(c)(5)(H) provides that periodic office visits to monitor and treat mental health conditions can 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.

In the absence of an emergency that would preclude in-person service delivery, BHS does not require

a beneficiary to access services via telehealth.

BHS uses policy 3.04-09 Continuity of Care Requirements policy and Special Case Agreements to cover out of network services when necessary to meet federal continuity of care requirements.

Related document(s):

- Epic Operational Guide for BHS Providers – Timely Access Data

Related Policies:

- BHS Policy 3.02-18 Network Adequacy Reporting and Monitoring
- BHS Policy 3.04-09 San Francisco Continuity-of-Care Requirements for Medi-Cal Specialty Mental Health Services
- BHS Policy 6.00-04 Electronic Health Record Data Collection Requirements

Definitions:

- In-Network: BHS contracted providers
- Urgent: Urgent care means health care provided to a member when the member's condition is such that the member faces an imminent and serious threat to their health or the normal timeframe for the decision-making process would be detrimental to the member's life or health or could jeopardize their ability to regain maximum function.

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