

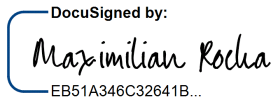
BHS Policies and Procedures



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**

<p>Approved By:  <small>EB51A346C32641B...</small></p> <p>Maximilian Rocha, LCSW Director of System of Care</p> <p>Date: October 24, 2022</p>	<p>Manual Number: 3.02-13</p> <p>References: Medicaid Managed Care Final Rule: Network Adequacy Standards,; MHSUDS 19-020; CFR 42, Part 438.68 and Part 438.206; 28 CCR § 1300.67.2.2, subd. (b)(7); Health & Safety Code § 1367.01, subd. (h)(2)</p>
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Replaces 3.02-13 issued on 4/18/17.

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 clients. We are dedicated to ensuring that our providers are equipped to provide services that are responsive to our clients' needs and lived experiences.

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, and the Behavioral Health Access Center (BHAC).

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 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.

TIMELY ACCESS & TIME AND DISTANCE STANDARDS

Timely Access Standards for Mental Health Plan (MHP)		
Provider Type	Timely Access for Non-Urgent Appointments	Time and Distance
Psychiatry	Within 15 business days from request to appointment	Up to 15 miles or 30 minutes from the beneficiary's place of residence
Mental Health (non-psychiatry) Outpatient Service (Adult and Pediatric)	Within 10 business days from request to appointment	Up to 15 miles or 30 minutes from the beneficiary's place of residence
Urgent Care services that do <u>not</u> require prior authorization	48 hours of the request for an appointment for urgent care appointments for services that do not require prior authorization	Up to 15 miles or 30 minutes from the beneficiary's place of residence
Urgent Care services that do require prior authorization	96 hours of the request for an appointment for urgent care appointments for services that do require prior authorization	Up to 15 miles or 30 minutes from the beneficiary's place of residence
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)	Up to 15 miles or 30 minutes from the beneficiary's place of residence
Timely Access Standards for Drug Medi-Cal Organized Delivery System (DMC-ODS)		
Provider Type	Timely Access for Non-Urgent Appointments	Time and Distance

Outpatient SUD services, other than opioid treatment programs (OTPs)	Within 10 business days from request to appointment	Up to 15 miles or 30 minutes from the beneficiary's place of residence
Opioid Treatment Programs (OTPs)	Within 3 business days from request to appointment	Up to 15 miles or 30 minutes from the beneficiary's place of residence
Residential Treatment	10 days from Level of Care (LOC) assessment to intake for residential treatment	Up to 15 miles or 30 minutes from the beneficiary's place of residence
Withdrawal Management (urgent services)	2 days from referral to service for withdrawal management	Up to 15 miles or 30 minutes from the beneficiary's place of residence

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.

TIMELY ACCESS DATA

Timely Access reporting data for the MHP is captured using the Client Services Information (CSI) form, in Avatar. A record is created for beneficiaries new to the MHP treatment system. This data is used to evaluate whether the MHP provides timely appointment offers, timely access to assessment, and timely access to treatment.

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

TIMELY ACCESS MONITORING

BHS reports timely access outcomes to DHCS through annual Network Adequacy Certification. BHS submits the Timely Access Data Tool (TADT) using required Phase I and Phase II CSI data showing timeliness to receive a first appointment or first specialty mental health service.

Additionally, timely access data is evaluated during DHCS Plan reviews and annual audits, these include External Quality Reviews (EQR) and MHP audits.

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 MHP's 24-hour toll-free telephone number,
2. Timeliness of scheduling routine appointments,
3. Timeliness of services for urgent conditions, and,
4. Access to after-hours care.

BHS shall issue Corrective Action Plan (CAPs) to providers that fail to comply with timely access requirements.

TIME AND DISTANCE STANDARDS AND OUT-OF-NETWORK REQUIREMENT

San Francisco ensures beneficiaries have access to Specialty Mental Health Services (SMHS) within the established time and distance standards and tracks time and distance to SMHS.

When BHS is unable to provide SMHS with an in-network provider that is within time and distance standards, BHS refers the beneficiary to an OON provider for SMHS, within the time and distance standards.

Network Adequacy Time and Distance Standards for San Francisco County are Up to 15 miles and 30 minutes from the beneficiary's place of residence.

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 timeframes in the table below.

Appointment Type	Standard
Urgent care appointment for services that do not require prior authorization	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	Within 96 hours of the request for appointment, except as provided in CCR §1300.67.2.2(c)(5)(G)
Non-urgent appointments with specialist physicians (i.e., psychiatrists)	Within 15 business days of the request for appointment, except as provided in CCR §1300.67.2.2(c)(5)(G) and (H)
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)
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)

Section 1300.67.2.2(c)(5)(G) of Title 28 of CCR provides that an appointment time “may be extended if the referring or treating provider acting within the scope of his or her practice determines and notes in the beneficiary’s record that a longer waiting time will not have a detrimental impact on the health of the beneficiary.”

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 our Continuity of Care policy and Special Case Agreements to cover out of network services when necessary to meet federal continuity of care requirements.

Contact Person:

Director of Quality Management

Distribution:

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