



United Behavioral Health

<b>Timely Access to Care</b>			<b>Policy Identifier/Number:</b> CM-03
<b>Annual Review Completed Date:</b> February 2018			
<b>Policy Category:</b> Government – Pierce Regional Support Network	<b>Applicable Lines of Business:</b> Medicaid	<b>Entity/Plan:</b> Optum Pierce Behavioral Health Organization	<b>State:</b> Pierce County, Washington
<b>Approved by:</b> Bea Dixon, Executive Director			<b>Signature:</b> 

#### Policy Statement and Purpose

All Optum Pierce Behavioral Health Organization (BHO) contracted behavioral health care providers ensure that individuals receiving BHO-funded services have access to those services according to required standards for timeliness.

To describe how Optum Pierce BHO applies and monitors timeliness of care standards as required by the Washington State Department of Social and Health Services.

#### Policy Audience and Applicability

This policy is applicable to the Optum Pierce BHO and benefits administered through the Washington State Department of Social and Health Services (DSHS) current Prepaid Inpatient Health Plan (PIHP).

#### Policy Definitions

N/A

#### Policy Provisions

1. Contracted behavioral health care providers ensure that their main telephone number is answered promptly during open business hours. After business hours, callers are referred to the region-wide 24-hour crisis line and triage service.
2. Contracted behavioral health care providers ensure that access to services under their agreement is equal to or greater than access for non-public pay recipients.
3. Contracted behavioral health care providers have staff available during posted business hours to process both phone and walk in requests for services.
4. After hours, contracted behavioral health care providers' main phone lines have a process to directly transfer phone calls to the after-hours crisis service.

Optum is responsible for adhering to all applicable state and/or federal laws governing activities within the scope of this policy, including the Mental Health Parity and Addiction Equity Act (MHPAEA) and the Health Insurance Portability and Accountability Act (HIPAA) privacy requirements, as well as the applicable requirements, standards and regulations as set forth by the Employee Retirement Income Security Act (ERISA), the Center for Medicare and Medicaid Services (CMS), the Department of Labor (DoL), and any applicable accrediting organizations.

5. Individuals may access services directly with a contracted network provider by telephone, walk-in referral, or by calling the Optum Pierce BHO Care Manager at **1-866-673-6256** and requesting a referral for service.
  - 5.1. When contacted by an enrolled individual or potential consumer, the BHO Care Manager provides information on all contracted providers.
  - 5.2. Accessing services for clinicians working with designated special populations who do not have full intake/assessment capability may necessitate referral of potential consumers to another in- or out-of-network provider.
6. If an individual contacts a network provider directly, the network provider confirms that the individual is eligible to receive Medicaid-funded services by contacting the Washington State Medicaid eligibility system and inquiring whether the individual shows as “eligible.” If eligibility is confirmed, the provider offers the individual an initial appointment in conformity with the timely access standards.
7. Contracted mental health care providers provide outreach and assessment services to homeless individuals with a mental illness or other individuals with a mental illness at their location as needed, including screening and access to community mental health services as soon as practicable.
8. Contracted substance use disorder care providers provide outreach and assessment services to individuals in the identified priority populations. This outreach includes screening and access to community substance use disorder treatment services as soon as practical. Priority populations are identified as and in ranked order: pregnant injecting drug users, pregnant women with a substance use disorder, individuals using intravenous drugs (IUIDs), and all other individuals.
9. Contracted behavioral health care providers ensure timely access to behavioral health services according to the following standards:
  - 9.1. Access to an intake assessment within 14 working days of initial request;
  - 9.2. Offer of routine behavioral health services within 14 business days of a determination of eligibility of services:
    - 9.2.1. Routine behavioral health services are defined as those services that are intended to stabilize, sustain, and facilitate recovery of the individual in a setting where evaluation and treatment services are provided to individuals on a regular basis;
    - 9.2.2. A total of 28 calendar days from the initial request for services to the date of the first routine appointment following the intake assessment is the expected timeframe for quality monitoring purposes.
      - 9.2.2.1. Request for Service means the point in time when services are sought or applied for through a telephone call, walk-in, or written request for services from the potential consumer or the person authorized to consent to treatment for that enrollee. For purposes of this Contract, an Early Periodic Screening and Diagnostic Treatment (EPSDT) referral is only a Request for Service when the potential consumer or the person authorized to consent to treatment for that individual has confirmed that they are requesting service.
  - 9.3. Access to urgent care for eligible individuals delivered within 24 hours from the time of request from any source/referral;
    - 9.3.1. Urgent care is defined as treatment services provided to intervene with a person, who, if left untreated, would likely experience a significant exacerbation of their symptoms or distress, or experience significant deterioration of their level of functioning.

- 9.4. Access to emergent care for eligible individuals delivered within 2 hours of request by any source/referral.
  - 9.4.1. Emergent care is defined as treatment services provided to intervene with a person who, if left untreated, would likely require a crisis intervention or hospital evaluation due to concerns of potential danger to self or others, or grave disability.
10. Contracted substance use disorder care providers must ensure timely access to pregnant individuals. If a substance use disorder care provider is unable to admit an individual identified as belonging to a priority population within 10 working days after the initial request for services and the individual has declined referrals to other appropriate behavioral health agencies, the SUD provider must begin providing interim services within 48 hours of the initial request.
  - 10.1 Interim services must be provided and documented in the Behavioral Health Data Store until an individual is admitted into treatment, cannot be located, or refuses treatment.
  - 10.2 Interim services must include, but are not limited to:
    - 10.2.1 Counseling on the effects of alcohol and drug use on the fetus;
    - 10.2.2 A referral to prenatal care for pregnant women;
    - 10.2.3 Education and counseling about human immunodeficiency virus (HIV) and tuberculosis;
    - 10.2.4 Education and counseling about the risks of needle sharing the risks of transmission, and about preventive measure that can be taken to ensure that HIV and TB transmission does not occur;
    - 10.2.5 Referral to HIV or TB treatment if necessary; and
    - 10.2.6 Periodic contacts by telephone or with the individual in group or one-on-one settings to provide supportive counseling and to provide updated information regarding treatment availability.
  - 10.3 Interim services are exempted from all fee requirements and shall be provided at no cost.
11. Optum Pierce BHO, as part of its Quality Assurance/Performance Improvement (QA/PI) Plan and as part of its behavioral health care provider performance monitoring protocols, reviews behavioral health care provider compliance with access to service timeframes through a regularly scheduled automated report that summarizes the percentages of individuals that access services within the specified timeframes.
12. Optum Pierce BHO's QA/PI Committee reviews access reports at least quarterly and initiates a quality improvement study and/or quality improvement project if a trend of underperformance is identified.
13. Providers attempt at least 1 outreach effort for all new individuals seeking services who have missed their initial appointment time. Outreach may include telephone contact or a standard letter with information on how to reschedule an appointment.
14. Waiting lists may not be implemented without prior written approval from the Optum Pierce BHO. Optum Pierce BHO ensures continuity and coordination for individuals who have been authorized or certified for psychiatric hospitalization or residential substance use disorder treatment stay in a community psychiatric hospital, Evaluation & Treatment (E&T) or residential substance use disorder treatment center:
  - 14.1. Contracted behavioral health care providers assure that any publically funded individual discharged from inpatient psychiatric care, E&T services or SUD residential or inpatient care is given an appointment for outpatient behavioral health services within 5 business days of discharge. No appointment need be offered if the

individual has other documented resources for behavioral health services and these resources have been determined to be adequate.

- 14.2. Behavioral health care providers provide at least 1 outreach effort within 24 hours for any BHO-funded individual who misses a post-hospital discharge appointment.
  - 14.2.1. In cases where the individual is a person at high risk of readmission or a high utilizer of services, continued outreach for missed appointments is expected until the individual is located.
  - 14.2.2. An outreach is defined as a face to face interaction, a telephone call or a letter requesting contact.
  - 14.2.3. When necessary, behavioral health care providers work with the BHO's liaisons and the Crisis Team to provide outreach.
15. Behavioral health care providers cooperate with the Optum Pierce BHO's Discharge Coordinator or Care Managers in coordinating inpatient discharges for Pierce County individuals discharged from state-run facilities, including Children's Long-term Inpatient Program (CLIP) placements. For Non-Medicaid individuals, assignments to behavioral health care providers are limited to available funds.
16. Behavioral health care providers who operate housing ensure that an individual's housing is not dependent on his/her willingness to participate in behavioral health services. Short term residential treatment services are not considered as housing for this purpose.
17. Behavioral health care providers ensure the assignment of qualified staff who are clinically and culturally competent to provide services. Behavioral health care providers take into account the age, self-disclosed culture and sexual orientation of individuals. Behavioral health care providers make reasonable accommodations for individuals with disabilities to have access to all covered services and assure that physical and communication barriers do not prohibit people with disabilities from obtaining services. Behavioral health care providers assure access for individuals with limited English proficiency or who are deaf, hard of hearing or blind.
18. Behavioral health care providers ensure access to service sites according to the following travel distance and time standards:
  - 18.1. Rural areas: Service sites within a 30-minute commute time;
  - 18.2. Urban areas: Service sites are accessible by public transportation with the total trip, including transfers, scheduled not to exceed 90 minutes each way;
19. Second opinions: Individuals have access to a second opinion from a contracted behavioral health care provider within the Pierce County service area.
  - 19.1. If an additional contracted behavioral health care provider is not currently available within the Optum Pierce network, Optum provides or pays for a second opinion provided by a contracted behavioral health care provider outside the network at no cost to the individual.
  - 19.2. The behavioral health care provider providing the second opinion is to be currently contracted with a BHO to provide behavioral health services to individuals.
  - 19.3. The appointment for a second opinion is to occur within 30 days of the request. At the individual's request, the second opinion may be postponed to a date later than the initial 30 days.

#### **Related Policies, Procedures & Materials**

- Optum Pierce Behavioral Health Organization policy: CM-01 - *Development of Service Plans*
- Optum Pierce Behavioral Health Organization policy: CM-02 - *Crisis Plans*

- Optum Pierce Behavioral Health Organization policy: CM-04 - *Access to Care Standards for Adults, Older Adults, Children and Youth*
- Optum Pierce Behavioral Health Organization policy: CM-05 - *UM/Resource Management Plan*
- Optum Pierce Behavioral Health Organization policy: CM-07 - *Accessibility, Engagement and Utilization of Services for Individuals with High Risk*
- Optum Pierce Behavioral Health Organization policy: CM-10 - *UM/Authorization and Concurrent Reviews*
- Optum Pierce Behavioral Health Organization policy: CM-11 - *Involuntary Evaluation and Treatment*

#### **Attachments**

N/A

#### **Approval History**

- Policy created and effective: 07/2009
- Operational Procedures and Standards Committee reviewed and accepted: 09/28/2015
- Optum Pierce BHO reviewed and accepted: February 2018