



# Timely Access Policy

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**Policy** It is the policy of the San Bernardino County (County) Department of Behavioral Health (DBH) and contract providers to comply with timely access requirements for routine services as well as time and distance standards, as the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS), and in accordance with state contract terms, and federal and state regulations. DBH shall monitor its contract agencies, including Fee-For-Service (FFS) providers, to ensure compliance with said requirements and standards.

**Purpose** To inform DBH, its contract agencies, and FFS providers of timely access requirements and time and distance standards to ensure adherence to state contract terms, and state and federal regulations.

**Definition(s)**

**Distance** is the number of miles a DBH client must travel from their residence to the nearest DBH provider site.

**Time** is the number of minutes it takes a DBH client to travel from their residence to the nearest DBH provider site.

**Time and Distance Standards** refer to specifications set forth in regulation that address the geographic location of DBH network providers and its clients, considering distance, travel time, and the means of transportation ordinarily used by DBH clients.

**Timely Access Standards** refer to the number of days (business or calendar) in which DBH must make an appointment available to a client from the date the client, (or a provider acting on behalf of the client) requests a medically necessary service. The urgency and need for services is also considered when addressing timely access standards.

**Timely Access Standards** The standards for services are as follows:

Mental Health Plan Service	Timely Access Standard
Psychiatry	Fifteen (15) Business Days
Mental Health Services	Ten (10) Business Days
Case Management	
Medication Support Services	
Crisis Intervention	Immediate
Urgent Conditions	Within 24 to 96 Hours <i>Note: 96 hours is only permissible for expedited requests for services requiring prior authorization</i>
Post-Hospitalization Follow-up Services	Within seven (7) Calendar Days

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## Timely Access Policy, Continued

### Timely Access Standards, continued

DMC-ODS Plan Service	Timely Access Standard
Outpatient/Intensive Outpatient (IOT)	Ten (10) Business Days
Narcotic Treatment Program (NTP) /Opioid Treatment Program (OTP)	Within three (3) Calendar Days
Residential Treatment	Ten (10) Business Days

**Note:** The referring or treating provider/health professional providing triage or screening services, acting within the scope of their practice and consistent with professionally recognized standards of practice, may extend the applicable mental health services appointment time standards *if* they have determined that a longer waiting time will not have a detrimental impact on the client's health. In such instances, the provider/health professional must notate in the client's record accordingly. The licensed treating mental health provider acting within the scope of their practice and consistent with professionally recognized standards of practice may schedule periodic office visits in advance to monitor and treat the client's mental health status.

### Timely Access Requirements

The following requirements shall be met when a request for services is made by a client:

If...	Then...
A potential client calls a DBH/ contract agency/FFS provider to request outpatient, MH or DMC-ODS services	DBH/contract agency/ FFS provider must offer an appointment <b>within ten (10) business days</b>
A potential client walks into a MH provider site to request services and the provider assesses the potential client's condition	Provider must schedule a follow-up appointment <b>within ten (10) business days, provided medical necessity is met.</b>
A potential client submits a written request for outpatient, MH or DMC-ODS services	Provider must contact the potential client to offer an appointment <b>within ten (10) business days</b>
A potential client calls to request psychiatric services	Provider must offer an <b>initial assessment appointment within ten (10) business days</b> , and offer a <b>psychiatric evaluation appointment within fifteen (15) business days from the initial date of request</b>  <b>Note:</b> If client does not participate in the initial clinical assessment, clinical unit may elect to cancel the psychiatric evaluation, if appropriate.

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## Timely Access Policy, Continued

### Timely Access Requirements, continued

If...	Then...
A potential client submits a written request for psychiatric services	Provider must contact the client to offer <b>an initial assessment appointment within ten (10) business days</b> , and offer a <b>psychiatric evaluation appointment within 15 business days from the initial date of request</b>  <b>Note:</b> If a client does not participate in the initial clinical assessment, the clinical unit may elect to cancel the psychiatric evaluation, if appropriate.
An existing client calls or walks into an NTP/OTP clinic to request services	Provider must offer an appointment <b>within three (3) calendar days</b>
A potential or existing client presents at a clinic with a detailed plan on how he/she will hurt him/herself	Provider must evaluate the potential or existing client's level of risk <b>immediately</b> .
A potential or existing client presents crying, visibly upset and incoherent	Provider will assess the potential or existing client to determine level of risk and justify in writing if condition presents an imminent risk of danger, urgent condition, or may be seen during a routine appointment within ten (10) business days

**Note:** All providers shall log initial requests for services, made by phone, in person or in writing), on the Initial Contact Log (ICL).

### Time and Distance Requirements

Network adequacy standards require adult and pediatric health care providers to meet time and distance standards. Standards are based on the type of service provided, as follows:

Type of Service	Time and Distance Standard
<ul style="list-style-type: none"> <li>Mental Health Services, Targeted Case Management</li> <li>Crisis Intervention</li> <li>Psychiatrist Services</li> </ul>	Up to forty-five (45) miles <u>and</u> <b>seventy-five (75)</b> minutes from the client's place of residence
Outpatient substance use disorder services (non-opioid treatment)	Up to sixty (60) miles <u>or</u> <b>ninety (90)</b> minutes from the client's place of residence
Opioid treatment programs	Up to forty-five (45) miles <u>or</u> <b>seventy-five (75)</b> minutes from the client's place of residence

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## Timely Access Policy, Continued

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**Time and Distance Requirements,**  
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If the MHP/DMC-ODS is unable to meet the time and distance standards, it must complete and submit an Alternative Access Standards Request to the California Department of Health Care Services (DHCS) for review and approval. The request must include a description of planned arrangement for beneficiaries to access covered services when providers are located outside of the time and distance standards.

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**Related Policy or Procedure**

[DBH Standard Practice Manual and Departmental Forms::](#)

- Timely Access Procedure (QM6041-1)
  - Network Adequacy Monitoring Policy (QM6043)
  - Network Adequacy Monitoring Procedure (QM6043-1)
  - Out of Network Access Policy (QM6044)
  - Out of Network Access Procedure (QM6044-1)
  - Service Availability Policy (QM6046)
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**Reference(s)**

- California Code of Regulations, Title 28, Section 1300.67.2.2
  - California Department of Health Care Services Mental Health and Substance Use Disorder Services Information Notice No. 18-011
  - California Welfare and Institutions Code, section 14197
  - State of California Department of Health Care Services Revenue Agreement Provisions of Specialty Mental Health
  - State of California Department of Health Care Services Revenue Agreement Substance Use Disorder Drug Medi-Cal Organized Delivery System
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