



<b>Policy Number:</b>	<b>17-03</b>
<b>Policy Name:</b>	<b>Access to Services for the Organized Delivery System (ODS) for Substance Use Disorder (SUD) Services</b>
<b>Authority:</b>	Code of Federal Regulations (CFR): Title 45 CFR; Part 96; Subpart L; §96.121 through 96.137: Substance Abuse Prevention and Treatment Block Grant  United States Code (USC): Title 42 USC, Section 300x-21 through 300x-66: Substance Abuse Prevention and Treatment Block Grant  California Health and Safety Code (HSC): HSC, Division 10.5, Section 11750 – 11970: State Department of Health Care Services  California Code of Regulations (CCR): Title 9 CCR, Division 4, Chapter 4, Sub-chapter 1 – 6: Narcotic Treatment Programs. Title 22 CCR: Drug Medi-Cal Substance Abuse Services
<b>Original Policy Date:</b>	August 15, 2017 Effective Date: 08/15/17
<b>Supersedes:</b>	N/A
<b>Policy Last Revised:</b>	03/22/19
<b>Attachments:</b>	N/A

**POLICY**

This policy sets requirements for monitoring and evaluating Organized Delivery System (ODS) services including a process for addressing problems that develop regarding waiting times, timeliness of appointments, and access to care.

**1. Access to Services**

Subject to Department of Health Care Services (DHCS) provider enrollment certification requirements, Contractor shall maintain continuous availability and accessibility of covered services and facilities, service sites, and personnel to provide the covered services using Drug Medi-Cal (DMC) certified providers. Such services shall not be limited due to budgetary constraints.

- a) When a request for covered services is made by a beneficiary, Contractor shall require services to be initiated as noted below in Section 2.
- b) The County shall authorize residential services and the Contractor shall admit beneficiaries in accordance with the medical necessity criteria specified in Title 22, Section 51303 and the



coverage provisions of the approved state Medi-Cal Plan. Room and board are not reimbursable DMC services. If services are denied, the provider shall inform the beneficiary in accordance with Title 22, Section 51341.1 (p).

- c) Contractor shall require that treatment programs are accessible to people with disabilities in accordance with Title 45, Code of Federal Regulations (hereinafter referred to as CFR), Part 84 and the Americans with Disabilities Act.

2. Timeliness of Appointments

Type of Care	Time Frame
Non Urgent/Routine	Appointment offered within 10 business days from request
Urgent	Appointment offered with 3 days
Emergency	Immediately, 24 hours per day, 7 days per week

The Behavioral Health and Recovery Services (BHRS) standard is that each beneficiary will be offered a first appointment within 10 business days of referral or request for service for non-urgent services. A first appointment may be provided in any appropriate community setting, in-person, by telephone or by telehealth.

Urgent conditions are those that require immediate attention but do not require inpatient hospitalization. At the time of first contact, each beneficiary’s needs will be triaged to identify the presence of an urgent condition. Once BHRS or one of the network providers is made aware of an urgent condition, it must be addressed or the beneficiary must be seen within 24 hours.

BHRS offers beneficiaries access to American Society of Addiction Medicine (ASAM) screening and evaluation as part of “Same Day Assistance.” Beneficiaries can walk into the BHRS Alcohol and Other Drug (AOD) Services office and be seen. The BHRS Access Call Center may also direct beneficiaries to contract providers offering same day appointments. All beneficiaries experiencing a medical or psychiatric emergency will be directed to the nearest hospital for services.

After-hours care is accessed through the 24-hour BHRS Access Call Center, where callers are screened and their condition is triaged for risk and referrals are made. In addition, network providers will maintain a system of 24-hour on-call services for beneficiaries in their programs and shall ensure that clients are aware of how to contact the treating or covering provider after hours, including weekends and holidays. Provider contracts will include performance standards that will be measured monthly and reported to assure transparency.

3. Monitoring Access to Care and Timeliness of Services

All admissions, requests for services, and waitlists will be maintained within the BHRS Electronic Medical Record. BHRS AOD administration will review access and timeliness data at least quarterly and will present this data at the BHRS Quality Improvement Committee.



BHRS AOD administration shall report summary data to the BHRS Executive Committee at least yearly. Presentations will be maintained by AOD administration. Baseline data will be developed, monitored, and evaluated for accessibility of care, wait times and timeliness.

4. Addressing Deficiencies in Access to Care or Timeliness of Services

Any program not meeting timeliness or access requirements will be required to develop a Plan of Correction which will be monitored by the assigned BHRS contract monitor. Fines or even loss of contract may occur if demonstrated efforts and progress are not accomplished by the agreements within the plan of correction.

**SIGNATURES**

Approved: \_\_\_\_\_ *Signature on File*  
 Scott Gilman, MSA  
 BHRS Director

Approved: \_\_\_\_\_ *Signature on File*  
 Clara Boyden  
 BHRS AOD Manager

**REVISION HISTORY**

Date of Revision	Type of Revision	Revision Description
03/22/19	Amend	<b>Policy:</b> Amended