



Timely Access Key Definitions

	Description
Urgent	<p>DHCS definition: 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, including, but not limited to, the potential loss of life, limb, or other major bodily function, 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</p> <p>For SUD services, any request for Detox/Withdrawal Management or SUD Perinatal Services is automatically considered urgent.</p>
Prior Authorization	<p>The following services are required by DHCS to have prior-authorization and therefore SHOULD be marked requiring prior authorization on the Timely Access Form:</p> <ul style="list-style-type: none"> • Intensive Home-Based Services (IHBS) • Day Treatment Intensive • Therapeutic Behavioral Services (TBS) • Therapeutic Foster Care (TFC) • Day Rehabilitation • SUD Residential Treatment <p>Additional services may need to go through an internal BHRS Utilization Management authorization process. These include eating disorder services, psychological testing, etc. These services do not fall under the “prior-authorization” category for timely access.</p>
Out of Network (OON) Provider	<p>OON provider means a provider or group of providers without a contract/agreement with BHRS.</p> <p>Example: If a client requires a service and there is no provider available within our network, a single case agreement might be established with an out-of-network provider to provide this specialized service.</p>
Psychiatry vs Non-Psychiatry	<p>Psychiatry services refer specifically to medication services (a service with a prescriber). Therefore, if a request is for medication support then the service requested is considered a “psychiatry” request. If the service is for non-medication services such as case management or therapy, then the service request would be considered a “non-psychiatry” request.</p>
Date of First Contact to Request Services	<p>The date the client, client representative (someone legally authorized to consent for services for the client, e.g. parent of minor), or a provider requests MH or SUD services for the client.</p>
Initial Appointment	<p>The initial appointment for a direct service between the client and the type of provider requested.</p> <p>For requests for MH non-psychiatry services, this can be an appointment with a non-physician provider of SMHS. For requests for MH psychiatry services, this must be an appointment with a physician (MH or NP)</p>



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Follow Up Appointment	The first follow-up appointment for a direct service after the first (initial) direct service appointment that was rendered. DHCS is only requiring follow-up to an initial appointment that occurred as a result of a request for a non-psychiatry MH service or SUD non-residential service. The follow-up appointment being tracked is for direct service that was provided by a non-physician.
Offered Appointment	This is the appointment date that was offered to the client. Only the first offered appointment for the Initial Appointment and the first offered appointment for the Follow-Up appointment needs to be tracked in the Timely Access form. Example: If you spoke with the client on 5/6 and offered to meet with them on 5/8, 5/9, or 5/10 for the first appointment, 5/8, 5/9, and 5/10 are the appointments that were offered, but you only need to record 5/8 on the form.
Rendered / Attended Appointment	The date the client attends their appointment. This does not have to match any of the offered appointments, but it should be a date that falls on or after the earliest offered date. Example: If you offered to meet with the client on 5/8, 5/9, or 5/10 for the first appointment, they agreed to meet on 5/10, but missed that appointment but attended on 5/19, then 5/8 would be the First Appointment Offered date and 5/19 would be the First Appointment Rendered/Attended date.
Wait List	If you were not able to offer an appointment within the standard time frame (timeline depends on the service requested), then DHCS considers the client to have been waitlisted. Example: If the Individual requested non-psychiatry MH services on 6/1 but the earliest offered appointment was 6/28, then they are considered to have been waitlisted because they were not offered an appointment within the standard time frame.
Wait List Reason	The reason why the member delayed access to services. Select from the available answer choices on the form.
Follow Up Extension	The reason why the referring OR treating provider determined that the extended waiting time was clinically appropriate.
Closure Date	Only fill this out if the client did not reach the end of the Timely Access tracking period. For SUD services and non-psychiatry MH services , the end of the tracking period is when the client attended the first follow up appointment. For MH Psychiatry services , the end of the Timely Access tracking period would be when the client attended their initial appointment.
Closure Reason	If the member did not reach the end of the timely access tracking period for the service requested, indicate the reason why the client record was closed. Select from the available answer choices on the form.