



PENINSULA RSN

CLINICAL POLICIES AND PROCEDURES

Policy Name: ACCESS TO SERVICES, TIMELY

Policy Number: 11.01

Reference: 42 CFR 438.206; DSHS Contract

Effective Date: 2/2002

Revision Date(s): 12/2010

Approved by: PRSN Executive Board

CROSS REFERENCES

- Plan: Utilization Management Plan
- Policy: Access To Services Prior To Intake Assessment - Medicaid Only
- Policy: Authorization for Outpatient Services based on Medical Necessity
- Policy: Corrective Action Plan

PURPOSE

The Peninsula Regional Support Network (PRSN) shall ensure individuals seeking, or requesting services, have timely access to services. The PRSN network providers will consistently assess an individual for initial authorization into services.

- For non-Medicaid individuals, an intake and authorization into services will only be provided within available resources.

The PRSN contracts with an administrative service organization (ASO) to conduct the PRSN authorization reviews for services. The contracted ASO will consistently apply the PRSN Access Standards as outlines in the PRSN Levels of Care (LOC) standards.

DEFINITIONS

Request for services is defined as the point in time when a request for mental health services are sought or applied for through a telephone call, in person, or receipt of a written request through any of the following access points:

- Contacting PRSN
- Contacting CommCare
- Contacting the network provider
- Crisis services

Consumer means a person who has applied for, is eligible for or who has received publically funded mental health services.

- For a child under the age of thirteen (13), the definition of consumer includes the parents or legal guardians.
- For a child thirteen (13) years or older who provides consent for their parents or legal guardians to be involved in the treatment planning, the definition of consumer includes the parents or legal guardians.

PROCEDURE

1. Medicaid enrollees shall have timely access to care and services. Services for non-Medicaid individuals will be provided within available resources.
2. Providers shall comply with state access to care guidelines for timeliness:
 - a. The determination of eligibility for authorization to service shall be based on the Access to Care standards. Authorization shall not take more than fourteen (14) calendar days, unless the enrollee or the community mental health agency requests an extension.
 - Urgent and emergent medically necessary mental health services (e.g. crisis mental health services, stabilization mental health services) may be accessed without full completion of intake evaluations and/or other screening and assessment processes.
 - Expedited Reviews can be utilized to authorize emergent an urgent service requests.
 - b. An intake assessment is initiated within ten (10) working days of the request for mental health services.
 - If the intake does not occur due to cancellation or no show by the consumer, another intake appointment will be initiated to occur within 10 days of the original request or as soon as possible if 10 days from the original request has already lapsed.
 - If the consumer has any of the following risk factors, active outreach and engagement should occur until the consumer has received an intake assessment:
 - Indication of current or recent past danger to self or others, or grave disability, or
 - Indication that symptoms of mental illness may be a barrier to attending an appointment, or
 - Any other indication of factors that indicate a barrier to accessing services or a need for a more assertive approach, such as an outreach.

- If after the guidelines in 2.b of this policy have been applied, and the consumer has still not received an intake assessment within 30 days of the request, the request may be closed and a new request may be made and recorded as appropriate to the consumer's needs or desires.
 - c. Routine mental health services are offered to occur within fourteen (14) calendar days of a determination of eligibility. An extension is possible upon request by the enrollee. A total of twenty-eight (28) calendar days from request for services to first routine appointment will be the normal time period expected.
 - d. Emergent mental health care occurs within two (2) hours of the request for mental health services from any source.
 - e. Urgent care occurs within twenty-four (24) hours of the request for mental health services from any source.
3. The PRSN network providers will use the PRSN standardized form to request services from the delegated ASO. The PRSN standardized forms include the following:
- PRAT for outpatient services
 - PARS for residential services
 - Certification form, or Provider 1 for community hospitals, for inpatient services
4. The contracted ASO will follow the authorization procedures as outlined in the PRSN Utilization Management Plan, LOC standards, and Service Denial Determinations policies.

MONITORING

1. This policy is a mandate by contract and statute. This policy will be monitored through use of PRSN:
- Annual PRSN Provider and Subcontractor Administrative Review
 - Monthly Provider Chart Reviews
 - Exhibit N Provider Complaint and PRSN Grievance Tracking
 - Biennial Provider Quality Review Team On-site Review
 - Quarterly Provider Performance Reports
 - Quality Management Plan activities, such as review targeted issues for trends and recommendations

- Review of previous Provider Corrective Action Plans related to Age and Cultural Competence policy, including provider profiles related to performance on targeted indicators
2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for PRSN approval.