

Access, Availability & After Hours Coverage Standards

The access to care standards in the following tables are monitored using random audits. We want you to pass if you are selected for one! Below are avoidable mistakes that count as audit failures. Please take the time to periodically review these common mistakes and the standards that follow with your appointment schedulers.

TIP: Successful practices conduct their own secret shopper audits!

Don't Fail! Avoid These Mistakes

	Routine and Non-Urgent "Sick" Appointments	After Hours Access
Failure reasons if no "live voice" reached:	<ul style="list-style-type: none"> • No answer • On hold for >10 minutes • Answering machine/voicemail • Answering service • Wrong telephone number • Telephone number is not in service • Constant busy signal 	<ul style="list-style-type: none"> • No answer • No answer at the after-hours number • Wrong telephone number • Telephone number is not in service • Constant busy signal • Answering machine/voicemail with no instruction on how to access non-emergency after-hours care (Messages that instruct patients to go directly to the hospital are counted as failures.) • Answering machine/voicemail with instruction to leave message for provider but the call-back time was unspecified
Failure reasons if a "live voice" is reached, but an appointment cannot be made:	<ul style="list-style-type: none"> • Staff inaccurately states that the health care professional is: <ul style="list-style-type: none"> – Not accepting new patients – Not a plan participant – Restricted to specialty care or changed specialty • Staff not scheduling appointments at this time • Staff requires previous medical records before appointment can be made • Health care professional requires a referral • Health care professional not at site and no alternative provider available • Health care professional will not see patient because the pregnancy is too far along • Health care professional must see Social Worker/Case Manager before a medical appointment can be made • Caller told they must complete a health questionnaire/registration form before medical appointment can be made • Caller instructed to go to Emergency Room 	<ul style="list-style-type: none"> • Health care professional does not participate with caller's health plan • Health care professional no longer at site • Health care professional is not covered by an answering service • On hold for >10 minutes • Caller told to call back the next day for an appointment • Hospital/facility staff could not identify the requested health care professional

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Appointment Availability Standards During Office Hours & After Office Hours Access Standards

Standards	Definition	Scheduled Appointment Time Frame
Emergency Care (Emergent) ¹	Emergency care is medical care given for a condition that, without immediate treatment, could result in placing the member's life or general health in severe jeopardy, or cause severe impairment in one or more bodily function(s), or cause severe dysfunction of one or more body organ(s) or parts. Examples of emergency conditions include seizure, stab/gunshot wounds, diabetic coma, cardiac arrest, meningitis, and obvious fracture (bone showing through skin).	Requires immediate face-to-face medical attention. If a practitioner or covering practitioner is not immediately available, the member or representative should call 911 .
Urgent Care	Urgent care is medical care given for a condition that, without timely treatment, could be expected to deteriorate into an emergency or cause prolonged, temporary impairment in one or more bodily function(s), or development of a chronic illness or need for a more complex treatment. Examples of urgent conditions include abdominal pain of unknown cause, unremitting new symptoms of dizziness (cause unknown), and suspected fracture.	Requires timely face-to-face medical attention within 24 hours of member notification of the existence of an urgent condition.
Non-Urgent Sick Visit	Medical care given for an acute onset of symptoms that is not emergent or urgent in nature. Examples of non-urgent sick visits include cold symptoms, sore throat, and nasal congestion.	Requires face-to-face medical attention within 48 to 72 hours of member notification of a non-urgent condition, as clinically indicated.
Routine Primary Care	Routine primary care services include the diagnosis and treatment of conditions to prevent deterioration to a more severe level, or minimize/ reduce risk of development of chronic illness or the need for more complex treatment. Examples include psoriasis, and chronic low back pain.	Requires a face-to-face visit within 4 weeks of member request.
Preventive Care/Routine Physical Exam	Preventive care or services are rendered to avert disease/illness and/or its consequences. There are three levels of preventive care: primary, such as immunizations, aimed at preventing disease; secondary, such as disease screening programs, aimed at early detection of disease; and tertiary, such as physical therapy, aimed at restoring function after the disease has occurred.	Requires a face-to-face visit within 4 weeks of member request.
Routine Specialty Care	Specialty care is medical care given by a specialist. Examples include podiatry and neurology.	Requires a face-to-face visit within 4 weeks of member request.
Oncology Specialist Visit	Initial oncology visit for medical care when the patient has a positive test result and is requesting an initial visit.	Requires appointment within 3 business days of member request.
Assessment Regarding Ability to Perform/Return to Work	An appointment for assessment of the member's mental health/medical status needs as related to recommendation regarding member's capability to perform or return to work.	Requires appointment within 2 business days of member request.
Initial Family Planning/Reproductive Health Visits	Family planning/reproductive health services include screening and treatment services to prevent, diagnose, alleviate, or ameliorate sexually transmitted diseases, anemia, cervical cancer, glycosuria, proteinuria, hypertension, and breast disease. Also includes routine gynecological examinations, pregnancy testing, and HIV counseling and testing.	Requires a face-to-face visit within 2 weeks/14 days of member request.

¹ Emergency Care (Emergent): "Emergency condition" means a medical or behavioral condition, the onset of which is sudden, that manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in (a) placing the health of the person afflicted with such condition in serious jeopardy, or in the case of a behavioral condition, placing the health of such person or others in serious jeopardy; (b) serious impairment to such person's bodily functions; (c) serious dysfunction of any bodily organ or part of such person; or (d) serious disfigurement of such person.

APPOINTMENT AVAILABILITY STANDARDS DURING OFFICE HOURS & AFTER OFFICE HOURS
ACCESS STANDARDS

Standards	Definition	Scheduled Appointment Time Frame
Initial Prenatal Visit	Initial prenatal visit is medical care given for a condition in which the patient has tested positive for pregnancy and is requesting an initial visit.	Requires appointment scheduled within 3 weeks for first trimester, 2 weeks for second trimester, and 1 week for third trimester. A schedule of follow-up appointments is given to the patient based on American College of Obstetricians and Gynecologists guidelines and practitioner risk assessment.
Postpartum Visit	During the postpartum visit, an assessment of the mother's blood pressure, weight, breasts, abdomen, and a pelvic exam is conducted to determine the mother's physical health status and general well-being following childbirth.	Requires a face to face visit within 21 – 56 days following delivery.
Routine GYN Visit	Routine GYN care is a situation in which a short delay in treatment would not result in deterioration to a more severe level or cause need for more complex treatment. Examples include routine pap smear, and refill of oral contraceptives.	Requires a face-to-face visit within 4 weeks of member request.
Pediatrician Conference	A prenatal visit (during 3rd trimester) is recommended for parents who are at high risk, for first-time parents, and for those who request a conference.	Requires appointment scheduled within 10 days of member request or as clinically indicated.
Follow-Up Visit for Breast- Fed Infants	Follow-up visit for a breast-fed infant is medical care given for a condition in which delay of treatment could result in failure to thrive, dehydration, and/or malnutrition.	Requires face-to-face medical attention within 48 to 72 hours of discharge.
Initial Newborn PCP Visit	An appointment for assessment of a newborn's physical status to ascertain the general well- being of the child and to promote early detection of immediate medical needs and promote early educational opportunities.	Requires appointment within 2 weeks of hospital discharge.
Routine Well-Child Visits	Well-child services are those provided to members under 21 years of age that are essential to: a) prevent, diagnose, prevent the worsening of, alleviate, or ameliorate the effects of an illness, injury, disability, disorder, or condition; b) assess the overall physical, cognitive, and mental growth and developmental needs of the child; and c) assist the child to achieve or maintain maximum functional capacity in performing daily activities, taking into account both the functional capacity of the individual and those functional capacities that are appropriate for individuals of the same age.	Requires well-child services within 4 weeks of member request.
Any Other Condition		Up to medical judgment of the practitioner.

Standards	Definition and Benchmark
Geographic (GEO) Access Standards for All Physicians	Members must be offered a choice of at least three (3) PCPs, three (3) OB/GYNs, and three (3) high-volume specialists within program distance/travel time standard. Normal condition/primary road – 30 miles/30 minutes. Rural areas – 60 miles/60 minutes.
Office Waiting Time Standard	Members with appointments should be seen within 15 minutes, but no later than 30 minutes, of their scheduled appointment time or arrival time, whichever is later. If a delay is unavoidable, the member should be informed and alternatives offered to the patient.
24-Hour Accessibility	All network practitioners must be available, either directly or through coverage arrangements, 24 hours a day, 7 days a week, 365 days a year. Availability must be by live voice direct to the practitioner or covering practitioner, or via an answering service that can reach the practitioner or covering practitioner. If an answering machine is used, it must provide an option for the member to directly contact the practitioner or covering practitioner in case of emergencies. An answering machine cannot simply refer the member to an emergency room unless it is a life-threatening issue.

Behavioral Health Standards

Standards	Definition	Scheduled Appointment Time Frame
Emergency Care (Emergent)	An emergency appointment for life- threatening mental health or substance abuse conditions (suicidal intent) or for non-life-threatening mental health or substance abuse conditions that nevertheless necessitate immediate intervention, i.e., psychosis.	Requires immediate face-to-face medical care. The member or representative should call 911 .
Urgent Care	An urgent appointment for an acute mental health or substance abuse condition, or a condition that may become an emergency if not treated, i.e., acute major depression and acute panic disorder.	Requires appointment scheduled within 24 hours .
Follow-Up for Emergency/ Hospital Discharge	An appointment for a follow-up visit related to an emergency room or hospital discharge for evaluation of acute mental health condition.	Requires appointment scheduled within 5 days of member request or as clinically indicated, but no later than 7 days post discharge.
Routine Care	An appointment for specific mental health or substance abuse concerns that are not of an urgent nature, i.e., marital problems, tensions at work, and general anxiety disorder.	Requires appointment within 10 business days of member request.
Average Speed to Answer	The amount of time it takes for a live voice to answer the telephone in the Mental Health Department.	Telephone call answered by a live voice within 30 seconds .
Call Abandonment	The number of calls that went unanswered by a “live voice” and ultimately voluntarily disconnected in the Mental Health Department.	Less than 5 percent .

Appointment Availability Standards for Medicaid Behavioral Health Providers

Service Type		Urgent	Non-Urgent MH/ SUD		Pursuant to Emergency or Hospital Discharge	Pursuant to Incarceration Release
MH or SUD Outpatient Clinic/ PROS Clinic	Emergency	Within 24 hrs	Within 1 wk of request	BH Specialist	Within 5 days of request	Within 5 days of request
ACT		Within 24 hrs for AOT		N/A	Within 5 days of request	
PROS		Within 24 hrs	Within 2 wks of request	Within 2 wks of request	Within 5 days of request	Time frame to be determined
Continuing Day Treatment				2-4 wks		Time frame to be determined
IPRT				2-4 wks		
Partial Hospitalization					Within 5 days of request	
Inpatient Psychiatric Services	Upon presentation					
CPEP	Upon presentation					
OASAS Outpatient Clinic		Within 24 hrs	Within 1 wk of request		Within 5 days of request	Time frame to be determined
Detoxification	Upon presentation					
SUD Inpatient Rehab	Upon presentation	Within 24 hrs				
Stabilization Treatment Services in OASACertified Residential Settings		Within 24 hrs				
Opioid Treatment Program		Within 24 hrs			Within 5 days of request	
Rehabilitation Services for Residential SUD Treatment Supports				2-4 wks	Within 5 days of request	
Home and Community-Based 1915(I)-Like Services						
Psychosocial Rehabilitation, Community Psychiatric Support and Treatment, Habilitation Services, and Family Support and Training	N/A	N/A	Within 2 wks of request		Within 5 days of request	Within 5 days of request
Short-Term and Intensive Crisis Intervention/Respite	Immediately	Within 24 hrs	N/A		Immediate	N/A
Educational and Employment Support Services, including Pre- Vocational Services	N/A		Within 2 wks of request		N/A	
Peer Supports	N/A	Within 24 hrs for symptom management	Within 1 wk of request		Within 5 days of request	

KEY
MH - Mental Health
PROS - Personalized Recovery Oriented Services
ACT - Assertive Community Treatment
AOT - Assisted Outpatient Treatment
BH - Behavioral Health

IPRT - Intensive Psychiatric Rehabilitation Treatment Programs
CPEP - Comprehensive Psychiatric Emergency Program
OASAS – Office of Alcoholism and Substance Abuse Services
SUD - Substance Use Disorder

APPOINTMENT AVAILABILITY STANDARDS DURING OFFICE HOURS & AFTER OFFICE HOURS
ACCESS STANDARDS

Standards	Definition and Benchmark
Appointment Waiting Time	Providers must have policies and procedures addressing members who present for unscheduled, non-urgent care with the aim of promoting access to appropriate care.
Travel Time Standards for Primary Care	Travel time/distance to primary care sites shall not exceed 30 minutes from the member's residence in metropolitan areas or 30 minutes/30 miles from the member's residence in non-metropolitan areas. Transport time and distance in rural areas to primary care sites may be greater than 30 minutes/30 miles from the member's residence if based on the community standard for accessing care, or if by member's choice. The member may, at their discretion, select a participating primary care physician (PCP) located farther from their home as long as they are able to arrange and pay for transportation to the PCP themselves. In the case of a Restricted Enrollee, the member can select a Restricted Recipient Program (RRP) PCP further from their home as long as they are able to arrange and pay for transportation to the RRP PCP themselves.
Travel Time Standards for Other Providers	Travel time/distance to specialty care, hospitals, mental health, lab, and x-ray providers shall not exceed 30 minutes/30 miles from the member's residence. Transport time and distance in rural areas to specialty care hospitals, mental health, lab, and x-ray providers may be greater than 30 minutes/30 miles from the member's residence if based on the community standard for accessing care, or if by member's choice.

Appointment Availability Standards by Service Type for Medicaid Children’s Health and Behavioral Health Benefits

Service Type	Emergency	Urgent	Non-urgent	Follow-up to emergency or hospital discharge	Follow-up to residential services, detention discharge, or discharge from justice system placement
MH Outpatient Clinic		Within 24 hours	Within 1 week	Within 5 business days of request	Within 5 business days of request
IPRT			2–4 weeks	Within 24 hours	
Partial Hospitalization				Within 5 business days of request	
Inpatient Psychiatric Services	Upon presentation				
CPEP	Upon presentation				
OASAS Outpatient Clinic		Within 24 hours	Within 1 week of request	Within 5 business days of request	Within 5 business days of request
Detoxification	Upon presentation				
SUD Inpatient Rehab	Upon presentation	Within 24 hours			
OTP		Within 24 hours	Within 1 week of request	Within 5 business days of request	Within 5 business days of request
Crisis Intervention	Within 1 hour			Within 24 hours of Mobile Crisis Intervention response	
CPST		Within 24 hours (for intensive in home and crisis response services under definition)	Within 1 week of request	Within 72 hours of discharge	Within 72 hours
OLP		Within 24 hours of request	Within 1 week of request	Within 72 hours of request	Within 72 hours of request
Family Peer Support Services		Within 24 hours of request	Within 1 week of request	Within 72 hours of request	Within 72 hours of request
Youth Peer Support and Training			Within 1 week of request	Within 72 hours of request	Within 72 hours of request
PSR		Within 72 hours of request	Within 5 business days of request	Within 72 hours of request	Within 72 hours of request
Caregiver/Family Supports and Services			Within 5 business days of request	Within 5 business days of request	Within 5 business days of request
Crisis Respite	Within 24 hours of request	Within 24 hours of request		Within 24 hours of request	
Planned Respite			Within 1 week of request	Within 1 week of request	
Prevocational Services			Within 2 weeks of request		Within 2 weeks of request
Supported Employment			Within 2 weeks of request		Within 2 weeks of request
Community SelfAdvocacy Training and Support			Within 5 business days of request		Within 5 business days of request
Habilitation			Within 2 weeks of request		

Service Type	Emergency	Urgent	Non-urgent	Follow-up to emergency or hospital discharge	Follow-up to residential services, detention discharge, or discharge from justice system placement
Adaptive and Assistive Equipment		Within 24 hours of request	Within 2 weeks of request	Within 24 hours of request	Within 24 hours of request
Accessibility Modifications		Within 24 hours of request	Within 2 weeks of request	Within 24 hours of request	Within 24 hours of request
Palliative Care			Within 2 weeks of request	Within 24 hours of request	

Foster Care Initial Health Services

The following series of assessments are required to form a complete picture of a foster child's health needs and should be used as the basis for developing a comprehensive Plan of Correction. This table outlines the time frames for initial health activities, to be completed within 60 days of placement. An "X" in the Mandated Activity column indicates that the activity is required within the indicated time frame.

Time Frame	Activity	Mandated Activity	Mandated	Who Performs
			Time frame	
24 Hours	Initial screening/ screening for abuse/ neglect	X	X	Health practitioner (preferred) or Child Welfare caseworker/ health staff
5 Days	Initial determination of capacity to consent for HIV risk assessment & testing	X	X	Child Welfare Caseworker or designated staff
5 Days	Initial HIV risk assessment for child without capacity to consent	X	X	Child Welfare Caseworker or designated staff
10 Days	Request consent for release of medical records & treatment	X	X	Child Welfare Caseworker or health staff
30 Days	Initial medical assessment	X	X	Health practitioner
30 Days	Initial dental assessment	X	X	Health practitioner
30 Days	Initial mental health assessment	X		Mental health practitioner
30 days	Family Planning Education and Counseling and follow-up health care for youth age 12 and older (or younger as appropriate)	X	X	Health Practitioner
30 Days	HIV risk assessment for child with possible capacity to consent	X	X	Child Welfare Caseworker or designated staff
30 Days	Arrange HIV testing for child with no possibility of capacity to consent & assessed to be at risk of HIV infection	X	X	Child Welfare Caseworker or health staff
45 Days	Initial developmental assessment	X		Health practitioner
45 Days	Initial substance abuse assessment			Health practitioner
60 Days	Follow-up health evaluation			Health practitioner
60 Days	Arrange HIV testing for child determined in followup assessment to be without capacity to consent & assessed to be at risk of HIV infection	X	X	Child Welfare Caseworker or health staff
60 Days	Arrange HIV testing for child with capacity to consent who has agreed in writing to consent to testing	X	X	Child Welfare Caseworker or health staff

