



Access and Availability Standards

We follow appointment availability standards established by the New York State Department of Health. These standards apply to all lines of business, and are used to improve patient access to routine, urgent, preventive and specialty care. We also follow 24-hour access standards to measure after-hours access. Learn more by viewing our access and availability tip sheets.

| Care Needed | Time Frame |
|---|--|
| Urgent Care: | Within 24 Hours |
| Non-Urgent Sick: | Within 48-72 Hours |
| Well Child/Preventive: | Within 4 Weeks |
| Routine Preventive (non-urgent): | Within 4 Weeks |
| Specialist Referral (non-urgent): | Within 4-6 Weeks |
| Adult Baseline/Routine Physical: | Within 12 Weeks |
| Newborn Initial Visit: | Within 2 Weeks of Hospital Discharge |
| Initial Prenatal Visits First Trimester: | Within 3 Weeks Second Trimester: Within 2 Weeks Third Trimester: Within 1 Week |

Appointment Wait Times (primary care site): Should not exceed one hour for scheduled appointments.

24-Hour Phone Coverage To help ensure continuous 24-hour coverage, primary care providers must maintain one of the following arrangements for members to contact after normal business hours:

- Office phone answered by an answering service that can contact the primary care provider or another designated network medical practitioner.
- Office phone message should direct the member to call another number to reach the primary care provider or another provider designated by the primary care provider. Someone must be available to answer the designated provider's phone; another recording is not acceptable
- Office phone transferred to another location where someone will answer the phone. The person answering calls must be able to contact the primary care provider or a designated network medical practitioner.

Please be aware that the following phone answering procedures are not acceptable:

- Answer the phone only during office hours.
- Answer the phone after-hours by a recording that directs the members to go to an ER for any services.
- Answer the phone after-hours by a recording that tells members to leave a message.

Accepting new patients? Did you know?

Medical Records: While your office may require a new patient's medical records, the records cannot serve as a prerequisite to scheduling an appointment.

Health Questionnaires: Having a patient complete a health questionnaire helps you get to know the patient; however, you cannot require a completed questionnaire prior to scheduling an appointment



Behavioral Health Access & Availability Standards

We follow availability standards, outlined below, established by the New York State Department of Health. We conduct an annual audit to ensure compliance with these standards. These standards apply to all lines of business and are used to improve behavioral health care. We hope you find this information helpful as we partner to provide our members with excellent care!

| Care Needed | Time Frame |
|--|--|
| Urgent visit | Within 48 hours or less |
| Routine visit | Within 10 days or less |
| After-hours life-threatening behavioral health emergency | Accessible immediately by telephone, 24 hours, 7 days a week |
| After-hours non-life-threatening behavioral health emergency | Within 6 hours or less |
| Visit following emergency or hospital discharge, mental health or substance use | Within 5 days of hospital discharge or less |
| Non-urgent mental health or substance use visits | Within 1 week of request |
| Visits to make health, mental health, and substance use assessments for the purpose of making recommendations regarding a recipient's ability to perform work | Within 10 business days of request |

Mental health clinics must provide a clinical assessment within 5 days for members in the following designated groups:

- ✓ Those in receipt of services from a mobile crisis team not currently receiving treatment
- ✓ Those in domestic violence shelter programs not currently receiving treatment
- ✓ Those who are homeless and those present at homeless shelters who are not currently receiving treatment
- ✓ Those aging out of foster care who are not currently receiving treatment
- ✓ Those who have been discharged from an inpatient psychiatric facility within the last 60 days who are not currently receiving treatment
- ✓ Those who have been referred by rape crisis centers
- ✓ Those who have been referred by the court system
- ✓ Those who are following up to jail/prison discharge



Life-Threatening After-hours Telephone Answering Options

Behavioral health providers are required to provide necessary telephonic services to members 24 hours a day, 7 days a week in case of telephone calls from established patients or patients' family members concerning clinical behavioral health or mental health and substance use life-threatening emergencies. **This is critical** for coordinating care when your patient has presented to the emergency room with an urgent/emergent or life-threatening crisis. Providers must also arrange for complete backup coverage with other participating clinician(s) that can provide the same level of care in the event the practitioner is unable to provide covered services to established patients.

Members must be able to:

- ✓ Reach the practitioner or a person with the ability to patch the call through to the practitioner (e.g., answering service, pager); or
- ✓ Reach an answering machine or voicemail with instructions on how to contact the practitioner or his/her backup (e.g., message with number for home, cell phone or beeper) in case of a clinical urgent/emergent situation. Call forwarding may also be used, but the message must state that the call is being forwarded to the practitioner's contact number.
- ✓ The practitioner's answering machine messages is automatically forwarded to a phone (e.g., practitioner's cell phone, pager) where the practitioner retrieves and responds to those messages for life-threatening emergencies, after-hours, as soon as possible.

Unacceptable answering options:

- ✓ Reaching an answering machine that instructs the active member to go to the nearest emergency room, crisis center hotline, lifeline and/or call 911.
- ✓ Reaching an answering machine with no instructions.
- ✓ Reaching an answering machine recommending the member call during business hours.
- ✓ No answer.
- ✓ A busy signal three times, within 30 minutes

Failure to comply with accessibility guidelines constitutes a breach of your participating provider agreement and may be cause for termination from the provider panel. Additionally, the New York Education Department Office of Professions and Code of Ethics for each discipline (i.e., psychiatrist, psychologist and licensed clinical social worker-r) support the after-hours accessibility guidelines for active members with a life-threatening emergency



Children's Behavioral Health Access & Availability Standards

We follow the children's behavioral health access and appointment availability standards established by the New York State Department of Health. We conduct an annual audit to ensure compliance with these standards, which apply to all lines of business and are used to improve behavioral health care for children/youth under the age of 21.

A patient and/or the patient's parent or legal guardian must be able to:

- ✓ Reach the practitioner or a person with the ability to put the call through to the practitioner (e.g., answering service, pager); or
- ✓ Reach an answering machine or voicemail with instructions on how to contact the practitioner or his/her backup (e.g., message with number for home, cell phone or beeper) in case of a clinical urgent/emergent situation. Call forwarding may also be used, but the message must state that the call is being forwarded to the practitioner's contact number.
- ✓ The practitioner's answering machine messages are automatically forwarded to a phone (e.g., practitioner's cell phone, pager) where the practitioner retrieves and responds to those messages for life-threatening emergencies, after-hours, as soon as possible

Not Acceptable Telephone Answering Options:

- ✓ Reaching an answering machine that instructs the active patient to go to the nearest emergency room, crisis center hotline, lifeline and/or call 911.
- ✓ Reaching an answering machine with no instructions.
- ✓ Reaching an answering machine recommending the patient call during business hours.
- ✓ No answer.
- ✓ A busy signal three times, within 30 minutes.

IMPORTANT:

Behavioral health providers are required to provide necessary telephonic services to patients 24 hours a day, seven days a week in cases involving telephone calls from established patients or patients' family members concerning clinical behavioral health or mental health and substance use life-threatening emergencies. This is critical for coordinating care when the patient has presented to the emergency room with an urgent/emergent or life-threatening crisis. Providers must also arrange for complete backup coverage with other participating clinician(s) who can provide the same level of care in the event the practitioner is unable to provide covered services to established patients.

New York State Department of Health Children’s Behavioral Health Appointment Availability Standards

| 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 | | |
| 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 |