

Date Reviewed: \_\_\_\_\_ SUTS Exec. Dir: \_\_\_\_\_

## **DEFINITIONS**

**Emergent.** Acute symptoms of sufficient severity (including severe pain) such that a prudent layperson, with an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention to result in:

- Serious jeopardy to the health of the individual or, in the case of a pregnant woman, the health of the woman or her unborn child;
- Serious impairment to bodily functions; or
- Serious dysfunction of any bodily organ or part.

**Non-Urgent.** Medically necessary services that are designed to prevent disease altogether, to detect and treat it early or to manage its course most effectively.

**Screening.** The assessment of an individual's health care concerns and symptoms by a qualified health professional acting within the scope of practice and is trained to triage an individual who may need care for the purpose of determining the urgency of the individuals need for care.

**Urgent.** Medically necessary and immediately required as a result of an unforeseen illness, injury, or condition, where given the circumstances, it was not reasonable, for the individual to wait to obtain the needed services from his/her regular plan provider.

**Notice of Action.** A letter to Medi-Cal recipients of decisions by the Department regarding their claim for benefits. Generally administered when the managed care plan plans to reduce, limit or deny the recipient request for services. Medicaid applicants and beneficiaries are entitled to adequate notice of actions and a meaningful opportunity for a hearing to review those decisions whenever their claim for benefits is denied or not acted upon with reasonable promptness.

## **POLICY**

Substance Use Treatment Services (SUTS) provides for and monitors timely access to care through:

- Provision of screening services 24 hours per day/7days a week.
- Clinical screening workforce members respond to individual initiated emergency calls by phone within 10 minutes of contact.
- Emergent service providers are available in the community and conduct a face to face screening within six (6) hours of contact.
- Urgent service providers are available in the community and conduct a face to face screening within forty-eight (48) hours of contact.
- Non –urgent face to face or phone screen conducted within forty-eight (48) hours of phone contact.

- Non-urgent service providers are available in the community and offer initial appointments within two (2) calendar weeks of individual contact.
- Screeners and clinical workforce members offer individuals that have been hospitalized for substance use treatment services a face to face appointment within one (1) calendar week of discharge.

## **PROCEDURE**

### **Gateway, Detox and In-Custody Screeners**

1. Will screen the individuals to determine timely access needs.  
(DRS, vs. WTT vs. LOC. Do any have questions that ask about acuity?)
2. Facilitate admission to match individual acuity needs.

### **Clinical Workforce Members**

1. Will prioritize and offer appointments to individuals in their care within one week of known hospital discharge related substance use disorders.

### **Providers**

1. Will offer available face to face appointment times with Gateway to coordinate referrals.
2. Maintain ongoing clinical workforce member availability to meet face to face with individuals seeking services.
3. Will send a NOA to individuals or individual representatives if they are unable to meet timely access standards.
4. Monitor and report access timelines.

## **REFERENCES**

- CCR §1300.67 2.2 Timely Access to Non-Emergency Health Care Services
- 42 CFR Managed Care Part §438.206 Availability of Services

DADS Referral for Services Form PROFILER

<https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8287.pdf>