



**DEPARTMENT OF MENTAL HEALTH
POLICY/PROCEDURE**

SUBJECT ACCESS TO CARE	POLICY NO. 302.07	EFFECTIVE DATE 05/02/2016	PAGE 1 of 11
APPROVED BY: <i>Rakhi Kap, Ph.D.</i> Acting Director	SUPERSEDES 302.07 09/01/2014 and 302.09 04/27/2015	ORIGINAL ISSUE DATE 08/15/2003 and 02/02/2015	DISTRIBUTION LEVEL(S) 1, 2

PURPOSE

- 1.1 To establish a policy and procedure regarding access to care including responding to initial requests for mental health services, universal screening, and time frames for appointments. This policy is applicable to all Los Angeles County Department of Mental Health (LACDMH/Department) facilities, providers, and workforce members.
- 1.2 To inform Legal Entities of the policy and procedure with the expectation that they will establish formal/written policies and procedures that minimally meet the requirements set forth in this policy.

DEFINITION

- 2.1 **Concurrent (Emergent) Medication Need:** An apparent need for psychiatric medication by a potential client who is exhibiting significant psychiatric/emotional symptoms and/or who has run out or is about to run out of medication and must be provided with an initial medication appointment on the same day as the initial clinical appointment.
- 2.2 **Expedited Services:** Services needed prior to the next available routine appointment to prevent deterioration in mental health status. Expedited services are not required to be provided on the same day as the request.
- 2.3 **Immediate Services:** Services needed immediately or on the same day to ensure client safety and prevent danger to self or others, e.g., crisis evaluation and intervention services.
- 2.4 **Initial Clinical Appointment:** A period of time scheduled with a clinician for the purpose of initiating an assessment and providing necessary interventions as stated in Section 3.5.



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- 2.5 **Initial Medication Appointment:** A period of time scheduled with a psychiatrist or psychiatric mental health nurse practitioner for the purpose of initiating an evaluation for medications and associated medication services.
- 2.6 **Initial Request for Mental Health Services (hereafter referred to as Initial Request):** Any request for mental health services, whether made by the potential client or someone on behalf of the potential client, which will require a new assessment to be completed. This includes prospective clients who have not had a clinical record and inactive clients returning for services after termination/inactivity, per LACDMH Policy No. 312.01, Mutual and Unilateral Termination of Mental Health Services (Reference 1).
 - 2.6.1 A request for an appointment is considered to be an initial request for mental health services.
- 2.7 **LACDMH Mental Health Triage (hereafter referred to as Triage):** A documented evaluation of a potential client presenting for services for whom a standard assessment will not be conducted on the same day the individual presents. This documented evaluation is designed to determine immediate, expedited, or routine service needs and scheduling priority. The standard assessment may be done at a later date (Reference 2).
- 2.8 **Potential Client:** An individual who is seeking, or for whom someone else is seeking, services.
- 2.9 **Routine Service:** Services which do not necessitate immediate or expedited services and may be scheduled for the first available appointment within the prescribed timeframe.
- 2.10 **Services:** Mental health services which may include mental health assessments, medication services, or crisis intervention.
- 2.11 **Service Request Log (SRL):** A log for documenting information about initial requests for services through Universal Screening (Definition 2.13).
- 2.12 **Service Request Tracking System (SRTS):** An application system that allows for tracking of initial requests that are transferred across providers.



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2.13 **Universal Screening:** The standard set of questions to evaluate all initial requests for service in order to determine if an individual should receive an initial appointment for services and, if so, the timeframe for providing services. All points of entry into the LACDMH system of care are required to ask a consistent set of questions for all new requests for service. Areas of inquiry in Universal Screening include the request (e.g., date, time), the referring party (e.g., name, relationship to potential client), the potential client (e.g. demographics, release from facilities, emergent medication needs, previous/current mental health services, cultural considerations), and the disposition (e.g., where referred, appointment date). This process may result in referring for Triage (Definition 2.7).

POLICY

3.1 All providers shall have an identified process for receiving and responding to initial requests for service in as timely a manner as possible that includes an identified telephone number or Department-approved process for receiving such requests and is in accordance with Section 4.1.

3.1.1 Requests may be made via telephone by individuals who walk-in (LACDMH Policy No. 302.12, Provision of Services Without a Scheduled Appointment [Reference 3]), or in writing (electronic or hard copy).

3.1.1.1 Staff shall not direct individuals who request services to walk-in for those services, but rather shall offer an initial clinical appointment as outlined in the Procedure Section.

3.1.1.2 Staff shall not consider the completion of triage as the final disposition of an initial request.

3.2 All initial requests shall be screened using the Universal Screening questions and recorded in the MH 709 Service Request Log or other Department-approved process in accordance with Section 4.2 and California Code of Regulations (CCR) Chapter 11 Title 9 Section 1810.405(f) (Authority 1).

3.2.1 Contracted providers must electronically submit all SRL data to the Department.



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- 3.3 All outpatient providers with a spectrum of services (e.g., Prevention and Early Intervention, Field Capable Clinical Services, and Wellness, as opposed to solely Full Service Partnership) shall reserve initial clinical appointment times for the LACDMH ACCESS Appointment Line to utilize and shall ensure the reserved appointment information is kept up to date.
- 3.4 All potential clients who screen for concurrent medication needs (will run out of medications prior to next routine appointment, have run out of medications, and/or clinically present in distress for which medications may assist) must be provided with an initial medication appointment on the same day as the initial clinical appointment.
- 3.5 All first offered initial clinical and medication appointments shall be within the timeframes identified in Section 4.4, but in no case shall offered initial clinical appointments be more than fifteen (15) business days from the date the mental health system (including Directly-Operated and Legal Entity Providers) is made aware of the request.
- 3.5.1 If multiple timeframe requirements are identified based on screening and/or triage (e.g., discharge from institution, about to run out of medications), the most conservative timeframe must be adhered to.
- 3.5.2 If a provider is unable to meet a timeframe requirement, as soon as the situation becomes apparent, the individual shall be referred to an appropriate provider or Service Area Navigator.
- 3.6 The disposition of an initial request shall be recorded in the SRL or other Department approved system within five (5) business days from the initial date of contacting or attempting to contact the potential client/representative.

PROCEDURE

4.1 Responding to Initial Requests

- 4.1.1 If the request is made directly to provider staff (e.g., called or walked in during business hours), the request shall be handled on the same business day.



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4.1.2 If the request is not made directly to provider staff (e.g., by after-hours voicemail, the SRTS, or a faxed referral), the request shall be handled within the following timeframes:

4.1.2.1 The initial request shall be reviewed within one (1) business day.

4.1.2.2 An attempt to contact the requesting individual/collateral shall normally occur within one (1) business day and in no cases more than three (3) business days.

4.2 Recording Initial Requests

4.2.1 An initial request in which the potential client/representative declines an offered initial appointment in accordance with the time frames set forth in Section 4.4 and states that they instead intend to present at the provider without an appointment is considered a request for service and shall be logged.

4.2.2 The only exceptions for recording an initial request are:

4.2.2.1 Potential client name is not provided.

4.2.2.2 Request is for general information about services, e.g., location of provider or types of services offered.

4.2.2.3 Request is clearly non-mental health related.

4.2.3 The first offered clinical appointment for all initial requests for service shall be logged.

4.2.3.1 If the potential client/representative declines the first offered clinical appointment, the accepted scheduled appointment shall also be logged.



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4.3 Screening Initial Requests

4.3.1 All initial requests must minimally be screened via the Universal Screening questions to determine the disposition of the request and, in some cases, whether the need for services is expedited or routine.

4.3.1.1 If screening determines the client is out of medications and/or potentially in distress, the initial request must be triaged to determine whether the need is immediate, expedited, or routine. The request will be handled as a concurrent medication need unless it is determined the client is neither out of medications nor in distress.

4.3.1.2 If screening determines the client will run out of medications prior to the next available routine appointment, an expedited appointment shall be offered. The request will be handled as a concurrent medication need.

- If the available expedited appointment is after medication runs out, the initial request must be triaged by a supervisor (with medical consult if needed) to determine action needed.

4.3.2 If a provider is unable to serve the potential client (e.g., provider is at capacity, unable to provide services in the potential client's preferred language) or unable to provide services within the initial service time frames specified in Section 4.4, the initial request shall be recorded in the SRTS, in addition to the SRL, and transferred to an appropriate service provider or Service Area Navigator.

4.4 Timeframes for Providing Initial Services

4.4.1 Immediate Services

4.4.1.1 If screening and/or triage indicates the potential client is in need of immediate services, the need must be addressed as soon as possible and, in all cases, the same day the request is received.



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- If the request is made by a client who walked in, the provider staff shall address the need in accordance with the LACDMH Policy No. 302.12, Provision of Services Without a Scheduled Appointment (Reference 3).
- If the request is made via telephone or in writing, the provider staff shall arrange for the services, whether by handling it themselves or actively linking the potential client with an appropriate provider, e.g., Psychiatric Mobile Response Team, 911, etc.

4.4.2 Expedited Services

- 4.4.2.1 If screening and/or triage indicates the potential client should be seen sooner than the next available routine appointment, scheduling priority shall be established and an expedited clinical appointment (and concurrent medication appointment if indicated) must be offered accordingly.
- 4.4.2.2 If screening and/or triage indicates the potential client has recently been or will soon be discharged from an acute inpatient facility, jail, or juvenile justice facility, an initial clinical appointment (and concurrent medication appointment if indicated) shall be offered as close as possible to the date of the discharge. In no instance shall the appointment offered be more than five (5) business days after discharge if the request was made by the discharge date or five (5) business days after the initial request if the request was made within fifteen (15) days after the discharge date.
- 4.4.2.3 If a referral is scheduled through the ACCESS Appointment Line and designated as “urgent,” an initial clinical appointment must be offered with the appropriate level of staff within five (5) business days of the referral.



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4.4.3 Routine Mental Health Services

4.4.3.1 If screening indicates the request is appropriate for scheduling a routine appointment for intake, initial clinical appointment (and concurrent or subsequent medication appointment if indicated) times and dates shall be offered as close as possible to the date of the original initial request. In no instance shall the offered clinical appointment be more than fifteen (15) business days from the date of the request for services.

- If at the routine initial clinical appointment the potential client is determined to have medication needs that would normally qualify as concurrent medication needs, he/she shall be scheduled for an initial medication evaluation within five (5) business days from the initial clinical appointment unless no suitable resource is available at the provider.
 - In circumstances in which no suitable resource is available at the provider, the client shall be referred to an accessible alternative provider including a Psychiatric Urgent Care Center that can provide medication services that occur within five (5) business days.
 - The referring provider shall document the appointment made at the alternative provider.
 - The District Chief/Program Manager III shall be notified in circumstances where the initial medication service is not available at the provider within five (5) business days from the initial clinical appointment and shall provide a monthly list to the Deputy Director of all potential clients for whom initial medication services were not available within the required time frame.



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- 4.5 Determining Initial Appointment Times within the Permissible Limit of Days
 - 4.5.1 Initial offered appointment times within the permissible limit of days may be based upon:
 - 4.5.1.1 Client preference; and
 - 4.5.1.2 The availability of the necessary service provider.

- 4.6 Requirements for Issuing a Notice of Action-E (NOA-E) to Medi-Cal Beneficiaries
 - 4.6.1 The Program Manager or designee shall issue a NOA-E (Attachment 1) to a Medi-Cal beneficiary, copied to LACDMH Patients' Rights Office, in the following scenarios (Authority 1):
 - 4.6.1.1 The provider is unable to serve a Medi-Cal beneficiary within the time frames identified in Section 4.4;
 - 4.6.1.2 The scheduled initial appointment does not result in services being provided to the beneficiary due to unavoidable circumstances at the provider and the offered rescheduled appointment is more than five (5) business days after the date of the original appointment;
 - 4.6.1.3 The scheduled initial appointment is cancelled beforehand by the beneficiary and the offered rescheduled appointment is more than fifteen (15) business days after the date of the original appointment; or
 - 4.6.1.4 The scheduled initial appointment is not kept by the beneficiary and the offered rescheduled appointment is more than fifteen (15) business days from the date of the rescheduling request.
 - 4.6.2 For the purposes of this policy, the number of days to be entered on the NOA-E line "business days" shall be equal to the required "business days" referenced in this policy. For example, for the requirement that an initial offered appointment be made within fifteen (15) business days, the



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corresponding entry of fifteen (15) should be entered as the number of business days on line number 2 of the NOA-E.

- 4.7 Contact Attempts when Unable to Contact the Potential Client/Representative
 - 4.7.1 At least two attempts to contact (if reasonably expected to be successful) shall be made prior to recording a disposition.
 - 4.7.2 For requests determined to need expedited services and/or concurrent medication services, at least three attempts shall be made prior to recording a disposition.
 - 4.7.3 If the potential client/representative contacts the provider after the disposition has been recorded, the contact will be treated as a new request.

- 4.8 Quality Review of Initial Appointment Scheduling
 - 4.8.1 Each provider shall implement quality review procedures, including corrective actions, to ensure initial requests were scheduled within the time frames established by this policy and, at a minimum:
 - 4.8.1.1 The first scheduled appointment, and offered appointment if applicable, was recorded;
 - 4.8.1.2 A reason for not scheduling an appointment was documented;
 - 4.8.1.3 When applicable, a NOA-E was issued in accordance with Section 4.6; and
 - 4.8.1.4 The procedure in Section 4.3.2 was followed in those instances where the provider was unable to serve the individual who requested the services, or on whose behalf the services were requested.

AUTHORITY

1. California Code of Regulations Chapter 11 Title 9 Section 1810.405(f)



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ATTACHMENT

1. Notice of Action-E (NOA-E)

REFERENCE

1. LACDMH Policy No. 312.01, Mutual and Unilateral Termination of Mental Health Services
2. LACDMH Policy No. 302.04, Triage
3. LACDMH Policy No. 302.12, Provision of Services Without a Scheduled Appointment

RESPONSIBLE PARTY

LACDMH Program Support Bureau, Quality Assurance Division