

CHAPTER 23 - APPOINTMENT STANDARDS

REVISION DATE: 1/16/2019, 5/13/2016, 4/16/2014

EFFECTIVE DATE: March 29, 2013

REFERENCES: 42 CFR 438.206.

The Division monitors and reports appointment accessibility and availability to ensure compliance with Division standards set forth in contract, Division Operations Policies 415 and 417 and 42 CFR 438.206.

Medical/Dental/Behavioral Health Appointments

A. Appointment Scheduling

1. For PCP appointments, members must be provided:
 - a. Emergency appointments the same day or within 24 hours of the member's phone call or other notification, or as medically appropriate
 - b. Urgent care appointments as quickly and efficiently as the member's health condition requires but no later than two business days of request
 - c. Routine care appointments within 21 calendar days of request.
2. For specialty provider appointments, members must be provided:
 - a. Emergency appointments within 24 hours of referral
 - b. Urgent care appointments as quickly and efficiently as the member's health condition requires but no later than three business days from the request
 - c. Routine care appointments within 45 days of referral.
3. For behavioral health:
 - a. For behavioral health services appointments, members must be provided:
 - i. Urgent need appointments as quickly and efficiently as the member's health condition requires but no later than 24 hours from identification of need
 - ii. Routine care appointments, members must be provided:
 - Initial assessment within seven calendar days of referral or request for service
 - The first behavioral health service following the initial assessment as quickly and efficiently as the member's health condition requires but no later than 23 calendar days after the initial assessment
 - All subsequent behavioral health services as quickly and

efficiently as the member's health condition requires but no later than 45 calendar days from identification of need.

- b. For psychotropic medications:
 - i. The urgency of the need is assessed immediately.
 - ii. If clinically indicated, an appointment is provided with a Behavioral Health Medical Professional within a timeframe that ensures the member does not:
 - Run out of needed medications
 - Decline in his/her behavioral health condition before starting medication, but no later than 30 calendar days from the identification of need.
4. For dental appointments, members must be provided:
 - a. Emergency appointments within 24 hours
 - b. Urgent appointments as quickly and efficiently as the member's health condition requires but no later than three business days of request
 - c. Routine care appointments within 45 days of request.
5. For maternity care appointments, members must be provided initial prenatal care appointments:
 - a. In the first trimester within 14 days of request
 - b. In the second trimester within seven calendar days of request
 - c. In the third trimester within three business days of request
 - d. High risk pregnancies as quickly and efficiently as the member's health condition requires and no later than three business days of identification of high risk by the AdSS or maternity care provider, or immediately if an emergency exists.

B. Office Wait Times

The Division monitors and ensures that a member's waiting time for a scheduled appointment at the PCP's or specialist's office is no more than 45 minutes, except when the provider is unavailable due to an emergency.

C. Transportation

For medically necessary, non-emergent care, transportation must be scheduled so the member:

1. Arrives on time but no sooner than one hour before the appointment
2. Is not picked up prior to the completion of the appointment

3. Is not required to wait more than one hour after the conclusion of the appointment for transportation home.

Critical Services

Critical services are Attendant Care (ATC), Homemaker (HSK) and Respite (RSP).

A. Provision of Critical Service

Qualified Vendors must provide critical services:

1. For existing members within 14 calendar days following assignment of the authorization.
2. For newly eligible members within 30 calendar days following assignment of the authorization.

B. Gaps in Critical Service

A gap in critical service is the difference between the number of hours of home care scheduled in each member's planning document and the hours of the scheduled type of critical service that are actually delivered to the member. See Chapter 62 Qualified Vendor Management of Gaps in Critical Services for additional information on Gaps in Critical Service.