

CHAPTER 23 APPOINTMENT STANDARDS

REVISION DATES: 5/1/2024, 6/15/2022, 1/16/2019, 5/13/2016, 4/16/2014

REVIEW DATE: 1/9/2023

EFFECTIVE DATE: March 29, 2013

REFERENCES: 42 CFR 438.206, ACOM 415, ACOM 417, AMPM 540, Division
Provider Policy Manual Chapter 62

PURPOSE

The objective of this document is to outline the Appointment accessibility and availability standards and the Division's oversight and monitoring of the Administrative Services Subcontractors (AdSS) to ensure compliance with the Division's network sufficiency requirements. This policy outlines the process for the Division to report Service Provider Appointment accessibility and availability to the Arizona Health Care Cost Containment System (AHCCCS) and the Division's Administrative Services Subcontractors (AdSS).

DEFINITIONS

1. "Appointment" means a scheduled day and time for an individual to be evaluated, treated, or receive a service by a healthcare professional or Qualified Vendor in provider and service categories identified in this policy.

2. "Emergency Appointment" means an appointment that is scheduled the same day or within 24 hours of the Member's phone call or other notification, or as medically appropriate.
3. "Member" means the same as "client" as defined in A.R.S. § 36-551.
4. "Qualified Vendor" means any person or entity that has a Qualified Vendor Agreement with the Division of Developmental Disabilities.
5. "Urgent Care Appointment" means an appointment for medically necessary services to prevent deterioration of health following the acute onset of an illness, injury, condition, or exacerbation of symptoms.

SUPPLEMENTAL INFORMATION

A. Qualified Vendors shall adhere to all requirements as specified in the Qualified Vendor Agreement.

B. GENERAL APPOINTMENT STANDARDS

1. The AdSS shall require the following Appointment standards are met:
 - a. For primary care Provider Appointments:

- i. Emergency appointments the same day or within 24 hours of the Member's phone call or other notification, or as medically appropriate;
 - ii. Urgent Care Appointments scheduled as expeditiously as the Member's health condition requires but no later than two business days of request; and
 - iii. Routine care Appointments scheduled within 21 calendar days of request.
- b. For specialty physician Appointments, including dental specialists:
- i. Emergency appointments within 24 hours of referral;
 - ii. Urgent Care Appointments scheduled as expeditiously as the Member's health condition requires but no later than two business days from the request; and
 - iii. Routine care Appointments scheduled within 45 calendar days of referral.
- c. For behavioral health Provider Appointments:

- i. Urgent need appointments - As expeditiously as the Member's health condition requires but no later than 24 hours from identification of need.
 - ii. Initial assessment - Occur within seven calendar days after the initial referral or request for behavioral health services.
 - iii. Initial appointment - Occur within time frames indicated by clinical need.
 - a) Occur no later than 23 calendar days after the initial assessment for Members age 18 and older, and
 - b) Occur no later than 21 days after the initial assessment for Members under the age of 18 years old.
 - iv. Subsequent behavioral health services - Occur as expeditiously as the member's health condition requires but no later than 45 calendar days from identification of need.
- d. For psychotropic medication appointments:

- i. Assess the urgency of the need immediately; and
- ii. If clinically indicated, an appointment with a Behavioral Health Medical Professional within a timeframe that ensures the Member does not:
 - 1) Run out of needed medications.
 - 2) Decline in the Member's behavioral health condition before starting medication, but no later than 30 calendar days from the identification of need.
- e. For dental appointments:
 - i. Emergency appointments within 24 hours;
 - ii. Urgent Care Appointments scheduled as expeditiously as the Member's health condition requires, but no later than three business days of request; and
 - iii. Routine care Appointments scheduled within 45 calendar days of request.
- f. For maternity care appointments, initial prenatal care appointments for Members:

- i. In the first trimester, within 14 calendar days of the request.
- ii. In the second trimester, within seven calendar days of the request.
- iii. In the third trimester, within three business days of the request.
- iv. 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.

C. TRANSPORTATION TIMELINESS

1. The AdSS shall ensure that medically necessary, non-emergent transportation is provided so a Member arrives on time for an Appointment, but no sooner than one hour before the Appointment, or wait no more than one hour after the conclusion of the treatment for transportation home.
2. Qualified Vendors shall provide necessary transportation to and from all appointments per the Qualified Vendor Agreement.