

 <p style="text-align: center;">County of Sacramento Department of Health Services Division of Behavioral Health Services Policy and Procedure</p>	Policy Issuer (Unit/Program)	Access
	Policy Number	02-02
	Effective Date	06-01-98
	Revision Date	03/11/21
Title: Access Team Services	Functional Area: Services	
Approved By:		
Melissa Jacobs, LCSW Division Manager		Kelli Weaver, LCSW Division Manager

Background/Context:

The Access Team provides beneficiaries seeking linkage to the Sacramento County Mental Health Plan with a central method to access specialty mental health services (SMHS). Beneficiaries will receive telephone triage, assessment, and linkage to appropriate mental health services.

Purpose:

The purpose of this policy and procedure is to detail eligibility and to describe the services provided by the Access Team.

Details:

1. Eligibility

- A. Beneficiaries must meet the criteria for medical necessity including functional impairment and target population.
- B. Youth under 21 years of age served by Children’s contracted provider
 - i. Beneficiaries must have Sacramento County Medi-Cal
 - a) Exception: Beneficiaries eligible for MHSA funded programs
 - b) Exception: Beneficiaries meeting SB785 Medi-Cal criteria for out of county services.
 - c) Exception: Beneficiaries meeting criteria for AB1299.
 - d) Exception: Beneficiaries’s who will move their Medi-Cal to Sacramento County within the next 30 days
- C. Beneficiaries must reside in Sacramento County
 - i. Exception: beneficiaries living out of county who meet out of county criteria per SB 785 and AB 1299 (see *PP-BHS-MH-Access-02-05 Out of County Service Request for Medi-Cal*).

D. Individuals, 18 years and older, served by Adult contracted providers

i. Beneficiaries must be Medi-Cal eligible

a) Exception: Beneficiaries who are medically indigent and meet Medical Necessity Target Population criteria per *PP-BHS-QM-01-07 Determination for Medical Necessity and Target Population*

ii. Beneficiaries must reside in Sacramento County

2. Services Provided

A. Incoming Verbal, Written, or Electronic Service Requests: Each service request (SR) will be screened for urgency, data entered into Avatar and assigned to an Access Team clinician. Administrative pass through service requests are service requests in which an assessment and consent must be given to the Access Team clinician by the Program Coordinator who oversees the contract. For all other service requests, the Access Team clinician is expected to conduct two engagement phone calls and send a unable to contact letter indicating closure of referral if contact with the Access Team is not made in 14 calendar days.

B. Priority Service Requests: a final decision will be made by the Access Team clinician within 3 business days of receipt.

Priority Indicators

- i. from Intake Stabilization Unit (ISU)
- ii. from a psychiatric inpatient unit
- iii. from Child welfare
- iv. current suicidal or homicidal ideation
- v. imminent risk of placement/housing loss due to a mental illness
- vi. recent trauma
- vii. pregnancy
- viii. clinical judgment*

*The list of priority indicators is not all-inclusive, consequently, clinical judgment must be considered on all new SRs when assessing for urgency immediacy

Routine Service Requests: will be processed based upon clinical urgency and in the order received. Access Team clinicians are expected to initiate a response to all newly assigned service requests within 3 business days of receipt.

C. Assessment: An Access Team clinician will complete a phone assessment and review of documentation to establish medical necessity with functional impairment.

- i. If medical necessity with functional impairment criterion is met, the Access Team clinician will link the client to Specialty Mental Health Services.
 - a) In circumstances where the Access Team has processed a beneficiary's request for services and is unable to find an appropriate provider within the network of contracted service providers, the beneficiary is able to seek services with an out of network provider. For payment of services, the out of network provider must be eligible to provide Medi-Cal reimbursable specialty mental health services.
 - ii. If the client does not meet criteria, the Access Team will direct the client to appropriate community-based programs or services. For Medi-Cal beneficiaries a NOABD will be distributed (see *PP-BHS-MH-Access-02-06-Notices of Action*).
- D. Clinicians make every effort to process a disposition of any SRs identified as priority by the end of the business day. Priority referrals received after 4 p.m. may be processed the following business day.
- E. Access Team clinicians verify medical necessity and level of service need. If indicated, clients are linked to the Mental Health Plan provider most appropriate for level of need.
- F. For all priority care SRs, Access Team Clinicians will offer the option of face to face assessment with a licensed practitioner within 72 hours at the Mental Health Urgent Care Clinic

3. Program Hours of Operation

- A. Access Team staff are available Monday through Friday, during the hours of 8:00 a.m. to 5:00 p.m., for triage, assessment, and linkage to services.
- B. An after-hours line (888-881-4881) is available for triage between 4:45 p.m. and 8:00 a.m. and on holidays and weekends. After hours services are addressed in *PP-BHS-MH-Access-02-01-Mental-Health-Plan-After-Hours-Response*.

4. Service Related Issue Resolution

- A. If a client is dissatisfied with any aspect of the interaction with the Access Team, the call is referred to the Access Team Mental Health Program Coordinator (MHPC) and/or the Health Program Manager. At any time, a beneficiary may contact Quality Management Problem Resolution. Problem Resolution is addressed in *PP-BHS-QM-03-01-Problem-Resolution* and *PP-BHS-MH-Access-02-07 Second Opinion*

Related Policies:

PP-BHS-MH-Access-02-01-Mental-Health-Plan-After-Hours-Response

PP-BHS-QM-03-01-Problem-Resolution

PP-BHS-MH-Access-02-05 Out of County Service Requests for Medi-Cal

PP-BHS-MH-Access-02-06-Notices of Action

PP-BHS-QM 01-07 Determination for Medical Necessity and Target Population

PP-BHS-MH-Access-02-07 Second Opinion

Related Forms:

Mental Health Access Service Request Form:

<https://dhs.saccounty.net/BHS/Documents/Provider-Forms/MH-Forms/Service-Request-Form.pdf>

Distribution:

Enter X	DL Name	Enter X	DL Name
X	Behavioral Health Staff	X	Behavioral Health Contracted Providers

Contact Information:

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