



## ACCESS STANDARDS FOR CALOPTIMA MEDI-CAL MEMBERS

CalOptima adheres to patient care access and availability standards as required by the Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC). The DHCS and DMHC implemented these standards to ensure that Medi-Cal beneficiaries can get an appointment for care on a timely basis, can reach the provider over the phone and can access interpreter services, as needed.

Contracted providers and health networks are expected to comply with these appointment, telephone access, practitioner availability and linguistic service standards. CalOptima monitors its health networks and providers for compliance with these standards. CalOptima may develop corrective action plans for providers and health networks that do not meet these standards. Please refer to CalOptima Policy GG.1600: Access and Availability Standards for more information related to CalOptima’s process for monitoring access and availability standards.

### UNDERSTANDING THE ACCESS STANDARDS

What follows is a brief description of the access standards for CalOptima Medi-Cal members:

#### Access to Emergent/Urgent Medical Care:

Type of Care	Standard
Emergency Services	Immediately, 24 hours a day, 7 days a week
Urgent Care Services	Within 24 hours of request

#### Access to Primary Care:

Type of Care	Standard
Urgent Appointments that DO NOT Require Prior Authorization	Within 48 hours of request
Non-Urgent Primary Care	Within 10 business days of request
Routine Physical Exams and Wellness Visits	Within 30 calendar days of request
Initial Health Assessment (IHA) or Individual Health Education Behavioral Assessment (IHEBA)	Within 120 calendar days of Medi-Cal Enrollment

## Access to Specialty and Ancillary Care:

Type of Care	Standard
Urgent Appointments that DO Require Prior Authorization	Within 96 hours of request
Non-Urgent Specialty Care	Within 15 business days of request
First Prenatal Visit	Within 10 business days of request
Non-Urgent Ancillary Services	Within 15 business days of request

## Access to Behavioral Health Care

Type of Care	Standard
Routine Care with a Non-Physician Behavioral Health Provider	Within 10 business days of request
Follow-up Routine Care with a Non-Physician Behavioral Health Provider	Available to member within clinically reasonable time frames. Behavioral health providers will assess the clinically appropriate treatment and provide follow-up services within the scope of their practice.

## Telephone Access Standards:

Description	Standard
Telephone Triage	Telephone triage shall be available 24 hours a day, seven days a week. Telephone triage or screening waiting time shall not exceed 30 minutes.
Telephone Wait Time During Business Hours	A non-recorded voice within 30 seconds
Urgent Message During Business Hours	Practitioner returns the call within 30 minutes after the time of message.
Non-emergency and Non-urgent Messages During Business Hours	Practitioner returns the call within 24 hours after the time of message.
Telephone Access After Business Hours for Emergencies	The phone message and/or live person must instruct members to call 911 or go to the nearest emergency room.
After-hours Access	A primary care provider (PCP) or designee shall be available 24 hours a day, seven days a week to respond to after-hours member calls or to a hospital emergency room practitioner.

## Cultural and Linguistic Standards:

Description	Standard
Oral Interpretation	Oral interpretation including, but not limited to, sign language, shall be made available to members at key points of contact through an interpreter in person (upon a member's request) or by telephone, 24 hours a day and seven days a week.
Written Translation	All written materials to members shall be available in threshold languages as determined by CalOptima in accordance with CalOptima Policy DD.2002: Cultural and Linguistic Services.
Alternative Forms of Communication	Informational and educational information for members in alternative formats will be available at no cost in the threshold languages in at least 14 point font, audio format, or braille upon request, or as needed within 21 business days of request or within a timely manner for the format requested.
Telecommunications Device for the Deaf	Telecommunications Device for the Deaf (TDD) or California Relay Services (CRS) and auxiliary aids shall be available to members with hearing, speech or sight impairments at no cost, 24 hours a day and seven days a week. The TDD/TTY Line is <b>1-800-735-2929</b> .
Cultural Sensitivity	Practitioners and staff shall encourage members to express their spiritual beliefs and cultural practices, be familiar with and respectful of various traditional healing systems and beliefs and, where appropriate, integrate these beliefs into treatment plans.

## Other Access Standards:

Description	Standard
Physical Accessibility	Members with disabilities shall have access that includes, but is not limited to: ramps, elevators, restrooms, designated parking spaces and drinking water provision.
In-office Wait Time for Appointments	Less than 45 minutes before being seen by a provider
Rescheduling Appointments	Appointments will be rescheduled in a manner appropriate to the member's health care needs and that ensures continuity of care is consistent with good professional practice.
Sensitive Services	A member may self-refer to an out-of-network provider to receive sensitive services without prior authorization.
Minor Consent Services	Available to a member under the age of 18 in a confidential manner without parental consent
Family Planning Services	A member shall have direct access to OB/GYN and family planning services, according to CalOptima Policy GG.1508: Authorization and Processing of Referrals.

**Moral or Ethical Objection:** In the event a provider has a moral or ethical objection to providing a covered service to a member, CalOptima or a health network shall refer the member to a different provider at no extra cost to CalOptima.

**CalOptima Policies and Procedures:**

GG.1118: Family Planning Services, Out-of-Network

GG.1508: Authorization and Processing of Referrals

GG.1600: Access and Availability