

# New York Behavioral Health Facility Access Standards



Type of Service	MVP Commercial	NYS Government Programs (Managed Medicaid, CHP, HARP) and Essential Plan	Medicare Advantage	Vermont Rule 9-03B
<b>Emergency:</b> a medical or behavioral condition, the onset of which is sudden and manifests itself by symptoms of sufficient severity, including severe pain, that a prudent layperson, possessing an average knowledge of medicine and health, could reasonably expect the absence of immediate medical attention to result in: (i) placing the health of the person afflicted with such condition in serious jeopardy or in the case of a behavioral condition, placing the health of such a person or others in serious jeopardy, or (ii) serious impairment to such person's bodily functions; or (iii) serious dysfunction of any bodily organ or part of such person; or (iv) serious disfigurement of such person.	Immediate access	Immediate access	Immediate access	Immediate access
<b>Urgent Behavioral Health (BH):</b> an acute but non-life threatening, symptoms are of recent onset and have a moderate to severe impact, such as severe <u>migraine</u> or the flu.	Within 24 hours	Within 24 hours	Immediate access	Within 24 hours

## Detailed Behavioral Health Access Standards

Service Type	Standard	Urgent	Non-Urgent – MH/SUD	BH Specialist	Follow-Up to Emergency or Hospital Discharge	Follow-Up to Jail/Prison Discharge
MH Outpatient Clinic/ PROS Clinic		Within 24 hours of request	Within 1 week of request		Within 5 days of request	Within 5 days of request
ACT		Within 24 hours of request			Within 5 days of request	
PROS		Within 24 hours of request		Within 2 weeks of request	Within 5 days of request	Within 5 days of request
Continuing Day Treatment				Within 2 weeks of request		Within 5 days of request
Intensive Psychiatric Rehabilitation Treatment (IPRT) Programs				Within 2-4 weeks		
Partial Hospitalization					Within 5 days of request	
Inpatient Psychiatric Services	Upon presentation					
Comprehensive Psychiatric Emergency Program (CPEP)	Upon presentation					
Crisis Intervention	Upon presentation	Within 24 hours of request			Immediately	
Community Mental Health Services (these are 599 clinic services offered in the community)		Within 24 hours of request				
OASAS Outpatient Clinic		Within 24 hours of request		Within 1 week of request	Within 5 days of request	Within 5 days of request
Detoxification	Upon presentation					
SUD Inpatient Rehab	Upon presentation	Within 24 hours of request				
Opioid Treatment Program (OTP)					Within 5 days of request	
Residential Addiction Services		Within 24 hours of request		Within 2-4 weeks of request	Within 5 days of request	
Psychosocial Rehabilitation, Habilitation & Family Support and Training			Within 2 weeks of request		Within 5 days of request	
Educational and Employment Support Services			Within 2 weeks of request			
Peer Supports			Within 1 week of request		Within 5 days of request	

### Medicare Variation to Access Standards

MVP must comply with all CMS requirements and ensure that all covered services, including additional or supplemental services contracted for, on behalf of the Medicare Member are accessible. At a minimum, all PCPs, specialists, and ancillary providers must meet the following standards to ensure accessibility to Members.

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Office waiting room time

Cannot exceed 30 minutes

Participating Provider should be accessible 24 hours a day, 365 days a year.

- Such access must include an after-hours phone number published in a phone directory, on office business cards, or on insurance cards which connects the Member to an answering service, a hospital switchboard, an emergency department, or a paging system.
- An office announcement directing Members to leave a message is unacceptable.

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### Medicaid Managed Care, HARP, and Child Health Plus Variation to Access Standards

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Access and availability studies are routinely conducted by both the New York State Department of Health and MVP to ensure that the access and availability standards as described above are met for all Medicaid, Health and Recovery Plan (HARP), and Child Health Plus (CHP) Managed Care plans. Representatives from the local Department of Social Services (DSS), Department of Health (DOH) or their designee may contact a providers' office, and attempt to schedule appointments for various types of services. It is important that all staff members are knowledgeable of both MVP requirements, and the standards described above. If DOH contacts a provider office in this manner, the staff person who answers the telephone will be informed by the state representative at the conclusion of the conversation that he or she has just been tested on the standards. The DOH will also conduct tests to ensure that PCPs are available 24 hours a day by contacting providers after business hours to verify that an appropriate live voice "on-call" telephone system is in place. An after-hours voicemail message advising patients to call 911 in an emergency is not acceptable. In addition, as part of MVP's participation in the New York State Medicaid Managed Care program, MVP is required to conduct an annual survey on appointment availability, and 24-hour access to our Government Programs network.

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### Children's Home and Community Based Services (CHCBS) Variation to Access Standards

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Children who have received a 1915(c) will be moved into Medicaid Managed Care programs. Children with a 1915(c)-waiver moved into MVPs Medicaid Plan will receive all current Medicaid along with CHCBS. Medical health access standards listed here must be adhered to for CHCBS. In addition to the medical health access standards, Members receiving CHCBS will be provided comprehensive, and preventive health care services to ensure they receive appropriate preventive, dental, mental health, developmental, and special services. MVP contracts with providers with expertise in caring for medically fragile children. In the event MVP does not have Participating Providers for such covered services, the referring provider must submit a prior authorization for an out of network provider. Refer to the MVP Utilization and Case Management policy for the process on how to obtain a prior authorization to an out-of-network provider. These access standards must be met by all providers.

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### Foster Care Initial Health Services Variation to Access Standards

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Voluntary Foster Care Agencies (VFCAs) or 21-i Health Facilities are BH Facilities within MVP's Behavioral Health network. See the separate document with the applicable health access standards: **Insert link to the Foster Care PDF**

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More information can be found at [health.ny.gov/health\\_care/managed\\_care](https://health.ny.gov/health_care/managed_care). Information is also updated regularly and can be accessed by visiting [mvphealthcare.com/policies](https://mvphealthcare.com/policies) and select *Provider Policies* then select *Provider Responsibilities*.