

PerformCARE®		Policy and Procedure
Name of Policy:	Procedures for Timeliness of Interventions and Access to Service Monitoring	
Policy Number:	PR-034	
Contracts:	☒ All counties ☐ Capital Area ☐ Franklin / Fulton	
Primary Stakeholder:	Provider Relations	
Related Stakeholder(s):	Care Management; Quality Improvement	
Applies to:	HealthChoices	
Original Effective Date:	02/03/25	
Last Revision Date:	01/13/25	
Last Review Date:	01/12/26	
OMHSAS Approval Date:	02/03/25	
Next Review Date:	01/01/27	

Policy: PerformCare (PC) has established standards to ensure timely Member access to provider services based on level of need. PerformCare will measure and monitor the network performance against the routine access standard.

Purpose: To ensure that Members receive services within the allotted time frame based on level of care, i.e., emergent, urgent or routine.

Definitions: **Risk:** The estimated level of immediate danger or potential danger of Member to self or others. The determination of Emergent, Urgent, and Routine risk levels is based on the information reported by the Member and/or family members or provider calling on behalf of the Member.

Emergency Care: A medical condition manifesting itself by acute symptoms of sufficient severity such that a prudent layperson, who possesses an average knowledge of health and medicine, could reasonably expect the absence of immediate medical attention could result in:

- Placing the health of the individual (or, with respect to a Pregnant woman, the health of the woman or her unborn child) in serious jeopardy,
- Serious impairment to bodily functions, or
- Serious dysfunction of any bodily organ or part.

In behavioral health, actions meeting the involuntary commitment standards under the Pennsylvania Mental Health Procedures Act would generally be considered as requiring emergency care. (There are times when voluntary commitment for Mental Health

Inpatient would fall under emergency care where there is imminent risk). 55 Pa Code § 5100.85(1) requires that the application of the standards for emergency commitment in the Mental Health Procedures Act be based “at least upon” several factors:

- 1) There is a definite need for mental health intervention without delay to assist a person on an emergency basis; and
- 2) The clear and present danger is so imminent that mental health intervention without delay is required to prevent injury or harm from occurring; and
- 3) There is reasonable probability that if intervention is unduly delayed either:
 - a. the severity of the clear and present danger will increase; or
 - b. the person, with his presently available supports cannot continue to adequately meet his own needs.

Urgent Care: Any illness or severe condition that under reasonable standards of medical practice would be diagnosed and treated within a twenty-four (24) hour period and, if left untreated, could rapidly become a crisis or emergency situation. Additionally, it includes situations such as when a Member’s discharge from a hospital will be delayed until services are approved or a Member’s ability to avoid hospitalization is dependent upon prompt approval of services.

Routine Access: Routine Access is determined based upon exclusion of needs consistent with emergent or urgent care, as reported by the Member and/or family members or provider calling PerformCare or providers on behalf of the Member. Routine Access standards are applied to the following Levels of Care:

- Mental Health Outpatient
- Mental Health Partial Hospitalization (non-acute)
- Mental Health Targeted Case Management
- Mental Health Peer Support
- Drug & Alcohol Outpatient
- Drug & Alcohol Intensive Outpatient
- Drug & Alcohol Partial Hospitalization
- Drug & Alcohol Methadone Maintenance
- Family-Based Mental Health Services

Acronyms: **QI/UM:** Quality Improvement/Utilization Management

Procedure: 1. PerformCare has a responsibility to ensure that the PerformCare provider network has the capacity to provide

treatment intervention face-to-face according to the following access standards:

- 1.1. Within one (1) hour for emergencies
 - 1.2. Within 24 hours for urgent situations, and
 - 1.3. Within seven (7) calendar days for routine appointments and specialty referrals.
2. As outlined in *CM-MS-026 Risk Assessment Process*, emergencies are directed to Emergency Room and Crisis Intervention services in order to meet the one (1) hour standard.
 3. For assessment of Emergent and Urgent Access, access data is collected based on Member calls to PerformCare and captured in PerformCare's information system for reporting and analysis. Data fields are defined in the Initial Assessment Event for this purpose.
 4. PerformCare will review all face-to-face intervention data submitted at the PerformCare Quality Improvement/Utilization Management (QI/UM) Committee meetings on at least a quarterly basis. Compliance will be reported to the providers via meetings or mailings.
 5. If a provider is out of compliance with established PerformCare performance goals or standards, they will be required to produce a plan of correction for approval. All provider plans of corrections are initiated and reviewed by the Credentialing Committee, as delegated by the QI/UM Committee. The plan of correction must specify the time frame of correction as well as activities that will be undertaken. Providers who cannot meet Plan of Correction expectations will be addressed, initially, through the Credentialing Committee.
 6. For assessment of Routine Access, PerformCare will gather provider data on an ongoing basis using a variety of sources including the provider's registration or authorization form that is completed when a Member schedules an appointment, claims modifiers, and telephonic information captured in the management information system. The standard is that the Member should be provided with the opportunity for an appointment that will enable them to receive treatment intervention within 7 calendar days of their request. Documentation at the provider level shall be kept whether the Member accepts the appointment; the provider must reschedule for any reason; the Member calls to cancel / reschedule / no-shows; or if the Member keeps the appointment.

7. Routine access data reported by all providers will be captured in PerformCare's information system for reporting and analysis. Data fields are defined for this purpose.
 - 7.1. Reports and dashboard reporting of Routine Access for the levels of care listed above in the Routine Access definition will be made available for PerformCare management, committee review, and county oversight entity review on a monthly schedule.
8. PerformCare will review all intervention data submitted, status of provider compliance, PC actions taken with non-compliant providers, status of Quality Improvement Plans (QIPs) and Corrective Action Plans (CAPs), at the PerformCare Quality Improvement/Utilization Management (QI/UM) Committee meetings on at least a quarterly basis.
9. The Primary Contractors and PerformCare recognize that the routine access standard outlined in the *Commonwealth of Pennsylvania Department of Human Services (DHS) HealthChoices Behavioral Health Program, Program Standards and Requirements (PSR)* is 7 calendar days. Performance improvement goals are set to move all relevant levels of care within the Provider Network towards 100% compliance with the standard. It is recognized that multiple variables impact the successful achievement of the standard for each individual Member, and that such variables differ by county. Therefore, the Primary Contractor will set performance goals, monitor access reports, and identify target areas for improvement, in conjunction with PerformCare QI-UM Committees. If a provider in the identified, target areas is out of compliance with established PerformCare performance goals, they will be required to produce a quality improvement plan as outlined in *QI-004 Internal Documentation, Review, and Follow-Up of Quality-of-Care Issues* or a plan of correction for approval as outlined in *QI-CR-003 Credentialing Progressive Disciplinary Actions for Providers*. All formal provider plans of corrections are initiated and reviewed by the Credentialing Committee, as delegated by the QI Committee. The plan of correction must specify the time frame of correction as well as activities that will be undertaken. Access reporting will also be available to Primary Contractor Steering and related committees.
10. Compliance will be reported to the providers via meetings or mailings. On at least an annual basis, measurement of performance against access standards is completed for Emergent, Urgent, and Routine Care and is included in the annual QI-UM Program Evaluation.

Related Policies: *CM-011 Clinical Care Management Decision Making*
CM-MS-026 Risk Assessment Process
CM-MS-036 Member Access to Services
QI-004 Internal Documentation, Review, and Follow-Up of
Quality-of-Care Issues
QI-CR-003 Credentialing Progressive Disciplinary Actions for
Providers

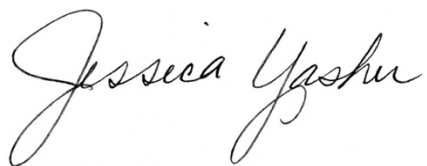
Related Reports: None

Source Documents
and References: *Commonwealth of Pennsylvania Department of Human Services*
(DHS) HealthChoices Behavioral Health Program, Program
Standards and Requirements (PSR)
The Mental Health and Mental Retardation Act of 1966
Pennsylvania Mental Health Procedures Act of 1976

Superseded Policies
and/or Procedures: *QI-002 Procedures for Timeliness of Interventions*
QI-024 Routine Access to Service Monitoring

Attachments: None

Approved by:



Primary Stakeholder