


- MEMORANDUM -

DATE: March 9, 2022
TO: ACBH Specialty Mental Health Services (SMHS) ACCESS Staff and Providers
FROM: Karen Capece, LCSW, Quality Management Program Director 
SUBJECT: **Determining Urgent Services – Alameda County Mental Health Plan**

The purpose of this memorandum is to inform and provide ACCESS staff and providers information which will help determine if a Specialty Mental Health Services (SMHS) request is **urgent** and requires a first offered appointment within **forty-eight (48) hours**, for services that do not require prior (aka County) authorization, or within ninety-six (96) hours, for service requests that require prior authorization.

This standardization and clarity is necessary to help ensure beneficiary timely access to urgent SMHS; accurate timeliness data collection, tracking, and reporting. Implementation date is **April 4, 2022**. Of note, the Alameda County Drug Medi-Cal Organized Delivery System (DMC-ODS) already utilizes a set of four (4) questions to help determine if a Substance Use Disorder (SUD) request is urgent.

I want to acknowledge and appreciate the collaborative ACBH input and finalization process, which involved representation from Clinical System of Care, Office of the Medical Director, and Plan Administration/Quality Management.

Background and Authorities:

The Mental Health Plan (MHP) and DMC-ODS are subject to federal network adequacy certification requirements and standards, which include timely access to service. Timely access standards for SMHS outpatient services are subcategorized into the following: 1) non-psychiatry or psychiatry; 2) prior authorization determination; and 3) standard (non-urgent) or urgent.

[California Health and Safety Code \(HSC\) 1367.01](#) defines a service request as urgent “*when the enrollee’s condition is such that the enrollee faces an imminent and serious threat to his or her health, including, but not limited to, the potential loss of life, limb, or other major bodily function, or the normal timeframe for the decision making process, would be detrimental to the enrollee’s life or health or could jeopardize the enrollee’s ability to regain maximum function.*”

Per [Department of Health Care Services Information Notice: 19-026 Authorization of SMHS](#) the following services require prior authorization:

- Intensive Home-Based Services (IHSS)
- Day Treatment Intensive (DTI)
- Day Rehabilitation (DR)
- Therapeutic Behavioral Services (TBS)
- Therapeutic Foster Care (TFC)





MHP Urgent Service Operational Questions:

One (1) “yes” response to any of the below four (4) questions indicates the service request is urgent.

1) Is the client pregnant or suffering a severe medical condition and at risk for complications if mental health symptoms are not addressed within the next 48-96 hours (i.e. 2-4 days)?

2) Does the client appear to be at serious increasing risk of progressing to imminent risk of suicide, homicide, grave disability, significant property destruction, loss of housing, risk of incarceration in the next 48-96 hours (i.e. 2-4 days)?

3) Is the client indicating they are running out of antipsychotics, mood stabilizers, and/or benzodiazepines within the next 7 days?

Reference ATTACHMENT 1: Medication List (Antipsychotics, Mood Stabilizers, Benzodiazepine)

4) Does the client indicate that they are in urgent need of mental health service, for any reason?

Training and Questions:

ACBH Quality Assurance (QA) will review this requirement during the next Brown Bag on **March 11, 2022 from 12pm-1pm**. To attend, please visit: <https://global.gotomeeting.com/join/173324541>

Please contact QA Technical Assistance with any questions: QATA@acgov.org.





ATTACHMENT 1: Medication List (Antipsychotics, Mood Stabilizers, Benzodiazepine)

ANTIPSYCHOTICS

aripiprazole	Abilify Maintena
aripiprazole lauroxil	Aristada
aripiprazole	Abilify
chlorpromazine	Thorazine
clozapine	Clozaril
fluphenazine	Prolixin
fluphenazine decanoate	Prolixin Decanoate
haloperidol	Haloperidol
haloperidol decanoate	Haldol Decanoate
loxapine	Loxitane
lurasidone	Latuda
molindone	Moban
olanzapine	Zyprexa
paliperidone palmitate	Invega Hafyera
paliperidone palmitate	Invega Sustenna
paliperidone palmitate	Invega Trinza
perphenazine	Trilafon
pimozide	Orap
quetiapine	Seroquel
risperidone	Perseris
risperidone	Risperdal
risperidone	Risperdal Consta
thioridazine	Mellaril
thiothixene	Navane
trifluoperazine	Stelazine
ziprasidone	Geodon

BENZODIAZEPINES

alprazolam	Xanax
clonazepam	Klonopin
diazepam	Valium
flurazepam	Dalmane
lorazepam	Ativan
temazepam	Restoril
triazolam	Halcion

MOOD STABILIZERS

carbamazepine	Tegretol
oxcarbazepine	Trileptal
divalproex	Depakote
valproic acid	Depakene
lamotrigine	Lamictal
lithium carbonate	Lithobid, Eskalith

