

Behavioral Health Appointment Type	Access Standard	Definition	Example	Example Scenario #1	Example Scenario #2
<b>Emergent Care</b>	Member in need of emergent care is seen <b>immediately</b> or is referred to an emergency facility.	An emergency situation where clinical evidence shows that a person requires immediate care, and lack of care could result in death.	Member may have intentions to self-harm with a well-thought-out plan and the means to carry out the plan. The member may be unable to abstain from self-harm and/or unable to agree to a safety contract and may not be willing to accept help.	Sofia lives alone and is not sure she wants to go through another day alone. For the past two days, she has had thoughts about taking all her prescription medications that she just recently filled or taking a knife from her kitchen to cut her wrist. She wants help and does not want to harm herself due to her religious beliefs. She has a friend that will drive her to the provider's office.	Ryan had an argument with his father. He hears voices telling him to harm his father by punching him in the face. He knows that is not right and would harm his father. He can usually ignore the voices but today the voices are getting louder, making it hard to ignore them. He knows the voices are coming from his head. He reports he goes to the clinic, and they see him on the same day whenever the voices are too loud.
<b>Urgent Care</b>	Member in need of urgent care is seen <b>immediately or within 24 hours</b> .	A request for medical care or services where application of the time frame for making routine care determinations could seriously jeopardize the life, health, or safety of the member or others due to the member's psychological state, or in the opinion of a practitioner with knowledge of the member's behavioral condition, would subject the member to adverse health consequences without the care or treatment that is the subject of the request.	<ul style="list-style-type: none"> <li>- Individual has feelings of hopelessness or helplessness but has no plan or intent to harm self. They have support but are noticing worsening symptoms and are having difficulty carrying out usual daily activities.</li> <li>- Individual is showing signs of concerning behaviors but has no immediate risk or harm to self or others. The practitioner has known this person for years and knows they will rapidly decompensate without adjustment in medication.</li> </ul>	Nia stopped taking her depression medication 2 months ago. She was doing well but was told last week there would be a lay-off at work in the next 60 days. Because she is new to the company, she is worried she will be laid off. Since this news, she noticed not being able to sleep, increased eating, and feeling hopeless and helpless as she does not know how she will be able to care for herself. At times she thinks about not waking up but has no thoughts or plan to harm herself. She has family and friends who support her.	Andre has been doing well for the past 6 months. He has a diagnosis of bipolar disorder that is well-controlled with his medications. He works daily and lives with his supportive wife. He also has an adult son that lives down the street from him. For the past two days, Andre has not been able to sleep more than 3-4 hours at a time. He has a lot of thoughts running through his mind. He has no thoughts of wanting to harm himself or anyone else. He feels more energetic, and his wife notes he came home with gifts for his grandchildren although it is not a special occasion. Today, he got into an argument with his boss. His boss has known him for 20 years and suggested he take a few days off. Andre's wife secured the credit cards and made Andre an appointment tomorrow to see his doctor of 10 years.

<b>Non-urgent but in need of medical attention</b>	Member in need of medical attention for a non-urgent appointment is able to be seen within <b>7 business days</b> .	A situation where clinical evidence shows that a person requires medical care, but that lack of care would not lead to death.	Individual has feelings of hopelessness or helplessness but has no plan or intent to harm self. They have support but are noticing worsening symptoms and are having difficulty carrying out usual daily activities. The individual is showing signs of concerning behaviors but has no immediate risk or harm to self or others.	Zander went to the emergency room due to needing a refill of his antipsychotic medications as he was unable to attend his recent medication management appointment. Zander is an established patient with a local mental health clinic and has community-based treatment services in place. Zander has a diagnosis of schizophrenia. Upon reporting to the emergency room his community treatment team was contacted and a 7-day prescription for his antipsychotic medication was provided to allow him to re-establish with his identified treatment team. He will be supported by the community treatment team in accessing follow-up care and ensuring that he attends future medication management appointments.	Ariyana was discharged from an inpatient mental health admission related to suicidal ideation and severe depressive symptoms. This was her first mental health admission. She was not previously receiving outpatient mental health services and was not previously prescribed any medications for the treatment of depression. During her inpatient admission, she was started on an anti-depressant medication. She was discharged with a 30-day supply of her new medication, and her discharge plan included recommendations for outpatient medication management services and weekly psychotherapy sessions.
<b>Routine or Preventative Care</b>	Member in need of routine or preventive care is seen within <b>30 business days</b> .	A member who needs to establish care, an established patient experiencing a new BH challenge, or follow-up routine care appointments that are visits later to evaluate patient progress and other changes that have taken place since an earlier visit.	Individual has symptoms that are non-life-threatening, has support, and can reasonably function and carry out usual daily activities. This may also be a patient who is stable and transitioning to a new provider.	Juan has a supportive family and good job. He has noticed mood swings over the past two months. At times, he feels sad for several days and will stay home instead of joining the family for outings. He is not interested in his usual activities like playing tennis or card games with the guys. He is able to work but feels unmotivated to finish projects. He does not have feelings of wanting to harm self or others.	Sandra has been followed by her PCP for the past 25 years. She is prescribed an antidepressant and mild sleep medication. Sandra noticed she is unable to focus and is starting to worry about little things. She finds herself checking several times to see if she locked the door when she leaves home. She also isn't socializing as much because she is spending a lot of time going back home to check that she locked her doors. She has no sleep disturbance nor appetite changes and denies thoughts of harming self or others. Sandra's PCP gave her refills for 60 days and provided the names of three different psychiatrists for her to discuss her new symptoms.

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