

Behavioral Health Appointment Type	Access Standard	Definition	Example	Example Scenario #1	Example Scenario #2
Non-Life-Threatening Emergency	Member with a non-life-threatening emergency is seen within 6 hours or is directed to the emergency room or behavioral health crisis unit.	An emergency situation where clinical evidence shows that a person requires immediate care, but that lack of care would not lead to death.	Individual has intentions to harm self with a well-thought-out plan and the means to carry out that plan. They are able to agree not to harm themselves or others and are accepting of 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 not 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.
Urgent Care	Member in need of urgent care is seen within 48 hours .	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.	<p>- 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.</p> <p>- 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.</p>	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.

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<p>Initial Routine Care</p>	<p>Member that needs initial routine care is seen within 10 business days.</p>	<p>A member who needs to establish care or an established patient experiencing a new BH challenge. Initial routine care appointments do not include follow-up care for an existing problem.</p>	<p>Individual has symptoms that are non-life threatening, has support, and is able to function and able to carry out usual daily activities. This may also be a patient who is stable and is transitioning to a new provider.</p>	<p>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.</p>	<p>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.</p>
<p>Follow-Up Routine Care</p>	<p>Member that needs follow-up routine care is seen within 15 business days.</p>	<p>Follow-up routine care appointments are visits at later, specified dates to evaluate patient progress and other changes that have taken place since an earlier visit.</p>	<p>Follow-up to check labs, evaluate response to a new medication or dose adjustment, for follow-up therapy, or to review medical records from a previous provider.</p>	<p>At their last appointment, Alex's doctor started them on an antidepressant and ordered an EKG and labs. Alex is scheduled for a routine follow-up appointment within the appropriate timeframe so Alex and their doctor can review medication response and test results.</p>	<p>Marco has a diagnosis of bipolar disorder and has been doing well until he recently started experiencing hypomanic symptoms. At that time, he was seen for an Urgent Care appointment, and his medications were adjusted. He has a supportive wife, adult son, and boss. To see if he is responding positively to the new medication regimen, he is scheduled for a follow-up appointment within 15 business days of his med-change appointment. He is instructed to call the nurse line if he has any issues with the new medications and dosing.</p>