



Access Standards for CalOptima Health Medi-Cal Members

CalOptima Health adheres to patient care access and availability standards as required by the Department of Health Care Services (DHCS) and the Department of Managed Health Care (DMHC). DHCS and DMHC implemented these standards to ensure that Medi-Cal members can get an appointment for care on a timely basis, reach the provider over the phone and access interpreter services, as needed.

Contracted providers and health networks are expected to comply with these standards for appointments, telephone access, provider availability and linguistic services. CalOptima Health monitors its health networks and providers for compliance. CalOptima Health may develop corrective action plans for providers and health networks that do not meet these standards.

Understanding the Access Standards

Please see below for a brief description of the access standards for CalOptima Health Medi-Cal members:

Appointment Standards:

Type of Care	Standard
Emergency Services	24 hours a day, 7 days a week
Urgent Appointments that DO NOT Require Prior Authorization	Within 48 hours of request
Urgent Appointments that DO Require Prior Authorization	Within 96 hours of request
Initial Health Appointment (IHA) (first visit after becoming a CalOptima Health member)	Within 120 calendar days of enrollment or for members less than 18 months of age within recommended timelines established by the American Academy of Pediatrics (AAP) Bright Futures.
Non-Urgent Appointments for Primary Care	Within 10 business days of request
Non-Urgent Appointments With Specialist Physicians (doctors)	Within 15 business days of request

Type of Care	Standard
Non-Urgent Follow-Up Appointments for Physician Behavioral Health Care Providers (psychiatrist)	Within 30 calendar days of request
Non-Urgent Appointments for Ancillary (Support) Services	Within 15 business days of request
Non-Urgent Appointment With a Non-Physician Mental Health Provider	Within 10 business days of request
Non-Urgent Follow-up Appointment with a Non-Physician Mental Health Provider	Within 10 business days of request

Telephone Access Standards:

Description	Standard
Telephone Nurse Triage or Screening Services	Telephone triage or screening will be available 24 hours a day, 7 days a week. Telephone nurse triage or screening waiting time will not exceed 30 minutes.
Telephone Access After and During Business Hours for Emergencies	<p>The phone message or live person must instruct members about:</p> <ul style="list-style-type: none"> • The length of wait time for a return call from the provider; and • How the caller may obtain urgent or emergency care
After-Hours Access	A primary care provider (PCP) or designee will be available 24 hours a day, 7 days a week to respond to after-hours member calls or to a hospital emergency room practitioner.

Cultural and Linguistic Standards:

Description	Standard
Oral Interpretation	Oral interpretation, including, but not limited to, sign language, will be made available to members at key points of contact through an interpreter, either in person (upon request) or by telephone, 24 hours a day, 7 days a week.
Written Translation	All written materials to members will be available in all threshold languages as determined by CalOptima Health in accordance with CalOptima Health Policy DD.2002: Cultural and Linguistic Services.
Alternative Forms of Communication	Informational and educational information for members in alternative formats will be available upon request or on standing request at no cost in all threshold languages in at least 20-point font, audio format, or braille, or as needed within 21 business days of request or within a timely manner for the format requested.
Telecommunications Device for the Deaf	Teletypewriter (TTY) and auxiliary aids shall be available to members with hearing, speech, or sight impairments at no cost, 24 hours a day, 7 days a week. The TTY Line is 711 .
Cultural Sensitivity	Providers and staff shall encourage members to express their spiritual beliefs and cultural practices, be familiar with and respectful of various traditional healing systems and beliefs, and, where appropriate, integrate these beliefs into treatment plans.
Moral Objection	In the event a provider has a religious moral or ethical objection to perform or otherwise support the provision of covered services, CalOptima Health or the health network must arrange on a timely basis for, coordinate and ensure the member receives covered services through referrals to a provider that has no religious or ethical objection to performing the requested service or procedure at, no additional expense to DHCS or the member.

Other Access Standards:

Description	Standard
Physical Accessibility	Provide physical access, reasonable accommodations and accessible equipment for members with physical or mental disabilities.
Rescheduling Appointments	Appointments will be promptly rescheduled in a manner appropriate to the member's health care needs and to ensure continuity of care is consistent with good professional practice.
Minor Consent Services	Covered services of a sensitive nature for which minors do not need parental consent to access or prior authorization.
Family Planning Services	Members shall have access to family planning services and sexually transmitted disease services from a provider of their choice without referral or prior authorization, either in or out-of-network.