



---

---

# Quality Assurance Bulletin

January 24, 2017 No. 17-01

Program Support Bureau

County of Los Angeles - Department of Mental Health

Jonathan E. Sherin, M.D., Ph.D., Director

---

---

## **ACCESS TO CARE & SERVICE REQUEST LOG REMINDERS, UPDATES, AND CLARIFICATIONS**

This Bulletin serves as a reminder and clarification regarding DMH Policy & Procedures 302.07, Access to Care, and Service Request Log (SRL) and Service Request Tracking System (SRTS) requirements noted in QA Bulletin 14-03, issued July 14, 2014.

### **Access to Care Clarifications**

Access to care refers to the ability of the Los Angeles County Department of Mental Health (LACDMH) System of Care to provide services in a timely manner upon initial request. For potential clients requesting services, LACDMH must provide an initial clinical appointment which, per Policy 302.07, is a period of time scheduled with a clinician for the purpose of initiating an assessment. This period of time must be a specific date and time when the provider can guarantee the potential client will be seen by a clinician. A time range or block of time in which the potential client may be seen is not acceptable.

Per Policy 302.07, if a provider is unable to provide an initial clinical appointment (i.e. assessment) within the required time frames, the service request should be transferred to an appropriate treatment provider or Service Area Navigator via the Service Request Tracking System (SRTS) within five (5) business days. It is the responsibility of the transferring provider to determine the appropriateness of the treatment provider. An appropriate treatment provider is a provider that is able to provide an appointment within the required time frames. In this situation, the transferring treatment provider is not required to issue a Notice of Action (NOA) E. The NOA-E would only be issued if the receiving treatment provider is unable to provide services within the required time frames due to unforeseen circumstances. The NOA-E should also be issued if a treatment provider is unable to provide an initial clinical appointment in a timely manner and fails to transfer the service request using the SRTS. The access to care time frames are based on the LACDMH System of Care's ability to see the potential client in a timely manner, not on the capacity of an individual treatment provider.

If a potential client prefers to stay with the treatment provider even though the treatment provider is not able to provide an appointment within the required time frames, the request does not have to be transferred via SRTS. Instead, the provider should log the appointment date and time given to the potential client and document that s/he chose to wait. An NOA-E does not need to be issued in this situation. Potential clients who have made initial requests for service should NEVER be put on a wait list in which they are not given a specific appointment date and time.

### **Service Request Log and Service Request Tracking System Reminders and Updates**

At this time, all DMH providers, Directly-Operated and Contracted, must have all required data elements on the [SRL](#) incorporated within their Electronic Health Record System (EHRS). DMH treatment providers may no longer use the SRTS for recording initial requests for service. The SRTS is only to be used (a) for treatment providers transferring initial requests for service to other treatment providers and (b) for approved non-treatment providers recording as well as transferring, the initial service request. *Note: The SRTS is also used for Full Service Partnership (FSP) providers to obtain pre-authorization and authorization for FSP services.*

Please see the below scenarios and how the initial service requests should be recorded:

1. An initial request for mental health services from the potential client or other requesting party received by:
  - A treatment provider (e.g., West Valley MHC):
    - West Valley MHC uses SRL (in IBHIS) to record the request
    - If the potential client will be scheduled for an Initial clinical appointment (i.e. assessment) at West Valley MHC, then complete the SRL with the specific date/time of appointment
    - If the request will be transferred to another treatment provider, then West Valley MHC will complete the SRL with this disposition and use the SRTS to transfer the request.
  - An approved non-treatment provider (e.g., Service Area Navigator):
    - Service Area Navigator uses SRTS to record the request for service and to transfer the request to a treatment provider
  - ACCESS:
    - If the request is through the Appointment Line and
      - Scheduled with a DO provider, ACCESS completes the SRL on behalf of the DO provider
      - Scheduled with a LE provider, ACCESS completes the SRTS and transfer the request to the LE provider.
    - If the request is not through the Appointment Line, ACCESS completes SRTS to record the request for service and to transfer the request to a treatment provider
2. When a treatment provider receives a transfer from the SRTS, then that treatment provider:
  - Schedules the potential client for an initial clinical appointment (i.e. assessment) within the required time frames
  - Completes the disposition in the SRTS including the date/time/staff name of appointment and completes an SRL in their EHR which includes the SRTS Tracking Confirmation Number

The LACDMH is in the process of determining the best process for obtaining SRL data from contracted providers. On April 20, 2016, the Chief Information Office Bureau (CIOB) issued the [XML requirements related to SRL data](#). Contracted providers should review this document in order to ensure they will be able to provide LACDMH with the required data elements. LACDMH is currently undergoing a pilot process with a few contracted providers and will be expanding the pilot over the next several months. LACDMH anticipates capturing SRL data from all contractors no later than September 1<sup>st</sup>, 2017. *Note: Obtaining contracted providers' SRL data is part of a plan of correction with the State Department of Health Care Services (DHCS) in order to monitor issuance of NOA-Es.*

If directly-operated or contracted providers have any questions regarding this Bulletin, please contact your Service Area QA Liaison.

c: Executive Management Team  
District Chiefs  
Program Heads  
Department QA staff  
QA Service Area Liaisons

Judith Weigand, Compliance Program Office  
Zena Jacobi, Central Billing Office  
Pansy Washington, Managed Care  
TJ Hill, ACHSA  
Regional Medical Directors