

Behavioral Health Appointment Type	Access Standard	Definition	Example	Example Scenario #1	Example Scenario #2
DELAWARE MEDICAID					
Emergency Services	Within 24 hours	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 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. - 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.	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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Immediate Treatment	Within 1 hour	Immediate requests for behavioral health practitioner services include potentially suicidal individuals and include mobile response teams.	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.

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Follow-up Visit After Discharge	Within 2 business days	Follow up outpatient services for Members being discharged from an inpatient or residential setting to a community placement; and Members seen in an ER, or by a behavioral health crisis provider for a behavioral health condition.	Appointments for follow up care after an inpatient behavioral health related discharge. This appointment will assess how the patient is doing since discharge, to establish or update the patient care plan to account for the recent hospitalization and to complete a medication reconciliation post hospital discharge.	Ariyana was discharged from an inpatient mental health admission due to suicidal ideations related to severe depressive symptoms. This was her first mental health admission, 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 and discharged with a 30 day prescription and her discharge plan included recommendations for outpatient medication management services and weekly psycho-therapy sessions.	Zander went to the emergency room due to needing a refill of his anti-psychotic 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.

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Routine outpatient services with a non-prescribing clinician for an initial assessment	Within 7 calendar days	Routine outpatient behavioral health services include requests for initial assessments or on-going care. A member who needs to establish care or an established patient experiencing a new BH challenge. 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.	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.	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.	Rose has recently experienced the unexpected passing of her husband. Since her husband's passing, Rose has been experiencing episodes of anxiety related to how she will meet the needs of the household as well as finances, as well as episodes of depression related to her grief. Rose is not currently experiencing any thoughts of harm to herself or others. It was suggested to Rose, by a friend, that she see a therapist for additional support and resources as she transitions through this adjustment period.

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Non-emergency outpatient services for prescribing clinician services	Within 3 weeks (21 calendar days)	Appointment for non-emergency outpatient services with a prescribing clinician.	Individual expresses a desire to be prescribed medications to manage behavioral health symptoms, has either undergone assessment and is identified as being in need of medication management services or is currently being prescribed medications as part of their care for behavioral health.	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 is not 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.	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 medication change appointment. He is instructed to call the nurse line if he has any issues with the new medications and dosing.

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Non-Life-Threatening Emergency	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.

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Urgent Care	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.	- 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. - 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.	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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Initial Routine Care	Within 10 business days	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.	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.	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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Follow-up Routine Care	Within 15 business days	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.	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.	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.	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.