

WASATCH MENTAL HEALTH SERVICES  
SPECIAL SERVICE DISTRICT

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## CLIENT ACCESS TO TREATMENT – PERFORMANCE STANDARDS – C – 3.06

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### Purpose:

The purpose of this policy is to establish access standards for responding to clients' requests for services based on their expressed level of need, and to document adherence to those standards established by Division of Medicaid and Health Financing (Medicaid), and the Utah State Division of Substance Abuse and Mental Health (USDSAMH).

### Definitions:

Medicaid level of care standards: \*

Emergent Care: Situations requiring immediate treatment telephone intervention within 30 minutes and face-to-face intervention within 60 minutes if the emergency condition persists.

Criteria: Individuals require immediate intervention. They may appear to be psychotic (experiencing hallucinations or delusions) expressing suicidal or homicidal thoughts.

Examples:

- Individual has made verbal suicidal/homicidal threats.
- Individual has made suicidal gestures (walking in front of car, cutting wrists).
- Individual reports or it is known that he/she has attempted suicide in the past.
- Individual was recently discharged from the inpatient psychiatric unit or is being referred by the hospital in an acute crisis that does not meet hospital admission criteria.

Emergent Initial Contacts are defined as those made during normal business hours and include only enrollees who are not currently enrolled in services and who are Medicaid enrollees in the community (NOT at a hospital).

Urgent Care: Situations of a serious nature requiring treatment interventions within 5 business days of the initial contact.

Examples:

- Individuals identified by a crisis worker to be in need of urgent care.
- Individuals moving to WMH catchment area who are identified by their current mental health provider to be in need for urgent care.

Non-urgent Care: Situations requiring treatment interventions within 15 business days of the initial contact.

Criteria: Individuals requesting mental health services who do not meet emergent or urgent criteria.

USDSAMH established service priorities:

High Service Priority:

1. Individuals with an acute mental health crisis requiring immediate intervention or evaluation for an application of civil commitment as defined by mental health commitment criteria (i.e. "pink", "blue", or "white" sheets).

2. Individuals classified as a Seriously and Persistently Mentally Ill adult (SPMI) - or classified as a Seriously and Emotionally Disturbed child (SED) - and are indigent or Medicaid eligible.
3. Individuals classified as SPMI or SED who require two or more mental health statute mandated services.

Medium Service Priority:

1. SPMI and SED individuals who require only one mental health statute mandated service.
2. Non-SPMI/SED indigent individuals in need of services.

Low Service Priority:

1. Non-SPMI/SED individuals needing or requesting services and are not indigent.
2. General consultation, prevention, and public education services.

**Policy:**

- A. Individuals requesting treatment services with Wasatch Mental Health (WMH) shall be screened prior to admission in accordance with WMH's current Medicaid Contract, Utah State involuntary commitment laws (State statute 62A-15-713), and Utah State Mental Health Board Policy 01-04, requiring community mental health centers prioritize services to potential clients based on defined service priorities and levels of care determination.
- B. Non-Medicaid individuals requesting services may be refused services, receive limited services, or referred elsewhere based on level of service priorities, levels of care determination and the availability of non-Medicaid funds.

WMH shall:

1. Maintain a database on Medicaid clients' initial contact data for all enrollees regardless of the initial referral source, and
2. Provide timely access to evaluation services and document these services including the following:
  - Date and time of all initial contact.
  - Type of contact.
  - Date and time of 30-minute follow-up screening for emergencies.
  - Date and time of face-to-face contacts for emergent, urgent and non-urgent care.
  - When time frames are exceeded, and documentation of the clients' agreement or disagreement to a later time.
  - Reason for exceeding time frames.
3. WMH shall use the database to evaluate the quality of timely access to treatment for Medicaid enrollees.
4. Document the status of scheduled first face-to-face in the clients' electronic record. (See Initial Contact System).
5. Send the enrollee a Notice of Action when WMH cannot offer the first face-to-face service within the required time frame. (See policy C – 3.08B Medicaid Actions and Appeals)
6. Submit its performance on the timely access standards for provision of first face-to-face services to Medicaid and Medicaid's contracted external quality review organization when requested.

## **Procedure:**

### **A. Initial Telephone Contacts:**

1. The secretary shall promptly answer and respond to all initial requests for services phone calls.
2. The secretary shall gather basic information about the service needs of the person calling, or about the person for whom the person is calling. When the caller is requesting general information, the secretary shall provide what the caller requests.
3. When more than basic information is requested, the secretary shall transfer the call to the appropriate staff or to a crisis worker for further evaluation.
4. Should a caller report being in crisis or in circumstances that are emergent, the crisis worker shall respond to the enrollee within 30 minutes.
5. When it is determined that the enrollee has a Crisis/Emergency, the crisis worker shall offer face-to-face Crisis/Emergency Services within one hour or within a time frame mutually agreed on by the enrollee or his or her agent and WMH. The secretary or crisis worker shall ensure appointments for clinical follow-up shall be scheduled, within the required level of care standards.
6. When the enrollee is not contacted with in the 30 minute standard, the crisis worker must document the reason.
7. When it is determined during the Initial Contact that the enrollee requires Urgent Care, WMH shall offer face-to-face Covered Services within a maximum of 5 working days of the Initial Contact.
8. When it is determined during the Initial Contact that the enrollee requires Non-urgent Care, WMH shall offer face-to-face Covered Services within 15 working days of the Initial Contact.
9. The secretary or crisis worker shall provide important information regarding Crisis/Emergency Services to the enrollee with instructions to contact WMH if more immediate services are needed. The secretary or crisis worker shall document in the pre admit database whether enrollees receiving urgent services were provided with information about Crisis/Emergency Services.
10. When an enrollee cannot be offered the first face-to-face service within the required time frame, WMH shall follow Medicaid Clients - Failure to Meet Performance Standards for First Face-to-Face Services procedures. (See policy C – 3.08B Medicaid Clients - Failure to Meet Performance Standards for First Face-to-Face Services procedures).
11. Based on the assessment of service priorities and level of care standards, referrals to other appropriate service agency providers may be made, as clinically indicated.
12. When requested by an enrollee, or when WMH determines it is necessary to ensure provision of appropriate Covered Services, WMH shall provide for a second opinion from a qualified provider within the network, or arrange for the enrollee to obtain a second opinion outside the network, and no cost to the enrollee.

### **B. Initial Walk-in Contacts:**

1. The secretary shall greet the person and gathers basic information about the service needs of the person.
2. The secretary shall refer the person immediately to a crisis/intake clinician who shall determine access to services using acuity based level of care criteria.

3. The crisis/intake clinician shall complete an initial clinical screening/ evaluation. If the person presents with an acute mental health crisis, immediate stabilization services shall be offered.
  4. An initial intake evaluation shall be provided at the time of screening when necessary; otherwise a follow-up appointment shall be made with an appropriate service provider.
  5. Based on the assessment of service priorities and level of care standards, referrals to other appropriate service providers shall be made, when clinically indicated.
- C. Outside Provider: When an enrollee request to see an outside provider, the secretary shall notify the program manager of the request and inform the enrollee that the program manager shall review the enrollee's request with the enrollee. The program manager shall notify the enrollee of the decision within 14 calendar days of their request. (See related policy C – 4.31 Intake, Recovery Planning and Discharge Services for Medicaid Clients by Outside Providers). When the program manger authorizes the request, the date and time of 30-minute follow-up screenings for emergencies shall not be required to be documented.
- D. Medicaid Client Level of Care Determination Required Interventions:
1. If based on the Initial Contact it appears the enrollee has Crisis/Emergency, WMH shall respond to the enrollee within 30 minutes. If WMH determines that the enrollee has a Crisis/Emergency, WMH shall offer face-to-face Crisis/Emergency Services within one hour or within a time frame mutually agreed on by the enrollee or his or her agent and WMH.
  2. If it is determined during the initial contact that the enrollee requires Urgent Care, WMH shall offer face-to-face covered services within a maximum of 5 working days of the initial contact.
  3. The WMH Intake Worker shall also provide important information regarding Crisis/Emergency Services to the enrollee with instructions to contact WMH if more immediate services are needed. The WMH Intake Worker shall document in the clinical record (Junction) whether enrollees receiving urgent services were provided with information about Crisis/Emergency Services.
  4. If it is determined during the initial contact that the enrollee requires Non-urgent Care, WMH shall offer face-to-face covered services within 15 working days of the initial contact.
  5. When an enrollee seeks services from an outside provider, and WMH authorizes the request, the date and time of 30-minute follow-up screenings for emergencies arenot required to be documented.
- E. Intake Process for Urgent and Non Urgent Standards: (See flow chart attachments A-D for point of entry).
- At the intake appointment, the intake specialist shall:
1. Assist enrollee or parent/guardian in completing the intake information.
  2. Provide enrollee or parent/guardian with the appropriate tool(s) (i.e. electronic device or paper and pencil) to complete state required surveys.
  3. Provide enrollee or parent/guardian with a copy of the Medicaid Member Handbook. Review the following section of the handbook with the enrollee or the parent/guardian:
    - Transportation

- Actions and Appeals
  - Complaints/Grievances
  - Services From Providers and Other Providers
  - Crisis/Emergency Services with instructions to contact WMH if more immediate services are needed. The WMH Intake Worker shall document in the database whether enrollees receiving urgent services were provided with information about Crisis/Emergency services.
4. Offer alternative format of the Medicaid Member Handbook. The alternative formats are translated versions of the handbook and other enrollee information in English and Spanish, large print or audio/CD for visually or hearing impaired enrollees. Offer to obtain an interpreter to give assistance in the explanation. Provide responses to any questions the enrollee or parent/guardian may have about their rights.
  5. Provide the enrollee with a copy of the HIPAA Privacy Brochure.
  6. Upon completion of the review, have the Enrollee or Parent/Guardian complete and sign the Request For Services And Acknowledgement Of Receipt Of The Notice Of Privacy Practices And Medicaid Member Handbook H – 9.1 and the Authorization to Disclose Health Information H – 9.4. File the original forms in the Enrollees clinical record; and provide copies to the Enrollee or Parent/Guardian
  7. Provide other enrollee information (i.e., Center brochure, program information).

F. Assessment Process:

The Intake Therapist shall:

1. Construct an Assessment (Intake Assessment, SPMI/SED, Initial Recovery Plan).
2. Schedule appointment with doctor/therapist.

G. Client “Timely Access to Services” Data Analysis and Reporting:

1. The Information Technology Department (IT) Program Manager shall provide a report quarterly to the QAPI Committee of adherence to Medicaid enrollee timely access standards required by the Medicaid PMHP contract. The IT program manager shall report to this committee whether or not WMH is in compliance, and if not, the reasons and recommendations for achieving compliance. The Committee shall document compliance issues in its meeting minutes and generate reports documenting non-compliance findings and recommendations from monitoring activities. The Committee may take corrective action if there is a failure to comply with set standards.  
The IT program manager shall use WMH’s behavioral health care database (Junction) to track compliance with enrollee access to treatment standards. The program manager shall be responsible for ensuring the integrity of the database, that all required pre-admit intake data is obtained and correctly entered into the database, and the information is up to date and accurate for reporting purposes to PMHP Medicaid. (See related policy C-3.07 QAPI).

H. Medicaid Client Waiting List Requirements:

1. Placement on waiting lists pertains only to enrollees requiring Non-urgent Care. WMH may place an enrollee on a waiting list only after providing an initial mental health evaluation and if there is agreement between the enrollee (or their representatives) and WMH that the need for general outpatient services is non-urgent.

2. Enrollees, regardless of diagnosis or treatment needs, will be given a follow-up appointment not to exceed 20 working days from the date of placement on the waiting list.
3. If enrollees are placed on waiting lists for specialty services (e.g. specialized therapy groups, psychosocial rehabilitation groups or programs, etc.), or for services with a specific provider, WMH shall offer or provide other needed outpatient services in the interim. Enrollees may remain on waiting lists for specialty services or for services with specific providers until openings become available, as long as other appropriate outpatient services are offered or provided in the interim. If enrollees (or their representatives) do not want other outpatient services in the interim, WMH shall document the services that were offered and the enrollee (or his/her representative's) decision.

I. First Face-To-Face Initial Contact Data Collection:

1. **Documentation:** WMH's first face-to-face initial contact data is captured, monitored, and calculated in WMH's Behavioral Health Care Database "Junction". At admissions, clients are screened and a level of care based on pre-determined criteria is selected for each client. The urgency level triggers a timer in Junction that alerts the staff member associated with the client about the minimum required time frames in which to resolve the client's initial contact. The Scheduling System in Junction displays the date by which clients must be seen and allows staff members to identify specific reasons as to why appointments fall outside these time frames.
2. **Data Collections:** WMH's IT department shall be responsible for data audits and calculation. The IT department shall conduct a monthly audit of the existing Initial Contact data for analysis purposes. Data shall be extracted from Junction using an SQL script (see the file "ICReport.sql"). Junction is equipped with a date algorithm that determines compliant and non-compliant initial contacts. The data is then aggregated to show any unresolved initial contacts. Junction will automatically alert staff members of any unresolved initial contacts. Staff member shall be responsible for any unresolved initial contacts. The IT department shall also audit any outliers to verify aggregated totals.
3. **Reporting:** WMH's IT department shall be responsible for conducting audits of first face-to-face initial contact data to ensure clients were offered appointments within then required time frame. Any discrepancy found, that constitutes an Action, shall be reported to the Care Management Director. The IT department shall also be responsible for generating and submitting first face-to-face initial contact data to the Utah State Department of Health (Medicaid) when requested.

J. Safeguarding:

**Security of Files:** All files are stored in a highly secured area where only members of the Information Technology (IT) staff have access. Only members of the IT staff have direct access to servers and data located on the Junction database.

**Data back-up:** All data is backed up via two methods. The first method is a nightly tape backup. Files are backed up on a nightly, weekly and monthly basis. The second back up takes place through redundant servers located at the WMH Parkview campus about 3 miles away from the main WMH Westpark building. The redundancy allows for the quick reconstruction of user accounts and data required to ensure business can continue as normal in the event servers at WMH Westpark are damaged.

**Cross training:** Information Services (IS) staff have been cross trained to ensure continuity of workflow in the event staff leave WMH or become incapacitated.

**File retention:** Files are retained indefinitely.

**Snapshot:** The Junction electronic health record allows IS staff members to pull up a snapshot as seen in the image below:

[Initial Contact Admin Report Creation](#)

### Initial Contact Reporting

Please select a report type

Report Year

No data was found for this report

UrgencyOrder	UType	Total	Unknown	Contacted	NotContacted	Offered	NotOffered	Scheduled	NotScheduled	Kept	NotKept
2	Emergent-Walk-In	1	0	0	0	1	0	1	0	1	0
3	Urgent	3	0	0	0	3	0	3	0	2	1
4	Non-Urgent	166	74	0	0	92	0	92	0	69	23
5	Not Classified	2	2	0	0	0	0	0	0	0	0

**Version control:** To ensure accuracy of versions of the data that are sent to Medicaid, files are labeled with the following format, "CY08 WMH PERFORMANCE MEASURES REPORT v1.xls" To maintain historical data in the event of modification of files, subsequent files are labeled v2, v3, etc. The completed files are located at S:\Shared.Care Management\Medicaid\Performance Standards.

**Logging and monitoring state deliverables:** Upon creation of file to be submitted to Department of Health (Medicaid), the report that has been created is logged into a an Excel spreadsheet titled, "Performance Measures Submission Tracking.xls."

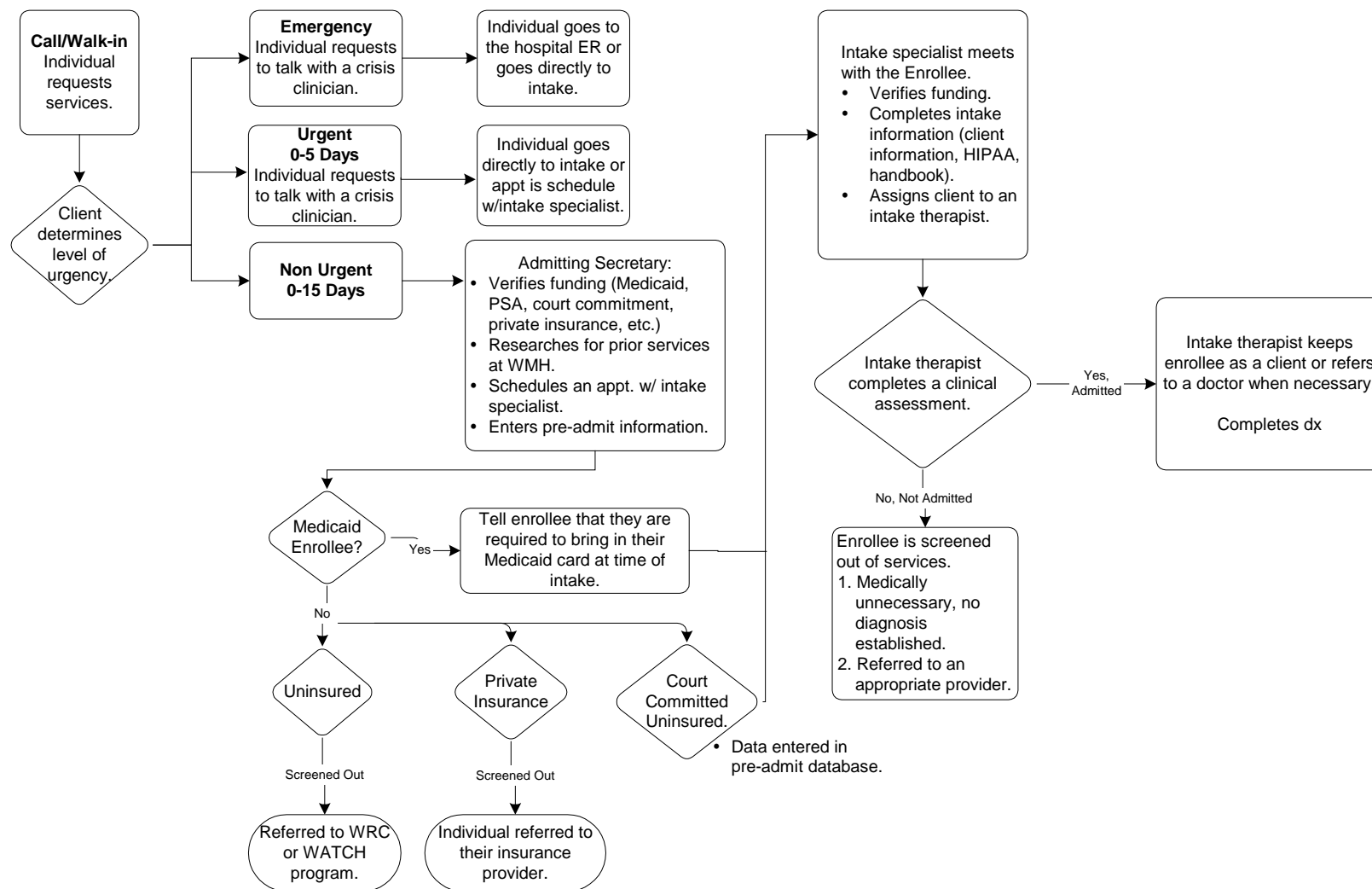
### Right to Change and/or Terminate Policy:

Reasonable efforts shall be made to keep employees informed of any changes in the policy; however, WMH reserves the right, in its sole discretion, to amend, replace, and/or terminate this policy at any time.

## Attachment A

### Adult Intake Process

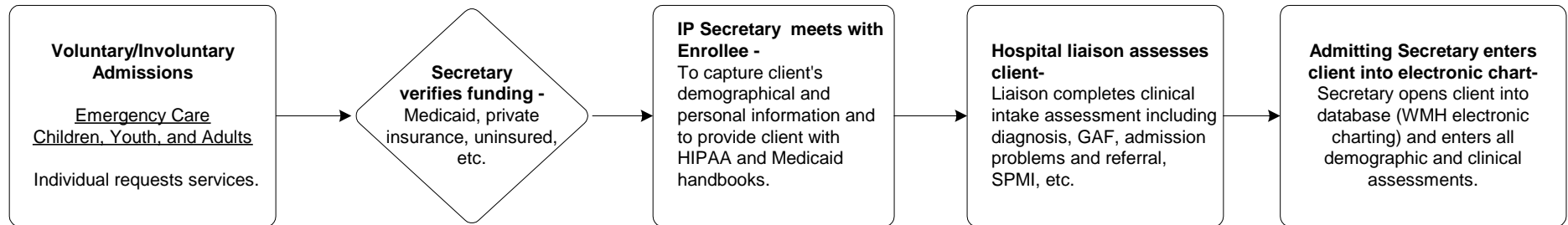
### Adult Services Point of Entry



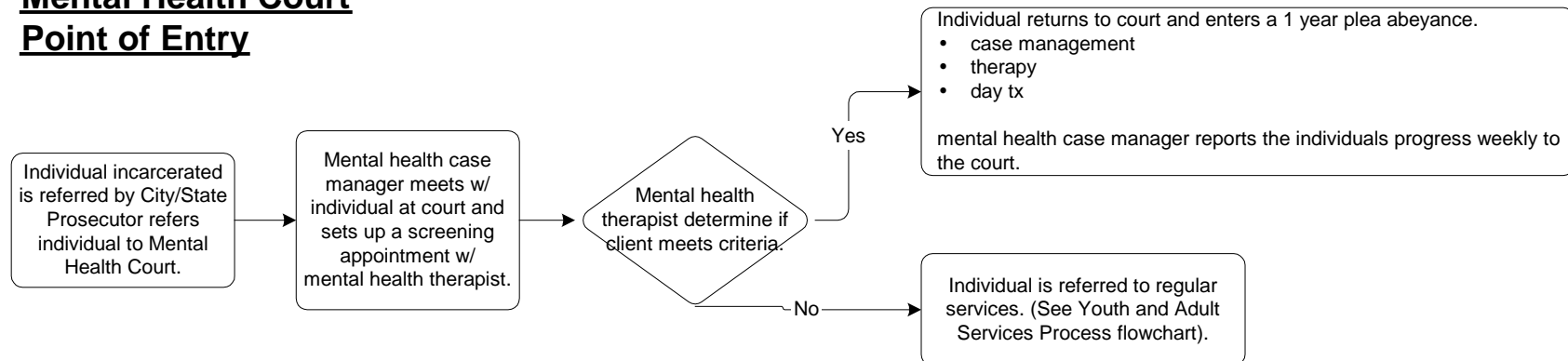


## Attachment B Inpatient and Mental Health Court Services

### Inpatient Services Point of Entry



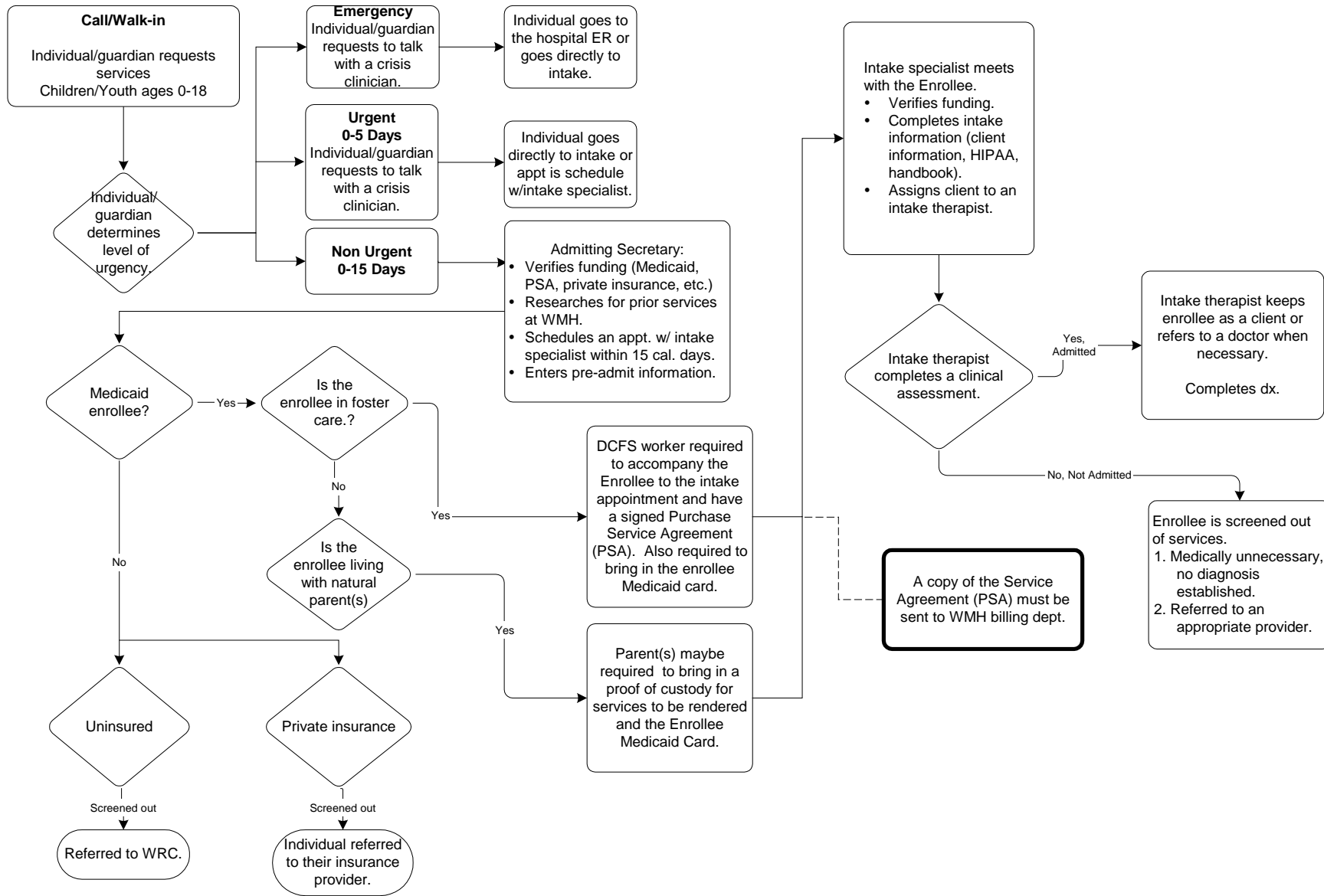
### Mental Health Court Point of Entry



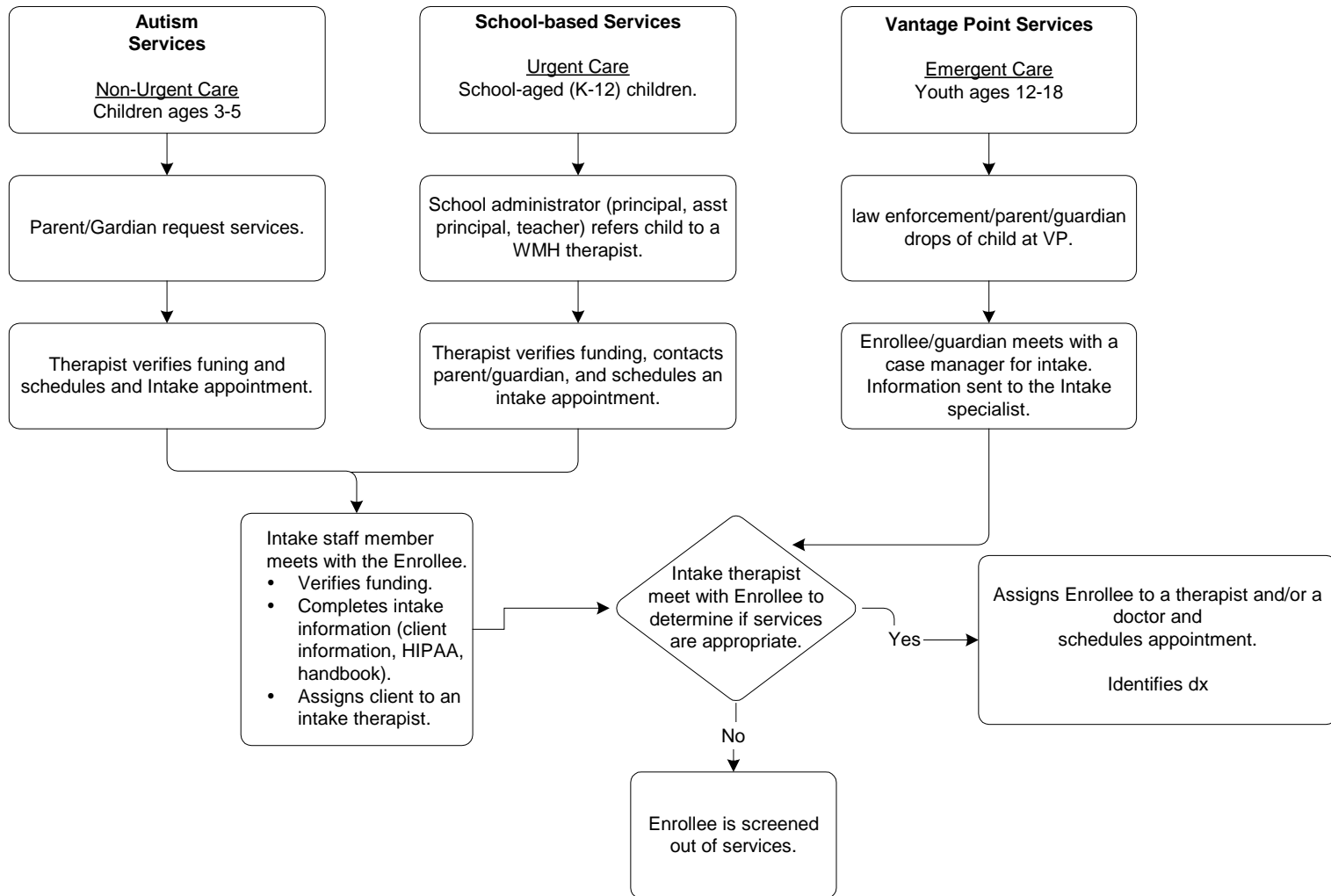
# Attachment C

## Youth Intake Process

### Youth Outpatient Services Point of Entry



## Attachment D Youth Services Process Point of Entry



## Initial Contact System

As part of the Medicaid Performance Improvement Project we are required to track the delay between the time a client requests service and their first face-to-face visit. The Initial Contact System is designed to help with this requirement.

### Clients in Tracking

At intake, each Client is assigned an Urgency level (Emergent, Urgent, Non-Urgent, or No Contact/Tracking Only). For more information, see [Admission](#).

<b>Client</b>	Name <b>BULLFROG, JEREMIAH W</b>	
<b>Admission</b>	Pre-Admit Date	8/16/2005
	Youth/Adult	Adult
	<b>Urgency</b>	<b>Emergent</b>

Based on this Urgency level, a Contact Due Date is assigned to the Client.

Urgency Level	Due Date	Definition
Emergent	One hour after Admission	<p><b>Emergency (Requiring telephone intervention within 30 minutes and face-to-face intervention within 60 minutes if the emergency condition persists):</b></p> <p>Individuals who appear to be psychotic (experiencing hallucinations or delusions) or are expressing suicidal or homicidal thoughts.</p> <p>Examples:</p> <ul style="list-style-type: none"> <li>• Individual has made verbal suicidal/homicidal threats.</li> <li>• Individual has made suicidal gestures (walking in front of car, cutting wrists).</li> <li>• Individual reports or it is known that he/she has attempted suicide in the past.</li> <li>• Individual was recently discharged from the inpatient psychiatric unit or is being referred by the hospital in an acute crisis that does not meet hospital admission criteria.</li> </ul>
Urgent	5 business days after Admission	<p><b>Urgent (Requiring an appointment within five working days):</b></p> <ul style="list-style-type: none"> <li>• Individuals referred by the hospital who are not in an acute crisis and are not appropriate for admission to the psychiatric unit.</li> <li>• Individuals identified by a crisis worker to be in need of urgent care.</li> <li>• Individuals moving to WMH catchment area who are identified by their current mental health center provider to be in need of urgent care.</li> </ul>
Non-Urgent	15 business days after Admission	<p><b>Non - Urgent:</b></p> <p>Individuals requesting mental health services who do not meet emergent or urgent criteria should be scheduled an initial appointment within fifteen (15) working days.</p>
No Contact / Tracking Only	N/A	These are clients who will never be seen.

You will be able to identify Clients in tracking in the Appointment Detail screen. Any Client in tracking will display the Urgency need. If the current date is close to or after the Initial Contact Due Date, the Due Date will be listed after the Client's Urgency. Emergent clients will also display the time due.

ID	Name
	NOT, A. CLIENT
	WARNER, MATT (Emergent) Due by 5/20/2005 4:01:43 PM
	GRUNDTVIG, JEREMY M (Urgent)

Client not in tracking →

In tracking - Due date close or overdue →

In tracking - Due date in the future →

### Initial Contact Information screen

The Initial Contact Information screen is used to collect information about Clients in tracking. You will be taken to this screen when you add a Client in tracking to an Appointment scheduled after the Initial Contact Due Date or when you change the status of a Client in tracking to anything but No Show. For example: If you change the status of a Client in tracking from No Show to Active, you will be taken to the Initial Contact Information screen.

### Initial Contact Information

**The appointment was not saved.** Additional information is required for the following clients:

49344 **WARNER, MATT**

Need: **Emergent**      Due By: **5/20/2005 4:01:43 PM**

-- Please Select One --

You must specify a reason why the Appointment is being scheduled after the Contact Due Date or why the Client status is being changed. Select an appropriate reason from the drop-down box and click **Save** to save the Information and the Appointment.

#### Timely Appointment Offered

Select a reason from this group when we offered an Appointment within the Initial Contact time frame but the Appointment was not scheduled. Select the reason that best describes the situation

#### Timely Appointment Not Offered

Select a reason from this group when we were did not offer an Appointment within the Initial Contact time frame.

#### Other – Explain

Select this reason if there is no other option available that matches the situation. Be sure to enter comments as to why you are selecting Other.

### Task List Item

Each night the system will generate Task List Items for any Clients in tracking without resolved Appointments after the Contact Due Date. For more information on Unresolved Appointments, see [Scheduling System Views](#). Each Client that meets this criteria will display with a Resolve Intake Task List Item.

#### Why do Task List Items appear?

There are several reasons why the system will create an Initial Contact Task List Item.

1. The Client has no Appointments scheduled in the system and no billable documentation. This means that the

Client has no documentation anywhere in the system, other than his/her admission. Remember, an Appointment is added to the Schedule when you create a Note in CWS.

2. The Client's first Appointment is not reconciled with a clinical document and the Client's status is not No Show. Other Appointments may exist with clinical documents or where the client status is No Show; however, the system only looks at the First or Initial Appointment.
3. All of the Client's Appointments have a Client Status of Cancelled by Client or Cancelled by Worker and no billable documentation exists. This means that no Appointments exist for the Client that can be resolved for the Initial Contact system.
4. The Client's first Appointment is after the Initial Contact Due Date, the Appointment Date is in the future, and the Client requested an earlier Appointment. This information is documented when you save the Appointment with a date after the Due Date. See the [Initial Contact Information](#) screen.

**Task List**

**Worker Task List**

Id Number	Name	Action Required	Due Date	W
50005	GRUNDTVIG, JEREMY M	Resolve Intake	2005.09.13	
49344	WARNER, MATT	Resolve Intake	2005.09.13	

Close    Print Preview

**Record Count: 2**

When you click on a Resolve Intake Task List item or when you click on the Task List - Initial Contact link from the Scheduling System, you will be taken to the following screen. Each Client that has a Task List item will be displayed.

# Initial Contact Task List

49344	GRUNDMIG, JEREMY	Contact Date: 5/20/2005	<a href="#">View Schedule</a>
	5/20/2005 8:00:00 AM 60 Active		<a href="#">View Apt</a>
	Add Doc No Show (Group)		
	5/20/2005 9:00:00 AM 60 Active		<a href="#">View Apt</a>
	<a href="#">Add Doc</a> <a href="#">No Show</a>		
	5/20/2005 10:00:00 AM 60 Active		<a href="#">View Apt</a>
	<a href="#">Add Doc</a> <a href="#">No Show</a>		
	5/20/2005 1:30:00 PM 60 Active		<a href="#">View Apt</a>
	<a href="#">Add Doc</a> <a href="#">No Show</a>		
	8/16/2005 8:00:00 AM (Past Due) 60 Active		<a href="#">View Apt</a>
	<a href="#">Add Doc</a> <a href="#">No Show</a>		
	8/16/2005 9:00:00 AM (Past Due) 60 Active		<a href="#">View Apt</a>
	<a href="#">Add Doc</a> <a href="#">No Show</a>		

[Back](#)

The Appointment Date, Time, Duration, Client Status, and Appointment comments will be listed. Links are available to navigate to specific Appointments or to Resolve the Appointment.

## View Schedule

Click the **View Schedule** link to open the Scheduling System to the Client's Schedule on his/her Admission Date.

## View Apt

Click the **View Apt** link to open the Scheduling System to the Appointment Detail screen for the selected Appointment.

## Add Doc

Click the **Add Doc** link to Add a Note to the selected Appointment. This is the same as clicking the Add PNI, Add NUR, or Add DRN link in the Scheduling System. For more information see, [Reconciling Documents with the Scheduling System](#).

## No Show

Click the **No Show** link to change the Client status to No Show for the selected Appointment. This is the same as clicking the No Show Cancellation Shortcut in the Scheduling System. For more information, see [Canceling an Appointment](#).

## Past Due

If the Appointment is scheduled after the Contact Due Date, Past Due will be displayed after the Appointment date and time.

## Group

If the Appointment contained multiple clients, Group will be displayed after the Appointment date and time. The Add Doc and No Show links will be disabled.

### **Back**

Click **Back** to return to CWS or the Scheduling System.

### **Resolving Initial Contact Task List Items**

To resolve an Initial Contact Task List Item, the Client must have either a Clinical Document in their chart or have a No-Show Appointment. From the Initial Contact Task List screen you can add a Note to a specific Appointment or change the Client status to No-Show for a specific Appointment. Knowing which Appointment to create the Note for or which Appointment was a No Show is up to you.

The resolution process may take some detective work on your part. It is up to you to remember when a Client No Shows and put this information into the Scheduling System. If a No Show is not documented in the Scheduling System, there is no one other than you who will know this.

After you have resolved the Appointment by either creating a Note or marking the Client as No-Show, the Task List item will remain in your list until the next day. All resolved items are cleared out of the list each night. Also, after a Client has been resolved, they will be removed from the Initial Contact tracking.

If a Client is resolved with a No-Show for their first Appointment and receives no services for 30 days, the Client will automatically be discharged.

[View Resolution Examples](#)



### **Medicaid Clients - Failure to Meet Performance Standards for First Face-to-Face Services**

1. When WMH cannot offer the first face-to-face service within the required time frame, this constitutes an Action. If there is not satisfied with waiting beyond the required time frame, the Intake Program Manager shall:
2. Review flow chart Action #4: Failure to Meet Performance Standards For First Face-to-Face Service.
3. Notify the Customer Service Representative (CSR).
4. Send the enrollee, and all affected parties, a written Notice of Action letter explaining the reason why WMH could not offer an appointment within the performance standard, the enrollee's right to appeal, and explain that they may receive reasonable assistance with the appeal process from staff (See policy C – 3.08b attachment form 7.59b-N2a Notice of Action and Appeal Rights).
5. The CSR shall log information, as per PMHP Medicaid Contract requirements, in the Enrollee Grievance/Action/Appeal spreadsheet and maintain a copy of the Notice of Action.
6. Should the enrollee or other affected parties decide to Appeal the Action. (See Policy C-3.08B Medicaid Actions and Appeals).

NOTE: It does not constitute failure to provide Covered Services in a timely manner, and therefore is not an Action if:

- The enrollee agrees to and is not dissatisfied with waiting beyond the required time frame,
- WMH determines the enrollee should not be at risk as a result of waiting and the enrollee is told to contact WMH if his or her situation changes
- An initial appointment is offered to the enrollee within the timeframe, but the enrollee is not able to meet the offered appointment time.