



Access and Availability Standards*

| Behavioral Health Service Type | Emergency | Urgent | Non-Urgent MH/SUD | Follow-up to Emergency Room or Hospital Discharge |
|--|-------------------|------------------------------------|------------------------------------|---|
| Inpatient Psychiatric Services | Upon Presentation | | | |
| Crisis intervention (Mobile Crisis, Crisis Residence, Crisis Stabilization) | Upon Presentation | Within 24 hours of request | | Immediate |
| Partial Hospitalization | | | Within 10 business days of request | Within 7 calendar days of discharge |
| Comprehensive Psychiatric Emergency Program (CPEP) | Upon Presentation | | | |
| Mental Health Outpatient Treatment and Rehabilitation Services (Clinic) & Intensive Outpatient Treatment | | Within 24 hours of request | Within 10 business days of request | Within 7 calendar days of discharge |
| Behavioral Health Practitioner (Mental Health or Substance Use) | | | Within 10 business days of request | Within 7 calendar days of discharge |
| Assertive Community Treatment (ACT) | | Within 24 hours of SPOA assignment | Within 24 hours of SPOA assignment | Within 7 calendar days of discharge |
| Personalized Recovery Oriented Services (PROS) | | Within 24 hours of request | Within 10 business days of request | Within 7 calendar days of discharge |
| Continuing Day Treatment (CDT) & Intensive Psychiatric Rehabilitation Program | | | Within 10 business days of request | Within 7 calendar days of discharge |
| Inpatient Detoxification (Medically Managed or Supervised Withdrawal) | Upon Presentation | | | |
| SUD Inpatient Rehabilitation | Upon Presentation | Within 24 hours of request | | |
| Ambulatory Substance Use Detox | | Within 24 hours of request | Within 10 business days of request | Within 7 calendar days of discharge |
| OASAS Comprehensive Outpatient Program | | Within 24 hours of request | Within 10 business days of request | Within 7 calendar days of discharge |
| OASAS Licensed Clinic | | Within 24 hours of request | Within 10 business days of request | Within 7 calendar days of discharge |
| Opioid Treatment Program | | Within 24 hours of request | Within 10 business days of request | Within 7 calendar days of discharge |
| OASAS Part 820 Residential Services | | Within 24 hours of request | 2-4 weeks | 2-4 weeks |

*The New York State Department of Health requires timely access to care for health care professionals.

MetroPlusHealth must ensure their network of providers can provide members with an appointment within specific timeframes. The Medical and Behavioral Health **Access and Availability Standards** must be met by Primary Care Physicians, OB/GYNs, Specialists, and Behavioral Health Providers where applicable.

| Behavioral Health Service Type | Emergency | Urgent | Non-Urgent MH/SUD | Follow-up to Emergency Room or Hospital Discharge |
|---|----------------------------|----------------------------|---|---|
| Adult Home and Community Based Services (HCBS) | | | Within 10 business days of HCBS eligibility assessment and referral | |
| Child CFTSS Other Licensed Practitioner | | Within 24 hours of request | Within 1 week of request | Within 72 hours of discharge |
| Child CFTSS Psychosocial Rehabilitation | | Within 72 hours of request | Within 5 business days of request | Within 72 hours of discharge |
| Child CFTSS Community Psychiatric Supports & Treatment | | Within 24 hours of request | Within 5 business days of request | Within 5 business days of request |
| Child CFTSS Family Peer Support | | Within 24 hours of request | Within 1 week of request | Within 72 hours of discharge |
| Child CFTSS Youth Peer Support & Training | | | Within 1 week of request | Within 72 hours of discharge |
| Child CFTSS Crisis Intervention | Within 1 hour | | | |
| Child HCBS Caregiver/Family Advocacy & Support Services | | | Within 5 business days of request | |
| Child HCBS Pre-vocational Services | | | Within 2 weeks of request | |
| Child HCBS Supportive Employment | | | Within 2 weeks of request | |
| Child HCBS Day Habilitation | | | Within 2 weeks of request | |
| Child HCBS Community Habilitation | | | Within 2 weeks of request | |
| Child HCBS Crisis Respite Services | Within 24 hours of request | Within 24 hours of request | | Within 24 hours of discharge |
| Child HCBS Planned Respite | | | Within 1 week of request | Within 1 week of request |
| Child HCBS Palliative Care | | | Within 2 weeks of request | Within 24 hours of discharge |

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