

Behavioral Health Access & Availability Standards

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We follow availability standards, outlined below, established by the New York state Department of Health. We conduct an annual audit to ensure compliance with these standards. These standards apply to all lines of business and are used to improve behavioral health care. We hope you find this information helpful as we partner to provide our members with excellent care!

Appointment Availability Standards

Care Needed	Time Frame
Urgent visit	Within 48 hours or less
Routine visit	Within 10 days or less
After-hours <i>life-threatening</i> behavioral health emergency	Accessible immediately by telephone, 24 hours, 7 days a week
After-hours <i>non-life-threatening</i> behavioral health emergency	Within 6 hours or less

Failure to comply with accessibility guidelines constitutes a breach of your participating provider agreement, and may be cause for termination from the provider panel. Additionally, the New York Education Department Office of Professions and Code of Ethics for each discipline (i.e., psychiatrist, psychologist and licensed clinical social worker-r) support the after-hours accessibility guidelines for active members with a life-threatening emergency.



Life-Threatening After-hours Telephone Answering Options

Behavioral Health providers are required to provide necessary telephonic services to members 24 hours a day, 7 days a week in case of telephone calls from established patients or patients' family members concerning clinical behavioral health or mental health and substance use life-threatening emergencies. This is critical for coordinating care when your patient has presented to the emergency room with an urgent/emergent or life-threatening crisis. Providers must also arrange for complete backup coverage with other participating clinician(s) that can provide the same level of care in the event the practitioner is unable to provide covered services to established patients.

Members must be able to:

- Reach the practitioner or a person with the ability to patch the call through to the practitioner (e.g., answering service, pager); or
- Reach an answering machine or voicemail with instructions on how to contact the practitioner or his/her backup (e.g., message with number for home, cell phone or beeper) in case of a clinical urgent/emergent situation. Call forwarding may also be used, but the message must state that the call is being forwarded to the practitioner's contact number.
- The practitioner's answering machine messages is automatically forwarded to a phone (e.g., practitioner's cell phone, pager) where the practitioner retrieves and responds to those messages for life-threatening emergencies, after-hours, as soon as possible.

Unacceptable answering options:

- Reaching an answering machine that instructs the active member to go to the nearest emergency room, crisis center hotline, lifeline and/or call 911.
- Reaching an answering machine with no instructions.
- Reaching an answering machine recommending the member call during business hours.
- No answer.
- A busy signal three times, within 30 minutes.