Important to Note

- The services discussed in this brochure are not emergency services, which must be available 24/7.
- Timely access to services are the responsibility of your health plan, not your health care provider.
- The information in this brochure applies only to HMOs and some PPOs, not county mental health plans.

Provider Lists
Upon request, plans shall provide—in writing—a list of contract providers for the following:
- primary care providers
- medical groups
- independent practice associations
- hospitals
- all other contracting psychiatrists, psychologists, licensed clinical social workers, marriage and family therapists, and licensed professional clinical counselors.

The list may be on a website and every plan shall allow for a request for information through a toll-free telephone number or in writing.

Did You Know...?

- Every HMO and some PPO plans must have a language assistance program (translator) available to you at no cost. Your plan will have a list of all languages available to you, and you may request this service at any time. This is available to you even if you have a friend or family member who can provide translation services.
- Every HMO and some PPO plans must have services available to you within 15 miles or 30 minutes travel time of your residence or place of work.

This publication has been produced by a consortium of the following mental health advocacy, consumer, provider and professional organizations:

- California Association for Licensed Professional Clinical Counselors
- California Association of Marriage & Family Therapists
- California Coalition for Mental Health
- California Hospital Association
- California Psychiatric Association
- California Psychological Association
- Mental Health America of California
- National Alliance on Mental Illness - California
- National Association of Social Workers, California Chapter

For more information, call or go online:
- Your health plan provider
- The Department of Managed Health Care Help Center: www.healthhelp.ca.gov or 888-466-2219
- Department of Insurance Help Line Number: 800-927-HELP (4357) or 213-897-8921 www.insurance.ca.gov/0100-consumers
- For more information, see companion brochures Speak Up for Your Rights and Understanding Your Mental Health Insurance Coverage

Permission to copy this brochure, unaltered, is granted. This publication is a guide, not a substitution for professional advice.
Important Definitions

- Prior Authorization — Services that your health plan must approve in advance before you can receive them.
- Urgent Care — Relatively quick access to an appointment because your condition or situation requires prompt attention, but is not an emergency.
- Psychiatric Emergency — A situation requiring immediate attention; when your condition is severe or life-threatening. (In this situation, please call 9-1-1.)
- Triage or Screening — The assessment of your concerns, usually on the phone with a qualified mental health professional, to determine the urgency of your need for care. For example, a conversation with a helpline nurse when you call your plan for help.
- Licensed Mental Health Professional — This category includes all of the following:
  - Licensed Psychiatrist
  - Licensed Psychologist
  - Licensed Clinical Social Worker
  - Licensed Marriage & Family Therapist
  - Licensed Professional Clinical Counselor

Your Health Benefits Card

HMO plans and some PPO plans are required to provide you with an insurance card containing important health information, including a mental health-specific phone number you can call for information about your mental health benefits or to ask for help with obtaining services. If your card does not have this number, contact the California Department of Managed Health Care's HMO Help Center: www.hmohelp.ca.gov or 1-888-466-2219.

Important Time Limits

California law requires that HMO plans and some PPO plans provide access to necessary mental health services within a certain time, beginning the moment you request an appointment.

- Urgent Care appointments — within 48 hours if the service does not need to be pre-authorized* or within 96 hours if the service requires pre-authorization by the plan.
- Appointments with psychiatrists — within 15 business days of your request.
- Appointments with other licensed mental health professionals — within 10 business days of your request for an appointment.
- Speaking to a plan representative who can help you get an appointment — no more than 10 minutes, when you call during normal business hours.
- Receiving a call back from a mental health professional — If you are unable to directly reach your mental health professional, the law requires you to be told, by live operator or recorded message, how long it will take to get back to you.
- Triage and Screening — Plans are required to provide 24/7 triage or screening services to you by phone. Waiting times for triage or screening services may not exceed 30 minutes. However, the waiting time must be appropriate for your problem and if that problem is urgent, a plan’s screening and triage must respond more quickly.

*Check your health plan information or call your health care provider or plan to find out which services must be pre-authorized.

Reasons Why You May Not Get a Timely Appointment

- Plans may have shortages of mental health professionals. Even if your plan provides you with a list of mental health professionals, many of them may not be taking new patients or may not have openings within the time required by law.
- Licensed mental health professionals may provide you with appointments that exceed the waiting time if they determine that a longer waiting time will not have a negative effect on your mental health.
- The law says that health plans are responsible for meeting these timelines. If you cannot obtain the timely appointment that is your right, call your health plan or insurer.

Consumer Complaints About Timely Access to Care

- If you have been unable to get an appointment with a mental health provider in the time required by law, you should first contact your health plan and ask for assistance. If further help is needed, contact the California Department of Managed Health Care or the California Department of Insurance:
  - Department of Managed Health Care
    www.hmohelp.ca.gov or 1-888-466-2219
  - Department of Insurance
    1-800-927-HELP (4357) or 213-897-8921
    www.insurance.ca.gov/0100-consumers