



KERN HEALTH SYSTEMS

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POLICY AND PROCEDURES					
SUBJECT: Access & Availability of Services LTC Members				POLICY #: 3.87-P	
DEPARTMENT: Utilization Management					
Effective Date: 1/1/2023	Review/Revised Date: 8/21/2023	DMHC		PAC	
		DHCS	X	QI/UM COMMITTEE	
		BOD		FINANCE COMMITTEE	

Emily Duran
Chief Executive Officer

Date _____

Chief Medical Officer

Date _____

Director of Utilization Management

Date _____

Senior Director of Provider Network

Date _____

Director of Population Health Management

Date _____

Director of Claims

Date _____

Director of Member Services

Date _____

POLICY:

Kern Health System (KHS) will ensure that health care services are available and accessible to LTC members and that members are able to obtain covered services appropriate for the nature of their

condition and consistent with good professional practice within a reasonable period of time with no added cost to them.

PROCEDURE:

KHS and contracted provider and health Networks shall not discriminate against members on the basis of race, color, creed, religion, ancestry, marital status, sexual orientation, national origin, age, sex, language, gender identity, identification with any other persons or groups defined in Penal Code section 422.56, health status, or physical or mental disability.

KHS and contracted provider and health Networks shall ensure access for disabled members in accordance with the requirements of Title III of the Americans with Disabilities Act of 1990, which includes, but is not limited to ramps, elevators, restrooms, designated parking spaces, and drinking water as well as all provisions.

If a Provider cannot meet the minimum access standards for disabled members, KHS shall coordinate a referral to a provider with the appropriate access standards. KHS shall ensure that providers offer flexibility in scheduling covered services for members with disabilities.

Section 504 of the Rehabilitation Act of 1973 prohibits discrimination on the basis of disability by any programs or activities receiving federal financial assistance. For health care practitioners, Section 504 prohibits discrimination by any facilities receiving reimbursement from Medicare or Medicaid. Similarly, Section 1557 of the Affordable Care Act prohibits any health care clinician that receives funding from the federal government to refuse to treat an individual—or to otherwise discriminate against an individual—based on disability (American Medical Association, 2018).

The Americans with Disabilities Act of 1990 (ADA) is the federal civil rights law that prohibits discrimination against individuals with disabilities in everyday activities, including medical services. Among other things, these statutes together require health care organizations to:

- a. Provide equal services to individuals with disabilities.
- b. Make reasonable modifications in policies and practices to provide equal access.
- c. Provide auxiliary aids and services when necessary to provide effective communication.

In addition, the ADA Standards for Accessible Design set requirements for new construction of and alterations to facilities. Establishments, including health care facilities, are expected to remove architectural barriers at existing facilities where barrier removal is feasible and in compliance with ADA Standards (American Medical Association, 2018).

The ADA Standards set minimum requirements—both scoping and technical—for newly designed and constructed or altered state and local government facilities, public accommodations, and commercial facilities to be readily accessible to and usable by individuals with disabilities (American Medical Association, 2018).

If a provider has a moral or ethical objection to providing a covered service to a member, KHS shall refer the member to a different provider.

Kern Health System (KHS) will ensure that health care services are available and accessible to all members and that members are able to obtain covered services appropriate for the nature of their condition and consistent with good professional practice within a reasonable period of time with no added cost to the member (refer to Policy 4.30, Accessibility Standards for access requirements for all plan members).

KHS shall refer Members to, or assist members in locating, available and accessible contracted providers in neighboring service areas or out-of-network providers when required to ensure they are obtaining covered services in a timely manner appropriate for the member’s needs to include the following circumstances.

- a. Out-of-network providers shall be made available to members if the KHS contracted network providers are unable to provide the care.

KHS will arrange for the provision of specialty services from specialty care providers outside of the provider network in a timely manner, and in accordance with KHS utilization management medical necessity review processes in compliance with HSC 1367.01 and DMHC and DHCD access and availability standards when there is not a contracted specialist within the KHS network to provide the service i.e., unusual specialists. (refer to KHS UM P&P 3.55-I KHS UM P&P 3.55-I- Titled; “Coordination of Care for Out-of-Network, Seldom Used, and/or Unusual Specialty Services”).

Long Term Services and Supports (Medi-Cal non-emergent medical appointment access standards)	
Skilled Nursing Facility	small counties — within 14 business days of request
Intermediate care Facility/developmentally delayed (ICF-DD)	small counties — within 14 business days of request
Community Based Adult Services (CBAS)	Capacity cannot decrease in aggregate statewide below April 2012 level

REFERENCE:

Revision 2023.05: Policy revisions by Health Services Manager. Policy revised for DHCS APL 23-004; approval received on 5/22/2023. Policy received approval 23-001. **Revision 2023.01:** Policy developed for DHCS APL 22-018. LTC 6 AIR approval received on 2/7/2023.

1. CA HSC 1367.01
2. Penal Code section 422.56
3. Title III of the Americans with Disabilities Act of 1990 <https://www.ada.gov/law-and-regs/title-iii-regulations/>
4. Cal. Code Regs. tit. 28 § 1300.67.2.2
5. KHS UM P&P 3.55-I-SUBJECT: Coordination of Care for Out-of-Network, Seldom Used, and/or Unusual Specialty Services
6. American Medical Association (2018), Access to care for patients with disabilities: Strategies for ensuring a safe, accessible and ADA compliant practice