Senate Bill 221 FAQ

Q: What is SB221?
A: Senate Bill 221 mandates that Behavioral Health and Mental Health providers are offering direct treatment appointments to clients every 10-business days. This California state law goes into effect July 1, 2022. BHPN requirements to support SB221 will begin June 1, 2022.

Information on this bill can be found here:
https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB221

Q: What am I required to offer?
A: Providers are required to offer a caregiver/client a direct appointment every 10-business days upon receiving the client referral. If the client has an existing schedule that is ongoing weekly, offers don't need to be restated. Direct appointment offers can be at any authorized level and can include parent training and telehealth modalities. Indirect appointments do not count as offers.

Q: Do I need to provide offers when the client is transferring from my services?
A: The current provider must continue to offer appointments to a client/caregiver until a new provider is found and treatment begins. TheBHPN will notify the provider when a new treatment provider is found.

Q: What if the family declines my offers during a transfer from my services?
A: The current provider must continue to offer an appointment even if the client/family declines the offer. These offers and declines must be clearly documented.

Q: What if I need to provide or offer a direct appointment, but my assessment report is still under review?
A: TheBHPN will use the first treatment offer date listed in the assessment report as the authorization start date. Once the report is authorized, the provider will receive the treatment authorization which will reflect this date. The offer date on the report cannot supersede the date the report was submitted to theBHPN. The provider can begin services on the date indicated on the assessment report and does not need to wait for the authorization to start services.

Q: Who do I notify if I can no longer make offers?
A: If the provider can no longer provide offers every 10-business days, they should contact their BHPN Care Team for support.

Q: What is required in my documentation?
A:

- Date of contact
- Name of contact
- The dates and times that were offered to the client/caregiver
- Whether that offer was accepted or declined
- If declined, date of call back for next offer
- Document the date accepted and scheduled

Templates & examples for documentation are available in the Provider Manual. Templates will also be made available in Central Reach for providers that use this tool.

Q: What if the family is on hold?
A: If the client is on a family-initiated hold from services, please notify theBHPN and provide the reason. Once documented in our records, the provider will not need to continue to provide offers to the client/caregiver, until the hold has been lifted. Holds should not exceed a 30-calendar-day period.

Q: What if I can't reach the family to offer?
A: If the provider cannot reach the client/caregiver to offer an appointment via phone, they should send a follow up email with the offer. If an email address is not available, a second call should be made. If the client/caregiver does not respond, then the provider should offer again, in the next 10-business day period. If the client/caregiver does not respond after 3 contact attempts, please follow the no contact process by notifying theBHPN.

Q: What if the client's insurance is terminated?
A: The provider should continue to offer appointments until the date of termination. After that date, the provider does not have to offer again unless the client's insurance gets reinstated.

Q: What if I've determined that not offering services to the client every 10-business days is not detrimental to the client?
A: TheBHPN would only consider social skills groups as "not detrimental." This rationale would need to be clearly documented in the client's medical record. For all other service types, a consultation with theBHPN would be required to discuss medical necessity.

Q: What if we are fading out of services, do I still need to provide a treatment offer every 10-business days?
A: The expectation is that a treatment offer is made every 10-business days. If the caregivers/clients are fading out of services and it is clearly documented that the caregiver/client is aware of the fade, this should be communicated to theBHPN.