



Assembly Bill (AB) 2466: Timely Access to Behavioral Health Services for Medi-Cal Recipients

SUMMARY

AB 2466 addresses the recent findings by the State Auditor regarding behavioral health care wait times for youth receiving Medi-Cal by requiring the Department of Health Care Services (DHCS) to adopt a number of corrective measures.

BACKGROUND AND PROBLEM

On November 28, 2023, the California State Auditor released a report¹ highlighting the challenges that children and youth face when accessing behavioral health care. The report found a clear need for DHCS to monitor the compliance of health plans with statutory timely access standards to eliminate the long-standing disparities in access and mental health outcomes for the state’s low-income children and youth enrolled in Medi-Cal

For Medi-Cal youth, the Auditor found that health plans were largely unable to meet the state’s 48-hour urgent appointment standard, with a median wait time of 13 days across Medi-Cal managed care plans. Additionally, DHCS has not set any minimum standard of how many Medi-Cal non-physician mental health clinicians within a particular plan network who can provide timely access.

The information in the State Auditor’s report is concerning. In California, the lowest-income children and youth experience the highest rates of Serious Emotional Disturbance (SED), experience the greatest racial and ethnic disparities in terms of outcomes like suicide, and have the most barriers to accessing services.² These results show that ensuring Medi-Cal covered behavioral health

¹ <https://bit.ly/4a182jU>
² <https://bit.ly/3PvjAnn>

services meet timely access standards is critical to addressing the largest unmet needs.

SOLUTION

This bill would deem a Medi-Cal managed care plan not in compliance with the appointment time standards if fewer than 85% of the network providers had an appointment available within the standards or the department receives information establishing the plan was unable to deliver timely, available, or accessible health care services to enrollees, as specified. Under the bill, failure to comply with the appointment time standard may result in contract termination or the issuance of sanctions.

For contract periods commencing on or after July 1, 2025, this bill would require that the data include the number of requests for alternative access standards, categorized by new and returning patients, and the number of allowable exceptions for the appointment time standards, categorized by urgent and non-urgent appointment types and by new and returning patients.

Finally, it would require the department to monitor any plan of correction imposed by the director, with progress reported publicly no less than annually for the duration of the plan of correction. This bill would set forth definitions for the terms of “timely” and “accurate network provider data.”

BILL STATUS

Assembly Health - Amended: 03/18/2024

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