

SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH AND RECOVERY SERVICES

March 27, 2018

BHRS POLICY: 18-02

SUBJECT: Network Adequacy Standards and Timely Treatment Access for Mental Health (MHPs) and Drug Medi-Cal Organized Delivery System (DMC-ODS)

AUTHORITY: MHSUDS Notice 18-011; MHSUDS Notice 19-020; Assembly Bill (AB) 205, (Statutes of 2017); Title 42 Public Health Chapter IV Part 438 Subpart B - State Responsibilities; 42 CFR (438.68), Title 42 CFR Part 438.66 Managed Care Regulations, Network Adequacy and Provider Standards; Parity in Mental Health & Substance Use Disorder Services Final Rule (81.Federal Register 18390); Medicaid and Children's Health Insurance Program Managed Care Final Rule; Title 42 C.F.R. Part 438.206; Title 42 CFR Part 438.14(b)(1); Title 42 CFR Part 438.606; 438.2; W&I Section 14712(e),35, W&I Section 14197; CCR Title 9 Section 1810.380, 1810.385; CCR Title 28, Sect1300.67.2.2(c)(1-4),(7); DHCS Contract; BHRS Policies 05-03 and 92-09

AMENDED: Technical Edits June 11, 2018 and November 7, 2018: Amended June 19,2019

ATTACHMENTS: Attachment A: Timely Access to Assessment and Treatment for Specialty Mental Health Services
Attachment B: Timely Access to Assessment and Treatment for Specialty Mental Health Services (Flow Chart) Added 6/19/19

PURPOSE:

This policy is designed to ensure that San Mateo County BHRS is in compliance with the regulations and requirements set forth in MHSUDS Notice 18-011 and MHSUDS 19-020. To describe network adequacy standards, associated data reporting and network certification requirements mandated by the Medicaid and Children's Health Insurance Program Managed Care Final Rule (Managed Care Rule), The Parity in Mental Health and Substance Use Disorder Services Final Rule (Parity Rule) and other state and federal regulations for the delivery of Specialty Mental Health Services (SMHS) and Substance Use Disorder (SUD) services.

BACKGROUND:

Network adequacy standards and associated requirements described within this policy were developed pursuant to changes in Title 42, Part 438.68 of the Code of Federal Regulations (CFR) as described in CA Assembly Bill 205 (AB 205) and are also based on the Managed Care and Parity Rules. One purpose of the Parity Rule is to strengthen timely access to assessment and treatment for SMHS and SUD services for Medicaid (in California, Medi-Cal) clients. The Parity Rule aligned certain protections required of commercial health plans under the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA) to the Medi-Cal program.

POLICY:

The network adequacy standards include time, distance, and timely access requirements for SMHS and SUDS provided by San Mateo BHRS Mental Health Programs and Drug Medi-Cal Organized Delivery System (DMC-ODS). The data reporting and network certifications that demonstrate compliance with the network adequacy standards are described below. San Mateo meets all requirements within the California Department of Health Care Services (DHCS) MHSUDS Information Notice 18-011.

Network Adequacy Standards – Time and Distance

DHCS has established time and distance standards for SMHS and SUDS provided to all clients. San Mateo BHRS is required to meet the standards for time and distance for a large county.

- Time means the number of minutes it takes a client to travel from the client's residence to the nearest provider site.
- Distance means the number of miles a client must travel from the client's residence to the nearest provider site.

San Mateo County has been categorized as a large county, and in large counties SMHS and SUDS providers must either be within 15 miles from the client's residence or within a 30-minute drive from the client's residence.

Network Adequacy Standards – Timely Access

DHCS requires timely access to SMHS and SUDS based on the urgency of the need for services.

- Timely access standards refer to the number of business days within which the MHP and DMC-ODS must make an appointment available to a client from the date the client, or a provider acting on behalf of the client, requests a medically necessary service. Medically necessary services are defined by Title 9 (BHRS Policy 05-03 & 92-09).
- All requests for services must be tracked and entered in the Electronic Medical Record (EMR) as specified by San Mateo County. The timeline begins when a request is made. Examples of timely access include, but are not limited to, the following:
 - A request for services is made in the following ways:
 - A call received by the Call Center or other 24/7 ACCESS line
 - A client calls or walks into a clinic or provider site to request services
 - A written request for services is submitted via email, fax, letter, referral form, or authorization request

- A client requests additional services from a current provider
- The timeline starts from the moment the client or provider requests services. The following timelines are as follows depending on the type of service being requested: Timely access standards for requested services are:
 - Within 72 hours for urgent services
 - Within 10 business days for non-urgent, non-psychiatry outpatient mental health services and substance use disorder services.
 - Within 3 business days for opioid treatment services.
 - Within 15 business days from request for non-urgent psychiatry appointment (all non-opioid treatment).
- SUDS has additional timely requirements as specified in [BHRS policy 17-03](#).

Mental Health Assessment Record/Timeliness to Assessment and Treatment for New Clients to Specialty Mental Health Services (SMHS)

Note: Definition of New Client to SMHS is a beneficiary that is not currently open to any SMHS in the San Mateo County System of Care that is referred or requesting SMHS or assessment for SMHS.

New Clients to San Mateo County Specialty Mental Health Services will be offered (1) timely access to assessment and (2) timely access to treatment, if they meet medical necessity.

- *Assessment Appointment Offer* – Clients will be offered an initial appointment for assessment within the timelines specified above. If the client is unable to attend the first assessment appointment, a second attempt and a third attempt to offer an assessment appointment will be made.
 - If the client does not complete the assessment process after offering three appointments, the client will be closed and the reason for closure will be indicated for the following reasons
 - Beneficiary did not accept any offered assessment dates.
 - Beneficiary accepted offered assessment date but did not attend initial assessment appointment.
 - Beneficiary attended initial assessment appointment but did not complete assessment process.
- *Assessment Outcome* – Assessment for SMHS will determine medical necessity for SMHS. If the beneficiary:
 - *Met medical necessity* – a treatment appointment will be offered.
 - *Did not meet medical necessity* – the case will be closed, and the reason will be indicated in the chart and a Notice of Adverse Benefits Determination (NOABD) for Denial (BHRS Policy 19-01; Attachment C) will be issued.
- *Treatment Appointment Offer* - Following the completion of the assessment for SMHS, if medical necessity is established, BHRS will offer timely access to treatment. Clients will be offered an initial treatment appointment. If the client is unable to attend the first treatment appointment, a second attempt and a third attempt to offer a treatment

appointment will be made. This process usually occurs over a period of time of trying to engage the client through outreach and phone calls.

- If the client still requests treatment, after having missed the three consecutive offered appointments, the BHRS treatment team will make every reasonable effort to engage the client, taking into account the client's barriers to accessing treatment.
- If these efforts are unsuccessful, the case will be closed and the reason for closure will be indicated in the client chart as follows:
 - Beneficiary completed assessment process but declined offered treatment dates.
 - Beneficiary accepted offered treatment date but did not attend initial treatment appointment.

BHRS complies with the DHCS requirements to submit assessment records in the Behavioral Health Information System - Client Services Information (BHIS-CSI)

BHRS QM Department will notify clinical teams of new clients, as defined above, requiring tracking of assessment and treatment offer dates. The form *Timely Access to Assessment and Treatment for Specialty Mental Health Services* (attachment A) is required to be completed by the clinical team and submitted to BHRS Quality Management when:

- If the beneficiary does not accept any of the three offered assessment appointments.
- Upon completion of assessment and the client does not meet medical necessity.
- Upon completion of assessment, the client met medical necessity but all efforts to engage client to attend the first treatment session have not been successful and the determination is made that the client is not interested in engaging in treatment.
- If you discharge and refer the client to another SMHS team before the assessment process is complete and treatment is initiated.
- If client meets medical necessity and attends their first treatment session.

Network Certification Requirements

San Mateo County BHRS complies with all reporting requirements stated in DHCS Notice 18-011. The San Mateo County BHRS Executive Team monitors and ensures that an appropriate range of services, adequate for the anticipated number of San Mateo county clients, is maintained and readily available. In addition to county owned and operated providers, San Mateo County BHRS also maintains a provider network that helps to deliver all necessary services, and that is able to provide services within mandated time and distance and timeliness standards. San Mateo County BHRS will maintain a network of providers, operating within the scope of practice under State law that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of clients in San Mateo County.

Network Certification and Validation

San Mateo's MHP maintains and monitors its provider network to ensure it meets or exceeds all network capacity requirements described in DHCS Information Notice 18-011 for adult and children/youth clients. As required, San Mateo County adjusts the network providers when a change in number of clients is anticipated. DHCS uses that information, along with other sources of data, to certify the MHP's network adequacy and informs the Centers for Medicare and Medicaid Services (CMS) of that certification.

San Mateo County provides the following elements for network certification analysis:

- The anticipated Medi-Cal enrollment
- The expected utilization of services
- The characteristics and health care needs of the Medi-Cal population
- The numbers and types (in terms of training, experience and specialization) of network providers required to furnish contracted Medi-Cal services
- The numbers of network providers who are not accepting new Medi-Cal clients
- The geographic location of network providers and Medi-Cal clients, considering distance, travel time, and the means of transportation ordinarily used by Medi-Cal clients
- The ability of network providers to communicate with limited English proficient clients in their preferred language(s)
- The ability of network providers to ensure physical access, reasonable accommodations culturally competent communications, and accessible equipment for Medi-Cal clients with physical or mental disabilities
- The availability of triage lines or screening systems, as well as the use of tele-medicine, e-visits, and/or other evolving and innovative technological solutions

Network Adequacy Standards

The following tables show the timely access and time and distance standards that San Mateo County BHRS follows in compliance with the DHCS requirements in DHCS Notice 18-011 and Title 28 of the CCR. San Mateo County aims to offer clients timely access to an appropriate provider within time and distance standards.

- Timely access standard refers to the number of business days in which San Mateo County must make an appointment available to a client from the date the client, or a provider acting on behalf of the client, requests a medically necessary service.
 - The applicable mental health services appointment time standard may be extended if it has been determined by a provider working within her/his scope of practice that a longer waiting time will not have a detrimental impact on the health of the client. This must be noted in the client's record.

- Time means the number of minutes it takes a client to travel from the client’s residence to the nearest provider site.
- Distance means the number of miles a client must travel from the client’s residence to the nearest provider site.

Psychiatry- Medication Support Services

Timely Access	Within 15 business days from request to appointment
Time and Distance	Up to 15 miles or 30 minutes from client’s residence

Mental Health Services, Targeted Case Management, and Crisis Intervention

Timely Access	Within 10 business days from request to appointment
Time and Distance	Up to 15 miles or 30 minutes from client’s residence

Outpatient SUD services (excludes Opioid Treatment Programs)

Timely Access	Within 10 business days from request to appointment
Time and Distance	Up to 15 miles or 30 minutes from client’s residence

Opioid Treatment Programs (due to the need for clients to receive their medication daily since imminent withdrawal will occur without medication.)

Timely Access	Within 3 business days from request to appointment
Time and Distance	Up to 15 miles or 30 minutes from client’s residence

Alternative Access Standards

Under the Managed Care Rule, San Mateo County BHRS may request an exception to the time and distance and/or timely access standards outlined above. This may be when BHRS has exhausted all other reasonable options to provide services within the standards. BHRS will submit these request to DHCS, will explain why the request is being made. DHCS must approve the alternative standards.

Community-Based and Mobile Services

Rehabilitative SMHS are to be provided in the least restrictive setting, consistent with the goals of recovery and resiliency, and may be provided anywhere in the community. The MHP and DMC-ODS comply with this requirement by delivering services to clients in a timely manner and consistent with the client’s individualized plan. DHCS may consider a substitute standard, other than time and distance, when services are provided to the client in the community.

Telehealth Services

At times, San Mateo may provide telehealth services. Prior approval from the BHRS Medical Director or designee is required before telehealth services are provided.

San Mateo County meets the requirements of the [DHCS Telehealth Policy](#) and the time and distance standards. San Mateo telehealth services also comply with DHCS's Medi-Cal Provider Manual and telehealth policy.

Telehealth providers meet the following criteria:

- Licensed to practice medicine in the State of California
- Screened and enrolled as providers in the Medi-Cal program
- Able to comply with state and federal requirements for the Medi-Cal program

Network Data Reporting Requirements

San Mateo County submits documentation to DHCS certifying that the County has complied with DHCS's requirements for availability and accessibility of services, including the adequacy of the provider network, as set forth in DHCS Notice 18-011

San Mateo County completes the Network Adequacy Certification Tool (NACT) and the internal reporting requirements are the joint responsibility of the following BHRS departments: Information Technology (IT), Management Information System (MIS), Quality Management (QM), Alcohol and Other Drugs (AOD), and other administrative departments under the leadership of the BHRS Assistant Director. All providers and contractor agencies providing any SMHS or ODS services are required to comply with all requests for data related to programing and staffing as requested by the BHRS Quality Management Department in a timely fashion.

In addition to the NACT, San Mateo County submits supporting documentation of network adequacy. This supporting documentation shall include, at a minimum, all of the following, separately for children/youth and adults:

- Geographic access maps and accessibility analyses to confirm compliance with time or distance standards. The map must plot time and distance for all network providers, stratified by service type, and geographic location. It also includes a map of community-based settings where services are regularly delivered. San Mateo County's analysis illustrates that it complies with time or distance standards, and any alternative access standards approved by DHCS.
- An alternative access request, if applicable
- An analysis of the availability of community based services (i.e., where the provider travels to the client to delivery services)
- An analysis and evidence that San Mateo County has sufficient American Indian Health Facilities in network to ensure timely access to services for Indian clients who are eligible to receive services
- Provider counts

- An analysis of the expected utilization of services
- An analysis of language line utilization

San Mateo County also submits additional supporting documentation:

- Grievances and appeals related to availability of services and/or problems in obtaining services in a timely fashion, as well as the resolutions of such grievances and appeals
- Provider agreement boilerplates for network providers and subcontractors, including agreements pertaining to interpretation, language line, and telehealth services
- San Mateo County's provider directory/directories
- The results of beneficiary satisfaction surveys related to network adequacy or timely access

Policies and procedures addressing the following topics:

- Network adequacy monitoring
- Out of network access
- Timely access
- Service availability
- Physical accessibility
- Telehealth services
- 24/7 Access Line requirements
- 24/7 language assistance

Submission Requirements

San Mateo County will submit the NACT and supporting documentation as required by DHCS. In addition, San Mateo County complies with the requirement to notify DHCS, within 10 business days, any time there has been a significant change in operations that would affect the adequacy and capacity of services, including, but not limited to, the composition of the provider network. DHCS must be notified if there is any loss of a network provider (e.g., psychiatrist(s) serving children/youth).

Network Adequacy Non-Compliance

San Mateo County submits timely documentation on which DHCS bases its certification that San Mateo County has complied with DHCS's requirements for availability and access to services, including the adequacy of the provider network. If San Mateo County is found to be non-compliant with the submission requirements, including completeness, accuracy, and timeliness or lack of the submission, San Mateo County will be subject to fines, sanctions and penalties.

If DHCS or San Mateo County Executive Team determines that, at any time San Mateo County does not have the appropriate network or does not meet the applicable timely access and/or time and distance standards a Plan of Correction will be developed with the Leadership Team and Quality Management to address this gap in service delivery. San Mateo County will comply with any request for a Plan of Correction by DHCS.

Ongoing Network Adequacy Monitoring

San Mateo County with the BHRS Assistant Director will conduct quarterly meetings to review and complete forms, and provide listed materials to ensure ongoing network adequacy monitoring and completion of requirements. Network adequacy monitoring activities include, but are not limited to, the following:

- Quarterly NACT data submissions for San Mateo County MHP and Annual NACT data submissions for San Mateo County DMC-ODS
- Triennial reviews of San Mateo County MHP and annual reviews of DMC-ODS
- Annual program assessment reports submitted to CMS
- Annual External Quality Review Organization (EQRO) reviews
- Plan performance dashboards
- Corrective action monitoring and follow-up
- Any other monitoring activities required by DHCS
- If needed, Corrective action, and plan of action, under direction of the BHRS Assistant Director.

Out of Network Access

For all San Mateo clients eligible to receive Specialty Mental Health Services (SMHS, covered by Medi-Cal) and/or Substance Use Disorder (SUD) services within the ODS (covered by Drug Medi-Cal) BHRS will ensure that out of network access is available if the BHRS Provider Network is unable to provide timely medically necessary services as required under contract with DHCS. BHRS will continue to cover all SMHS and/or SUD services out of network as long as BHRS deems these services to be medically necessary and remains unable to provide them within network. Out of network providers will coordinate with BHRS for payment and must ensure that the cost to the client is no greater than it would be if the services were provided within the network. When an in network provider becomes available for a client receiving medically necessary services out of network, BHRS will facilitate the smooth transition of the client’s care to the in network provider, keeping continuity of care considerations in mind at all times.

Approved: _____ *Signature on file*
Scott Gruendl, MPA
BHRS Assistant Director

Approved: _____ *Signature on file*
Scott Gilman, MSA
BHRS Director