



Policy Number:	25-07
Policy Name:	Network Adequacy Standards and Timely Treatment Access for Mental Health (MHPs) and Drug Medi-Cal Organized Delivery System (DMC-ODS)
Authority:	Behavioral Health Information Notice No: 25-013; Title 42 Code of Federal Regulations (CFR) Parts 438.68, 438.206, and 438.207; Welfare and Institutions Code (WIC) section 14197; WIC 14197.1.
Original Policy Date:	November 6, 2025 Effective Date: 11/06/25
Policy Last Revised:	N/A
Supersedes:	18-02
Attachments:	N/A

PURPOSE

This policy is written to ensure that San Mateo County Behavioral Health and Recovery Services (BHRS) is in compliance with the regulations and requirements set forth in BHIN 25-013, which expands and clarifies the California Department of Healthcare Services (DHCS) network adequacy certification submission requirements for the FY 2025-26 certification period.

BACKGROUND

On May 6, 2016, the Centers for Medicare and Medicaid Services (CMS) published the Medicaid and Children's Health Insurance Program Managed Care Final Rule (referred to as the "Managed Care Rule"), which aligns many of the Medicaid managed care regulations with requirements of other major sources of coverage. MHPs and DMC- ODS Plans, referred to in this document as Behavioral Health Plans (BHPs) when described collectively, are classified as Prepaid Inpatient Health Plans (PIHPs) under federal law and must therefore comply with the Managed Care Rule (with some exceptions). The Managed Care Rule directs states to develop and enforce network adequacy standards that meet federal requirements. Most network adequacy standards are set forth in 42 CFR Parts 438.68, 438.206, and 438.207. WIC section 14197 includes time or distance and timely access standards and authorizes the Department of Health Care Services (DHCS) to interpret and implement those standards by information notice. (WIC § 14197(j).) In addition, WIC section 14184.102(d) authorizes DHCS to implement the CalAIM statutes, including continuing to implement the Specialty Mental Health Services (SMHS) program (WIC section 14184.400(a)) and the DMC-ODS (WIC section 14184.401(a)), by information notice. Medi-Cal is the Medicaid health care program for California and DHCS administers this program and its requirements, which include



all federal and state network adequacy standards.

POLICY

San Mateo County BHRS provides Specialty Mental Health Services (SMHS) and Substance Use Disorder (SUD) services through its Mental Health Plan and Drug Medi-Cal Organized Delivery System (DMC-ODS). As a Behavioral Health Plan, BHRS must comply with all State and federal requirements for service availability, network adequacy, and timely access. BHRS offers a full range of services that meet the needs of the anticipated number of clients in the service area. Its provider network is sufficient in size, mix, and geographic distribution, and includes licensed professionals operating within their scope of practice. BHRS documents and monitors compliance separately for adult and child/youth services and meets all applicable requirements outlined in DHCS Behavioral Health Information Notice 25-013, as described below.

I. Network Certification Requirements

San Mateo County BHRS meets all reporting requirements outlined in BHIN 25-013 to ensure that Medi-Cal covered services under both the MHP and DMC-ODS are consistently available and accessible to clients.

BHRS maintains a provider network—alongside county-operated programs—that delivers the full range of SMHS and DMC-ODS services. The network is designed to meet the needs of the Medi-Cal population based on:

- Anticipated Medi-Cal enrollment
- Expected service utilization
- Medi-Cal population characteristics and health care needs
- Number, training, and specialization of providers required to provide Medi-Cal services
- Number of providers not accepting Medi-Cal members
- Geographic location of providers and Medi-Cal members, considering distance, travel time, and the means of transportation ordinarily used by Medi-Cal members
- Ability of providers to communicate with limited English proficient members in their preferred language(s)
- Ability of providers to ensure physical access, reasonable accommodations, culturally competent communications, and accessible equipment for Medi-Cal members with physical or mental disabilities
- Availability of triage lines, tele-medicine, e-visits, and/or other innovative service delivery options

BHRS maintains policies and procedures outlining the requirements for inclusion in the BHRS network of providers.

- BHRS Policy 25-04: Credentialing and Re-Credentialing BHRS Providers



- BHRS Policy 98-12: Agency Authority: Provider Certification - Medi-Cal
- BHRS Policy 19-07: Provider Selection and Retention (Mental Health Network of Care)
- BHRS Policy 21-02: Specialty Mental Health Services Provider Network (SPPN)

BHRS submits monthly 274 files identifying which network providers deliver SMHS services under the MHP contract, and DMC-ODS providers covered under the County's Intergovernmental Agreement with DHCS.

A. Submission Requirements

San Mateo County BHRS certifies compliance with DHCS network adequacy requirements by submitting all required data and documentation. This includes:

- Monthly submission of provider data for both MHP and DMC-ODS plans using the 274 file
- Timely completion of all Annual Network Certification (ANC) requirements as instructed by DHCS
- Electronic submission of supporting documents into the Behavioral Health Information System (BHIS) folder using proper naming conventions
- Full compliance with any Corrective Action Plans (CAPs) issued due to late, incomplete, or inaccurate submissions

The 274 file and internal reporting are a shared responsibility across BHRS departments, including Information Technology (IT), Management Information Systems (MIS), Quality Management (QM), Substance Use Disorder (SUD) and other administrative teams under the direction of the BHRS Director.

All BHRS providers and contractor agencies delivering SMHS or DMC-ODS services must respond promptly to data and staffing information requests from the BHRS Quality Management team and/or other BHRS departments supporting the NACT submission.

In addition to the 274 file, BHRS submits separate supporting documentation for adult and child/youth services, as outlined in this policy.

B. Certification of Network Adequacy Data and Documentation Submission

The San Mateo County BHRS Director certifies that all submitted data and documentation is accurate and complete. This certification, submitted alongside supporting documentation, is required to receive Medicaid payments. The following sections describe the network adequacy data and documentation used by DHCS to verify compliance.

II. MHP Network Capacity and Composition

San Mateo County BHRS maintains a provider network that meets or exceeds DHCS requirements for Specialty Mental Health Services (SMHS). The network is supported by written agreements and is sufficient to serve all Medi-Cal clients, including those with limited English proficiency (LEP), physical disabilities, or mental health conditions. BHRS adjusts provider levels based on projected enrollment and monitors compliance through multiple capacity metrics.



A. Estimating Service Need and Monitoring Capacity

1. Provider to Member Ratios

DHCS calculates anticipated Medi-Cal enrollment by county using MEDS data. BHRS will ensure submissions comply with the most recently published guidance from DHCS.

B. Psychiatry Services and Medication Support

DHCS uses SMHS claims data to estimate the proportion of psychiatry time dedicated to medication support services, which informs provider ratio requirements.

The percentages are used by DHCS to adjust the statewide average of psychiatry services when setting required provider-to-member ratios.

C. FTE Reporting and Compliance Standards

San Mateo County BHRS calculates Full-Time Equivalents (FTEs) as follows:

- 1.0 FTE = Full-time direct service to Medi-Cal clients
- Part-time FTEs are based on the average percentage of time dedicated to direct services annually

1. Productivity Standard

DHCS establishes a 60% productivity rate, defined as time spent delivering direct billable services. This equates to 74,880 productive minutes per full-time equivalent (FTE) for SMHS providers.

2. Direct Service Provider Reporting (274 File)

When reporting in the 274 file, BHRS:

- Includes only direct providers of SMHS and psychiatry services
- Limits FTEs to outpatient services, allocating time appropriately for dual-setting providers
- Reports separate FTEs by age group and service type when applicable
- Meets psychiatry ratios using FTEs for psychiatrists, neurologists, PMHNPs, and physicians
- Submits a PMHNP attestation and maintains a 4:1 PMHNP-to-psychiatrist ratio
- Includes IHBS and ICC providers, excluding providers assigned only to non-outpatient services
- Selects mental health services in the 274 file and includes all relevant service types for credit

3. Administrative Staff

Administrative or leadership staff are only included in FTE counts if they provide direct client services on a regular basis. The FTE, if included, will accurately reflect the amount of time the individual is available to provide direct services. If reported with zero



caseload, BHRS submits a written explanation.

D. Alternative Access and Staffing Flexibility

1. Reserve/Staffing Contracts

San Mateo County does not use reserve/staffing contracts to meet network adequacy standards or as a basis for Alternative Access Standard (AAS) requests.

2. AAS Requests for FTEs over 1.0

To meet capacity and composition requirements, BHRS may request an AAS for providers exceeding 40 hours/week. The submission includes:

- Narrative on county letterhead with provider details and FTE breakdowns by delivery system, provider service modality, and age group(s) served
- Executed contracts and supporting documentation, such as MHP attestation confirming FTEs
- Attestation for County-employed providers

DHCS provides written explanation if the request is denied.

E. Residential Treatment Services, Psychiatric Health Facility Services, and Inpatient Hospital Services Requirements (MHP Only)

1. BHRS submits documentation for Residential Treatment Services, Psychiatric Health Facilities (PHFs), and Inpatient Hospital Services. This includes:

- Monthly 274 file reporting of Medi-Cal certified facilities
- Invoices or executed contracts covering the certification period

2. Submissions must cover:

- All facilities delivering Medi-Cal SMHS, across all age groups
- Crisis residential and adult residential treatment providers
- Out-of-county providers within the BHRS network

3. For PHFs and IMDs, San Mateo County ensures enrollment in DHCS' Provider Information Management System (PIMS) and submits documentation to validate services and inclusion on the IMD list.

III. DMC-ODS: Availability of Services

San Mateo County BHRS maintains a network of DMC-ODS providers that meets or exceeds DHCS standards for service access, capacity, and geographic distribution. The network is supported by written agreements and is sufficient to deliver the full range of SUD services to Medi-Cal beneficiaries, including individuals with limited English proficiency (LEP), physical disabilities, or mental health conditions.

BHRS meets or exceeds DMC-ODS network capacity requirements and proportionally adjusts the number of providers based on anticipated changes in enrollment.

**A. 274 File Submission Requirements**

San Mateo County BHRS submits a comprehensive list of DMC-ODS network providers in the monthly 274 file as part of its annual network adequacy certification. For each provider, the County reports:

- The maximum number of clients the provider can serve, broken down by age group (i.e., 0-17, and 18+) and service modality
- Whether the provider is currently accepting new clients
- The projected number of clients to be referred at any one time, if the contract does not specify a maximum capacity

B. Projected Utilization and Capacity Assessment

DHCS projects expected DMC-ODS utilization using data from the National Survey on Drug Use and Health (NSDUH), which is sponsored by the Substance Abuse and Mental Health Administration.

BHRS also provides internal projections of clients who will seek treatment by treatment modality throughout the certification period. DHCS uses these projections to evaluate the sufficiency of BHRS' provider network capacity.

1. Residential Capacity Adjustments

C. Capacity Deficiency Review and Supplemental Data

If DHCS identifies a capacity deficiency in the initial network review, it conducts a second analysis based on **monthly utilization data**. To be deemed sufficient, the reported maximum number of clients served (per modality and age group) must meet or exceed the projected monthly utilization.

If San Mateo County is still found deficient, the DMC-ODS Plan must submit a **Supplemental Data Tool** as part of a **Corrective Action Plan (CAP)** and compliance reassessment submission.

IV. Time or Distance Access Standards

San Mateo County BHRS complies with DHCS time and distance standards for large counties, which require that providers of both SMHS and DMC-ODS services be located within 15 miles or a 30-minute drive from a client's residence.

- 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.

DHCS evaluates compliance using geographic access maps based on 274 file submissions. BHRS may request these maps for internal review.

A. Use of Field-Based and Telehealth Services



1. To promote access in the least restrictive setting, San Mateo County BHRS uses field-based services and/or mobile providers to help meet network adequacy standards. The County submits information on the availability and use of these services in the 274 file.
2. In addition, BHRS may use telehealth to deliver SMHS and DMC-ODS services. Prior approval from the BHRS Medical Director or designee is required before initiating telehealth services.
3. BHRS ensures that all telehealth providers:
 - Are licensed to practice in California
 - Are screened and enrolled as Medi-Cal providers
 - Comply with all state and federal Medi-Cal requirements
4. San Mateo County meets all applicable DHCS telehealth policies, including:
 - Medi-Cal Provider Manual Telehealth Policy
 - BHIN 23-018 (Telehealth Requirements)
 - BHIN 21-008 (Transportation Coordination for In-Person Requests)

BHRS maintains BHRS Policy 22-07: Electronic Communication (Client Communication) which provides procedures and guidelines on providing services via telehealth

DHCS allows telehealth to count toward time/distance standards, but 85% of clients by zip code must still have access to an on-site provider within the required time or distance.

V. Timely Access Standards

DHCS requires that SMHS and DMC-ODS appointments be made available based on the **urgency of clinical need**. The timeline begins when a client—or a provider acting on their behalf—requests a medically necessary service, as defined by Title 9 and applicable BHRS policies. All service requests must be logged and tracked in the Electronic Medical Record (EMR) system in accordance with BHRS protocols. Request methods include:

- Calls to the Call Center or 24/7 Access Line
- Walk-ins to provider sites
- Written requests (email, fax, letter, referral forms)
- In-person requests to current providers

A. SMHS Timely Access Standards

- Urgent care (no prior authorization): within 48 hours
- Urgent care (with prior authorization): within 96 hours
- Non-urgent outpatient services (non-psychiatry): within 10 business days
- Non-urgent psychiatry appointments: within 15 business days
- Non-urgent follow-up appointments (non-physicians): within 10 business days of previous appointment



B. DMC-ODS Timely Access Standards

- Urgent care (no prior authorization): within 48 hours
- Urgent care (with prior authorization): within 96 hours
- Non-urgent outpatient services: within 10 business days
- Non-urgent follow-up appointments (non-physicians): within 10 business days of previous appointment
- Residential treatment services: within 10 business days
- Non-urgent psychiatry appointments (non-opioid): within 15 business days
- Opioid Treatment Programs (OTP): within 3 business days

C. Timely Access Data Tool (TADT) Reporting Requirements

San Mateo County submits timely access data through the TADT to assess compliance with the timely access standards.

VI. Alternative Access Standards (AAS) for Time or Distance and Timely Access

If time, distance, or timely access standards cannot be met, San Mateo County BHRS may request an Alternative Access Standard (AAS) from DHCS. An AAS request may be initiated by DHCS or submitted proactively by BHRS after exhausting all reasonable options to secure in-network providers.

1. Each AAS request includes:

- Justification for the exception, citing facts specific to each zip code and service type
- Seasonal or geographic barriers impacting service access
- Evidence of outreach to at least two out-of-network providers per zip code/service type
- Explanation of any service gaps within the County

2. San Mateo County complies with all DHCS AAS review requests, which may include:

- Documentation of provider outreach and contracting efforts
- Evidence of quality-of-care issues when applicable
- Description of services offered via transportation or telehealth

Approved AAS requests are valid for three years and reassessed annually.

VII. Language Assistance Capabilities

San Mateo County BHRS maintains and monitors a provider network that ensures meaningful access to all covered services for clients with Limited English Proficiency (LEP). Language assistance services are available free of charge in any language, and include:

- Oral Interpretation: Real-time spoken language support, provided in person, by phone, video, or other formats



- Written Translation: Translation of written materials, including forms, notices, and service information
- American Sign Language (ASL): Real-time visual language interpretation provided in person or via video
- TTY/TDD and other auxiliary aids: To support clients with hearing or speech impairments

BHRS maintains policies which outline requirements for providing culturally and linguistically appropriate services.

- BHRS Policy 99-01 Services to Clients in Primary or Preferred Languages
- BHRS Policy 05-01: Translation of Written Materials, and
- BHRS Policy 18-01: Inclusion framework and Implementation of CLAS Standards

A. Provider Directory and Cultural Competency Reporting

San Mateo County BHRS reports the cultural and linguistic capabilities of all network providers in the 274 file, including:

- Languages spoken by providers or qualified medical interpreters available on site
- Completion of cultural competency training by each provider

BHRS maintains this information in the publicly available provider directory to support client choice and access.

BHRS maintains BHRS Policy 19-06: Provider Directory which outlines requirements for the provider directory.

B. Interpreter Services and Encounter Reporting

BHRS submits all required contracts or subcontracts with interpreters and language line service vendors to DHCS, in alignment with network adequacy certification.

In addition, BHRS submits the annual Language Line Encounters (LLE) Report, which includes:

- 24/7 Access Line encounters
- Face-to-face service encounters involving interpretation
- Telehealth sessions requiring language assistance

VIII. Mandatory Provider Types

San Mateo County BHRS complies with federal regulations regarding Indian Health Care Providers (IHCPs), in accordance with 42 CFR § 438.14. These requirements ensure protections for American Indians and access to Indian health services within Medi-Cal managed care systems.

To meet these requirements, BHRS:



- Documents good-faith efforts to contract with all IHCPs serving the County's geographic region
- Submits executed contracts with IHCPs as part of its annual network adequacy submission and 274 file reporting
- Provides an attestation with justification if no IHCPs are contracted, explaining why and documenting all outreach attempts

IX. Continuity of Care (CoC) and Transition of Care (ToC) Reports

San Mateo County BHRS complies with MHSUDS Information Notices 18-059 (for MHP) and 18-051 (for DMC-ODS Plan), which require BHPs to report all Continuity of Care (CoC) and Transition of Care (ToC) requests to DHCS.

BHRS submits CoC and ToC data using the standardized DHCS reporting templates. This data must be submitted securely through the Behavioral Health Information System (BHIS) Secure Data Portal. Email or any other submission method is prohibited and will be treated by DHCS as a breach of federal privacy regulations.

If BHRS has no CoC or ToC requests to report during a given period, it submits a statement on County letterhead—or within the template—indicating: “No service request for the reporting period.”

X. Grievances and Appeals

San Mateo County BHRS complies with all DHCS requirements related to the tracking and reporting of grievances and appeals, as outlined in the 1915(b) Waiver program and applicable to MHP and DMC-ODS plans.

Each annual submission includes a copy of the Notice of Adverse Benefit Determination (for appeals) and other supporting documentation as required by DHCS.

BHRS maintains BHRS policy 19-01: Consumer Problem Resolution & NOA, which outlines internal procedures for receiving, processing, and resolving grievances and appeals.

XI. Provider Service Validation

San Mateo County BHRS ensures its provider network delivers all required SMHS and DMC-ODS services in accordance with DHCS contracts and certification requirements. All network providers are:

- Enrolled in Medi-Cal
- SMHS-certified (for MHP services) or DMC-certified (for DMC-ODS services)
- Formally contracted and authorized to bill for Medi-Cal services

DHCS conducts provider service validation using monthly 274 file submissions:

- For SMHS, DHCS cross-references 274 data with the Provider Information Management System (PIMS) to confirm that all services are delivered by certified, in-network providers.



- For DMC-ODS, DHCS validates provider data against the Master Provider File (MPF) and verifies residential treatment facility licensure using the California Health and Human Services Open Data Portal.

MHPs or DMC-ODS Plans that do not offer all required services through certified, contracted providers will be found out of compliance with Provider Service Validation requirements.

XII. Organizational Provider Subcontract Submission Requirements

San Mateo County BHRS submits all required documentation related to subcontracted organizational providers as part of its annual network certification to DHCS. This includes verification that all providers delivering Medi-Cal Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) services meet state and federal requirements.

BHRS ensures the following for each subcontracted organizational provider:

- A valid, executed subcontract is in place that clearly identifies the scope of Medi-Cal covered services
- Each subcontracted provider is enrolled and certified as required:
 - Medi-Cal enrolled (for all providers)
 - SMHS certified (for MHP providers)
 - DMC-certified (for DMC-ODS providers)
- The subcontract includes language ensuring compliance with DHCS contractual and regulatory requirements, including:
 - Timely access to care
 - Network adequacy
 - Cultural and linguistic competency
 - Data submission and quality reporting
 - Monitoring and corrective action expectations
 - DHCS and federal audit rights
- All required subcontract documentation is submitted to DHCS, including:
 - A copy of each signed subcontract
 - A Subcontractor Attestation Form confirming the provider's role and qualifications
 - Provider NPI and service location details reported in the 274 file

In cases where BHRS does not subcontract with a required provider type, an attestation on County letterhead is submitted to DHCS explaining the absence and describing attempts made to secure a qualified provider.

XIII. Submission of Policies and Procedures



San Mateo County BHRS maintains and submits policies and procedures that demonstrate compliance with DHCS network adequacy requirements for both SMHS and DMC-ODS services. These policies and procedures are reviewed and updated as needed to ensure alignment with current DHCS guidance. As part of the annual network certification submission, BHRS includes policies addressing the following areas:

- Network adequacy monitoring
- Out of Network (OON) access
- Timely Access to services
- Service Availability
- Physical Accessibility
- Telehealth Services
- 24/7 Access Line Requirements
- 24/7 Language Assistance

San Mateo County BHRS may submit a statement in lieu of full documents for any policies and procedures that remain unchanged from the previous submission.

XIV. Network Adequacy Monitoring

San Mateo County BHRS conducts ongoing monitoring of its Specialty Mental Health Services (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) provider networks to ensure continuous compliance with DHCS network adequacy requirements. This includes proactive reporting of network changes, routine internal monitoring, and submission of required attestations.

XV. Significant Change Reporting

San Mateo County BHRS submits a Significant Change Disclosure Form to DHCS when changes occur that may impact access to care or compliance with time, distance, or timely access standards. A disclosure is required whenever there is a significant change in:

- The number, mix, or geographic distribution of providers
- The scope, modality, or location of services
- Access to telehealth, transportation, or field-based services
- Provider enrollment, certification, or termination status
- Anticipated Medi-Cal enrollment that may affect network capacity

Examples of significant changes include but are not limited to:

- Closure or relocation of a contracted provider site
- Addition of new service sites or modalities (e.g., mobile crisis)
- Termination or expiration of key provider contracts



- Reduction in service hours or staffing for high-demand services
- Identified barriers to access following a major service disruption

The Disclosure Form includes detailed descriptions of:

- Description and effective date of the change
- Impacted zip codes, provider types, and services
- Any mitigation strategies in place (e.g., field-based providers, telehealth, interim contracts)

BHRS ensures that all required fields are completed and the form is submitted through the BHIS Secure Data Portal with an updated 274 file reflecting the network change.

XVI. Semi-Annual Attestation Reporting Requirement

San Mateo County BHRS complies with DHCS requirements to submit semi-annual attestations verifying continued compliance with network adequacy standards for both SMHS and DMC-ODS services. Each attestation confirms whether BHRS

- Continues to meet time and distance standards
 - Continues to meet timely access standards
 - Has implemented any significant changes since the last submission
1. If BHRS has not experienced any changes to its network that affect compliance with these standards, the attestation must still be submitted and must include a statement explicitly stating no changes have occurred.
 2. If BHRS has made changes that may impact compliance, the attestation must:
 - Identify the change(s)
 - Indicate whether a Significant Change Disclosure Form was previously submitted
 - Briefly describe mitigation efforts, if applicable
 3. Failure to submit the attestation may result in a finding of non-compliance.

XVII. Non-Compliance with Network Adequacy Standards - Corrective Action Plans (CAPs)

San Mateo County BHRS will develop and submit a Corrective Action Plan (CAP) to DHCS if:

- Required data submissions are incomplete or not submitted by the deadline for the Annual Network Certification (ANC) reporting period, or
- DHCS identifies a deficiency in one or more network adequacy standards following review

CAPs will be submitted using DHCS's standardized tools outlining the specific steps BHRS will take to come into compliance, along with projected timelines for each corrective action. BHRS will ensure that all proposed steps are realistic, time-bound, and designed to address the root causes of non-compliance.



Upon DHCS approval of the CAP:

- BHRS will ensure implementation of the approved plan
- All supporting data and documentation outlined in the approved CAP will be submitted according to the timelines defined in the CAP
- If requested, BHRS will submit additional follow-up documentation to demonstrate progress and final compliance

DHCS will provide BHRS with at least 30 days' notice of the CAP due date. BHRS will coordinate internal response efforts across impacted departments (e.g., Quality Management, MIS, Contracting, SUD, MH Divisions) to meet submission requirements according to the due date set by DHCS.

During the corrective period:

- BHRS will submit updates to DHCS as required or requested
- Updates will include evidence of progress, explanations for any delays, and adjustments to timelines as necessary

If DHCS determines that BHRS is not making satisfactory progress, the County may be subject to temporary payment withholds and/or monetary sanctions until the deficiencies are resolved.

XVIII. Out of Network Coverage Obligation

For all San Mateo clients eligible to receive SMHS or DMC-ODS services, 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 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.

XIX. Monetary Sanctions and Temporary Withholds

San Mateo County BHRS acknowledges that DHCS may impose monetary sanctions or temporarily withhold funds in accordance with Welfare and Institutions Code (WIC) §14197.7, subdivisions (e), (f), and (o), if BHRS fails to comply with network adequacy requirements.



SIGNATURES

Approved: _____ *Signature on File*
Dr. Jei Africa, PsyD, FACHE
BHRS Director

Approved: _____ *Signature on File*
Scott Gruendl, MPA, CPCO
Compliance Officer

REVISION HISTORY

Date of Revision	Type of Revision	Revision Description