SANTA CRUZ COUNTY
Behavioral Health Services

POLICY AND PROCEDURE MANUAL

Subject: Behavioral Health Network Adequacy	**Policy Number: 2107**
Date Effective: 4/22/2019	**Pages: 4**
Replaces: 2/12/2018	**Responsible for Updating:** Directors for Adult/Child/SUD Services
Approval: _____ Behavioral Health Director	4-23-19 Date

POLICY:
Beneficiaries of Santa Cruz County Mental Health Plan and/or DMC-ODS Plan (referred herein as "Plan") will be able to access providers/services within the timeframes and distance in accordance with state and federal regulations.

PURPOSE:
To insure all providers adhere to network adequacy and timely access standards consistent with state and federal requirements.

DEFINITIONS:

1. "24/7 Access line" means a statewide, toll-free telephone number available 24 hours a day, seven days per week, with language capability in all languages spoken by Medi-Cal beneficiaries in the county.

2. "Time and distance" means the number of minutes and miles from the beneficiary's residence to the provider site.

3. "Timely access standards" refers to the number of business days in which a Plan must make an appointment available to a beneficiary from the date the beneficiary, or a legal guardian acting on behalf of the beneficiary, requests a medically necessary service. For Santa Cruz County the distance/time standards for both MHP & DMC-ODS are 30 miles/60 minutes from beneficiary's home to closest provider site.

   Examples of timely access include, but are not limited to, the following:

   a) A DMC-ODS beneficiary calls the Plan's 24/7 Access line to request outpatient non-urgent services and the Plan offers an appointment within 10 business days.
   b) A beneficiary walks in to a clinic site to request services, the Plan's provider conducts an assessment or schedules an assessment appointment within 10 business days.
   c) MHP will offer an appointment within 10 days but not later than state/federal required

15 business days to requests for psychiatric services by the beneficiary.

PROCEDURES:
At a minimum Behavioral Health (BH) will meet the following requirements:

1. Maintain and monitor a network of appropriate providers that is sufficient to provide adequate access to all services covered under the MHP and DMC-ODS contracts between BH and DHCS for all beneficiaries, including those with limited English proficiency or who speak a language other than English. BH will ensure that network providers provide physical access and reasonable accommodations for Medi-Cal beneficiaries.
2. Plan will adhere to, in all geographic areas within the county, the time and distance standards developed by DHCS.
    a. For outpatient Medi-Cal Specialty Mental Health Services (SMHS) including psychiatry, Plan will require that providers are located within 30 miles or 60 minutes of a beneficiary's residence.
    b. For DMC-ODS services, Plan will require that providers are located within 30 miles or 60 minutes of a covered beneficiary's residence.
3. Plan will provide for a second opinion from a county or network provider, or arrange for the beneficiary to obtain one outside the network, at no cost to the beneficiary.
4. If Plan's provider network is unable to provide necessary services covered under the DMC-ODS contract or MHP contract with DHCS to a beneficiary, BH will adequately and timely cover these services out of network for the beneficiary, for as long as BH is unable to provide them.
5. BH requires that out-of-network providers coordinate authorization and payment with BH. BH will ensure that the cost to the beneficiary for services provided out of network pursuant to an authorization is no greater than it would be if the services were furnished within Plan's network.
6. BH will ensure that its network providers are credentialed as required in 42 CFR, Section 438.214 and for the MHP, California Code of Regulations (CCR), Title 9, Section 1810.435.
7. BH will promote the delivery of services in a culturally and linguistically appropriate manner to all covered beneficiaries, including those with limited English proficiency and diverse cultural and ethnic backgrounds, regardless of gender, sexual orientation or sexual identity. Services will be delivered consistent with BH CLAS Plan.
8. BH will demonstrate that it has the capacity to serve covered beneficiaries in accordance with DHCS standards for access and timeliness of care to insure:
    a. For DMC-ODS services, whenever there is a change in the Contractor's operation that would cause a decrease of two or more in services or providers available to beneficiaries.
    b. For MHP, whenever there is a change in MHP operation that would cause a decrease of 25 percent or more in services or providers available to beneficiaries, changes in benefits, changes in geographic service area, composition of payments to the provider network, or enrollment of a new population, BH will report this to DHCS, including details regarding the change and will specify the plan to maintain adequate services and providers available to beneficiaries.
    c. BH will submit documentation to DHCS for both MHP and DMC-ODS, in a format specified by DHCS, that ensures BH complies with the following requirements:

i. Offers an appropriate range of SMHS that are adequate for the anticipated number of beneficiaries.

ii. Maintains a network of providers that are sufficient in number, mix and geographic distribution to meet the needs of the anticipated number of covered beneficiaries.

9. The MHP and DMC-ODS will maintain and monitor a service network of appropriate providers that is supported by written agreements that consider the following:

   a. The anticipated number of Medi-Cal eligible beneficiaries.

   b. The expected utilization of services, taking into account the characteristics and behavioral health needs of beneficiaries.

   c. The expected number and types of providers in terms of training and experience needed to meet expected utilization.

   d. The geographic location of providers and their accessibility to beneficiaries, considering distance, travel time, means of transportation ordinarily used by Medi-Cal beneficiaries, and physical access for disabled beneficiaries.

   e. The ability of network providers to communicate with limited English proficient beneficiaries in their preferred language.

   f. The ability of network providers to ensure the physical access, reasonable accommodations, culturally appropriate communications for beneficiaries.

Timely Access

BH will comply with the requirements set by DHCS including the following:

1. Require providers to meet DHCS standards for timely access to care and services, taking into account the urgency of need for services.

   a. For outpatient SMHS, other than psychiatry, Plan will provide timely access within 10 business days from request to appointment.

   b. For specialty mental health psychiatric services, Plan will provide timely access within 10 business days but no later than 15 days from request to appointment.

   c. For DMC-ODS services other than OTPs, Plan will provide timely access within 10 business days from request to appointment.

   d. For DMC-ODS OTPs, Plan will provide timely access within 3 business days from request to appointment.

   e. For both SMHS and DMC-ODS, Plan will provide urgent services that don't need prior approval within 48 hours.

   f. For both SMHS and DMC-ODS, Plan will provide urgent services that do need prior approval within 96 hours.

2. Require contract providers to have hours of operation during which services are provided to Medi-Cal beneficiaries that are no less than the hours of operation during which the provider offers services to non-Medi-Cal beneficiaries. If the provider only serves Medi-Cal beneficiaries, BH will require that hours of operation are comparable to the hours the provider makes available

for Medi-Cal services that are not covered by BH or another County's MHP or DMC-ODS program.

3. Make services available to beneficiaries 24 hours a day, 7 days a week, when medically necessary.
4. Establish mechanisms to ensure that network providers comply with timely access requirements.
5. Monitor network providers regularly to determine compliance with timely access requirements.
6. Take corrective action if there is failure to comply with timely access requirements.

PRIOR VERSIONS:N/A

REFERENCES: MHP Contract with DHCS, Provider Network Requirements & DMC-ODS Contract with DHCS, Exhibit A, Attachment I, Program Specifications. CCR, Title 9, Section 1810.405, 1810.435 and Welfare and Institutions Code Section 14717.1. 42, Code of Federal Regulations, Sections 438.68, 438.206, 438.207 and 438.214.

FORMS/ATTACHMENTS: