





SANTA BARBARA COUNTY
DEPARTMENT OF
Behavioral Wellness
A System of Care and Recovery

**Programmatic
Policy and Procedure**

Section	Access to Quality Services	Effective:	5/4/2018
Sub-section		Version:	1.0
Policy	Network Adequacy Standards and Monitoring	Last Revised:	New policy
Policy #	2.001		
Director's Approval	 _____ Alice Gleghorn, PhD	Date	<u>5/18/18</u>
Deputy Director's Approval	 _____ Pam Fisher, PsyD	Date	<u>5/4/18</u>
Supersedes:	New policy	Audit Date:	5/4/2021

1. PURPOSE/SCOPE

- 1.1. To ensure compliance with network adequacy and certification requirements for county Mental Health Plans (MHPs) and Drug Medi-Cal Organized Delivery System (DMC-ODS) plans pursuant to Title 42 of the Code of Federal Regulations (CFR) Parts 438.68 and 438.207 and as specified in Chapter 738, Statutes of 2017 (Assembly Bill (AB) 205).

2. POLICY

- 2.1. It is the policy of the Santa Barbara County Department of Behavioral Wellness (hereafter the "Department") to ensure beneficiaries of specialty mental health and substance use services timely access to care and access to a sufficient number of high-quality, cultural-competent and effective service providers that are within reasonable travel distance in accordance with the standards set forth by the California state Department of Health Care Services (DHCS).
- 2.2. The Department shall maintain and monitor a provider network adequate to serve the beneficiary capacity within Santa Barbara County and proportionately adjust the number of network providers to support any anticipated changes in enrollment.

3. **ACCESS STANDARDS**

3.1. The Department adheres to standards set by the state for timely access and time and distance from the beneficiary's place of residence to the service provider site. The standards are stratified according to service type:

Service Type	Timely Access	Time and Distance
Psychiatry	Within 15 business days from request to appointment	Up to 45 miles or 75 minutes from the beneficiary's place of residence
Mental Health Services, Targeted Case Management, Crisis Intervention, and Medication Support Services	Within 10 business days from request to appointment	Up to 45 miles or 75 minutes from the beneficiary's place of residence
Outpatient SUD services (with the exception of opioid treatment programs)	Within 10 business days from request to appointment	Up to 60 miles or 90 minutes from the beneficiary's place of residence
Opioid treatment programs	Within 3 business days from request to appointment	Up to 45 miles or 75 minutes from the beneficiary's place of residence

3.2. The applicable mental health services appointment time standards may be extended if the referring or treating provider, or the health professional providing triage or screening services, as applicable, acting within the scope of his or her practice and consistent with professionally recognized standards of practice, has determined and noted in the beneficiary's record that a longer waiting time will not have a detrimental impact on the health of the beneficiary. Periodic office visits to monitor and treat mental health conditions may be scheduled in advance consistent with professionally recognized standards of practice as determined by the treating licensed mental health provider acting within the scope of his or her practice. [28 CCR § 1300.67.2.2(c)(5)(G-H)]

4. **NETWORK ADEQUACY MONITORING**

4.1. The Quality Care Management (QCM) division oversees the Department's annual Quality Improvement Work Plan that identifies key priorities for quality improvement activities. These key priorities may focus on service delivery capacity and accessibility of services as determined by Quality Improvement Committee (QIC) members.

4.2. QCM shall track various network adequacy indicators on a monthly basis, including timeliness of services from initial system contact to first appointment and timeliness to first psychiatric referral. Time/distance of travel from the beneficiary's residence to the nearest provider site shall be tracked quarterly. On a quarterly basis, the QIC shall

review and analyze indicator data to identify any network adequacy issues. QIC members will use data results to formulate system recommendations to the Department's director as needed. These recommendations may also be incorporated into future Quality Improvement Work Plans and other improvement projects set forth by QIC members.

4.3. Other mechanisms in place to identify and analyze network adequacy include:

1. Biannual Consumer Perception Surveys.
2. Periodic network provider surveys and site visits; annual contract monitoring sessions with all network providers; and monthly Community-Based Organization (CBO) Collaborative meetings.
3. Feedback/suggestion boxes.
4. Advisory groups that address and advocate for system accessibility and capacity needs, including the Access and Transitions Workgroup, Crisis Action Team, Consumer and Family Member Advisory Committee and the Cultural Competence and Diversity Action Team.
5. Review of Notices of Adverse Benefit Determination issued for failure to provide services in a timely manner.
6. Grievance Committee's monthly review of grievances related to availability of services and/or problems in obtaining services in a timely fashion, distance of service location from the beneficiary's residence, and availability of the beneficiary's choice of provider, including culture-specific providers, providers with language capacity, and other preference providers.
7. Annual external quality review organization (EQRO) evaluation. [Welfare and Institutions §14197.05]

5. **NETWORK DATA REPORTING REQUIREMENTS**

- 5.1. The Department shall submit documentation to DHCS that demonstrates compliance with state requirements for availability and accessibility of services, including the adequacy of the provider network, in the form of the Network Adequacy Certification Tool (NACT) for all network providers at the organizational, site and rendering provider level of detail. [42 CFR §438.206, 438.606]
- 5.2. The Department shall submit NACTs on a quarterly basis beginning July 1, 2018. Subsequent submissions will be due on July 1, October 1, January 1, and April 1, or the next business day if the first day of the month falls on a weekend or holiday.
- 5.3. DMC-ODS NACT data shall be submitted annually on April 1.
- 5.4. The Department shall notify DHCS within 10 business days any time there has been a significant change in the Department's operations that would affect the adequacy and capacity of services, including but not limited to the composition of the Department's provider network. For example, the Department must notify DHCS if there is any loss of a network provider. [42 CFR §438.207(c)(3)]

ASSISTANCE

Jamie Huthsing, MFT, Interim QCM Manager

REFERENCE

California Department of Health Care Services (DHCS)
Mental Health and Substance Use Disorder Services (MHSUDS) Information Notice NO.: 18-011, February 13, 2018. Federal Network Adequacy Standards for Mental Health Plans (MHPs) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Pilot Counties.

Federal Register
 Medicaid and Children’s Health Insurance Program (CHIP) Managed Care Final Rule
Volume 81, Page 27497

California Code of Regulations – Managed Health Care
Title 28, Section 1300.67.2.2(c)(104), (7)

Code of Federal Regulations – Public Health
Title 42, Sections 438.68 (Network adequacy standards), 438.206 (Availability of services), 438.207 (Assurances of adequate capacity and services)

Welfare and Institutions Code
Section 14197

REVISION RECORD

DATE	VERSION	REVISION DESCRIPTION

Culturally and Linguistically Competent Policies

The Department of Behavioral Wellness is committed to the tenets of cultural competency and understands that culturally and linguistically appropriate services are respectful of and responsive to the health beliefs, practices and needs of diverse individuals. All policies and procedures are intended to reflect the integration of diversity and cultural literacy throughout the Department. To the fullest extent possible, information, services and treatments will be provided (in verbal and/or written form) in the individual’s preferred language or mode of communication (i.e. assistive devices for blind/deaf).