


County of Marin Behavioral Health and Recovery Services (BHRS)	POLICY NO. BHRS-44
	Next Review Date: January 1, 2025
POLICY: <u>NETWORK ADEQUACY MONITORING</u> UPDATED FROM MARCH 2018 POLICY	Date Approved: January 12, 2022
	By:  Jei Africa, PsyD Director of Behavioral Health and Recovery Services

POLICY: NETWORK ADEQUACY MONITORING

I. PURPOSE:

This policy is to establish the process and monitoring of network adequacy of the Mental Health Plan (MHP) and the Drug Medi-Cal Organized Delivery System (DMC-ODS) within the County of Marin Behavioral Health and Recovery Services (BHRS).

II. REFERENCES:

- Code of Federal Regulations (CFR), Title 42, § 438.68
- Welfare and Institutions Code (WIC), Division 9, Part 3, Chapter 7, Article 6.3, §14197
- California Assembly Bill (AB) No. 205
- BHRS-46 Timely Access of Service
- BHRS-35 MHP & DMC-ODS Informing Materials
- BHRS-SUS-24 Monitoring
- DHCS BHIN 21-023: 2021 Network Adequacy Certification Requirements for MHP and DMC-ODS Plans

III. POLICY:

The County of Marin Behavioral Health and Recovery Services is a Medi-Cal managed care program and will comply with network adequacy standards as required by the Code of Federal Regulations and the California Department of Health Care Services.

IV. AUTHORITY/RESPONSIBILITY:

- Quality Management
- Program Managers/Supervisors
- Access Team Supervisor
- Contracted Agencies/Providers
- Behavioral Health and Recovery Services Director

V. PROCEDURE:

- A. *Network Adequacy Standards:***
The County of Marin BHRS will comply with Network Adequacy standards as required by Federal and State mandates. This includes maintaining an adequate network of providers that are located within the relevant time and distance standards.

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For Marin, these time and distance standards are up to 30 miles or 60 minutes from the beneficiary’s place of residence for the following service types: psychiatry, outpatient mental health services, outpatient substance use disorder services, and opioid treatment programs. For detail of timely access standards, please refer to BHRS Policy and Procedure BHRS-46 Timely Access of Service.

Further, BHRS MHP will comply with Provider-To-Beneficiary Ratio Standards as required by DHCS:

Measurement Category	Ratio Standard
Psychiatry - Adults	1:524
Psychiatry – Children/Youth	1:323
Mental Health Services - Adults	1:85
Mental Health Services – Children/Youth	1:43

B. Monitoring

Quality Management, or appointed designees, will monitor network adequacy through the following ways:

1. **Provider Directory:** will be updated monthly and will be available in paper and electronic copies. Requirements for Provider Lists can be found in BHRS Policy and Procedure BHRS-35 Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Informing Materials.
2. **Timely Access Standards:** BHRS will review compliance with timely access standards on a monthly basis to monitor any changes in provider accessibility within the County of Marin and the population of Marin County Medi-Cal beneficiaries.
3. **Network Adequacy Standards:** review/update/complete and submit Network Adequacy Certification Tool (NACT) and required supporting documents to the Department of Health Care Services (DHCS) on an annual basis, on July 1 or the next business day if the first day of the month falls on a weekend or holiday, or as required by DHCS.
 - a. Network Adequacy Certification Supporting Documentation includes:
 - i. Timely Access Data
 - ii. Grievance and Appeals
 - iii. Language Line Encounters
 - iv. Transition of Care/Continuity of Care Requests and Outcomes
 - v. Executed agreements with contracted network providers and subcontractors (including agreements and policies and procedures pertaining to interpretation, language line,

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telehealth services, timely access, accessibility, and reserve/staffing contracts documentation)

4. Additional procedures for monitoring DMC-ODS network adequacy can be found in Policy BHRS-SUS-24 Monitoring.
5. BHRS MHP and DMC-ODS will notify DHCS by email to MHSDFinalRule@dhcs.ca.gov or ODSSubmissions@dhcs.ca.gov, respectively, within 10 business days, any time there has been a significant change in the Plan's operations that would render the Plan non-compliant with standards for network adequacy and capacity including, but not limited to, the composition of the Plan's provider network.

BHRS
Checklist for New or Revised Policies and Procedures

Please submit this checklist to the BHRS Policy and Procedure Working Group Lead along with the first draft copy of your policy and accompanying documents.

Date of initial submission: 11/8/2021

Type of Update:

- New – Justification: Click here to enter text.
- Revision to Existing Policy or Procedure, Policy Number: BHRS-44

Complete Title of Policy: Network Adequacy Monitoring

Lead Staff Name / Subject Matter Expert: Catherine Condon/Katie Smith

Other Staff Involved in Drafting of Policy: SUD and QM

System(s) of Care Affected: ALL BHRS Mental Health Only SUDS only

1. For **new** policies, summarize what the policy covers and explain the need for a new policy.
OR

For **revised** policies, summarize the changes that need to be made to the existing policy:
Updated references to more current DHCS Information Notices, updated Authority/Responsibility, and provided additional detail on provider-to-beneficiary ratio standards and supporting documentation requirements.

2. List any existing governmental regulations that relate to policy or state “None”:
42 CFR, Part 438, WIC Division 9, Part 3, Chapter7

3. Describe how policy will impact consumer access to care or state “N/A”:
It provides parameters for how Marin BHRS monitors network adequacy.

4. Have you compared this policy to similar policies in other counties? Yes No
If so, list counties whose policies were reviewed:
Click here to enter text.

5. Will this policy require staff training? Yes No
If so, indicate what staff will need to be trained and what training will be needed.

6. Will forms need to be developed or revised for this policy or policy update? Yes No
If so, list forms that will need to be developed or revised (please list form number if available):
Click here to enter text.

7. Describe any other changes that will need to be made in Behavioral Health (financial, consumer