


County of Marin Behavioral Health and Recovery Services (BHRS)	POLICY NO. BHRS-44
	Next Review Date: January 1, 2028
POLICY: <u>NETWORK ADEQUACY MONITORING</u>	Date Approved: January 1, 2025 Date Reviewed/Approved:
	By:  Todd Schirmer, PhD, CCHP 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), herein after referred to as the Behavioral Health Plan (BHP) 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 -24 Monitoring
DHCS BHIN 24-020 and Superseding BHINs on Network Adequacy Certification Requirements for BHPs

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, including providing, or arranging for the provision of, all SMHS and DMC-ODS services covered in the DHCS Integrated BHP Contract.

IV. AUTHORITY/RESPONSIBILITY:

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

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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. For Marin, these time and distance standards are up to 30 miles or 60 minutes from the member’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 and methodology considerations as required by DHCS:

Measurement Category	Ratio Standard
Psychiatry - Adults	1:457
Psychiatry – Children/Youth	1:267
Mental Health Services - Adults	1:85
Mental Health Services – Children/Youth	1:49

Network adequacy standards also take the following into consideration:

- 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 members;
- The geographic location of network providers and Medi-Cal beneficiaries, considering distance, travel time, and the means of transportation ordinarily used by Medi-Cal members;
- The ability of network providers to communicate with limited English proficient beneficiaries 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 beneficiaries with physical or mental disabilities; and
- 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.

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B. Monitoring

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

1. Provider Lists: will be updated monthly and will be available in paper and electronic copies, and submitted to DHCS via the 274 file. 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 members.
3. Network Adequacy Standards: review/update/complete and submit Network Adequacy Certification Tool (NACT), as applicable, 274 file, and required supporting documents to the Department of Health Care Services (DHCS) on an annual basis, via the method and by the due date required in the applicable BHIN. Reporting of 274 data shall also occur monthly.
 - 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, telehealth services, timely access, accessibility, mandatory provider types, and reserve/staffing contracts documentation)
4. Additional procedures for monitoring DMC-ODS network adequacy can be found in Policy BHRS-SUS-24 Monitoring.
5. The BHP shall notify DHCS by submitting an Attachment J – Significant Change Disclosure Form to NAOS@dhcs.ca.gov within 10 business days of any change in the BHP’s operations that would affect the adequacy of capacity and services. DHCS defines a significant change in the BHP’s operations as any of the following:
 - a. Any decrease of the provider network, or a specific provider’s capacity to serve in a service type/modality, and/or demographic;
 - b. Changes in the composition of, or payments to the plan’s provider network;
 - c. A change in benefits;
 - d. A change in geographic service area; Enrollment of a new population;
 or,

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- e. Any significant change to the BHP's operations that would cause the BHP to become noncompliant with any of the requirements outlined in BHIN 24-020 or superseding Network Adequacy BHINs.

A significant change may occur because of contract terminations, suspensions, or the decertification of a network provider or subcontractor. Additionally, any decrease in administrative staffing of a BHP that significantly impacts the BHP's operations and would cause the BHP to be out of compliance with any of the requirements outlined in this BHIN, is considered a significant change.

If the BHP does not report a significant change to its operations during the attestation periods outlined in BHIN 24-020 or superseding Network Adequacy BHINs, the BHP must attest to DHCS that there are no significant changes to their network semi-annually.

- 6. If the BHP is found to be deficient for one or more network standards, the BHP shall develop a corrective action plan (CAP), to address the deficiencies, and submit the CAP for DHCS approval.