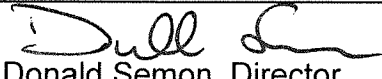




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Health and Human Services Agency
Behavioral Health Division
Policy and Procedure

SUBSTANCE USE DISORDER SERVICES PROGRAM – DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM NETWORK ADEQUACY	Policy Number	N-SUDS-001	
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PURPOSE

The El Dorado County Health and Human Services Agency, Behavioral Health Division- Substance Use Disorder Services(BHD-SUDS) program recognizes the importance of maintaining an adequate network of providers to ensure timely access to Drug Medi-Cal Organized Delivery System (DMC-ODS) services in terms of proximity to services and availability of services; services that are provided in the Medi-Cal beneficiary’s preferred language; services that are provided in a culturally competent manner; and services that are provided in a physically accessible location. The purpose of this policy is to establish the DMC-ODS’s Network Adequacy Maintenance and Monitoring Policy.

POLICY

It is the policy of the Substance Use Disorder Services Program to comply with Federal and State law, regulation, and other mandates to identify, analyze, and report upon Network Adequacy for the Drug Medi-Cal Organized Delivery System services.

PROCEDURE

Substance Use Disorder Services (SUDS) shall:

- Monitor Network Adequacy in order to ensure an adequate network of providers service EDC DMC ODS beneficiaries are located within the relevant time and distance standards as required by Code of Federal Regulations (CFR), Title 42 § 438.68
- Follow guidance issued by the California Department of Health Care Services (DHCS) in preparing DMC-ODS Network Adequacy reports



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DMC-ODS Quality Management staff will monitor network adequacy in the following ways:

- Monthly Attestation
 - At the beginning of each month QA staff will send a monthly status check form to each DMC ODS provider to complete indicating key changes and compliance with reporting requirements, including Provider Directory reporting.
 - Providers complete and return the attestation and any supporting documents by the 10th of the month.
 - QA staff will review the completed documents and update the electronic provider directory no later than 30 calendar days after receipt of the updated provider information.
 - Paper provider directories will be updated at least monthly
 - Submitted monthly attestation forms will be kept in the provider's file at the county BHD office.
- Timely Access Standards will be reviewed and updated annually to reflect any changes in provider accessibility within El Dorado County and the population of county Medi-Cal beneficiaries.
- Routine monitoring of Network Adequacy in accordance with EDC Quality Management Work Plan.

Timely Access Standards

DHCS has established time and distance standards SUDS provided to all beneficiaries. El Dorado County DMC-ODS is required to meet the standards for time and distance for a small county.



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- Time means the number of minutes it takes a beneficiary to travel from the beneficiary’s residence to the nearest provider site.
- Distance means the number of miles a beneficiary must travel from the beneficiary’s residence to the nearest provider site.

The County of El Dorado, categorized as a small county, must meet two different time and distance standard contingent on type of service provided.

- For Outpatient Services: SUDS providers must either be within 60 miles or 90 minutes from beneficiary’s address.
- For Opioid Treatment Programs: OTP providers must be within 45 miles or 75 minutes from beneficiary’s address.

DHCS requires timely access to SUDS based on urgency of the need for services

- Timely access standards refer to the number of business days within which an appointment must be made available to a beneficiary from the date the beneficiary, or a provider acting on behalf of the beneficiary, requests a medically necessary service.
- Medically necessary services are defined by Title 9. All requests for services must be tracked. The timeline begins when a request is made. Examples of timely access include, but are not limited to, the following:
 - A request for services is made in the following ways:
 - A beneficiary calls the Plan’s 24/7 Access line to request outpatient services and the Plan must offer an appointment within 10 business days;
 - A beneficiary walks-in to a network provider site to request



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services, the Plan conducts an assessment of the beneficiary's condition and then Plan must schedule a follow-up appointment within 10 business days;

- A beneficiary submits a written (e.g., email or fax) request for outpatient services and the Plan must contact the beneficiary to offer an appointment within 10 business days;
 - A beneficiary requests services from his or her provider for continuing services and the provider must schedule an appointment in accordance with timely access standards and the beneficiary's individualized treatment plan.
- Timely access standards for requested services must be:
 - Within 10 business days for outpatient substance use disorder services.
 - Within 3 business days for opioid treatment services.

Under the Managed Care Rule, El Dorado County may request an exception to the time and distance and/or timely access standards outlined above. This may be when the County has exhausted all other reasonable options to provide services within the standards.

DHCS may grant requests for alternative access standards if El Dorado County has exhausted all other reasonable options to obtain providers to meet the applicable standard or if DHCS determines that El Dorado County has demonstrated that its delivery structure is capable of delivering the appropriate level of care and access.



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El Dorado County must include a description of the reasons justifying the alternative access standards. Requests for alternative access standards shall be approved or denied on a zip code and service type basis

Requests for alternative access standards may include seasonal considerations (e.g. winter road conditions), when appropriate. Furthermore, El Dorado County should, as appropriate, include an explanation about gaps in the county's geographic service area, including information about uninhabitable terrain within the county. The use of clinically appropriate telecommunications technology may be considered in determining compliance with the applicable standards established in MHSUDS IN 18-011 and/or for the purpose of approving an alternative access request.

If El Dorado County cannot meet the time and distance standards set forth in MHSUDS IN 18-011, it shall submit a request for alternative access standards to DHCS by March 30, 2018, (April 1st , or the next business day, in subsequent years). To request an alternative access standard for time and distance El Dorado County must complete Enclosure 3 of the Information Notice, Alternative Access Standards Request.

DHCS will make a decision to approve or deny the request within 90 days of submission by the Plan. DHCS may stop the 90-day timeframe, on one or more occasions as necessary, in the event of an incomplete submission or to obtain additional information from El Dorado County requesting alternative access standards. Upon notification by DHCS, approved alternative access standards will be valid for one fiscal year; however, DHCS will monitor beneficiary access on an on-going basis and include the findings to CMS in the managed care program assessment report required under Title 42 CCR



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Part 438.66(e). If DHCS rejects the Plan's proposal, DHCS shall inform the Plan of the reason for rejecting the proposal. DHCS will post any approved alternative access standards on its website.

Service Availability

EDC Drug Medi-Cal ODS maintains service availability, including out of network access, as stated in the [DMC-ODS Continuity & Care Coordination Procedures](#).

Physical Accessibility

DHCS requires each county to adhere to regulations set forth in the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973, and the Unruh Civil Rights Act, ensuring that all Behavioral Health Services offered by the County and for any licensed or certified providers do not discriminate against or deny individuals equal opportunity to participate in and benefit from the providers services. County and contracted providers will comply with these requirements.

The Behavioral Health Division Quality Assurance Manager, or designee, is the designated County Access Coordinator (CAC) and serves as the liaison between providers and the community to ensure that persons with disabilities have equal access to services. The CAC will conduct an annual ADA assessment with all licensed and certified treatment providers and keep the records of the results. These records may be requested by DHCS.

Telehealth Services

At this time, El Dorado County DMC-ODS does not provide telehealth services. Should



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DMC-ODS decide to use telehealth services a policy & procedure must be developed and approved prior to the implementation of telehealth services.

Should El Dorado County DMC-ODS or its provider network employ telehealth services, the must comply with DHCS Telehealth Policy and telehealth providers must meet the following criteria:

- Licensed to practice medicine in the State of California;
- Screened and enrolled as providers in the Medi-Cal program; and,
- Able to comply with state and federal requirements for the Medi-Cal program.

In order to utilize telehealth to fulfill network adequacy requirements for time and distance standards, the telehealth provider must be available to provide telehealth services to all beneficiaries in the defined service area. In addition, the physical location where beneficiaries receive telehealth services must meet the State's time and distance standards or an approved alternative access standard. If using telehealth to meet either network adequacy standards or alternative access standards, El Dorado County must submit information to DHCS on their telehealth providers.

24/7 Access Line

El Dorado County has 24/7 toll free number for prospective beneficiaries to call to access DMC-ODS services. This line will collect pertinent information needed for services and supply the appropriate connection and referral. In addition:

- Beneficiaries will be able to access SUD services through any contact within the DMC-ODS network, local managed care plans, community health clinics or other health/human services providers.



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- The 24/7 toll-free access line will be provided to any beneficiary seeking or identified as needing any level of SUD services. Using this “no wrong door” approach will ensure that beneficiaries will be directed to the point of access for SUD services immediately upon identification of need.
- Community based SUD treatment providers will be another point of access where screening and referral can occur. Initial screenings of each beneficiary's needs shall be conducted upon first contact. The 24/7 toll-free access line will be available on the contract provider voicemail and posted on the front door of the provider facility for times provider is closed.

24/7 Language Assistance

All written communications with plan applicants and members shall include the mandated DHCS Language Assistance Notice including the current EDC DMC-ODS 24/7 access line and TTY numbers for language assistance services.

EDC DMC-ODS Problem Resolution Coordinator shall provide applicants and plan members with reasonable assistance in completing forms and taking other procedural steps related to a Grievance and/or Appeal (Standard and Expedited). This includes, but is not limited to, auxiliary aids and services upon request, such as providing 24-hour interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability.

Network Adequacy Reports

County will submit documentation to DHCS certifying that the County has complied with DHCS’s requirements for availability and accessibility of services, including the



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adequacy of the provider network, as set forth in DHCS Notice 18-011.

County will complete the Network Adequacy Certification Tool and reporting requirements that are the responsibility of EDC DMC-ODS. As set forth in Title 42 C.F.R. Part 438.206. El Dorado County shall complete The Network Adequacy Certification Tool (NACT) for all network providers at the organizational site and rendering provider level of detail. All providers and contractor agencies providing any ODS services are required to comply with all requests for data related to programming and staffing as requested by County in a timely fashion.

In addition to the NACT, El Dorado County submits supporting documentation of network adequacy. This supporting documentation shall include, at a minimum, all of the following, separately for children/youth and adults:

- Geographic access maps and accessibility analyses to confirm compliance with time or distance standards. The map must plot time and distance for all network providers, stratified by service type, and geographic location. It also includes a map of community based settings where services are regularly delivered. El Dorado County's analysis illustrates that it complies with time or distance standards, and any alternative access standards approved by DHCS.
- An alternative access request, if applicable.
- An analysis of the availability of community based services (i.e., where the provider travels to the beneficiary to delivery services).
- An analysis and evidence that San Mateo County has sufficient American Indian Health Facilities in network to ensure timely access to services for Indian



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beneficiaries who are eligible to receive services.

- Provider counts.
- An analysis of the expected utilization of services.
- An analysis of language line utilization.

El Dorado County also submits additional supporting documentation:

- Grievances and appeals related to availability of services and/or problems in obtaining services in a timely fashion, as well as the resolutions of such grievances and appeals.
- Provider agreement boilerplates for network providers and subcontractors, including agreements pertaining to interpretation, language line, and telehealth services.
- Policies and procedures addressing the following topics:
 - Network adequacy monitoring
 - Out of network access
 - Timely access
 - Service availability
 - Physical accessibility
 - Telehealth services
 - 24/7 Access Line requirements

Annual Network Adequacy reports are due to DHCS by April 1, or the next business day if the 1st day of the month falls on a weekend or holiday, starting in FY 2018-19, only if the El Dorado County DMC-ODS program is operational prior to April 1, 2019.



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Reports will include county-operated and contract provider information, to the extent that such information is requested by DHCS.

Other Network Adequacy Notifications

The BHD shall notify DHCS within 10 business days if at any time there has been a significant change in the BHD's operations that would affect the adequacy and capacity of services, including but not limited to the composition of the BHD's provider network. DHCS must be notified if there is any loss of a network provider.

REFERENCE

DHCS Info Notice 18-011; Assembly Bill (AB) 205, (Statutes of 2017); Title 42 Public Health Chapter IV Part 438 Subpart B - State Responsibilities; 42 CFR (438.68), Title 42 CFR Part 438.66 Managed Care Regulations, Network Adequacy and Provider Standards; Parity in Mental Health & Substance Use Disorder Services Final Rule (81.Federal Register 18390); Medicaid and Children's Health Insurance Program Managed Care Final Rule; Title 42 C.F.R. Part 438.206; Title 42 CFR Part 438.14(b)(1); Title 42 CFR Part 438.606; 438.2; W&I Section 14712(e), 35, W&I Section 14197; CCR Title 9 Section 1810.380, 1810.385; CCR Title 28, Sect 1300.67.2.2(c)(1-4),(7); DHCS Contract

ATTACHMENTS

Dorado County Health and Human Services Agency Behavioral Health Division- Substance Use Disorder Services Provider ADA Assessment Form.



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