



Monterey County Behavioral Health Policies and Procedures

Policy Number	148
Policy Title	Network Adequacy and Timeliness Standards
References	Title 42 Code of Federal Regulations (CFR) Part 438.68, as specified in Chapter 738, Statutes of 2017 (Assembly Bill 205) 42 C.F.R. 438.350(a), 438.320, 438.207(a)(b), 438.604(a)(5) California Code of Regulations (CCR title 9 section 1810.253) Network Adequacy July 19, 2017 https://www.dhcs.ca.gov/formsandpubs/Documents/FinalRuleNAFinalProposal.pdf BHIN 24-020
Effective	March 7, 2018 Update: September 22, 2020 Update: December 28, 2021 Update: June 13, 2024

Policy

Monterey County Behavioral Health (MCBH) and its contracted providers receive referrals for mental health and substance use services from a variety of resources. Services may be requested by the individual or authorized representative, by referral from inpatient hospitals, community providers, or other institutions. MCBH services are voluntary. All individuals who seek behavioral health services from MCBH are entitled to receive, at minimum, a screening to determine their needs and whether MCBH services might meet those needs or whether a referral is warranted to better serve the individual/family.

MCBH complies with Title 42 Code of Federal Regulations (CFR) Part 438.68, as specified in Chapter 738, Statutes of 2017 (Assembly Bill 205) as part of its contract with Department of Health Care Services (DHCS) to provide Specialty Mental Health Services (SMHS) and Substance Use Disorder (SUD) services under the Drug Medical Organized Delivery System (DMC-ODS).

As such, MCBH, along with its contracted providers, must comply with standards of timely access to care and network adequacy standards set forth by the Medicaid Managed Care Final Rule. These rules apply to SMHS and DMC-ODS services for initial assessment appointments and treatment appointments.



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Specialty Mental Health Services (SMHS)

Service Type	Standard
Outpatient Non-Urgent	Offered an appointment within 10 business days of request for services.
Psychiatry Services Non-Urgent	Offered an appointment within 15 business days of request for services.
All Urgent Appointments	Offered an appointment within 48 hours of request for services. Within 96 hours of request when a prior authorization is needed.
Non-urgent Follow-up Appointments	Offered a follow-up appointment with a non-physician within 10 business days of the prior appointment.
Time and Distance Standards	Services available within 45 miles or 75 minutes from person's residence.

Substance Use Disorder Services (DMC-ODS)

Service Type	Standard
Outpatient Services	Offered an appointment within 10 business days of request for services.
Residential Services	Offered and appointment within 10 business days of request for services.
Opioid Treatment Program	Offered an appointment within 3 business days of request for services.
Non-urgent Follow-up Appointments with a Non-Physician	Offered an appointment within 10 business days of request for services
Time and Distance Standards	For Outpatient Programs: Services to be available within 60 miles or 90 minutes from a person's residence. For Opioid Treatment Programs: Services to be available within 45 miles or 75 minutes from a person's residence.



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Procedure

1. New persons requesting mental health or substance use disorder services may be self-referred via telephone or by walking into a designated MCBH clinic or applicable contract provider or received by referral from an authorized representative or agency.
2. A record must be created to document receipt of a new person's request for mental health of substance use disorder services.
 - a. The intention of establishing a record health is to create a unique record of the individual's request for services, the outcome of the request, as well as provide information on MCBH's responsiveness to the request for services.
 - b. The initiation of a health record does not, in any way, guarantee the individual requesting services will receive all or some of their mental health services and/or SUD services through MCBH and or its contractors. It means the individual or authorized representative has requested mental health and/or SUD services and MCBH and its contractors are responding to the request.
3. All new requests for services must be documented in the person's record. This form is used to document the date of request, type of service requested, if the request is urgent or not, the date of offered appointments, the date of accepted appointments and reason for closure of this series of events.
4. All new persons requesting care shall be screened to determine service level.
5. Maintaining accurate and up to date scheduling:
 - a. All MCBH licensed/licensed eligible clinicians and prescribers will maintain their scheduling calendar in the electronic health record to accurately reflect availability of appointments.
 - b. Scheduling mechanisms are up to the discretion of subcontracted providers. All applicable contracted providers must maintain a scheduling calendar to accurately reflect availability of appointments.
6. If a person is screened and found to be eligible for SMHS or SUD services, an appointment must be offered within the established timeliness standards.
 - a. If appointment is not available within the timeliness standards, the next available appointment must be offered.



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Language Capability/Assistance

MCBH and its contracted providers make all efforts to employ multilingual/multicultural staff whenever possible to further support delivery of cultural and linguistic services.

MCBH's threshold language is Spanish, as designated by DHCS. However, recognizing the cultural and linguistic needs expand beyond Spanish language, MCBH staff members have access to language assistance services including "Language Line Services," "Indigenous Interpreting+" and "Interpreting Services" (for face-to-face services), including American Sign Language services to assist with assessment and service delivery. Additionally, MCBH provides communication capability for hearing impaired, including TYY/TDD (831) 796-1788. The Access after-hours contract includes multilingual language capabilities, including, but not limited to, multilingual staff and use of language line.

Monitoring Compliance

MCBH monitors to ensure that all services are available and accessible to persons in care in a timely manner (42 C.F.R. 438.206(a)). Monitoring timely compliance of services are conducted using an ongoing utilization review process using data and qualitative reviews. A variety of data sources (i.e., electronic medical records, community needs assessments, mapping, etc.) are used when determine or identifying SMHS and SUD service needs in the community.

MCBH will offer an appropriate range of services that is adequate for the anticipated number of persons in care in Monterey County (42 C.F.R. 438.207(d)).

MCBH will maintain a network of providers operating within the scope of practice under State law that is sufficient in number, mix, and geographic distribution that meets the needs of the anticipated number of persons in care in Monterey County (42 C.F.R. 438.207(b)), maintain up-to-date provider lists and make available on the MCBH website, and shall notify the DHCS of any significant changes in providers that may affect MCBH's ability to meet network adequacy standards.

MCBH will submit data, in a manner and format determined by DHCS, that demonstrates compliance with DHCS's requirements for availability and accessibility of services, including the adequacy of the provider network (42 C.F.R. 438.604(a)(5)).



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Definitions

- I. New Person in Care
 - a. SMHS: An individual who has never received care in our systems or if received care in the past, all outpatient episodes are closed for longer than 365 days.
 - b. DMC ODS: Any person requesting services who is not currently open to a DMC ODS program.

- II. Non-urgent request
 - a. Refers to routine appointments for non-urgent conditions.

- III. Urgent request
 - a. Refers to cases in which a person in care or provider indicates, or MCBH determines, that the standard timeframe could seriously jeopardize the person in care's life or health or ability to attain, maintain, or regain maximum function and the person in care must be seen in 48 hours from the request (i.e. a crisis event would result if the person in care was not seen in 48 hours of the request).

- V. Time or distance standards
 - a. Refers to the distance from person in care's residence to provider site or the time it takes for a person to drive to provider site.