



<b>Health Care Agency Behavioral Health Services Policies and Procedures</b>	Section Name:	Medi-Cal Managed Care
	Sub Section:	Access
	Section Number:	09.01.02
	Policy Status:	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised

	SIGNATURE	DATE APPROVED
Director of Operations Behavioral Health Services	<u>Signature on File</u>	<u>4/30/19</u>

**SUBJECT:** Mental Health Plan and Drug Medi-Cal Organized Delivery System Network Adequacy Monitoring

**PURPOSE:**

To monitor compliance with network adequacy standards for the Medi-Cal Managed Care Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS).

**POLICY:**

Orange County Behavioral Health Services (BHS) will meet the network adequacy standards for the Medi-Cal MHP and DMC-ODS.

**SCOPE:**

Behavioral Health Services (BHS) County and County Contracted Medi-Cal MHP and DMC-ODS services.

**REFERENCES:**

[MHSUDS Information Notice No.: 18-011; Federal Network Adequacy Standards for Mental Health Plans \(MHPs\) and Drug Medi-Cal Organized Delivery System \(DMC-ODS\) Pilot Counties.](#)

**PROCEDURE:**

- I. Authority and Quality Improvement Services (AQIS) will coordinate completion of the Network Adequacy Certification Tool (NACT).
- II. AQIS will coordinate preparation of the materials needed to demonstrate network adequacy. This includes:
  - A. Geo-mapping of time and distance from services for adults and for children will occur quarterly for MHP and annually for DMC-ODS.
    - 1. If any areas fall outside of the required time or distance standard, the AQIS Director will coordinate discussion with the Behavioral Health Director, the Director for Adult and Older Adult Behavioral Health Services and the Director of Children and Youth Behavioral Health Services. Those parties

will determine whether an alternate access standard will be requested or if there will be changes to the service sites. If an alternate access standard is to be requested, the AQIS Director will coordinate submission of the request to Department of Health Care Services (DHCS).

- B. Review and analysis of a number of items indicative of and/or directly monitoring access to services will be conducted quarterly by AQIS. This will include:
  - 1. Review and analysis of grievances to determine if there has been any increase in the numbers of grievances related to beneficiary access.
  - 2. Review of Consumer Perception surveys related to beneficiary access. These surveys are conducted only twice per year for the MHP and will be included in the quarterly analysis when there is new data.
  - 3. Review of Treatment Perception Survey related to beneficiary access. These surveys are conducted once per year for the DMC-ODS and will be included in the quarterly analysis when there is new data.
  - 4. Review and analysis of Access Logs to determine if there is a change in the percentages of beneficiaries offered appointments within the requirements of the network adequacy standards.
  - 5. Quarterly review and analysis of 24/7 Access Line wait times.
  - 6. Quarterly review and analysis of Language Line usage.
- III. The results of the network adequacy standards reviews will be discussed in the Community Quality Improvement Committee at least annually.