Behavioral Health Department Alameda County Health	By: Signed by: BA167CA0C0D444A... **Karyn L. Tribble, PsyD, LCSW, Director**
POLICY TITLE Network Adequacy Standard Requirements, Data Collection, Monitoring, and Reporting for MHP and DMC-ODS	**Policy No:** *100-2-8* **Date of Original Approval:** 6/24/2025 **Date(s) of Revision(s):**

PURPOSE

This policy clarifies network adequacy standard requirements, data collection, monitoring, and reporting, in accordance with Centers for Medicare and Medicaid (CMS) Managed Care Final Rule and Department of Health Care Services (DHCS) network adequacy standards and network certification requirements. This policy applies to Specialty Mental Health Services (SMHS) in the Mental Health Plan (MHP) and Substance Use Disorder (SUD) services in the Drug Medi-Cal Organized Delivery System (DMC-ODS), collectively known as the Behavioral Health Plan (BHP).

AUTHORITY

- Title 42, Code of Federal Regulations (CFR), § 438.68 Network Adequacy Standards, § 438.206 Availability of Services, and § 438.207 Assurances of Adequate Capacity and Services
- Welfare and Institutions Code (WIC) § 14197
- Annual DHCS Network Certification Requirements for County Mental Health Plans (MHPs) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Plans Behavioral Health Information Notices (BHIN)
- California Mental Health Plan (MHP) Contract
- California Drug Medi-Cal Organized Delivery System (DMC-ODS) Intergovernmental Agreement (IA)

SCOPE

All County-Operated programs, in addition to entities, programs, and individuals providing SMHS and SUD services under a contract or subcontract with Alameda County Behavioral Health Department (ACBHD), are required to adhere to this policy.

BACKGROUND

In 2016 CMS issued the Medicaid Managed Care Final Rule, commonly referred to as "Final Rule," which aligns many of the governing rules for Medicaid managed care delivery systems. This results in the broad applicability of Federal Managed Care Regulations (i.e. 42 CFR Part 438) to physical health, SMHS, SUD, and dental services for the Medi-Cal enrollee.

Network Adequacy standard requirements are part of the Federal Managed Care Regulations. The Managed Care Final Rule directs states to develop and enforce standards that meet federal requirements and DHCS fulfils this role by providing guidance and certification for the State of California.

POLICY

Network adequacy standard requirements are intended to ensure a managed care plan's covered services are ***available*** and ***accessible*** to Medi-Cal enrollees in a ***timely manner***.

This policy specifically addresses network service availability and accessibility. Timely Access is addressed in ACBHD Policy 100-2-3 Timely Access to Service Standards and Tracking Requirements.

Service Availability:

Service availability is determined by network provider composition and capacity. *TABLE 1:* Network Composition shows the age and service composition categories required by DHCS for the MHP and DMC-ODS.

TABLE 1: Network Composition

	Mental Health Plan (MHP)	**Drug Medi-Cal Organized Delivery System (DMC-ODS)**
Age Group	Youth (0-20)	Youth (0-17)
	Adult (21+)	Adult (18+)
Service/Modality Type	Outpatient SMHS, including Psychiatry (i.e. medication support services)	Outpatient
	Day Treatment	Intensive Outpatient

	Residential Treatment Services	Residential Treatment Services
	Crisis Stabilization	Opioid Treatment Program (OTP)
	Psychiatric Inpatient Hospital/Facility	Withdrawal Management

Provider capacity is determined differently for the MHP and DMC-ODS. MHP capacity is determined by the below *Table 2*: Statewide Provider-to-Member Ratio Standards. DMC-ODS capacity is determined by actual and expected utilization, and maximum number of members network providers are able to serve, in accordance with *Table 1* categories.

TABLE 2: Statewide Provider-to-Member Ratio Standards

MHP Only		
Ratio Standards	Psychiatry	Outpatient SMHS
Adults	1:457	1:85
Youth	1:267	1:49

Service Accessibility:

Service accessibility is determined by time or distance standard requirements. BHP time or distance standards differ by county terrain and population density. Alameda County is a large urban county and has the following network adequacy time or distance standards from the Medi-Cal enrollee's place of residence to the closest provider site address:

- 15 miles or 30 minutes

Of note, certain areas of the Alameda County terrain and population density (e.g. east) meet the federal rural definition. As such, Alameda County has requested and obtained approval from DHCS to apply the following rural standards for these areas:

- 60 miles or 90 minutes

BHP Delivery Network:

- The BHP maintains and monitors a network of SMHS and SUD providers that is sufficient to provide adequate service availability and access to expected BHP Medi-Cal enrollees , including those with limited English proficiency. The BHP accounts for sufficient number, mix, and geographic provider distribution to meet the needs of expected number of enrollees.
- If unable to provide necessary contractual services to a particular enrollee, the BHP adequately and timely covers these services out of network for the enrollee. Reference ACBHD Policy 100-2-1 Out of Network Access and Continuity of Care for Medi-Cal SMHS and SUD Services.

BHP Furnishing of Services:

- Meets and requires its network providers to meet State standards for timely access to care and services taking into account the urgency of the need for services, as well as appropriate wait times specified in § 438.68 (e). Reference ACBHD Policy 100-2-3 Timely Access to Service Standards and Tracking Requirements.
- Ensures that the network providers offer hours of operation that are no less than the hours of operation offered to commercial insurance enrollees or comparable to Medicaid Fee-for-Service (FFS).
- Contractual services are available 24 hours a day, 7 days a week, when medically necessary.
- Has established mechanisms to ensure compliance with network providers, monitors network providers regularly to determine compliance, and takes corrective action if there is failure to comply by a network provider.
- Promotes the delivery of services in a culturally competent manner to all enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds, disabilities, and sexual orientation and gender identity expression (SOGIE).
- Ensures network providers provide physical access, reasonable accommodations, and accessible equipment for Medicaid enrollees.

BHP Reporting Requirements:

ACBHD acts in accordance with DHCS network adequacy data reporting and Corrective Action Plan (CAP) reporting format, frequency, and deadline requirements, with the latter only applicable if network deficiencies are identified.

PROCEDURE

A. Data Collection and Up-to-Date Provider Network Visibility:

Alameda County Health (ACH) Information Systems (IS) platforms and solutions (e.g. billing and claiming system, Salesforce) are utilized to collect initial and updated network provider

data. Initial provider information is collected using a data entry tool called eForm. This provider data includes demographic and credentialing information.

MHS Providers - eforms3.acbhcs.org/lincdoc/doc/run/alameda/MHS_StaffNumber2
SUD Providers - eforms3.acbhcs.org/lincdoc/doc/run/alameda/AOD_StaffNumber2

Next, as part of the BHP contracting process, data is inputted into the BHP billing and claiming platform. Providers are required to provide program and individual rendering service provider information at a minimum on a monthly basis and when there are updates. New and/or updated provider data is ingested into the BHP billing and claiming system and stored in SmartCare Structured Query Language (SQL) Server databases.

The BHP maintains an interactive public facing web-based Provider Directory for SMHS and SUD services, https://acbh.my.site.com/ProviderDirectory/s/. Data is updated on a weekly basis. Enrollees are able to search for specific programs, service types, and/or by individual rendering service providers. Program and provider contact information (i.e. address, phone number) and other information is provided, including but not limited to specializations, age groups served, language capacity, and if the provider is accepting new enrollees.

B. Tracking and Monitoring:

IS generates monthly monitoring reports to track provider compliance and network adequacy standard compliance. Quality Management (QM)/ Quality Improvement and Data Analytics (QIDA) Division, partner with IS to render data analysis and findings, and coordinate communication with internal and external stakeholders.

QM/QIDA facilitate a monthly internal Network Adequacy Committee meeting, which includes broad agency and departmental leadership. This committee is utilized for bidirectional communication, to relay network adequacy findings, and to develop, implement, and monitor improvement activities.

The ACBHD Quality Improvement Committee (QIC) is utilized for broad stakeholder (e.g. community based organizational providers, peers) bidirectional communication. Clinical Operations Provider Meetings are further leveraged, and direct provider outreach as needed.

C. Reporting and Improvement:

QM/QIDA and IS partner for DHCS network adequacy reporting requirements. Improvement activities are coordinated by QM/QIDA and has department-wide involvement.

IS primary responsibilities and functions include data collection system(s), solutions and methodology, report generation (i.e. county monitoring, DHCS 274 reporting), and uploading DHCS reporting deliverables. QM/QIDA primary responsibilities and functions include data analysis, communication coordination, quality review of DHCS reporting deliverables prior to submission, and coordination of improvement activities.

NON-COMPLIANCE

In accordance with the ACBHD contract, providers are required to follow this policy. Any failure to comply with this policy may result in formal actions including and up to formal sanctions as outlined in ACBHD Policy 1302-1-1 Contract Compliance and Sanctions for ACBH-Contracted Providers.

- Non-compliance is defined as MHP and/or DMC-ODS providers not acting in accordance with this policy, with emphasis on providing updated program and individual rendering service provider data.
- Any non-compliance with this policy shall be reported to ACBHD within 15 days of reasonable awareness of non-compliance.
- Staff shall not face retribution for submitting a notice of non-compliance.
- Staff can notify their immediate supervisor about non-compliance, and the immediate supervisor can report the non-compliance to ACBHD as soon as possible. Alternatively, staff can notify the appropriate ACBHD staff directly.
- Communication that contains protected health information or otherwise confidential information should be sent through secure methods such as email with secure encryption.

CONTACT

ACH/ACBHD Office	Current Date	Email
Quality Improvement and Data Analytics (QIDA)	5/1/2025	QITeam@acgov.org
Information Systems (IS)* *Questions related to IS platforms/solutions and/or provider monitoring reports	5/1/2025	hcsasupport@acgov.org

DISTRIBUTION

This policy will be distributed to the following:

- ACBHD Staff

- ACH IS Staff
- ACBHD County and Contract Providers
- Public

ISSUANCE AND REVISION HISTORY

Original Authors: Karen Capece, Quality Management Program Director
Original Date of Approval: 6/24/2025 by Karyn L. Tribble, PsyD, LCSW, Director

Revision Author	Reason for Revision	Date of Approval by (Name, Title)

DEFINITIONS

Term	Definition
Behavioral Health Plan (BHP)	Specialty Mental Health Services (SMHS) in the Mental Health Plan (MHP) and Substance Use Disorder (SUD) services in the Drug Medi-Cal Organized Delivery System (DMC-ODS) are collectively referred to as the Behavioral Health Plan (BHP). The BHP includes Alameda County Behavioral Health Department (ACBHD) and ACBHD-contracted providers.
Enrollee	Individuals enrolled in Alameda County Medi-Cal and eligible for BHP services.
Medi-Cal	California's Medicaid health care program. This program covers and pays for a variety of health services for children and adults with limited income and resources (i.e., at or below Federal Poverty Level).
Specialty Mental Health Services (SMHS)	Medi-Cal services provided under county Mental Health Plan (MHP) contract that include but are not limited to: Assessment, Plan Development, Rehabilitation Services, Therapy Services, Collateral, Medication Support Services, Targeted Case Management, Crisis Intervention, Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), and Therapeutic Behavioral Services (TBS).
Substance Use Disorder (SUD) Treatment Services	Medi-Cal services provided under county Drug Medi-Cal-Organized Delivery System (DMC-ODS) Intergovernmental Agreement (IA) that provides a continuum of care modeled after the American Society of Addiction Medicine (ASAM) criteria for substance use disorder treatment services, that include but are not limited to: Outpatient, Intensive Outpatient, Residential, and Opioid Treatment Program (OTP).

APPENDICES

None