



# COUNTY OF MONTEREY HEALTH DEPARTMENT

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Administration  
Behavioral Health

Clinic Services  
Emergency Medical Services  
Environmental Health/Animal Services

Public Health  
Public Administrator/Public Guardian

<b>Policy Number</b>	148
<b>Policy Title</b>	Network Adequacy and Timeliness Standards
<b>References</b>	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 <a href="http://www.dhcs.ca.gov/formsandpubs/Documents/FinalRuleNAFinalProposal.pdf">http://www.dhcs.ca.gov/formsandpubs/Documents/FinalRuleNAFinalProposal.pdf</a> Monterey County Health Department Policies Monterey County Behavioral Health Polices
<b>Effective</b>	March 7, 2018

## 1 Policy

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3 Monterey County Behavioral Health (MCBH) receives referrals from a variety of resources.  
4 Referrals for services may be by self-referral, inpatient hospitals, Community Providers, from other  
5 counties, or the larger community. MCBH services are voluntary. All individuals who seek  
6 behavioral health services from MCBH are entitled to receive, at minimum, an assessment to  
7 determine their need and whether MCBH services might meet those needs or whether a referral is  
8 warranted to better serve the individual/family.

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10 Monterey County Behavioral Health complies with Title 42 Code of Federal Regulations (CFR) Part  
11 438.68, as specified in Chapter 738, Statutes of 2017 (Assembly Bill 205) as part of its contract  
12 with Department of Health Care Services (DHCS) to provide Specialty Mental Health Services  
13 (SMHS) and Substance Use Disorder (SUD) services under the Drug Medi-Cal Organized Delivery  
14 System (DMC-ODS). As such, Monterey County Behavioral Health (MCBH) along with its  
15 contracted providers must comply with standards of timely access to care. The Medicaid Managed  
16 Care Final Rule established network adequacy standards for certain providers. The State  
17 Department of Health Care Services (DHCS) has established network adequacy  
18 standards/requirements to meet the final rule requirements for SMHS and DMC-ODS services.

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20 Monterey County is considered a "small county" by these regulations. Timely access applies to  
21 both initial requests and continuation of services. Non-urgent refers to routine appointments for  
22 non-urgent conditions. Time/Distance standards apply to the beneficiary's ability to access services  
23 from their residence.

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26 Specialty Mental Health Services (SMHS)

- 27 • Outpatient Services (non-psychiatry)
- 28 ○ Within 10 business days from request
- 29 • Outpatient Services (psychiatry)
- 30 ○ Within 15 business days from request
- 31 • Time/Distance Standard:
- 32 ○ 45 miles or 75 minutes from beneficiary's residence
- 33 • Urgent Appointment
- 34 ○ Within 5 business days from request
- 35 • Additional Requirements
- 36 ○ Initial request to first offered appointment
- 37 ○ Initial scheduled appointment to start and end of assessment
- 38 ○ Time to first treatment services; post assessment
- 39 ○ Time to service to address urgent condition
- 40

41 Substance Use Disorder Services (DMC-ODS)

- 42 • Outpatient Services
- 43 ○ Within 10 business days from request
- 44 • Time/Distance Standard:
- 45 ○ 60 miles or 90 minutes from beneficiary's residence
- 46 • Opioid Treatment Services (OTP)
- 47 ○ Within 3 business days from request
- 48 • Time/Distance Standard:
- 49 ○ 45 miles or 75 minutes from beneficiary's residence
- 50 • Additional Requirements
- 51 ○ HEDIS-Initiation and Engagement
- 52 ■ Treatment (inpatient or outpatient) with 14-days from initial diagnosis
- 53 ■ Two (2) additional treatments within 30-days from first visit
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55 SMHS and DMC-ODS

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57 **Procedure:**

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59 In order for MCBH and its contracted providers (as applicable) to begin the process for  
60 determination of the needs of individuals requesting services, MCBH must first begin with  
61 establishing an electronic health record. The intention with establishing a health record for the  
62 individual is to create a unique record of the individual's request for services, the outcome of the  
63 request, as well as provide information on MCBH's responsiveness to the request for services. The  
64 initiation of a health record does not, in any way, guarantee the individual requesting services will  
65 receive all or some of their mental health services and/or SUD services through MCBH and its  
66 contractors. It means the individual/family has requested mental health and/or SUD services and  
67 MCBH and its contractors are responding to the request.

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69 MCBH has previously established timeline standards for expected lengths of time from receipt of a  
70 beneficiary or provider request for initial service until scheduling of the first assessment visit. The  
71 Department of Health Care Services (DHCS) issued regulations concerning timelines for the

72 authorization of services requested for a beneficiary by a provider. Nothing in this policy is intended  
73 to reduce or eliminate existing standards concerning timelines for scheduling initial assessment  
74 visits. Refer to [MCBH policy 129-Health Records Documentation](#) and [MCBH Policy 108-Medicaid](#)  
75 [Managed Care Plan](#) for additional details on admission and documentation standards.

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77 MCBH has and established and long-standing practice of utilizing a single, county-wide, Access to  
78 Treatment telephone number that is available to the community 24-hours a day, 7-days a week  
79 (“24/7 Line”). The 24/7 telephone number is (888) 258-6029.

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81 • During “Normal” business hours: 8:00 AM – 5:00 PM Monday – Friday (excluding holidays)

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○ MCBH has established a “call center”

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○ The call center is staffed by licensed/licensed eligible clinical staff

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○ Call center clinical staff triage and assess the needs of the caller

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○ Call center clinical staff:

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▪ Assess for risk and other mental health needs

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▪ Determine the caller’s needs, including, but not limited to: (as applicable)

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▪ Provides the caller with an appointment for a face-to-face assessment

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• Within 10 days of request (may be beyond 10 days if client requests later date)

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• Urgent Conditions (CCR title 9, section 1810.253)

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○ MCBH has established a timeliness standard within 5 business days of request

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○ Assessment appointments may be same day (“urgent appointment-assessment”)

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○ Assessment appointment may also include medication support appointment

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▪ Provides caller with community resources

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▪ Provides caller with requested information

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▪ Provides caller with referrals

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▪ All appointments are scheduled using the electronic health record

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▪ Routine specialty referrals are made as necessary according to identified needs via assessment process. Referrals may include additional mental health services and/or substance use disorder services. Referrals may include, but are not limited to:

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• county operated programs

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• contracted provider programs

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• other community resources

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• After-hours: 5:00 PM – 8:00 AM Daily; Holidays are covered by the after-hours contract and are also available 24/7

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○ MCBH contracts for “after-hours” services

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○ Daily reports are provided to MCBH Access to Treatment programs for follow up

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○ Callers receive a call back from call center staff, when applicable

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○ 24/7 contractor may make referrals for community resources to meet the individual’s needs

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• Additional Resource

- 119 ○ Community members may access MCBH's 24/7 Crisis Team. The Crisis Team  
120 supports the urgent mental health needs of the community, in-person or via  
121 telephone service. The Crisis Team functions include, but are not limited to,  
122 assessment of risk, assessment for involuntary hold, referral to MCBH outpatient  
123 specialty mental health services, referral to substance use disorder treatment  
124 services, community resources, etc.
- 125 ○ MCBH's Crisis Team members may also dispatch MCBH Mobile Team Unit to  
126 address matters of urgency.

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#### 128 Language Capability/Assistance

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130 MCBH and its contracted providers make all efforts to employ multilingual/multicultural staff  
131 whenever possible to further support delivery of cultural and linguistic services. MCBH's threshold  
132 language is Spanish, as designated by DHCS. However, recognizing the cultural and linguistic  
133 needs expand beyond Spanish language, MCBH staff members have access to language  
134 assistance services including "Language Line Services," "Indigenous Interpreting+" and  
135 "Interpreting Services" (for face to face services), including American Sign Language services to  
136 assist with assessment and service delivery. Language service information can be found here:  
137 <http://qi.mtyhd.org/index.php/special-topics/interpreting-services/>. Additionally, MCBH provides  
138 communication capability for hearing impaired, including TYY/TDD (831) 755-1788. The Access  
139 after-hours contract includes multilingual language capabilities, including, but not limited to,  
140 multilingual staff and use of language line.

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#### 142 Monitoring Compliance

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144 MCBH monitors to ensure that all services are available and accessible to beneficiaries in a timely  
145 manner (42 C.F.R. 438.206(a)). Monitoring timely compliance of services are conducted using an  
146 ongoing utilization review process using data and qualitative reviews. A variety of data sources (i.e.  
147 electronic medical records, community needs assessments, mapping, etc.) are used when  
148 determine or identifying SMHS and SUD service needs in the community. MCBH will maintain a  
149 network of providers that is sufficient in number, mix, and geographic distribution that meets the  
150 needs of the anticipated number of beneficiaries in Monterey County (42 C.F.R. 438.207(b)),  
151 maintain up-to-date provider lists and make available on the MCHB website, and shall notify the  
152 DHCS of any significant changes in providers that may affect MCBH's ability to meet network  
153 adequacy standards. MCBH will submit data, in a manner and format determined by DHCS, that  
154 demonstrates compliance with DHCS's requirements for availability and accessibility of services,  
155 including the adequacy of the provider network (42 C.F.R. 438.604(a)(5)).

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