



# Quality Assurance Bulletin

Quality Assurance Division

County of Los Angeles – Department of Mental Health

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## FINAL RULE: NETWORK ADEQUACY

On April 25, 2016, the Centers for Medicare & Medicaid Services (CMS) issued the Medicaid and Children’s Health Insurance Program (CHIP) “Final Rule”, the first update in the federal regulations governing these programs in over a decade (42 CFR Part 438). The key goals of the Final Rule include improving quality of care and beneficiary experience, strengthening program integrity by improving accountability and transparency, and aligning key Medicaid and CHIP managed care requirements with other health coverage programs. As part of the Final Rule, States must establish and certify network adequacy standards for time, distance and timely access to specialty mental health services.

On February 13, 2018, the State Department of Health Care Services (DHCS) issued Information Notice 18-011: *Federal Network Adequacy Standards for Mental Health Plans (MHPS) and Drug Medi-Cal Organized Delivery System (DMC-ODS) Pilot Counties*. The Notice sets forth the network adequacy requirements and network certification requirements to which each county MHP must comply.

### Network Adequacy Requirements

**Effective July 1, 2018**, the following time and distance and timely access standards must be met by the Los Angeles County MHP (LACDMH directly-operated, contracted, and fee-for-service providers collectively):

<b>Time and Distance</b>	<b>15 miles or 30 minutes</b>
<i>Time: number of minutes it takes a beneficiary to travel from his/her residence to the nearest provider site</i>	
<i>Distance: number of miles a beneficiary must travel from his/her residence to the nearest provider site</i>	
<b>Timely Access</b>	<b>Outpatient Services: 10 business days</b> <b>Psychiatry Services: 15 business days</b>
<i>Timely Access: number of business days from the date the beneficiary (or provider acting on behalf of the beneficiary) requests a medically necessary service to the date of appointment.</i>	
<i>Note: Outpatient services refer to Mental Health Services, Targeted Case Management, Crisis Intervention and Medication Support Services (excluding those to see a Psychiatrist). Psychiatry services refer to services provided by a psychiatrist.</i>	

LACDMH is in the process of updating its Access to Care Policy (DMH Policy 302.07). Additional information will be issued to providers via QA Bulletin in the coming months. At this time, providers should minimally be aware that the timely access standards will be reduced from fifteen (15) business days to ten (10) business days as of the above referenced effective date.

### Network Certification Requirements

In order for DHCS to assure adequate capacity and services within MHPs, it is requiring each MHP to submit certification documentation that demonstrates that it complies with the following requirements:

- Offers an appropriate range of services for the anticipated number of beneficiaries;
- Maintains a network of providers, operating within the scope of practice under State law, that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of beneficiaries.

MHPs must submit this documentation on a quarterly basis and each time there is a significant change within the network. All MHPs must submit the initial certification documentation by **March 30, 2018**.

LACDMH is in the process of gathering the required documentation and currently has most of the information needed to certify the network. However, some data remains to be captured in a central location.

### Immediate Action Needed

LACDMH has developed an on-line application to collect and verify the data needed for network adequacy certification. It will be available at <https://lacdmhnact.dynamics365portals.us/> on Wednesday, March 13th. All LACDMH providers must review, update and validate their organization, service location and staff information **as soon as possible but no later than March 23, 2018**.

Information includes (as a reference only, see attached excel file for a complete list of needed information):

- Organization (Legal Entity) information such as:
  - Contract effective and expiration date
  - Maximum and current number of Medi-Cal beneficiaries
  - Name of CEO and CFO
- Service location (provider number) information such as:
  - Website URL (if available)
  - ADA compliance
  - TTY (TeleTYpe)/TDD (Telecommunications Device for the Deaf) equipment
  - Telehealth abilities
  - Language capacities
  - Age groups served
- Staff (practitioner) information such as:
  - Contract effective (hire) date and expiration date (if open ended employment, indicate N/A)
  - Age groups served
  - Full Time Equivalents (number of hours available at the identified site to provide services)
  - Maximum number of beneficiaries practitioner will accept (full caseload) and the current number of beneficiaries assigned to the practitioner (current caseload)
  - Language capacity
  - Telehealth and mobile/community based capabilities
  - Cultural Competency including an attestation of completing the number of hours indicated in the network adequacy certification application (QI will send out a separate memo shortly).

*Note that prior attestations of meeting the cultural competency requirement (for example as part of the annual QA monitoring report) do not specifically attest to the hours indicated in the application and may not meet the requirement to report Cultural Competency training completed in the past 12 months and therefore cannot be used to meet this requirement*

In an effort to assist providers, LACDMH has pre-populated information into the network adequacy certification application (referenced above) based on information available within the Integrated Behavioral Information System (IBHIS) and Practitioner Registration & Maintenance (PRM). Additional information has been pre-populated based on general assumptions. Providers must review all pre-populated information, and correct the information if needed. Please keep in mind that information updated on the application site will NOT be updated within IBHIS or PRM. LACDMH is working on a method to capture this information on a regular basis in a manner that is not disruptive to providers. Providers will have the ability to further validate information prior to the network adequacy effective date of July 1, 2018.

If providers have any questions related to accessing or using the above site, please contact the Help Desk via Self Service. For questions related to definitions of the individual elements, refer to the Frequently Asked Questions document attached to the site. If the question is not listed, please contact Bradley Bryant ([bbryant@dmh.lacounty.gov](mailto:bbryant@dmh.lacounty.gov)) and Jennifer Hallman ([jhallman@dmh.lacounty.gov](mailto:jhallman@dmh.lacounty.gov)).

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