



State of California—Health and Human Services Agency
Department of Health Care Services



**2021 Annual Network Certification
Approved Alternative Access Standards
Report
Mental Health Plan (MHP)**

**2021 Annual Network Certification:
Mental Health Plan Alternative Access Standards Report**

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1. Background and Overview

Welfare and Institutions Code (WIC) section 14197 requires Department of Health Care Services (DHCS) to post on its website the requested Alternative Access Standards (AAS) it has approved for the certification year. The approved AAS are listed in the county-specific tables at the end of this report. Mental Health MHPs (MHP) may submit AAS requests and/ DHCS may notify for instances where the MHP is unable to meet time or distance standards for the following provider types:

- Psychiatry providers (Adult)
- Psychiatry providers (Children/Youth)
- Outpatient SMHS providers (Adult)
- Outpatient SMHS providers (Children/Youth)

For DHCS to approve MHP AAS requests, the MHP must demonstrate that they have exhausted all reasonable options to meet the applicable standard. DHCS-approved AAS requests are valid for fiscal year July 1, 2021 through June 30, 2022. AAS requests must be resubmitted to DHCS for approval annually, or any time a network change results in the MHP no longer meeting time or distance standards.

MHPs that receive AAS approvals from DHCS must inform their affected beneficiaries of all approved AAS by posting approved AAS, specified by county, on the MHP's internet website. Each MHP must post the approved AAS on its website no later than 30 days after DHCS publishes the statewide AAS approvals on the DHCS website.

Further, MHPs that have an approved AAS for a psychiatry services (e.g., medication support services) in accordance with WIC 14197 (c)(1) upon the request of the beneficiary, the MHP must do either 1 or 2:

(1) Arrange an appointment for the requesting beneficiary with a psychiatrist within the applicable time and distance standards, as set forth in WIC section 14197 (c)(1) and within 15 business days of the beneficiary's request for an appointment.

OR

(2) Make its best effort to establish a beneficiary-specific case agreement, at the Medi-Cal fee-for-service rate or a rate mutually agreed upon between the psychiatrist and MHP, with an OON psychiatrist to provide services to the requesting beneficiary within the applicable time and distance standards in WIC section 14197 (c)(1) and within 15 business days of the beneficiary's request for an appointment.

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This requirement does not apply if there is not a psychiatrist within the applicable time or distance standards of the requesting beneficiary or if the MHP unsuccessfully attempted to enter into a beneficiary-specific case agreement with the psychiatrist within the last 12 months.¹ If the MHP is unable to arrange an appointment for the beneficiary as provided in paragraphs 1 and 2 above, the MHP must coordinate with the beneficiary's managed care MHP if the beneficiary resides in an excluded ZIP code or is otherwise enrolled in fee-for-service Medi-Cal to arrange non-emergency medical transportation or non-medical transportation for the beneficiary to his or her appointment outside the coverage area.²

As above, with beneficiary consent, telehealth may be used to meet this requirement.

2. DHCS Review and Validation Process

MHPs must detail the name of the two nearest identified Out-of-Network (OON) providers, the date the MHP contacted the providers to discuss contracting with the MHP, and the number of contracting attempts the MHP made. Through the AAS validation, DHCS will request evidence of contracting efforts, which must include supporting documentation demonstrating contract efforts via email/letter, scheduled phone calls, good faith negotiations, contract records, marketing materials and advertisements, and follow-up attempts after initial contract efforts or outreach. The evidence of contracting efforts must reflect contracting efforts conducted since the MHP's last annual Network Adequacy Certification submission. DHCS will focus on validating AAS requests that have potential contracting options. The supporting documentation submitted must be dated prior to the AAS request in question taking effect.

DHCS approves or denies an AAS request based on an analysis of zip code and provider type.³ The review process includes 1) verifying the AAS Request is submitted on time, 2) verifying if the AAS request is complete, and 3) verifying the MHP's efforts to identify the nearest in-network and OON providers. Additionally, DHCS compares the identified providers submitted by the MHP to the Network Adequacy Certification Tool (NACT) and to other resources.

DHCS reviews the AAS request and all supporting documentation to assess the facts and circumstances provided by the MHP. MHPs must maintain documentation of their efforts to contract with nearest OON providers and must provide all documentation to DHCS upon request. DHCS may request additional evidence of contracting efforts if

¹ WIC § 14197.04, subd. (a)(2)(A)

² WIC § 14197.04, subd. (b)

³ WIC § 14197, subd. (e)(3) (2020)

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DHCS identifies more than two nearer OON providers during the review process.

The use of clinically appropriate telehealth may be considered in determining compliance with the applicable standards and/or for the purpose of approving an AAS request. However, MHPs cannot require a beneficiary to access services via telehealth only. MHPs must inform the beneficiary about options for accessing covered non-emergency medical transportation to an in-network provider within time and distance and timely access standards for medically necessary services, when an in-person visit is requested by a beneficiary.

On an annual basis and at DHCS' request, the MHP must demonstrate how it arranges for the delivery of services such as Medi-Cal covered transportation or tele-health, if beneficiaries needed services from a provider or facility located outside of the time or distance standards specified in WIC Section 14197(c).

3. Alternative Access Standards Results

Observations and Trends

DHCS may consider different factors when approving AAS requests. Due to the State's varied county population densities and geographical attributes, many AAS requests come from geographically remote regions, which lack specialists in both rural and urban counties within time or distance standards. The MHPs listed in this report all utilized telepsychiatry or telehealth services to as part of their AAS. Trinity MHP specifically employed a mobile crisis unit to bring telehealth capability to beneficiaries in rural counties.

On-going Monitoring

For all approved AAS request, DHCS will monitor beneficiary access to the service type covered by the AAS request on an on-going basis and report DHCS's findings to Centers for Medicare & Medicaid Services (CMS).⁴

If DHCS rejects an MHP's request for AAS, DHCS shall inform the MHP of the reason for rejecting the request. DHCS will post any approved AAS request on its website.⁵

⁴ 42 C.F.R. section 438.66 (e) requires DHCS to submit a report to CMS annually on each managed care program the Department administers. 42 C.F.R. sections 438.68(d)(2) and 438.66(e)(2)(vi) require the Department to include the results of the monitoring in that report.

⁵ WIC, § 14197, subd. (e)(3)

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The status of each MHP AAS by zip code are detailed in this report. DHCS will update the AAS status as the counties complete corrective actions to the Department's satisfaction. The status of each county's AAS is current as of May 2022.

Questions regarding the contents of this report can be directed to:
NAOS@dhcs.ca.gov

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Alpine Mental Health Plan (MHP)

Provider Type	Zip Code	Approved Max Dist. (miles)	Approved Max Time (minutes)	Justification for Approval
Psychiatry Adult	96120	22.6	29	<p>The basis for this approval is Telepsychiatry Services which are being administered within the County.</p> <p>Telehealth is permitted to meet time or distance standards; however, all members have the right to an in-person appointment, and telehealth can only be provided when medically appropriate as determined by the provider and as allowed by the applicable delivery systems' provider manual. MHPs cannot require telehealth. MHPs are required to arrange transportation for beneficiaries if they request on-site providers.</p>
	95223	109	47	
Psychiatry Children/Youth	96120	25.3	34	
	95223	55.4	76	

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Mono Mental Health Plan (MHP)

Provider Type	Zip Code	Approved Max Dist. (miles)	Approved Max Time (minutes)	Justification for Approval
Psychiatry Adult and Psychiatry Children/Youth	96133	9.3	10	<p>The basis for this approval is Telepsychiatry Services which are being administered within the County.</p> <p>Telehealth is permitted to meet time or distance standards; however, all members have the right to an in-person appointment, and telehealth can only be provided when medically appropriate as determined by the provider and as allowed by the applicable delivery systems' provider manual. MHPs cannot require telehealth. MHPs are required to arrange transportation for beneficiaries if they request on-site providers.</p>
	96107	3	4	
	93517	31	35	
	93541	29	33	
	93529	19	24	
	93546	0.3	2	
	93514	18	21	
	93512	46	46	

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Trinity Mental Health Plan (MHP)

Provider Type	Zip Code	Approved Max Dist. (miles)	Approved Max Time (minutes)	Justification for Approval
Psychiatry Adult and Psychiatry Children/Youth	95595	N/A	N/A	<p>The basis for this approval is Trinity’s implementation of a telehealth unit at Southern Trinity High School and a mobile crisis unit that will visit the outer laying areas of Trinity County to ensure that beneficiaries have accessibility to services.</p> <p>Telehealth is permitted to meet time or distance standards; however, all members have the right to an in-person appointment, and telehealth can only be provided when medically appropriate as determined by the provider and as allowed by the applicable delivery systems’ provider manual. MHPs cannot require telehealth. MHPs are required to arrange transportation for beneficiaries if they request on-site providers.</p>
	95527			