# DHCS FISCAL YEAR 2025-26 APPROVED ALTERNATIVE ACCESS STANDARDS REPORT

**Mental Health Program**

**August 2026**

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

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# BACKGROUND AND OVERVIEW

Welfare and Institutions Code (WIC) section 14197 requires the 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 Plans (MHPs) may submit AAS requests and/or DHCS may notify MHPs of instances where the MHP did not meet time or distance standards for the following provider types:

- Psychiatry Services (Adult)
- Psychiatry Services (Children/Youth)
- Outpatient Services (Adult)
- Outpatient Services (Children/Youth)

DHCS may grant requests for AAS if the MHP has exhausted all other reasonable options to obtain providers to meet the applicable standard, or if DHCS determines that the MHP has demonstrated that its delivery structure is capable of delivering the appropriate level of care and access.[1] Upon notification by DHCS, an approved AAS will be valid for three years.[2] DHCS will annually reassess the compliance of the MHP with time or distance standards and provide the MHP with an updated report of ZIP codes that are deficient, by age group and provider type, that are not part of the approved three-year AAS. If a ZIP code is identified as being deficient during the three-year period, the MHP will be required to submit a revised AAS for the newly identified ZIP code(s) and service type. DHCS will monitor member access to the service type covered by the AAS on an ongoing basis and report the findings of DHCS to Centers for Medicare & Medicaid Services (CMS).[3]

MHPs that receive AAS approval from DHCS must inform their affected members of all approved AAS' by posting the approved AAS for the MHP on its 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.

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[1] WIC section 14197(f)(2)
[2] WIC section 14197(f)(3)(C)
[3] 42 CFR Part 438.66(e) requires DHCS to submit a report to CMS annually on each managed care program the Department administers. 42 CFR Part 438.68(d)(2) and 438.66(e)(2)(vi) require the Department to include the results of the monitoring in that report.

Further, when any MHP is unable to refer a member to a network provider for the appropriate level of care as determined by an American Society of Addiction Medicine assessment, it is the responsibility of the MHP to make a referral to an Out-of-Network (OON) provider in a timely manner.[4] With member consent, telehealth may be used to meet this requirement.

# DHCS REVIEW AND VALIDATION PROCESS

In Attachment C – Alternative Access Standards Request, an attachment to Behavioral Health Information Notice (BHIN) 25-013, MHPs must detail the name of the two nearest identified 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 process, DHCS will request evidence of contracting efforts, which must include documentation demonstrating contracting efforts such as correspondence (via email or letter), scheduled phone calls, notes from negotiations, draft (unexecuted) contracts, marketing materials and advertisements, and correspondence or other evidence of follow-up attempts after initial contract efforts or outreach.

If an MHP is unable to contract with a specific provider due to a quality-of-care issue, the MHP must submit supporting documentation detailing the concern of the MHP with the quality of care from the provider. A quality-of-care issue may include, but is not limited to, a provider having insufficient credentials, or being suspended from participation in the Medi-Cal program by DHCS, CMS, or the office of the Inspector General for Health and Human Services.

The evidence of contracting efforts shall reflect contracting efforts conducted since the last ANC submission of the MHP. The supporting documentation submitted shall be dated prior to the AAS request in question taking effect.

DHCS approves or denies an AAS request on a ZIP code/provider type basis.[5] 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 efforts of the MHP to identify the nearest in-network and OON providers.

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[4] Behavioral Health Information Notice: 19-024

[5] WIC section 14197 (f)(3)

Additionally, DHCS compares the identified providers submitted by the MHP to the 274-file and to other resources.

DHCS reviews the AAS request and all supporting documentation to assess the facts and circumstances provided by the MHP. MHPs shall maintain documentation of their efforts to contract with the nearest OON providers and must provide all documentation to DHCS upon request. DHCS may request additional evidence of contracting efforts if 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.[6] However, MHPs cannot require a member to access services via telehealth only. [7] MHPs shall inform the member about options for accessing covered non-emergency medical transportation to an in-network provider within time or distance and timely access standards for medically necessary services, when an in-person visit is requested by a member.

On an annual basis and at the request of DHCS, the MHP shall demonstrate how it arranges for the delivery of services such as Medi-Cal covered transportation or telehealth, if members needed services from a provider or facility located outside of the time or distance standards specified in WIC Section 14197(c).[8]

# ALTERNATIVE ACCESS STANDARDS RESULTS

## Observations and Trends

DHCS may consider different factors when approving AAS requests. Due to the varied county population densities and geographical attributes of the State, many AAS requests come from geographically remote regions which lack specialists in both rural and urban counties within time or distance standards. The AAS requests from the MHP listed in this report were approved due to a lack of providers available to provide in-person psychiatry services to adults (21+) and youth (0-20), causing clients to be referred to providers outside the county. Additionally, the MHP informed DHCS of the barriers to time and distance standards due to travel conditions as some roads are closed during the winter.

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[6] WIC section 14197(e), (f)(1), (6)
[7] Behavioral Health Information Notice: 23-018
[8] WIC section 14197(g)(1), (2)

## Ongoing Monitoring

For all approved AAS requests, DHCS will monitor member access to the service type covered by the AAS request on an ongoing basis and report its findings to CMS.[9] If DHCS rejects a request for AAS from an MHP, DHCS shall inform the MHP of the reason for rejecting the request. DHCS will post any approved AAS requests on the DHCS website.[10] After DHCS approves an AAS request, the MHP shall post the approved AAS to their website. The status of each MHP AAS request is detailed in this report. The status of each AAS is current as of June 2026. Questions regarding the contents of this report may be directed to DHCS at NAOS@dhcs.ca.gov.

[9] 42 CFR Part 438.68(d)(2)
[10] WIC section 14197(f)(4)

## Alpine County MHP (Adults 21+, Psychiatry Services)

| ZIP Code | Approved Max Distance (miles) | Approved Max Time (minutes) |
|---|---|---|
| 95223 | 38 | 50 |
| 96120 | 15 | 33 |

- Alpine MHP demonstrated that they have exhausted all in-network and OON providers within the time or distance standards prior to proposing a new time or distance standard for Psychiatry Services Adults (21+).
- The MHP identified 1st and 2nd OON providers and agreed to enter into a single-case agreement with an OON provider and to coordinate transportation for members who request in-person services.

## Alpine County MHP (Youth 0-20, Psychiatry Services)

| ZIP Code | Approved Max Distance (miles) | Approved Max Time (minutes) |
|---|---|---|
| 95223 | 42 | 54 |
| 96120 | 15 | 33 |

- Alpine MHP demonstrated that they have exhausted all in-network and OON providers within the time or distance standards prior to proposing a new time or distance standard for Psychiatry Services Youth (0-20).
- The MHP identified 1st and 2nd OON providers and agreed to enter into a single-case agreement with an OON provider and to coordinate transportation for members who request in-person services.