

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



2019 Annual Network Certification

Mental Health Plan

Corrective Action Plan Report

Table of Contents

Contents

| Background and Overview | 3 |
|---|----|
| Network Certification Corrective Action Plan Requirements | 4 |
| Mental Health Plans Subject to Corrective Actions | 4 |
| Corrective Action Plan Status Summary | 6 |
| Colusa Mental Health Plan | 7 |
| El Dorado Mental Health Plan | 8 |
| Fresno Mental Health Plan | 9 |
| Imperial Mental Health Plan | 10 |
| Inyo Mental Health Plan | 11 |
| Kern Mental Health Plan | 12 |
| Kings Mental Health Plan | 13 |
| Lake Mental Health Plan | 14 |
| Los Angeles Mental Health Plan | 15 |
| Madera Mental Health Plan | 16 |
| Mendocino Mental Health Plan | 17 |
| Merced Mental Health Plan | 18 |
| Modoc Mental Health Plan | 19 |
| Orange Mental Health Plan | 20 |
| Riverside Mental Health Plan | 21 |
| San Benito Mental Health Plan | 22 |
| San Bernardino Mental Health Plan | 23 |
| San Joaquin Mental Health Plan | 24 |
| Santa Barbara Mental Health Plan | 25 |
| Shasta Mental Health Plan | 26 |
| Siskiyou Mental Health Plan | 27 |
| Stanislaus Mental Health Plan | |
| Sutter/Yuba Mental Health Plan | 29 |
| Tehama Mental Health Plan | |
| Trinity Mental Health Plan | 31 |
| Tulare Mental Health Plan | 32 |

| Tuolumne Mental Health Plan | 33 |
|--|----|
| Yolo Mental Health Plan | 34 |
| Mental Health Plans with Pass Designations | 35 |

Background and Overview

The Department of Health Care Services (DHCS) contracts with 56 Mental Health Plans (MHPs) responsible for providing, or arranging for the provision of, specialty mental health services (SMHS) to Medi-Cal beneficiaries who meet medical necessity criteria in a manner consistent with the beneficiary's mental health treatment needs and goals, and as documented in the beneficiary's treatment plan.

Each MHP must maintain and monitor a provider network adequate to serve, within scope of practice under State law, the population of adults and children/youth Medi-Cal beneficiaries eligible for SMHS. MHPs must meet or exceed network capacity requirements and proportionately adjust the number of network providers to support any anticipated changes in enrollment and the expected utilization of SMHS.

Federal regulations require each MHP to submit to DHCS data and documentation on which the State bases its certification that the MHP has complied with the State's requirements for availability and accessibility of services, including the adequacy of the provider network, as set forth in Title 42 Code of Federal Regulations parts 438.68 and 438.206, as specified in Chapter 738, Statutes of 2017, Assembly Bill (AB) 205.

DHCS certifies the network of each MHP and submits assurances of adequacy to the Centers for Medicare and Medicaid Services (CMS). DHCS reviews state and MHP-level data and information, including network data submissions by the MHPs, to conduct an analysis of the adequacy of each MHP's network. DHCS conducts a comprehensive review of each MHP's provider network in accordance with the annual network certification requirements set forth in Title 42 Code of Federal Regulations (CFR) part 438.207.

DHCS reviews each MHP's compliance in the following areas:

- I. Time and distance geographic access mapping;
- II. Network composition and capacity provider to beneficiary ratios;
- III. Mandatory provider types American Indian Health Facilities;

DHCS evaluates the MHP's performance in each of these areas to determine compliance with the requirements. MHPs that did not meet requirements in all areas are subject to ongoing monitoring and are required to complete a corrective action plan (CAP) to improve access to SMHS for beneficiaries. While DHCS reviews the MHPs' compliance with reporting requirements related to language assistance capacity and system infrastructure, these elements are excluded from this report.

Twenty-nine MHPs conditionally passed the network certification requirements; meaning the MHP did not meet the network adequacy requirements in one or more areas. This report identifies the MHPs that are under a CAP due to non-compliance with the applicable network certification requirements. The report also includes the MHP's response to the CAP.¹ It fulfills the requirements of Assembly Bill (AB) 205, to annually publish on the DHCS website a report that details the results of DHCS' annual network certification of the MHPs.

Network Certification Corrective Action Plan Requirements

DHCS notified MHPs, in writing, of the results of the annual network certification. The MHPs, determined to conditionally pass the network certification requirements, were required to complete and submit a CAP detailing actions the MHP would immediately implement to ensure compliance with the requirements. The deadline to complete corrective actions was January 15, 2020. If a MHP did not comply with its CAP, DHCS will impose additional corrective actions, including but not limited to, administrative and financial sanctions.

Furthermore, since the identified MHPs do not meet the network certification standards and are, therefore, unable to provide timely access to necessary services within the applicable time and distance standards, the MHPs must adequately and timely cover these services out-of-network for its beneficiaries. The MHP must permit out-of-network access for as long as the MHP's provider network is unable to provide the services in accordance with the standards.

The MHPs CAPs were required to address procedures for ensuring beneficiaries are informed and have access to out-of-network providers. The CAPs also included the provision of training to the MHP's 24/7 Access line staff, and other front line staff, who provide information to beneficiaries regarding appointments, as well as any staff responsible for processing authorization requests (including those of subcontractors), to ensure staff who interact with beneficiaries are aware of and trained on processing appointments including out-of-network access. The MHPs were further required to submit training materials and call center scripts to demonstrate compliance with these CAP requirements.

Mental Health Plans Subject to Corrective Actions

The following MHPs are required to complete a network adequacy CAP, due to findings of non-compliance in one or more required area(s):

- Colusa Mental Health Plan
- El Dorado Mental Health Plan
- Fresno Mental Health Plan
- Imperial Mental Health Plan
- Inyo Mental Health Plan
- Kern Mental Health Plan

¹ California Welfare and Institutions Code (W&I Code) 14197(f)(3)

- Kings Mental Health Plan
- Lake Mental Health Plan
- Los Angeles Mental Health Plan
- Madera Mental Health Plan
- Mendocino Mental Health Plan
- Merced Mental Health Plan
- Modoc Mental Health Plan
- Orange Mental Health Plan
- Riverside Mental Health Plan
- San Benito Mental Health Plan
- San Bernardino Mental Health Plan
- San Joaquin Mental Health Plan
- Santa Barbara Mental Health Plan
- Shasta Mental Health Plan
- Siskiyou Mental Health Plan
- Stanislaus Mental Health Plan
- Sutter/Yuba Mental Health Plan
- Tehama Mental Health Plan
- Trinity Mental Health Plan
- Tulare Mental Health Plan
- Tuolumne Mental Health Plan
- Yolo Mental Health Plan

If a MHP failed to timely complete corrective actions, by January 15, 2020, and remains out-of-compliance with network adequacy requirements, the MHP is subject to additional corrective actions, including administrative and financial sanctions. DHCS has the authority to impose administrative and financial sanctions when DHCS determines a MHP has failed to comply with requirements in federal or state statutes, regulations, or the terms of the MHP contract. (W&I Code, § 14712, subd. (e) and § 14713, subd. (a); Cal. Code Regs, tit. 9, § 1810.380, subd. (b) and § 1810.385.)

The status of each CAP, as well as the specific areas of non-compliance and the MHPs' response to the CAP, are detailed in this report. DHCS will update the CAP status as the MHPs complete corrective actions to the Department's satisfaction. The status of each MHP's CAP is current as of December 30, 2019.

Questions regarding the content of this report can be directed to: <u>MHSDFinalRule@dhcs.ca.gov</u>

| | Implementation |
|---|-------------------------------|
| Mental Health Plan Colusa Mental Health Plan | Implementation In Progress |
| El Dorado Mental Health Plan | In Progress |
| Fresno Mental Health Plan | In Progress |
| | In Progress |
| Imperial Mental Health Plan | In Progress |
| Inyo Mental Health Plan | In Progress |
| Kern Mental Health Plan | In Progress |
| Kings Mental Health Plan | |
| Lake Mental Health Plan | In Progress |
| Los Angeles Mental Health Plan | In Progress |
| Madera Mental Health Plan | In Progress |
| Mendocino Mental Health Plan | In Progress |
| Merced Mental Health Plan | In Progress |
| Modoc Mental Health Plan | In Progress |
| Orange Mental Health Plan | In Progress |
| Riverside Mental Health Plan | In Progress |
| San Benito Mental Health Plan | In Progress |
| San Bernardino Mental Health Plan | In Progress |
| San Joaquin Mental Health Plan | In Progress |
| Santa Barbara Mental Health Plan | In Progress |
| Shasta Mental Health Plan | In Progress |
| Siskiyou Mental Health Plan | In Progress |
| Stanislaus Mental Health Plan | In Progress |
| Sutter/Yuba Mental Health Plan | In Progress |
| Tehama Mental Health Plan | In Progress |
| Trinity Mental Health Plan | In Progress |
| Tulare Mental Health Plan | In Progress |
| Tuolumne Mental Health Plan | In Progress |
| Yolo Mental Health Plan | In Progress |

Corrective Action Plan Status Summary

Colusa Mental Health Plan

| Network Certification CAP Summary | | | | | | |
|---|--------------------|--------------------------------|---|---|--|--|
| Service Type | Age Group | Time & Distance Standard | Provider to Beneficiary Ratio Standard | Description of Finding | MHP CAP Response | |
| Psychiatry | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | |
| Psychiatry | Children/ Youth | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 0.17 (full-time equivalent) FTE children/youth psychiatry providers. The MHP is permitted to use telehealth to meet this requirement. | The MHP will increase children/youth psychiatry resources to meet the ratio standard. | |
| Outpatient SMHS | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | |
| Outpatient SMHS | Children/ Youth | Pass | Conditional Pass | The MHP's network does not meet the ratio standard. The MHP must increase its network by 0.10 FTE children/youth SMHS outpatient providers. | The MHP will increase children/youth SMHS outpatient resources to meet the ratio standard. | |
| Mandatory Provider Types – American Indian Health Facilities (AIHFs) | | Pass | | No corrective action required. The standards are met. | Not Applicable | |

El Dorado Mental Health Plan

| Network Certification CAP Summary | | | | | | |
|---|--------------------|--------------------------------|---|--|---|--|
| Service Type | Age Group | Time & Distance Standard | Provider to Beneficiary Ratio Standard | Description of Finding | MHP CAP Response | |
| Psychiatry | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | |
| Psychiatry | Children/ Youth | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 0.29 FTE children/youth psychiatry providers. The MHP is permitted to use telehealth to meet this requirement. | The MHP will increase children/youth psychiatry resources to meet the ratio standard. | |
| Outpatient SMHS | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | |
| Outpatient SMHS | Children/ Youth | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | |
| Mandatory Provider Types – American Indian Health Facilities (AIHFs) | | Pass | | No corrective action required. The standards are met. | Not Applicable | |

Fresno Mental Health Plan

| Network Certification CAP Summary | | | | | | |
|---|--------------------|--------------------------------|---|--|--|--|
| Service Type | Age Group | Time & Distance Standard | Provider to Beneficiary Ratio Standard | Description of Finding | MHP CAP Response | |
| Psychiatry | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | |
| Psychiatry | Children/ Youth | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | |
| Outpatient SMHS | Adult | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 71.01 FTE adult SMHS outpatient providers. | The MHP under-reported providers in April 2019. The MHP has made corrections to the Network Adequacy Certification Tool (NACT). In addition, the MHP will add temporary providers to its adult outpatient SMHS network. | |
| Outpatient SMHS | Children/ Youth | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 139.93 FTE children/youth SMHS outpatient providers. | The MHP under-reported providers in April 2019. The MHP has made corrections to the NACT. In addition, the MHP will add temporary providers to its children/youth SMHS network. | |
| Mandatory Provider Types – American Indian Health Facilities (AIHFs) | | Pass | | No corrective action required. The standard is met. | Not Applicable | |

Imperial Mental Health Plan

| Network Certification CAP Summary | | | | | | |
|---|--------------------|--------------------------------|---|--|--|--|
| Service Type | Age Group | Time & Distance Standard | Provider to Beneficiary Ratio Standard | Description of Finding | MHP CAP Response | |
| Psychiatry | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | |
| Psychiatry | Children/ Youth | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | |
| Outpatient SMHS | Adult | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 22.56 FTE adult SMHS outpatient providers. | The MHP will increase adult outpatient SMHS psychiatry resources to meet the ratio standard. | |
| Outpatient SMHS | Children/ Youth | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | |
| Mandatory Provider Types – American Indian Health Facilities (AIHFs) | | Pass | | No corrective action required. The standard is met. | Not Applicable | |

Inyo Mental Health Plan

| Network Certification CAP Summary | | | | | | |
|---|--------------------|--------------------------------|---|--|---|--|
| Service Type | Age Group | Time & Distance Standard | Provider to Beneficiary Ratio Standard | Description of Finding | MHP CAP Response | |
| Psychiatry | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | |
| Psychiatry | Children/ Youth | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 0.04 FTE children/youth psychiatry providers. The MHP is permitted to use telehealth to meet this requirement. | The MHP will increase children/youth psychiatry and tele-psychiatry resources to meet the ratio standard. | |
| Outpatient SMHS | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | |
| Outpatient SMHS | Children/ Youth | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 0.81 FTE children/youth SMHS outpatient providers. | The MHP will increase providers serving children/youth outpatient SMHS. | |
| Mandatory Provider Types – American Indian Health Facilities (AIHFs) | | Pass | | No corrective action required. The standards are met. | Not Applicable | |

Kern Mental Health Plan

| Network Certification CAP Summary | | | | | | |
|---|--------------------|--------------------------------|---|---|---|--|
| Service Type | Age Group | Time & Distance Standard | Provider to Beneficiary Ratio Standard | Description of Finding | MHP CAP Response | |
| Psychiatry | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | |
| Psychiatry | Children/ Youth | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | |
| Outpatient SMHS | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | |
| Outpatient SMHS | Children/ Youth | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 204.79 FTE children/youth SMHS providers. | The MHP will increase providers serving outpatient SMHS for children/youth. | |
| Mandatory Provider Types – American Indian Health Facilities (AIHFs) | Not Applicable | | | There are no AIHFs in Kern MHP. | Not Applicable | |

Kings Mental Health Plan

| Network Certification CAP Summary | | | | | | |
|---|--------------------|--------------------------------|---|--|--|--|
| Service Type | Age Group | Time & Distance Standard | Provider to Beneficiary Ratio Standard | Description of Finding | MHP CAP Response | |
| Psychiatry | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | |
| Psychiatry | Children/ Youth | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 0.67 FTE children/youth psychiatry providers. The MHP is permitted to use telehealth to meet this requirement. | The MHP will increase children/youth psychiatry resources to meet the ratio standard. | |
| Outpatient SMHS | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | |
| Outpatient SMHS | Children/ Youth | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 37.70 FTE children/youth outpatient SMHS providers. | The MHP under-reporting children/youth outpatient SMHS providers in April 2019. Corrections will be made to the NACT. | |
| Mandatory Provider Types – American Indian Health Facilities (AIHFs) | | Pass | | Not Applicable | Not Applicable | |

Lake Mental Health Plan

| Network Certification CAP Summary | | | | | | |
|---|--------------------|--------------------------------|---|--|---|--|
| Service Type | Age Group | Time & Distance Standard | Provider to Beneficiary Ratio Standard | Description of Finding | MHP CAP Response | |
| Psychiatry | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | |
| Psychiatry | Children/ Youth | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | |
| Outpatient SMHS | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | |
| Outpatient SMHS | Children/ Youth | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 9.75 FTE children/youth outpatient SMHS providers. | The MHP will increase providers serving children/youth outpatient SMHS. | |
| Mandatory Provider Types – American Indian Health Facilities (AIHFs) | | Pass | | No corrective action required. The standard is met. | Not Applicable | |

Los Angeles Mental Health Plan

| Network Certification CAP Summary | | | | | |
|---|--------------------|--------------------------------|---|---|--|
| Service Type | Age Group | Time & Distance Standard | Provider to Beneficiary Ratio Standard | Description of Finding | MHP CAP Response |
| Psychiatry | Adult | Conditional Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 49.61 FTE adult psychiatry providers. The MHP is permitted to use telehealth to meet this requirement. | The MHP made corrections to the NACT for adult psychiatry. |
| Psychiatry | Children/ Youth | Conditional Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 12.46 FTE children/youth psychiatry providers. The MHP is permitted to use telehealth to meet this requirement. | The MHP made corrections to the NACT for children/youth psychiatry. |
| Outpatient SMHS | Adult | Conditional Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 213.28 FTE adult outpatient SMHS providers. | The MHP made corrections to the NACT for adult outpatient SMHS. |
| Outpatient SMHS | Children/ Youth | Conditional Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 776.37 FTE children/youth outpatient SMHS providers. | The MHP made corrections to the NACT for children/youth outpatient SMHS. |
| Mandatory Provider Types – American Indian Health Facilities (AIHFs) | Not Applicable | | | There are no AIHFs in Los Angeles MHP. | Not Applicable |

Madera Mental Health Plan

| | Network Certification CAP Summary | | | | | | | |
|---|-----------------------------------|--------------------------------|---|--|---|--|--|--|
| Service Type | Age Group | Time & Distance Standard | Provider to Beneficiary Ratio Standard | Description of Finding | MHP CAP Response | | | |
| Psychiatry | Adult | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 1.10 FTE adult psychiatry providers. The MHP is permitted to use telehealth to meet this requirement. | The MHP under-reported adult psychiatry telehealth contracts. The current Fee-for-Service telehealth contracts should meet the ratio standard. | | | |
| Psychiatry | Children/ Youth | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 1.17 FTE children/youth psychiatry providers. The MHP is permitted to use telehealth to meet this requirement. | The MHP under-reported children/youth psychiatry telehealth contracts. The current Fee-for-Service telehealth contracts should meet the ratio standard. | | | |
| Outpatient SMHS | Adult | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 5.49 FTE adult outpatient SMHS providers. | The MHP under-reported adult outpatient SMHS providers in April 2019. Corrections were made to the NACT. | | | |
| Outpatient SMHS | Children/ Youth | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 29.30 FTE children/youth outpatient SMHS providers. | The MHP will increase providers serving children/youth outpatient SMHS. | | | |
| Mandatory Provider Types – American Indian Health Facilities (AIHFs) | | Pass | | No corrective action required. The standard is met. | Not Applicable | | | |

Mendocino Mental Health Plan

| | Network Certification CAP Summary | | | | | | | |
|---|-----------------------------------|--------------------------------|---|--|---|--|--|--|
| Service Type | Age Group | Time & Distance Standard | Provider to Beneficiary Ratio Standard | Description of Finding | MHP CAP Response | | | |
| Psychiatry | Adult | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 0.21 FTE adult psychiatry providers. The MHP is permitted to use telehealth to meet this requirement. | The MHP will increase adult psychiatry resources to meet the ratio standard. | | | |
| Psychiatry | Children/ Youth | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 0.41 FTE children/youth psychiatry providers. The MHP is permitted to use telehealth to meet this requirement. | The MHP will increase children/youth psychiatry resources to meet the ratio standard. | | | |
| Outpatient SMHS | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | | |
| Outpatient SMHS | Children/ Youth | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | | |
| Mandatory Provider Types – American Indian Health Facilities (AIHFs) | Pass | | | No corrective action required. The standard is met. | Not Applicable | | | |

Merced Mental Health Plan

| | Network Certification CAP Summary | | | | | | | |
|---|-----------------------------------|--------------------------------|---|---|---|--|--|--|
| Service Type | Age Group | Time & Distance Standard | Provider to Beneficiary Ratio Standard | Description of Finding | MHP CAP Response | | | |
| Psychiatry | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | | |
| Psychiatry | Children/ Youth | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | | |
| Outpatient SMHS | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | | |
| Outpatient SMHS | Children/ Youth | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 19.35 FTE children/youth outpatient SMHS providers. | The MHP will increase telehealth resources for children/youth outpatient SMHS for to meet the ratio standard. | | | |
| Mandatory Provider Types – American Indian Health Facilities (AIHFs) | Not Applicable | | | There are no AIHFs in Merced MHP. | Not Applicable | | | |

Modoc Mental Health Plan

| | Network Certification CAP Summary | | | | | | | | |
|---|-----------------------------------|--------------------------------|---|--|--|--|--|--|--|
| Service Type | Age Group | Time & Distance Standard | Provider to Beneficiary Ratio Standard | Description of Finding | MHP CAP Response | | | | |
| Psychiatry | Adult | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 0.10 FTE adult psychiatry providers. The MHP is permitted to use telehealth to meet this requirement. | The MHP will increase adult psychiatry telehealth resources to meet the ratio standard. | | | | |
| Psychiatry | Children/ Youth | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 0.03 FTE children/youth psychiatry providers. The MHP is permitted to use telehealth to meet this requirement. | The MHP will increase children/youth psychiatry telehealth resources to meet the ratio standard. | | | | |
| Outpatient SMHS | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | | | |
| Outpatient SMHS | Children/ Youth | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | | | |
| Mandatory Provider Types – American Indian Health Facilities (AIHFs) | | Pass | | No corrective action required. The standard is met. | Not Applicable | | | | |

Orange Mental Health Plan

| | Network Certification CAP Summary | | | | | | | |
|---|-----------------------------------|--------------------------------|---|--|--|--|--|--|
| Service Type | Age Group | Time & Distance Standard | Provider to Beneficiary Ratio Standard | Description of Finding | MHP CAP Response | | | |
| Psychiatry | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | | |
| Psychiatry | Children/ Youth | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | | |
| Outpatient SMHS | Adult | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 151.82 FTE adult outpatient SMHS providers. | The MHP under-reported providers in April 2019. The MHP will increase adult outpatient SMHS network. | | | |
| Outpatient SMHS | Children/ Youth | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 188.75 FTE children/youth outpatient SMHS providers. | The MHP under-reported providers in April 2019. The MHP will increase children/youth outpatient SMHS network. | | | |
| Mandatory Provider Types – American Indian Health Facilities (AIHFs) | | Pass | | No corrective action required. The standard is met. | Not Applicable | | | |

Riverside Mental Health Plan

| | Network Certification CAP Summary | | | | | | | |
|---|-----------------------------------|--------------------------------|---|--|---|--|--|--|
| Service Type | Age Group | Time & Distance Standard | Provider to Beneficiary Ratio Standard | Description of Finding | MHP CAP Response | | | |
| Psychiatry | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | | |
| Psychiatry | Children/ Youth | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 0.49 FTE children/youth psychiatry providers. The MHP is permitted to use telehealth to meet this requirement. | The MHP under-reported children/youth psychiatry providers in April 2019. | | | |
| Outpatient SMHS | Adult | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 239.57 FTE adult outpatient SMHS providers. | The MHP under-reported adult outpatient SMHS providers in April 2019. | | | |
| Outpatient SMHS | Children/ Youth | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 627.85 FTE children/youth outpatient SMHS providers. | The MHP under-reported children/youth outpatient SMHS providers in April 2019. | | | |
| Mandatory Provider Types – American Indian Health Facilities (AIHFs) | | Pass | | No corrective action required. The standard is met. | Not Applicable | | | |

San Benito Mental Health Plan

| | Network Certification CAP Summary | | | | | | | |
|---|-----------------------------------|--------------------------------|---|---|---|--|--|--|
| Service Type | Age Group | Time & Distance Standard | Provider to Beneficiary Ratio Standard | Description of Finding | MHP CAP Response | | | |
| Psychiatry | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | | |
| Psychiatry | Children/ Youth | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | | |
| Outpatient SMHS | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | | |
| Outpatient SMHS | Children/ Youth | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 10.65 FTE children/youth outpatient SMHS providers. | The MHP will increase providers serving outpatient SMHS for children/youth. | | | |
| Mandatory Provider Types – American Indian Health Facilities (AIHFs) | Not Applicable | | | There are no AIHFs in San Benito MHP. | Not Applicable | | | |

San Bernardino Mental Health Plan

| | Network Certification CAP Summary | | | | | | | | |
|---|-----------------------------------|--------------------------------|---|--|---|--|--|--|--|
| Service Type | Age Group | Time & Distance Standard | Provider to Beneficiary Ratio Standard | Description of Finding | MHP CAP Response | | | | |
| Psychiatry | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | | | |
| Psychiatry | Children/ Youth | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | | | |
| Outpatient SMHS | Adult | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 35.14 FTE adult outpatient SMHS providers. | The MHP will increase providers serving adult outpatients SMHS network. | | | | |
| Outpatient SMHS | Children/ Youth | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | | | |
| Mandatory Provider Types – American Indian Health Facilities (AIHFs) | Pass | | | No corrective action required. The standard is met. | Not Applicable | | | | |

San Joaquin Mental Health Plan

| | Network Certification CAP Summary | | | | | | | | |
|---|-----------------------------------|--------------------------------|---|---|---|--|--|--|--|
| Service Type | Age Group | Time & Distance Standard | Provider to Beneficiary Ratio Standard | Description of Finding | MHP CAP Response | | | | |
| Psychiatry | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | | | |
| Psychiatry | Children/ Youth | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 0.83 FTE children/youth psychiatry providers. The MHP submitted a telehealth contract with an estimated FTE of 3.34. The telehealth contract FTE was included and is insufficient to meet the standard. | The MHP will increase children/youth psychiatry resources to meet the ratio standard. | | | | |
| Outpatient SMHS | Adult | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 14.33 FTE adult outpatient SMHS providers. | The MHP will increase providers serving adult outpatient SMHS network. | | | | |
| Outpatient SMHS | Children/ Youth | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 216.66 FTE children/youth outpatient SMHS providers. | The MHP will increase providers serving children/youth outpatient SMHS. | | | | |
| Mandatory Provider Types – American Indian Health Facilities (AIHFs) | | Pass | | There are no AIHFs in San Joaquin MHP. | Not Applicable | | | | |

Santa Barbara Mental Health Plan

| | Network Certification CAP Summary | | | | | | | | |
|---|-----------------------------------|--------------------------------|---|--|---|--|--|--|--|
| Service Type | Age Group | Time & Distance Standard | Provider to Beneficiary Ratio Standard | Description of Finding | MHP CAP Response | | | | |
| Psychiatry | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | | | |
| Psychiatry | Children/ Youth | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 1.28 children/youth psychiatry providers. The MHP is permitted to use telehealth to meet this requirement. | The MHP will increase children/youth psychiatry resources to meet the ratio standard. | | | | |
| Outpatient SMHS | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | | | |
| Outpatient SMHS | Children/ Youth | Pass | Conditional Pass | The MHP's network does not meet the ratio standard. The MHP must increase its network by 30.83 FTE children/youth SMHS outpatient providers. | The MHP will increase providers serving children/youth outpatient SMHS. | | | | |
| Mandatory Provider Types – American Indian Health Facilities (AIHFs) | | Pass | | No corrective action required. The standards are met. | Not Applicable | | | | |

Shasta Mental Health Plan

| | Network Certification CAP Summary | | | | | | | |
|---|-----------------------------------|--------------------------------|---|---|--|--|--|--|
| Service Type | Age Group | Time & Distance Standard | Provider to Beneficiary Ratio Standard | Description of Finding | MHP CAP Response | | | |
| Psychiatry | Adult | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 0.18 FTE adult psychiatry providers. The MHP submitted a telehealth contract with an estimated FTE of 2.54. The telehealth contract FTE was included and is insufficient to meet the standard. | The MHP will increase adult psychiatry telehealth resources to meet the ratio standard. | | | |
| Psychiatry | Children/ Youth | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 0.18 FTE children/youth psychiatry providers. The MHP submitted a telehealth contract with an estimated FTE of 2.54. The telehealth contract FTE was included and is insufficient to meet the standard. | The MHP will increase children/youth psychiatry telehealth resources to meet the ratio standard. | | | |
| Outpatient SMHS | Adult | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 9.26 FTE adult outpatient SMHS providers. | The MHP will increase providers serving adults outpatient SMHS. | | | |
| Outpatient SMHS | Children/ Youth | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | | |
| Mandatory Provider Types – American Indian Health Facilities (AIHFs) | | Pass | | No corrective action required. The standard is met. | Not Applicable | | | |

Siskiyou Mental Health Plan

| | Network Certification CAP Summary | | | | | | | | |
|---|-----------------------------------|--------------------------------|---|--|--|--|--|--|--|
| Service Type | Age Group | Time & Distance Standard | Provider to Beneficiary Ratio Standard | Description of Finding | MHP CAP Response | | | | |
| Psychiatry | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | | | |
| Psychiatry | Children/ Youth | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 0.38 children/youth psychiatry providers. The MHP is permitted to use telehealth to meet this requirement. | The MHP will increase children/youth psychiatry resources to meet the ratio standard. | | | | |
| Outpatient SMHS | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | | | |
| Outpatient SMHS | Children/ Youth | Pass | Conditional Pass | The MHP's network does not meet the ratio standard. The MHP must increase its network by 0.93 FTE children/youth SMHS outpatient providers. | The MHP under-reported children/youth outpatient SMHS providers in April 2019. Corrections were made to the NACT. | | | | |
| Mandatory Provider Types – American Indian Health Facilities (AIHFs) | | Pass | | No corrective action required. The standard is met. | Not Applicable | | | | |

Stanislaus Mental Health Plan

| Network Certification CAP Summary | | | | | | | | |
|---|--------------------|--------------------------------|---|--|--|--|--|--|
| Service Type | Age Group | Time & Distance Standard | Provider to Beneficiary Ratio Standard | Description of Finding | MHP CAP Response | | | |
| Psychiatry | Adult | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 1.75 FTE adult psychiatry providers. The MHP submitted a telehealth contract with an estimated FTE of 4.30. The telehealth contract FTE was included and is insufficient to meet the standard. | The MHP will increase adult | | | |
| Psychiatry | Children/ Youth | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 1.75 FTE children/youth psychiatry providers. The MHP submitted a telehealth contract with an estimated FTE of 4.30. The telehealth contract FTE was included and is insufficient to meet the standard. | The MHP will increase children/youth psychiatry resources to meet the ratio standard. | | | |
| Outpatient SMHS | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | | |
| Outpatient SMHS | Children/ Youth | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 35.74 FTE children/youth outpatient SMHS providers. | The MHP will increase telehealth resources to meet the ratio standard. Additionally, the MHP will increase providers serving children/youth outpatient SMHS. | | | |
| Mandatory Provider Types – American Indian Health Facilities (AIHFs) | Pass | | | No corrective action required. The standard is met. | Not Applicable | | | |

Sutter/Yuba Mental Health Plan

| Network Certification CAP Summary | | | | | | | |
|---|--------------------|--------------------------------|---|---|---|--|--|
| Service Type | Age Group | Time & Distance Standard | Provider to Beneficiary Ratio Standard | Description of Finding | MHP CAP Response | | |
| Psychiatry | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | |
| Psychiatry | Children/ Youth | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | |
| Outpatient SMHS | Adult | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 10.07 FTE adult outpatient SMHS providers. | The MHP will increase providers serving adults outpatient SMHS. | | |
| Outpatient SMHS | Children/ Youth | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 21.05 FTE children/youth outpatient SMHS providers. | The MHP will increase providers serving children/youth outpatient SMHS. | | |
| Mandatory Provider Types – American Indian Health Facilities (AIHFs) | Pass | | | No corrective action required. The standards are met. | Not Applicable | | |

Tehama Mental Health Plan

| Network Certification CAP Summary | | | | | | | |
|---|--------------------|--------------------------------|---|---|---|--|--|
| Service Type | Age Group | Time & Distance Standard | Provider to Beneficiary Ratio Standard | Description of Finding | MHP CAP Response | | |
| Psychiatry | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | |
| Psychiatry | Children/ Youth | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | |
| Outpatient SMHS | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | |
| Outpatient SMHS | Children/ Youth | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 14.24 FTE children/youth outpatient SMHS providers. | The MHP will increase providers serving children/youth outpatient SMHS. | | |
| Mandatory Provider Types – American Indian Health Facilities (AIHFs) | Pass | | | No corrective action required. The standard is met. | Not Applicable | | |

Trinity Mental Health Plan

| Network Certification CAP Summary | | | | | | | |
|---|--------------------|--------------------------------|---|--|---|--|--|
| Service Type | Age Group | Time & Distance Standard | Provider to Beneficiary Ratio Standard | Description of Finding | MHP CAP Response | | |
| Psychiatry | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | |
| Psychiatry | Children/ Youth | Pass | Conditional Pass | No corrective action required. The standards are met. | Not Applicable | | |
| Outpatient SMHS | Adult | Pass | Conditional Pass | No corrective action required. The standards are met. | Not Applicable | | |
| Outpatient SMHS | Children/ Youth | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 0.19 FTE children/youth outpatient SMHS providers. | The MHP under-reported children/youth outpatient SMHS providers in April 2019. The MHP has made corrections to the NACT. | | |
| Mandatory Provider Types – American Indian Health Facilities (AIHFs) | Pass | | | No corrective action required. The standard is met. | Not Applicable | | |

Tulare Mental Health Plan

| Network Certification CAP Summary | | | | | | | |
|---|--------------------|--------------------------------|---|--|--|--|--|
| Service Type | Age Group | Time & Distance Standard | Provider to Beneficiary Ratio Standard | Description of Finding | MHP CAP Response | | |
| Psychiatry | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | |
| Psychiatry | Children/ Youth | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 1.55 FTE children/youth psychiatry providers. The MHP is permitted to use telehealth to meet this requirement. | The MHP will increase children/youth psychiatry telehealth resources to meet the ratio standard. | | |
| Outpatient SMHS | Adult | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 64.91 FTE adult outpatient SMHS providers. | The MHP will increase adult outpatient SMHS telehealth resources to meet the ratio standard. | | |
| Outpatient SMHS | Children/ Youth | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 15.03 FTE children/youth outpatient SMHS providers. | The MHP will increase children/youth outpatient SMHS provider resources to meet the ratio standard. | | |
| Mandatory Provider Types – American Indian Health Facilities (AIHFs) | | Pass | | No corrective action required. The standards are met. | Not Applicable | | |

Tuolumne Mental Health Plan

| Network Certification CAP Summary | | | | | | | |
|---|--------------------|--------------------------------|---|--|---|--|--|
| Service Type | Age Group | Time & Distance Standard | Provider to Beneficiary Ratio Standard | Description of Finding | MHP CAP Response | | |
| Psychiatry | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | |
| Psychiatry | Children/ Youth | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | |
| Outpatient SMHS | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | |
| Outpatient SMHS | Children/ Youth | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 3.29 FTE children/youth outpatient SMHS providers. | The MHP will increase providers serving children/youth outpatient SMHS. | | |
| Mandatory Provider Types – American Indian Health Facilities (AIHFs) | Pass | | | No corrective action required. The standards are met. | Not Applicable | | |

Yolo Mental Health Plan

| Network Certification CAP Summary | | | | | | | |
|---|--------------------|--------------------------------|---|--|---|--|--|
| Service Type | Age Group | Time & Distance Standard | Provider to Beneficiary Ratio Standard | Description of Finding | MHP CAP Response | | |
| Psychiatry | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | |
| Psychiatry | Children/ Youth | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | |
| Outpatient SMHS | Adult | Pass | Pass | No corrective action required. The standards are met. | Not Applicable | | |
| Outpatient SMHS | Children/ Youth | Pass | Conditional Pass | The MHP does not meet the ratio standard. The MHP must increase its network by 1.58 FTE children/youth outpatient SMHS providers. | The MHP will increase providers serving children/youth outpatient SMHS. | | |
| Mandatory Provider Types – American Indian Health Facilities (AIHFs) | Pass | | | No corrective action required. The standards are met. | Not Applicable | | |

Mental Health Plans with Pass Designations

The following MHPs passed the network certification requirements:

- Alameda Mental Health Plan
- Alpine Mental Health Plan
- Amador Mental Health Plan
- Butte Mental Health Plan
- Calaveras Mental Health Plan
- Contra Costa Mental Health Plan
- Del Norte Mental Health Plan
- Glenn Mental Health Plan
- Humboldt Mental Health Plan
- Lassen Mental Health Plan
- Marin Mental Health Plan
- Mariposa Mental Health Plan
- Mono Mental Health Plan
- Monterey Mental Health Plan

- Napa Mental Health Plan
- Nevada Mental Health Plan
- Placer/Sierra Mental Health Plan
- Plumas Mental Health Plan
- Sacramento Mental Health Plan
- San Diego Mental Health Plan
- San Francisco Mental Health Plan
- San Luis Obispo Mental Health Plan
- San Mateo Mental Health Plan
- Santa Clara Mental Health Plan
- Santa Cruz Mental Health Plan
- Solano Mental Health Plan
- Sonoma Mental Health Plan
- Ventura Mental Health Plan