

DHCS FISCAL YEAR 2023-24

Annual Network Certification Approved Alternative Access Standards Report

Drug Medi-Cal Organized Delivery System

September 2025

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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. DMC-ODS plans may submit AAS requests and/or DHCS may notify DMC-ODS plans for instances where it is unable to meet time or distance standards for the following provider types:

- » Outpatient Services (Adult)
- » Outpatient Services (Children/Youth)
- » Opioid Treatment Program (OTP) Services (Adult)
- » OTP Services (Children/Youth)

DHCS may grant requests for AAS if the DMC-ODS plan has exhausted all other reasonable options to obtain providers to meet the applicable standard, or if DHCS determines that the DMC-ODS plan 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 DMC-ODS plan with time or distance standards and provide the DMC-ODS plan 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 DMC-ODS plan will be required to submit a revised AAS for the newly identified zip code(s) and service type. DHCS will monitor beneficiary (hereinafter referred to as “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

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.

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DMC-ODS plans that receive AAS approval from DHCS must inform their affected members of all approved AAS by posting the approved AAS, specified by county, on the internet website of the DMC-ODS plan. Each DMC-ODS plan 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, when any DMC-ODS plan 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 county to make a referral to an Out-of-Network (OON) provider in a timely manner. 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) 23-041, DMC-ODS plans must detail the name of the two nearest identified OON providers, the date the DMC-ODS plan contacted the providers to discuss contracting with the DMC-ODS plan, and the number of contracting attempts the DMC-ODS plan 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 a DMC-ODS plan is unable to contract with a specific provider due to a quality-of-care issue, the DMC-ODS plan must submit supporting documentation detailing the concern of the DMC-ODS plan 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 annual network adequacy certification submission of the DMC-ODS plan. The supporting documentation submitted shall be dated prior to the AAS request in question taking effect.

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DHCS approves or denies an AAS request on a zip code/service type basis.⁴ 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 DMC-ODS plan to identify the nearest in-network and OON providers.

Additionally, DHCS compares the identified providers submitted by the DMC-ODS plan to the Network Adequacy Certification Tool and to other resources. For future reviews, DHCS shall compare the identified providers submitted by the DMC-ODS plan to the 274-file.

DHCS reviews the AAS request and all supporting documentation to assess the facts and circumstances provided by the DMC-ODS plan. DMC-ODS plans 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.⁵ However, DMC-ODS plans cannot require a member to access services via telehealth only, per BHIN 23-018. DMC-ODS plans 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 DMC-ODS plan 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).⁶

⁴ WIC section 14197 (f)(3)

⁵ WIC section 14197(e), (f)(1), (6)

⁶ WIC section 14197(g)(1), (2)

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. Many of the AAS requests from DMC-ODS plans listed in this report were approved due to a lack of providers willing to provide OTP services to the Youth (0-17) age group. Additionally, many DMC-ODS plans informed DHCS of their inability to recruit and retain adequate staff with clinical experience to serve Medi-Cal members.

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. If DHCS rejects a request for AAS from a DMC-ODS plan, DHCS shall inform the DMC-ODS plan of the reason for rejecting the request. DHCS will post any approved AAS request on the DHCS website.⁷

After DHCS approves an AAS request, the DMC-ODS plan shall post the approved AAS to their website.

The status of each DMC-ODS AAS request is detailed in this report. The status of each AAS is current as of June 2025.

Questions regarding the contents of this report may be directed to DHCS at NAOS@dhcs.ca.gov.

⁷ WIC section 14197(e)(3)

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El Dorado County DMC-ODS (Adults 18+, Opioid Treatment Services)

Zip Code	Approved Max Distance (miles)	Approved Max Time (minutes)
95735	49.6	94
96142	100	89
96150	65.4	82
These zip codes reside in a part of the county that is in a more geographically isolated area. The DMC-ODS plan will utilize a network contracted provider for Adult OTP for zip codes that do not meet the time or distance standards. The DMC-ODS plan will arrange transportation services to members whenever necessary.		

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El Dorado County DMC-ODS (Youth 0-17, Opioid Treatment Services)

Zip Code	Approved Max Distance (miles)	Approved Max Time (minutes)
95634	59.6	125
95636	71.4	119
95667	35.1	49
95684	59.3	99
95709	43.8	57
95721	107.6	89
95726	61	77
95735	81.2	94
96142	131.7	127
96150	97	117
There is a lack of providers willing to serve the Youth (0-17) age group closer than the contracted provider. The DMC-ODS plan will utilize a network contracted provider for youth OTP for zip codes that do not meet time or distance standards. The DMC-ODS plan will arrange transportation services to members whenever necessary.		

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Napa County DMC-ODS (Youth 0-17, Opioid Treatment Services)

Zip Code	Approved Max Distance (miles)	Approved Max Time (minutes)
94503	34.4	45
94508	67.4	90
94515	56.6	75
94558	43	55
94559	38.7	50
94567	78	110
94573	55.3	70
94574	55	70
94576	64.6	85
94599	50.3	65
The DMC-ODS plan uses single case agreements and will continue the expansion of its provider network. The DMC-ODS plan will arrange transportation services whenever necessary.		

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Sacramento County DMC-ODS (Youth 0-17, Opioid Treatment Services)

Zip Code	Approved Max Distance (miles)	Approved Max Time (minutes)
94571	40	45
95608	N/A	N/A
95610	N/A	N/A
95615	N/A	N/A
95621	N/A	N/A
95624	N/A	N/A
95626	N/A	N/A
95628	N/A	N/A
95632	40	45
95638	40	45
95639	N/A	N/A
95640	40	45
95641	N/A	N/A
95652	N/A	N/A
95655	N/A	N/A
95660	N/A	N/A
95662	N/A	N/A

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Zip Code	Approved Max Distance (miles)	Approved Max Time (minutes)
95670	N/A	N/A
95673	N/A	N/A
95680	40	N/A
95690	40	45
95693	N/A	45
95742	N/A	N/A
95757	N/A	N/A
95758	N/A	N/A
95811	N/A	N/A
95814	N/A	N/A
95815	N/A	N/A
95816	N/A	N/A
95817	N/A	N/A
95818	N/A	N/A
95819	N/A	N/A
95820	N/A	N/A
95821	N/A	N/A
95822	N/A	N/A

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Zip Code	Approved Max Distance (miles)	Approved Max Time (minutes)
95823	N/A	N/A
95824	N/A	N/A
95825	N/A	N/A
95826	N/A	N/A
95827	N/A	N/A
95828	N/A	N/A
95829	N/A	N/A
95830	N/A	N/A
95831	N/A	N/A
95832	N/A	N/A
95833	N/A	N/A
95834	N/A	N/A
95835	N/A	N/A
95837	40	N/A
95838	N/A	N/A
95841	N/A	N/A
95842	N/A	N/A
95843	N/A	N/A

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Zip Code	Approved Max Distance (miles)	Approved Max Time (minutes)
95864	N/A	N/A
<p>The contract language includes a provision for services to be available to youth under 21 years of age, even though the provider is not specifically identified as a youth provider. The DMC-ODS plan will arrange transportation services to members whenever necessary.</p> <p>Note: Zip codes with "N/A" meet time or distance standards utilizing the contracted providers described above.</p>		

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San Mateo County DMC-ODS (Youth 0-17, Opioid Treatment Services)

Zip Code	Approved Max Distance (miles)	Approved Max Time (minutes)
94005	N/A	N/A
94014	N/A	N/A
94015	N/A	N/A
94018	N/A	N/A
94019	N/A	N/A
94020	N/A	N/A
94021	N/A	N/A
94037	N/A	N/A
94038	N/A	N/A
94044	N/A	N/A
94060	N/A	N/A
94062	N/A	N/A
94066	N/A	N/A
94074	N/A	N/A
94080	N/A	N/A

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The DMC-ODS plan will provide Medication Assisted Treatment and Alcohol Use Disorder services for youth as well as Federally Qualified Health Center and telehealth services when appropriate. Recover Medi-Cal will be a part of the network of the DMC-ODS plan starting on July 1, 2024. The DMC-ODS plan will arrange transportation services to members whenever necessary.

Note: *Zip codes with "N/A" meet time or distance standards utilizing the contracted providers described above.*