

# **DHCS FY 2022-23**

# **ANNUAL NETWORK CERTIFICATION**

# **APPROVED ALTERNATIVE ACCESS**

# **STANDARDS REPORT**

**Drug Medi-Cal Organized Delivery System (DMC-ODS)**  
**September 2023**

## **Table of Contents**

<b>1. Background and Overview.....</b>	<b>3</b>
<b>2. DHCS Review and Validation Process .....</b>	<b>3</b>
<b>3. Alternative Access Standards Results.....</b>	<b>4</b>
<b><i>Observations and Trends.....</i></b>	<b>4</b>
<b><i>On-going Monitoring .....</i></b>	<b>5</b>
<b>Contra Costa Drug Medi-Cal Organized Delivery Systems.....</b>	<b>6</b>
<b>Fresno Drug Medi-Cal Organized Delivery Systems.....</b>	<b>7</b>
<b>Monterey Drug Medi-Cal Organized Delivery Systems.....</b>	<b>8</b>
<b>Placer Drug Medi-Cal Organized Delivery Systems.....</b>	<b>10</b>
<b>San Luis Obispo Drug Medi-Cal Organized Delivery Systems .....</b>	<b>12</b>

## **1. Background and Overview**

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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. Drug Medi-Cal Organized Delivery System (DMC-ODS) Plans may submit AAS requests and/or DHCS may notify Plans for instances where the DMC-ODS Plan is unable to meet time or distance standards for the following provider types:

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

For DHCS to approve DMC-ODS AAS requests, the DMC-ODS Plan must demonstrate that they have exhausted all reasonable options to meet the applicable standard. DHCS-approved AAS requests were valid for fiscal year July 1, 2022, through June 30, 2023. AAS requests must be resubmitted to DHCS for approval annually, or any time a network change results in the DMC-ODS no longer meeting time or distance standards.

DMC-ODS Plans that receive AAS approval from DHCS must inform their affected beneficiaries of all approved AAS by posting the approved AAS, specified by county, on the DMC-ODS internet website. Each DMC-ODS 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 beneficiary to a network provider for the appropriate level of care as determined by an American Society of Addiction Medicine (ASAM) assessment, it is the county's responsibility to make a referral to an Out-of-Network (OON) provider in a timely manner. With beneficiary consent, telehealth may be used to meet this requirement.

## **2. DHCS Review and Validation Process**

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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, 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 Plan is unable to contract with a specific provider due to a quality-of-care issue, the Plan must submit supporting documentation detailing the Plan's concern with the provider's

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**2022 Annual Network Certification:  
DMC-ODS Approved Alternative Access Standards Report**

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quality-of-care. 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 must reflect contracting efforts conducted since the DMC-ODS Plan's last annual Network Adequacy Certification submission. 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.<sup>1</sup> 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 DMC-ODS Plan's efforts 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 (NACT) and to other resources.

DHCS reviews the AAS request and all supporting documentation to assess the facts and circumstances provided by the DMC-ODS Plan. DMC-ODS Plan must 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. However, DMC-ODS Plan cannot require a beneficiary to access services via telehealth only. DMC-ODS Plan must inform the beneficiary 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 beneficiary.

On an annual basis and at DHCS' request, the DMC-ODS Plan must demonstrate how it arranges for the delivery of services such as Medi-Cal covered transportation or telehealth, 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**

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#### ***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. Many DMC-ODS Plans listed in this report resulted in an approved AAS specifically due to a lack of providers willing to serve Opioid Treatment Program services to the Youth (0-17) age group. Additionally, this fiscal year many DMC-ODS Plans have shared an inability to recruit and retain adequate staff with clinical experience to serve Medi-Cal beneficiaries.

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<sup>1</sup> WIC § 14197, subd. (e)(3) (2020).

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**2022 Annual Network Certification:  
DMC-ODS Approved Alternative Access Standards Report**

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***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' findings to Centers for Medicare & Medicaid Services (CMS).<sup>2</sup>

If DHCS rejects a DMC-ODS's request for AAS, DHCS shall inform the DMC-ODS of the reason for rejecting the request. DHCS will post any approved AAS request on its website.<sup>3</sup> After DHCS approves the AAS request by zip code and provider type, Plans shall post the approved AAS to their website.

The status of each DMC-ODS AAS by zip code are detailed in this report. The status of each county's AAS is current as of May 2023.

Questions regarding the contents of this report can be directed to:  
[NAOS@dhcs.ca.gov](mailto:NAOS@dhcs.ca.gov)

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<sup>2</sup> 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.

<sup>3</sup> WIC, § 14197, subd. (e)(3).

### Contra Costa Drug Medi-Cal Organized Delivery Systems

Service Type	Zip Code	Approved Max Dist. (miles)	Approved Max Time (minutes)	Justification for Approval
Youth (0-17) Opioid Treatment Services	94806	N/A	N/A	The basis for this approval is the lack of providers willing to serve the Youth (0-17) age group closer than the contracted provider. The plan will utilize a network contracted provider for youth NTP for zip codes that do not meet time or distance standards. The plan will provide transportation services to beneficiaries whenever necessary.
	94801	28.2	35	
	94804	N/A	N/A	
	94531	N/A	N/A	
	94513	27.3	35	
	94561	25.8	35	
	94509	N/A	N/A	
	94805	25.6	N/A	
	94530	6	N/A	
	94505	30.9	40	
	94803	17.9	N/A	
	94514	32	45	
	94564	21.9	N/A	
	94548	26.2	35	
	94707	18.6	N/A	
	94708	N/A	N/A	
	94511	29.7	40	
	94517	14.2	N/A	
	94551	24.2	35	
	94549	5.6	N/A	

### Fresno Drug Medi-Cal Organized Delivery Systems

Service Type	Zip Code	Approved Max Dist. (miles)	Approved Max Time (minutes)	Justification for Approval
Youth (0-17) Opioid Treatment Services	93210	75	N/A	The basis for this approval is seasonal road closures/weather conditions, a memorandum of understanding (MOU) with an OTP provider, in-person MAT services, telehealth options, and use of Medi-Cal transportation benefit for eligible who request in-person services.
	93628	75	100	
	93634	75	100	
	93605	75	100	
	93641	N/A	N/A	
	93664	75	N/A	
	93657	N/A	N/A	
	93622	N/A	N/A	

### Monterey Drug Medi-Cal Organized Delivery Systems

Service Type	Zip Code	Approved Max Dist. (miles)	Approved Max Time (minutes)	Justification for Approval
Youth (0-17) Opioid Treatment Services	93905	100	92	The basis for this approval is the utilization of single case agreements, continued expansion of provider network, and the provision of transportation services.
	93906	100	92	
	93927	100	92	
	93955	100	92	
	93960	100	92	
	93901	100	92	
	93930	100	92	
	93907	100	92	
	95012	100	92	
	95076	100	92	
	93933	100	92	
	93926	100	92	
	93940	100	92	
	93908	100	92	
	93950	100	92	
	93923	100	92	
	93924	100	92	
	95039	100	92	
	95004	100	92	
	93450	100	92	
	93426	100	92	



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**2022 Annual Network Certification:  
DMC-ODS Approved Alternative Access Standards Report**

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<b>Service Type</b>	<b>Zip Code</b>	<b>Approved Max Dist. (miles)</b>	<b>Approved Max Time (minutes)</b>	<b>Justification for Approval</b>
Youth (0-17) Opioid Treatment Services	93953	100	92	The basis for this approval is the utilization of single case agreements, continued expansion of provider network, and the provision of transportation services.
	93932	100	92	
	93920	100	92	
	93925	100	92	
	93451	100	92	
	93954	100	92	
	93921	100	92	
	93962	100	92	
	93943	100	92	

### Placer Drug Medi-Cal Organized Delivery Systems

Service Type	Zip Code	Approved Max Dist. (miles)	Approved Max Time (minutes)	Justification for Approval
Youth (0-17) Opioid Treatment Services	95678	N/A	N/A	The basis for this approval is the utilization of hub/spoke treatment model and Out-Of-Network providers that are already known to accept Medi-Cal and offer MAT services.
	95648	N/A	N/A	
	95603	N/A	N/A	
	95747	N/A	N/A	
	95677	N/A	N/A	
	95661	N/A	N/A	
	95765	N/A	N/A	
	95602	3.9	N/A	
	95713	6.1	N/A	
	95746	N/A	N/A	
	96143	N/A	0	
	95650	N/A	N/A	
	95631	28.9	50	
	95658	N/A	N/A	
	95722	5.2	N/A	
	95681	20.3	N/A	
	96145	12.8	24	
	95663	N/A	N/A	
	95701	19	26	
	95703	3.5	N/A	
	96148	3.8	8	
	96161	0	0	
	96140	5.4	15	

**2022 Annual Network Certification:  
DMC-ODS Approved Alternative Access Standards Report**

Service Type	Zip Code	Approved Max Dist. (miles)	Approved Max Time (minutes)	Justification for Approval
Youth (0-17) Opioid Treatment Services	95714	17.3	23	The basis for this approval is the utilization of hub/spoke treatment model and Out-Of-Network providers that are already known to accept Medi-Cal and offer MAT services.
	95626	N/A	N/A	
	96146	18.6	44	
	95717	16	18	
	95668	N/A	N/A	
	96141	17.8	37	
	95736	1.1	N/A	
	95728	15.1	22	
	96142	20.7	39	
	95715	28.8	39	
	95604	N/A	N/A	

## San Luis Obispo Drug Medi-Cal Organized Delivery Systems

Service Type	Zip Code	Approved Max Dist. (miles)	Approved Max Time (minutes)	Justification for Approval
Youth (0-17) Opioid Treatment Services	93446	N/A	N/A	The basis for this approval is the prevalence of outpatient county clinics within Time or Distance that also offer OTP services.
	93426	N/A	N/A	