

# **DHCS FISCAL YEAR 2024-25 APPROVED ALTERNATIVE ACCESS STANDARDS REPORT**

**Drug Medi-Cal Organized Delivery System  
January 2026**

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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. Drug Medi-Cal Organized Delivery System (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.<sup>1</sup> Upon notification by DHCS, an approved AAS will be valid for three years.<sup>2</sup> 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 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).<sup>3</sup>

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

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<sup>1</sup> WIC section 14197(f)(2)

<sup>2</sup> WIC section 14197(f)(3)(C)

<sup>3</sup> 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.

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.<sup>4</sup> 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 \(BHIN\) 24-020](#), 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.

DHCS approves or denies an AAS request on a ZIP code/service type basis.<sup>5</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 efforts of the DMC-ODS plan to identify the nearest in-network and OON providers.

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<sup>4</sup> Behavioral Health Information Notice: 19-024

<sup>5</sup> WIC section 14197 (f)(3)

Additionally, DHCS compares the identified providers submitted by the DMC-ODS plan 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 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.<sup>6</sup> However, DMC-ODS plans cannot require a member to access services via telehealth only.<sup>7</sup> 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).<sup>8</sup>

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<sup>6</sup> WIC section 14197(e), (f)(1), (6)

<sup>7</sup> Behavioral Health Information Notice: 23-018

<sup>8</sup> 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.<sup>9</sup> 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.<sup>10</sup> 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 September 2025. Questions regarding the contents of this report may be directed to DHCS at [NAOS@dhcs.ca.gov](mailto:NAOS@dhcs.ca.gov).

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<sup>9</sup> 42 CFR Part 438.68(d)(2)

<sup>10</sup> WIC section 14197(f)(4)

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

ZIP Code	Approved Max Distance (miles)	Approved Max Time (minutes)
95311	45	56
95318	67	88
95389	85	112
<ul style="list-style-type: none"><li>• The DMC-ODS plan identified an in-network provider that is listed on Mariposa DMC-ODS' FY 2024-25 NACT for Opioid Treatment Services Adults (18+).</li><li>• The DMC-ODS plan proposed new time or distance standards that are reasonable for a member to travel for all ZIP codes that are out of compliance.</li><li>• The DMC-ODS plan agrees to coordinate transportation for members when requested.</li></ul>		

## Merced County DMC-ODS (Adult 18+, Opioid Treatment Services)

ZIP Code	Approved Max Distance (miles)	Approved Max Time (minutes)
93610	24	31
93620	13	17
93622	32	37
93635	0.9	5
93665	17	22
95301	17	29
95303	25	41
95312	17	28
95315	26	35
95316	23	29
95317	21	34
95322	19	27
95324	26	36
95333	19	29
95334	23	35
95340	7.6	21
95341	6.5	13
95348	16.4	30
95360	33	63
95365	10	17
95369	18	23
95374	20	28
95380	34	43
95388	11	18



ZIP Code	Approved Max Distance (miles)	Approved Max Time (minutes)
		<ul style="list-style-type: none"> <li>• Merced DMC-ODS' AAS – Attachment C demonstrates that the DMC-ODS plan has exhausted all In-Network and Out-of-Network provider options.</li> <li>• The DMC-ODS plan proposed new time or distance standards for all ZIP codes that are out of compliance.</li> <li>• The DMC-ODS plan agrees to coordinate transportation for members who request an in-person appointment.</li> </ul>

## Partnership HealthPlan of California (PHC) Solano County DMC-ODS (Youth 0-17, Opioid Treatment Services)

ZIP Code	Approved Max Distance (miles)	Approved Max Time (minutes)
94510	29	29
94512	31	52
94533	30	34.74
94534	30	28
94535	33	41.3
94571	38	46.3
94585	27	45
94589	16	21.4
94590	18	51
94591	24	48
94592	25	53
95620	30	43
95625	37	38
95678	39	37
95688	36	38
95690	34	46
95694	38	48
<ul style="list-style-type: none"> <li>• PHC has demonstrated that they have exhausted all In-Network and Out-of-Network (OON) providers within the time or distance standards prior to proposing a new time or distance standard.</li> <li>• The DMC-ODS plan identified 1<sup>st</sup> and 2<sup>nd</sup> OON providers and agrees to enter into a single case agreement with an OON provider and to coordinate transportation services.</li> <li>• The DMC-ODS plan provides justifications for the inability to contract with OON providers.</li> </ul>		

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

ZIP Code	Approved Max Distance (miles)	Approved Max Time (minutes)
95630	-	22
95683	-	28
<ul style="list-style-type: none"><li>• Sacramento DMC-ODS' AAS – Attachment C demonstrates that the DMC-ODS plan has a contract with an OTP Adults (18+) provider that includes a provision for services to be available to youth under 21.</li><li>• The DMC-ODS plan submitted a copy of the contract with the OTP Adults (18+) provider as supporting documentation.</li><li>• The DMC-ODS plan agrees to coordinate transportation for members who request an in-person appointment.</li></ul>		