



COUNTY OF SANTA CLARA  
**Behavioral Health Services**

Supporting Wellness and Recovery

**Policy & Procedure Number: BHSD #PRR-010**

Primary Category	Impacts
<b>BHSD System</b>	<input checked="" type="checkbox"/> Managed Care <input checked="" type="checkbox"/> Administration <input checked="" type="checkbox"/> Service Delivery
<b>Funding Stream</b>	<input checked="" type="checkbox"/> Medi-Cal <input checked="" type="checkbox"/> Non-Medi-Cal <input checked="" type="checkbox"/> Managed Care <input checked="" type="checkbox"/> Fee for Service <input type="checkbox"/> MHA <input type="checkbox"/> Block Grant <input type="checkbox"/> General Funds
<b>Provider Type</b>	<input checked="" type="checkbox"/> BHSD County Clinics <input checked="" type="checkbox"/> Contracted Providers <input type="checkbox"/> Inpatient Providers

**BHSD POLICY & PROCEDURE APPROVAL REQUEST**

**I. BHSD P&P INFORMATION**

**Assigned Policy Name:** Network Adequacy-Change in Capacity

**Assigned Policy Number:** PRR-010

**Policy Owner:** Provider Relations

**Impacted Managed Care Policy Area(s): Mark All That Apply**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Administration (ADM)         | <input type="checkbox"/> Appeals, Grievances, Incidents (AGI) |
| <input checked="" type="checkbox"/> Clinical (CLI)               | <input type="checkbox"/> Compliance and Confidentiality (COP) |
| <input type="checkbox"/> Contracts (CON)                         | <input checked="" type="checkbox"/> Data Management (DTM)     |
| <input type="checkbox"/> Fiscal (FIS)                            | <input type="checkbox"/> General Operations (GEO)             |
| <input type="checkbox"/> Health and Safety (HAS)                 | <input type="checkbox"/> Health Education (HED)               |
| <input type="checkbox"/> Legal (LEG)                             | <input type="checkbox"/> Medical & Pharmacy (MPS)             |
| <input type="checkbox"/> Member Services & Materials (MSM)       | <input type="checkbox"/> Personnel (PER)                      |
| <input checked="" type="checkbox"/> Provider Relations (PRR)     | <input checked="" type="checkbox"/> Quality Management (QAM)  |
| <input checked="" type="checkbox"/> Reporting (RPT)              | <input checked="" type="checkbox"/> Service Delivery (SDM)    |
| <input checked="" type="checkbox"/> Utilization Management (UMR) |   |

**II. BHSD P&P APPROVAL**

**Section A: HHS Compliance and County Council**

**HHS Compliance:**

Date:

**County Council:**

Date:

**Section B: BHSD Director**

**BHSD Director:**

DocuSigned by:  
  
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Date: 1/10/2024

**BHSD Director: Sherri Teras**

<b>Approved/Issue Date:</b> 11/28/23	<b>Behavioral Health Services Director:</b>	
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<b>Last Review/Revision Date:</b>	<b>Next Review Date:</b> 11/28/26	<b>Inactive Date:</b>
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<b>III. REPLACES</b>	None
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**IV. REFERENCES:**

- 42 CFR § 438.66 State Monitoring Requirements
- 42 CFR § 438.68 Network adequacy standards
- 42 CFR § 438.206 Availability of services
- 42 CFR § 438.207(a)-(b)(1) Assurances of adequate capacity and services
- 9 CCR §1810.405 Access Standards for Specialty Mental Health Services
- 28 CCR §1300.67.2.2 Timely Access to Non-Emergency Health Care Services
- WIC § 14197 Medi-Cal Managed Care Plans Time and Distance Requirements
- WIC § 14713 Transition of Community Based Medi-Cal Mental Health
- BHIN No.: 22-033 2022 Federal Network Certification Requirements for County Mental Health Plans (MHPS) and Drug Medi-Cal Organized Delivery Systems (DMC-ODS)
- BHIN No.: 22-032 County Mental Health Plan 274 Provider Network Data Reporting
- BHIN No.: 21-008 Federal Out-of-Network Requirements for Mental Health Plans
- BHIN No.: 20-062 Timely Access Submission Requirements for Mental Health Plans
- BHIN No.: 19-024 Federal Out-of-Network Requirements for Drug Medi-Cal Organized Delivery System (DMC-ODS) Pilot Counties
- BHIN No.: 18-059 Federal Continuity of Care Requirements for Mental Health Plans
- BHIN No.: 18-051 Drug Medi-Cal Organized Delivery System Transition of Care Policy
- BHSD Policy #ADM-007 Access and Availability of Behavioral Health Services
- BHSD Policy #7100 Network Adequacy and Timely Access
- BHSD Policy #PRR-011 Notification of Legal Entity or Program Closure(s)

**V. PURPOSE:**

The purpose of this policy is to ensure that all Medi-Cal managed care covered services are available and accessible to beneficiaries in accordance with timely access and time and distance standards.

In addition, this policy provides guidelines for Participating Providers to report changes in network capacity (closure to referrals) to the BHSD Provider Relations office to meet reporting requirements to Department of Health Care Services (DHCS).

**VI. POLICY:**

As the Mental Health Plan (MHP) and Drug Medical Managed Care Organized Delivery System (DMC-ODS) for the County of Santa Clara, BHSD must submit data and documentation to DHCS annually, and upon DHCS' request, to demonstrate the Plans' compliance with DHCS standards for access to services, including network composition and adequacy. The Plan must submit data and documentation any time there has been a



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significant change in the Plan's operations that would affect the adequacy and capacity of services, including the following:

1. A decrease of 25 percent<sup>1</sup> or more in services or providers available to beneficiaries.
2. Changes in benefits.
3. Changes in geographic service area.
4. Composition of, or payments to the plan's provider network.
5. Enrollment of a new population in the plan.

It is important that the Plan maintains an adequate network of providers for multiple reasons such as:

- **Improved access to care:** Ensure enough providers are available to improve the beneficiary's ability to find a provider that meets their specific needs. This reduces barriers to care and improve access to mental health services.
- **Timely care:** With adequate provider availability, beneficiaries will receive services in a timely manner.
- **Quality of care:** With adequate provider availability, beneficiaries have the opportunity to receive care from a provider of their choice which results in higher beneficiary satisfaction and quality of care.
- **Continuity of care:** When the Plan maintains an adequate network of providers, beneficiaries can see the same providers consistently which establishes a relationship of trust between the individual and their provider.

BHSD has established a tracking process to indicate the Plan's ability to accept new referrals. If unable to accept referrals, the Participating Provider is required to report the closure to the Plan by completing the **Network Change Request Form** available at this link:

<https://www.surveymonkey.com/r/BHSDNETWORKCHANGEREQUEST>

Participating Providers will:

1. Explain reasons for the closure resulting in a capacity change.
2. Estimate the length of time capacity will be reduced, if applicable.
3. Identify the number Medi-Cal beneficiaries impacted by the capacity change.

<sup>1</sup> BHIN 22-033 2022 Federal Network Certification Requirements for County MHPs and DMC-ODS

This process will ensure that participating providers remain accountable and transparent in their operations and continue to provide quality care to beneficiaries. In addition, this process will ensure that DHCS is promptly informed of any significant changes in capacity that may affect the provision of services to beneficiaries and allow for timely action to be taken to address any resulting gaps in coverage.

## VII. DEFINITIONS:

**Behavioral Health Services Department (BHSD).** Encompasses all behavioral health operations, managed care functions, contracts, interfaces, funding streams and services to Santa Clara County beneficiaries. Includes and is not limited to the local County Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS), Mental Health Services Act (MHSA) and Santa Clara County programs reliant on General Funds.

**Beneficiary.** A person seeking or receiving behavioral health services from BHSD that is either a person certified as eligible for Medi-Cal or Medicare services, or someone for whom there is no third-party payor who may become responsible for paying all or part of the person's medically necessary behavioral health services.

**Corrective Action Plan (CAP).** A step-by-step plan of action that is developed to achieve targeted outcomes for resolution of identified errors in an effort to:

- Identify the most cost-effective actions that can be implemented to correct error causes.
- Develop and implement a plan of action to improve processes or methods so that outcomes are more effective and efficient.
- Achieve measurable improvement in the highest priority areas.
- Eliminate repeated deficient practices.

**Medi-Cal.** The name of California's Medicaid program which provides health coverage to people with low-income, the aged, disabled and those with asset levels who meet certain eligibility requirements.

**Network Adequacy Certification Tool.** A tool required by the state to determine if a Managed Care Plan (MCP) has a sufficient number of provider contracts throughout the plan area to serve the current and estimated future need for County and Certified Contracted Providers

**Participating Provider.** A County, Individual Provider or County Contracted Provider (CCP) that has agreed to contract with the BHSD Plan to provide eligible services to Beneficiaries covered by its plan.

**Service Area.** Refers to Santa Clara County, the county that BHSD is approved to operate in under the terms of its contract with the State. A Service Area may have designated ZIP Codes (under the U.S. Postal Service) within the county that are approved by the State to operate under the terms of its contract with the State.

**Service Location.** Any location at which a beneficiary obtains any health care service provided by BHSD under the terms of its contract with the State.

**The Plan.** Provides oversight to behavioral health Medi-Cal carve out programs. BHSD Medi-Cal managed care plans include the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS).



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**Timely Access Data Tool (TADT).** Data elements needed to determine the number of days from a Beneficiary’s request for specialty behavioral health services to the First Service Appointment Rendered, and the number of days from the First Service Appointment Rendered to the First Follow-up Appointment Rendered Date. The TADT tracks Beneficiaries seeking Non-Urgent/Routine behavioral health services are offered a service appointment within ten business days of the Beneficiary’s request.

<b>VIII. OVERSIGHT AND MONITORING PROCEDURE</b>	
<b>Processes</b>	<b>Requirements</b>
<b>Network Change Request Form</b>	<p>The Network Change Request Form is the mechanism participating providers will use to notify the Plan of:</p> <ul style="list-style-type: none"> <li>• Agency Contact Information, Ownership and Updates</li> <li>• Site Certification, 274 and Electronic Health Records</li> <li>• Material changes in network adequacy</li> </ul>
<b>Reporting Changes to Network Adequacy</b>	<p>When reporting changes to network adequacy, the Network Change Request Form contains detailed questions, including the reason for the change, the impacted service areas, and the expected impact on covered individuals' access to care.</p> <p>The following fields must be completed in the Network Change Request form:</p> <ul style="list-style-type: none"> <li>• Legal Entity name</li> <li>• Program name</li> <li>• * Estimated closure date</li> <li>• * Anticipated Re-opening Date.</li> <li>• Check steps you have taken to accommodate contracted services (check boxes)</li> <li>• *Reasoning for temporary closure (Note despite temporary closure you are responsible for maintaining workday and/or afterhours beneficiary communication)</li> <li>• *Plan to address temporary closure and how you will</li> </ul>

	<p>increase capacity:</p> <ul style="list-style-type: none"> <li>• Impacted BHSD Contract Monitor(s) if known.</li> <li>• *Impacted Program Type(s) Examples - 4000447 F&amp;C TBS, 4000448 F&amp;C EOPC, 4000449 ADULT FSP, 4000451 AOA EOPD, 4000098 AOA New Refugee SVCS, 4000097 AOA CALWORKS OPD, 4000094 F&amp;C EOPC, 4000093 F&amp;C OPC, 4000648 F&amp;C TBS</li> <li>• Impacted location(s); (physical address)</li> <li>• *Total Maximum Capacity (for impacted programs as defined by contract)</li> <li>• *Current Medi-Cal Capacity (# of medi-cal beneficiaries currently being serviced):</li> <li>• Number of pending discharges:</li> <li>• Estimated # of beneficiaries waiting for first appointments.</li> </ul> <p>Changes in capacity must be reported to BHSD within thirty (30) calendar days to avoid potential compliance issues, to ensure that beneficiaries continue to have access to the care they need and that impacted beneficiaries receive adequate coordination of care.</p> <p>* Indicates required fields for reporting temporary closures.</p>
<p><b>Reporting and Monitoring</b></p>	<p>The Plan maintains a network of providers operating within the scope of practice under State law, that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of beneficiaries in the service area. To demonstrate compliance with State standards for access to services, including network adequacy and timely access standards, the Plan must compile participating provider mandated report submissions including:</p> <ol style="list-style-type: none"> <li>1. 274 reports</li> <li>2. NACT submissions</li> <li>3. Timely Access Data</li> </ol> <p>In the event that the Plan’s network of participating providers experience a decrease of 25% or more in services or providers available to beneficiaries, the Plan must notify DHCS per state requirements.</p>

<p><b>IX. WORKFLOW PROCEDURE</b></p>	
<p><b>Responsible Party</b></p>	<p><b>Action Required</b></p>
<p><b>Participating Providers</b></p>	<ol style="list-style-type: none"> <li>1. For permanent closures, provide closure notification on company letterhead, signed by Participating Provider leadership prior to or with the <b>Network Change Request Form</b> submission.</li> <li>2. Submit the <b>Network Change Request Form, attachments</b> and supporting documentation requested by Provider Relations office, as referenced in the Network Request Change Form Reporting Changes to Network Adequacy section in this policy.                             <ol style="list-style-type: none"> <li>a. Identify steps taken to ensure availability of services to new beneficiaries.</li> </ol> </li> </ol>



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	<ol style="list-style-type: none"> <li>3. Complete the <b>Participating Provider Tracking Table</b> to facilitate beneficiary coordination of care.             <ol style="list-style-type: none"> <li>a. For those referrals that the participating provider has not accepted due to temporary closure, participating providers must include in the table.</li> </ol> </li> <li>4. Provide weekly updates to the Provider Relations at <a href="mailto:BHSDBusinessOffice@hhs.sccgov.org">BHSDBusinessOffice@hhs.sccgov.org</a> if closure will be more than <b>sixty (60) calendar days</b> to update on efforts to address capacity limitations and to ensure continued compliance with network adequacy requirements.</li> <li>5. Notify <a href="mailto:BHSDBusinessOffice@hhs.sccgov.org">BHSDBusinessOffice@hhs.sccgov.org</a> the anticipated date the program is able to accept new referrals. If an extension is needed, Participating Providers must submit another Network Change Request.</li> <li>6. Try to report anticipated closures in advance and no later than <b>the 23<sup>rd</sup> of the month</b> to align with the monthly 274 reporting             <ol style="list-style-type: none"> <li>a. Remember to include temporary closures in your monthly 274 submissions by the 23<sup>rd</sup> of each month, if applicable.</li> </ol> </li> <li>7. Adjustments to current or future contracts may occur for the following reasons:             <ol style="list-style-type: none"> <li>a. Failure to adhere to the reporting timeframe in the Reporting Changes to Network Adequacy section of this policy.</li> <li>b. Program closures lasting one month or more.</li> <li>c. Frequent multiple closures.</li> </ol> </li> </ol>
<p><b>Provider Relations</b></p>	<ol style="list-style-type: none"> <li>1. The BHSD Provider Relations office receives, tracks, and reviews the Network Change in Capacity requests to monitor trends of consistent closures that impact the network adequacy.</li> <li>2. Will notify the Call Center, Division Directors and Program Managers of the program closure and effective date.             <ol style="list-style-type: none"> <li>a. Will notify the Call Center once the program is able to resume accepting referrals.</li> </ol> </li> <li>3. In the event that the Plan’s network of providers experiences a decrease of 25% or more in services or providers available to beneficiaries, the BHSD Provider Relations office must notify DHCS per state requirements.</li> </ol>

	4. Will coordinate with Quality Improvement (QI) Team to issue and monitor Corrective Action Plans (CAP) for Participating Providers that are unable to maintain network adequacy standards.
<b>Call Center, Division Directors, and Program Managers</b>	1. Will notify their respective teams that monitor the impacted program(s) and determine their respective actions to address the closure.
<b>Quality Improvement Team</b>	<ol style="list-style-type: none"> <li>1. Will continue to monitor and report network adequacy and timely access data for the BHSD system of care.</li> <li>2. Promptly notifies the Provider Relations office in the event of prolonged wait periods observed for a specific program.</li> </ol>
<b>X. ATTACHMENTS</b>	<ol style="list-style-type: none"> <li>A. Network Change Request Form <a href="https://www.surveymonkey.com/r/BHSDNETWORKCHANGEREQUEST">https://www.surveymonkey.com/r/BHSDNETWORKCHANGEREQUEST</a></li> <li>B. Participating Provider Tracking Table</li> <li>C. Network Change Request Form Communication Workflow</li> </ol>

<b>XI. REVISION HISTORY</b>				
<b>Policy Name</b>	<b>Active Dates Range</b>	<b>Date Approved</b>	<b>Reason for Review</b>	<b>Summary of Changes</b>