February 28, 2017

TO: Jennifer Kent, Director of the California Department of Health Care Services

FROM: Kirsten Barlow, Executive Director
Michele Bennyhoff, Deputy Executive Director
Linnea Koopmans, Senior Policy Analyst

SUBJECT: Comments on the DHCS Network Adequacy Policy Proposal

ENC.: Medicaid Managed Care Final Rule: Network Adequacy Policy Proposal

The County Behavioral Health Directors Association of California (CBHDA) represents the behavioral health directors from each of California's 58 counties and two cities. Counties view the CMS Medicaid Managed Care final regulations as an opportunity to demonstrate the value of the 1915(b) waiver and the successful implementation of the Drug Medi-Cal Organized Delivery System (DMC-ODS) program authorized under California's 1115 waiver. Network adequacy requirements in the rule represent significant new requirements for county behavioral health systems. Considering the substantial impact of these new requirements, CBHDA and counties have carefully reviewed the DHCS network adequacy proposal. This memo outlines CBHDA comments and recommendations regarding specific sections of the proposal including: mental health (specialty and non-physician), substance use disorder (SUD) services (outpatient and opioid treatment programs), and alternative access standards.

Mental Health (Specialty and Non-Physician)

Comments:

- The proposed time and distance and timely access standards for both psychiatry and non-physician mental health services may be challenging for services delivered by county mental health plans (MHPs) in rural or small counties, or in rural parts of medium and large counties. For psychiatry, workforce shortages impact counties' ability to meet the standards as currently proposed.

Recommendations:

- Psychiatry should include all prescribing practitioners, such as nurse practitioners.
- Requirements for demonstrating compliance with the regulations should be clearly defined, and counties should receive guidance and training on all new audit requirements.
- Define the mental health services types to which the network adequacy standards will be applied. This is currently not defined in the proposal.

SUD Services (Outpatient and Opioid Treatment Programs)

Comments:

- For outpatient and opioid treatment programs, both the time and distance standards and timely access standards may be challenging for rural to small counties, or rural

areas within medium or large counties, where there may be a dearth of SUD or opioid treatment programs.

Recommendations:

- Clarify that opioid treatment programs include various medication assisted treatments (e.g., buprenorphine) in addition to methadone.
- Requirements for DMC-ODS counties to demonstrate compliance should be clearly defined.

Alternative Access Standards

Recommendations:

- Stakeholders should be included in the development of the alternative access standard process.
- The process of obtaining alternative access standards should be navigable for counties needing to demonstrate network adequacy through standards other than those proposed.
- Alternative access standards should be seen as a viable option for areas within counties that will challenged in meeting the proposed standards. In these counties, clinicians may travel to the beneficiary to provide services, which is an asset of the county mental health plans and promotes recovery-oriented care. The use of telehealth, including telepsychiatry, to ensure access to services should also be viewed as a strength of the plan.
- Standards with a higher number of minutes and miles should be developed for frontier medical service study areas (MSSA) within a county, where population density is less than 11 persons per square mile[1]. There are 18 counties with at least one MSSA within the county.

Additional Input

Comments:

- In rural to small counties many provider types (including mental health, psychiatry, SUD outpatient, and opioid treatment) are located in the primary "hubs" within the county. The time and distance standards will present challenges for beneficiaries living in more remote areas of the county. Beneficiaries living closer to services in another county may prefer to receive services in the neighboring county. This should be a consideration for meeting the standards for rural to small counties.

Recommendations:

- Further define timely access for non-urgent appointments and "next appointment" (i.e. does the standard apply only to initial requests for specialty mental health services or substance use disorder services?).
- Clearly state that compliance with time and distance standards requires plans to meet the time *or* distance standard, not both.

Thank you for your consideration, and do not hesitate to contact Linnea Koopmans at lkoopmans@cbhda.org with any questions.

[1] On the Frontier: Medi-Cal Brings Managed Care to California's Rural Counties. California Health Care Foundation. March 2015. Accessed via: http://www.chcf.org/publications/2015/03/frontier-medical-rural-counties