

2019 AL-IMPICS

DATE: September 28, 2019

LOCATION: Los Angeles Harbor College
1111 Figueroa Place, Wilmington, CA 90744

REGISTRATION: Registration Packets will be available in May



NETWORK ADEQUACY

Title 42 C.F.R. parts 438.207, 438.68 and 438.206(c)(1)



Thank you

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谢谢

Спасибо

Gracias

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Cảm ơn bạn

Salamat sa iyo

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NETWORK ADEQUACY CERTIFICATION

PURPOSE:

The Center for Medicare and Medicaid Services (CMS) requires that states establish and set standards to certify that its Medicaid managed care beneficiaries have appropriate access to needed SUD treatment services under DMC-ODS Plans.

- DHCS developed the Network Adequacy Certification Tool (NACT) to annually review, assess and certify that DMC-ODS County plans meet NA standards.
- DMC-ODS Counties required to assess network adequacy at least quarterly
- Language availability and access to services for individuals with disabilities
- Site and provider-specific information on maximum and current # of beneficiaries and caseloads

NETWORK ADEQUACY CERTIFICATION

Network Adequacy Certification Tool

- Network Provider Data, Organizational/Legal Entity
- Network Provider Data, Provider Site Detail
- Network Provider Data, Rendering Provider Detail

Supporting Documentation

- Five different geographic maps
- Request for Alternate Access Standards
- Grievance/Appeals
- Policies:
 - Network Adequacy monitoring
 - Out-of-Network Access
 - Timely Access
 - Service Availability
 - Physical Accessibility
 - 24/7 Language Assistance

NETWORK ADEQUACY CERTIFICATION

Medicaid Managed Care Final Rule

- ❑ **§438.68 Network adequacy standards**
 - ❖ Anticipated Medicaid enrollment
 - ❖ Expected Utilization of services
 - ❖ Numbers & types (training, experience, and specialization) of practitioners
 - ❖ # network providers who are not accepting new START ODS patients
 - ❖ Geographic location of network providers and START ODS enrollees, considering distance, travel time, the means of transportation ordinarily used by START ODS enrollees
 - ❖ Ability of network providers to communicate with LEP enrollees in their preferred language
 - ❖ Ability of network providers to ensure physical access, reasonable accommodations, culturally competent communications, and accessible equipment for Medicaid enrollees with physical or mental disabilities.
 - ❖ Availability of triage lines or screening systems, as well as the use of telemedicine, e-visits, and/or other evolving and innovative technological solutions.

NETWORK ADEQUACY CERTIFICATION

Medicaid Managed Care Final Rule

❑ § 438.206 Availability of services

- ❖ START ODS must maintain a sufficient network of appropriate providers to ensure access to services, including those with LEP or disabilities
- ❖ Provides direct access to a women's health specialist for PPW
- ❖ Ensures a second opinion from a network provider is provided, at no cost
- ❖ Provide out of network services if unable to offer necessary SUD service
- ❖ Demonstrates and ensure that its network providers are credentialed
- ❖ Meet and require its providers to meet State standards for timely access to care and services, taking into account the urgency of the need for services
- ❖ Ensure that the network providers offer hours of operation
- ❖ Make services included in the contract available 24 hours a day, 7 days a week, when medically necessary
- ❖ Establish mechanisms to ensure compliance by network providers
- ❖ Monitor network providers regularly to determine compliance
- ❖ Take corrective action when there is a failure to comply
- ❖ Promote delivery of cultural/linguistic relevant and accessible services

NETWORK ADEQUACY CERTIFICATION

Medicaid Managed Care Final Rule

§438.207 -Assurances of adequate capacity and services

- ❖ Provide supporting documentation that demonstrates it has the capacity to serve the expected enrollment in its service area
- ❖ Maintain an appropriate range of services for the anticipated number of enrollees
- ❖ Maintain a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of enrollees in the service area.
- ❖ Provide relevant information on at least an annual basis or more frequently whenever there is a significant change (e.g. benefits, geographic area, composition of provider network)

NETWORK ADEQUACY CERTIFICATION

Where Do We Go From Here?



- ❖ Advance Notice
- ❖ Using Sage Data
- ❖ Develop user-friendly database
- ❖ Regular communication
- ❖ Listening Sessions/ Workgroups
- ❖ Training

IMPROVING ACCESS



IMPROVING ACCESS

TIMELY ACCESS STANDARDS REMINDERS

- **Timely Access Standards** (Provider Manual page 35-36):
 - Screening for Provisional LOC – date of first contact
 - Appointment scheduled – ASAP & no later than 3 days of referral
 - Face-to-face (F2F) appointment - 10 business days of request; 3 days for OTP
 - Services provided within 30 minutes or 15 miles of patient residence, unless patient has special preference
- **Expectations/Provider Responsibilities**
 - Ensure all direct service/intake staff **UNDERSTAND** timely access requirements
 - Schedule appointments by timely access and time/distance standards **OR** connect patient w/another provider if LOC is not offered or no slots/beds available within 48 hours (**NO WAITLIST ARE ALLOWED**).
 - Enter the **date of request/referral and date of first F2F appointment** into the relevant data fields in the California Outcomes Measurement System (CalOMS).

IMPROVING ACCESS: *AVAILABILITY OF SERVICES REMINDERS*

- **Availability of Service Standards:**

- **Services Hours** (Provider Manual page 37)

- Outpatient/Intensive Outpatient: Evening hours 2 days/week & 1 weekend
- Residential and Withdrawal Management: 24 hours a day, 7 days a week
- Opioid Treatment: Five days a week, incl. eight hours on weekends

- **Pregnant and Parenting Women** (Provider Manual page 125)

- Ensure direct access to a women's health specialist for covered services necessary to provide women's routine and preventive health care.

- **Cultural Competence and Accessibility** (Provider Manual page 92 and SAPC Bulletin 18-03)

- Access to culturally & linguistically competent services, incl. provision of patient informing materials or documents requiring signature in PL.
- Physical access, reasonable accommodations, and accessible equipment for patients with physical, sensory or mental disabilities

IMPROVING ACCESS: *AVAILABILITY OF SERVICES REMINDERS*

- **Patient Handbooks MUST be provided within 5 Days of First Service:**
 - Provide a printed copy or send to the patient's mailing address; **OR**
 - Send to patient via e-mail (with e-communication consent); **OR**
 - Direct the patient to the County's website for viewing or post on the agency's website.
 - Available at: <http://publichealth.lacounty.gov/sapc/PatientPublic.htm>

Translated into the Following Languages

Arabic	Armenian	Cambodian/Khmer
Chinese Traditional	Chinese Simplified	Farsi
Hmong	Korean	Russian
Spanish	Tagalog	Vietnamese

- **Providers MUST document receipt using the Patient Handbook Summary.** Available at:
<http://publichealth.lacounty.gov/sapc/NetworkProviders/ClinicalForms/TS/PatientHandbookSummary.pdf>

IMPROVING ACCESS: *OUT-OF-COUNTY FACILITIES REMINDER*

- **SAPC Contracted Providers that operate DMC-certified sites in neighboring counties:**
 - May use that facility (ies) to deliver services to eligible LAC beneficiaries
 - Provide services in accordance with the Provider Manual
 - Obtain pre-approval from SAPC before providing services
 - Facilities must meet all certification and/or licensing requirements
- See SAPC Bulletin 18-04 for more detailed information

IMPROVING ACCESS: *GRIEVANCE/COMPLAINT/APPEAL REMINDER*

- **Complaints/Grievances/Appeals:**
 - Providers are required to **post** complaint process in conspicuous locations (easily visible by public)
 - Complaint forms **MUST** be available to patients without having to verbal request it (e.g. reception desk, intake area, group room)
 - SAPC will provide hard copy of complaint/appeal forms
 - Forms will also be available on SAPC website (incl. translations)
 - Notice of Adverse Benefit Determination
 - SAPC responsibilities as the SUD Specialty Managed Care Plan
 - Provider responsibilities as the care provider

IMPROVING ACCESS: *Service and Bed Availability Tool*

- **Intake Availability Calculator:**

- It is essential that SASH/CENS have access to intake availability for all LOC
- SAPC developing “*intake availability calculator*” to obtain information on real time intake availability (incl. # of staff, existing intake appointments, etc.)
- SAPC will conduct a webinar on the “*intake availability calculator*” in June
- Participation in the webinar is MANDATORY for all intake staff and/or those responsible for daily SBAT updates
- More information provided at the next Treatment Provider Meeting

- **SBAT REMINDERS:**

- We continue to get notifications that providers are not answering calls or have full voicemails when SASH/CENS or the public attempt to refer
- Providers are expected to have staff available to answer calls during **business and intake** hours listed on the SBAT (incl. **lunch hours**)
- Update the SBAT on a daily basis

IMPROVING ACCESS: *LANGUAGE ASSISTANCE REMINDERS*

- **Language Assistance Standards:**

- Provide materials in the primary language of the patient
- Availability of bilingual staff and services for patients with limited English proficiency and who represent the primary population served
- Provide professional language interpreter services
- Post Language Assistance Taglines in conspicuous locations

Available at <http://publichealth.lacounty.gov/sapc/PatientPublic.htm>

- **Language Assistance Workgroup (part deux):**

- July 2019, SAPC will be having another workgroup to discuss the language assistance requirements.
- **Purpose:** develop an action-oriented plan for implementing language assistance requirements