San Bernardino County
Department of Behavioral Health

Out of Network Access Policy

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04/08/2019

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Policy
It is the policy of the Department of Behavioral Health (DBH) to comply with state and federal regulations in the provision and facilitation of out of network Behavioral Health Services (BHS) for Medi-Cal clients of the San Bernardino County (County) Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS).

Purpose
To identify specific circumstances in which Medi-Cal clients are eligible to receive BHS from out of network providers. In this event, DBH shall reimburse the out of network provider(s) in a timely manner.

Definition(s)
Out of Network Provider: Any provider, group of providers, or entity that does not have a network provider agreement or contract with DBH to provide Medi-Cal reimbursed BHS.

DHCS Directive
If DBH has not met network adequacy standards, California Department of Health Care Services (DHCS) may direct DBH to inform and permit clients to receive services from out of network providers until DBH complies with the network adequacy standard(s). Please note, the requirement to allow out of network providers may apply only to a subset of the services provided by DBH.

Alternate Access Standards
DBH is required to provide services within established time and distance standards that are based on the population density of each county:
- Time means the number of minutes it takes a client to travel from the client’s residence to the nearest provider site.
- Distance means the number of miles a client must travel from the client’s residence to the nearest provider site.

For any area of the county where time and distance standards are not being met and an Alternative Access request was not approved by DHCS, the clients in that area may be approved to receive out of network services from a non-network provider.

Continuity of Care (MHP Specific)
DBH must ensure clients have continued access to mental health services during a client’s transition from Medi-Cal fee-for-service (FFS) to a managed care program or transition from one managed care entity to another, when the client, in the absence of continued services, would suffer detriment to their health or be at risk of hospitalization or institutionalization. If DBH does not address or ensure continuity of care, it may be required by DHCS to inform and permit clients to receive services out of network until it remedies the issue.

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Indian Health Care Provider (IHCP)

In the absence of an in network IHCP, Medi-Cal eligible clients shall be permitted to receive BHS from an out of network IHCP. The selected IHCP shall not be required to become an in network provider with the County.

Transition of Care (DMC-ODS Specific)

DBH shall ensure clients have continued access to SUD treatment services during a transition from State Plan Drug Medi-Cal (DMC) to DMC-ODS or transition for one DMC-ODS county to another DMC-ODS county when clients, in the absence of continued services, would suffer detriment to their health or be at risk of hospitalization or institutionalization. Inability to ensure transition of care may require DBH inform and permit clients to receive services from out of network providers until it complies with the requirement.

Courtesy Dosing (DMC-ODS Specific)

Opioid treatment Program/Narcotic Treatment Program (OTP/NTP) clients who travel outside their home clinic’s service area may be approved to receive replacement narcotic therapy from an out of network provider (courtesy dosing) on a temporary basis (less than 30 days) in accordance with Title 9, Section 10295 and 10210 (d).

Related Policy or Procedure

DBH Standard Practice Manual:
- Network Adequacy Monitoring Policy (QM6043)
- Network Adequacy Monitoring Procedure (QM6043-1)
- Out of Network Access Procedure (QM6044-1)
- Service Availability Policy (QM6046)
- Timely Access Policy (QM6041)
- Timely Access Procedure (QM6041-1)

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Reference(s)

- California Code of Regulations, Title 9, Section 10295 and 10210 (d)
  https://govt.westlaw.com/calregs/Browse/Home/California/CaliforniaCode
  ofRegulations?guid=IFF195D40D45311DEB97CF67CD0B99467&origina
  tionContext=documenttoc&transitionType=Default&contextData=(sc.Default)

- California Code of Regulations, Title 28, Section 1300.67.2.2
  https://govt.westlaw.com/calregs/Document/IA926F8C0101711DFBF14F
  83A306F765F?contextData=(sc.Default)&transitionType=Default

- California Code of Regulations, Title 28, Section 1300.67.2.2
  https://govt.westlaw.com/calregs/Document/IA926F8C0101711DFBF14F
  83A306F765F?contextData=(sc.Default)&transitionType=Default

- Code of Federal Regulations Title 42, Chapter IV Subchapter C,
  Part 438.14 and 438.68
  https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title42/42cfr
  438_main_02.tpl

- California Department of Health Care Services Mental Health and
  Substance Use Disorder Services Information Notice No. 18-011
  https://www.dhcs.ca.gov/services/MH/Documents/Information%20Notice
  s/IN%202018-%20Network%20Adequacy/MHSUDS_IN_18-011_Network
  _Adequacy.pdf

- Revenue Agreement with the State of California for the Substance use
  Disorder Drug Medi-Cal Organized Delivery System (State Agreement
  No. 17-94066, Amendment 1)