



# Out of Network Access Policy

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**Effective Date** 04/08/2019 DocuSigned by:  
**Revised Date** 07/13/2022 *Dr. Georgina Yoshioka, Interim Director*  
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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 Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS).

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**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 providers in a timely manner.

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**Definitions** **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.

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**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 standards.

Note: The requirement to allow out of network providers may apply only to a subset of the services provided by DBH.

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**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. For more information about out of network access standards, please refer to QM6044-1 Out of Network Access Procedure.

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## Out of Network Access Policy, Continued

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**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. For more information about mental health specific continuity of care, please refer to QM6044-2 Continuity of Care Procedure.

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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. For more information about out of network access, please refer to QM6044-1 Out of Network Access Procedure.

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**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. For more information about DMC-ODS specific transition of care standards, please refer to QM6044-3 Transition of Care Standards Procedure.

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**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, of the California Code of Regulations, Section 10295 and 10210 d. For more information about DMC-ODS specific courtesy dosing, please refer to QM6044-3 Transition of Care Standards Procedure.

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## Out of Network Access Policy, Continued

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### Related Policy or Procedure

#### DBH Standard Practice Manual and Departmental Forms:

- Timely Access Policy (QM6041)
  - Timely Access Procedure (QM6041-1)
  - Network Adequacy Monitoring Policy (QM6043)
  - Network Adequacy Monitoring Procedure (QM6043-1)
  - Transition of Care Standards Procedure (QM6044-3)
  - Out of Network Access Procedure (QM6044-1)
  - Continuity of Care Procedure (QM6044-2)
  - Service Availability Policy (QM6046)
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### References

- California Code of Regulations, Title 9, Section 10295 and 10210 d
  - California Code of Regulations, Title 28, Section 1300.67.2.2
  - California Department of Health Care Services Mental Health and Substance Use Disorder Services Information Notice No. 21-023
  - Code of Federal Regulations Title 42, Chapter IV Subchapter C, Part 438.14 and 438.68
  - Revenue Agreement with the State of California for Specialty Mental Health Services
  - Revenue Agreement with the State of California for the Substance use Disorder Drug Medi-Cal Organized Delivery System
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