**For Incorporation by Reference in 28 CCR § 1300.67.2:**

The following Mental Health Geographic Access Standards and Methodology is hereby incorporated by reference in 28 CCR § 1300.67.2., sub. (a), pursuant to the exemption to the Administrative Procedures Act (APA) set forth in Health and Safety Code section 1367.03(f).[[1]](#footnote-2)

The document is depicted in **underline** format to demonstrate newly incorporated language.[[2]](#footnote-3)

**Mental Health Geographic Access Standards and Methodology**

1. Background

As part of its annual review of health care service plan (plan) networks, the Department of Managed Health Care (DMHC) assesses the ability of mental health networks to provide enrollees with reasonable geographic access to non-physician counseling mental health professionals (Counseling MHP) and mental health facilities. To accomplish this, the DMHC evaluates reported full-service and mental health networks against the established distance standards set forth in this document. [[3]](#footnote-4) The DMHC’s distance standards vary based on the county type, which is determined by the population density of the county. Distance standards reflect the reasonable availability of providers within the county type.

Plans have a duty to provide (or arrange for the provision of) provider networks that ensure delivery of covered health care services in a timely manner appropriate for the nature of an individual enrollee’s condition, as required under Health and Safety Code section 1367.03(a)(1).[[4]](#footnote-5) The availability of in-network mental health providers and facilities within accessible locations throughout the geographic regions designated as a plan’s network service area is an essential component of a plan’s ability to meet this duty.

The geographic locations of mental health providers and mental health facilities within a network service area and the distances enrollees must travel to receive care have a direct impact on an enrollee’s ability to receive timely, available and accessible mental health services, as well as a plan’s ability to comply with initial and follow-up appointment standards.

1. Stakeholder Feedback and Future Updates

Stakeholders were invited to provide input on the draft version of the Mental Health Geographic Access Standards and Methodology for reporting year (RY) 2024, circulated on June 16, 2023. The DMHC thanks those stakeholders who elected to provide substantive feedback. The DMHC reviewed this feedback in conjunction with developing the final standards and methodology for RY 2024.

For future measurement years, the DMHC is continuing to evaluate potential updates to the standards and methodology to ensure the standards are sufficient to ensure adequate patient access to mental health services. The DMHC may modify these standards and methodology in future measurement years under the APA exemption.

1. RY 2024: Mental Health Geographic Access Standards and Methodology

The DMHC will evaluate the ability of plan networks to demonstrate sufficient geographic access to Counseling MHPs and mental health facilities to ensure compliance with network adequacy standards referenced in Sections 1367.03, 1367.035, and 1374.72 and Rules 1300.67.2, 1300.67.2.1, and 1300.67.2.2. As part of this review, the DMHC will evaluate reported annual network data against geographic access standards for Counseling MHPs and mental health facilities.[[5]](#footnote-6) The geographic access standards will be based on the distance between the representative population points within the plan’s network service area and the Counseling MHPs and Mental Health Facilities within the network.

To demonstrate compliance with the geographic access standards, a plan’s network must establish that 90% of the county population has access to a network provider within the distance standard defined for the county. This compliance threshold accounts for variations in population density and provider availability in each county. Counties are grouped into categories based on similar population densities and are assigned a geographic distance standard based on the known availability of providers within each group of counties. An alternative standard is available for certain county types based on the distribution of enrollees or providers in the county type. Compliance with these standards shall be measured according to the methodology document entitled “Geographic Access Measurement Methodology,” as incorporated in Rule 1300.67.2(a).

If a plan’s network is not meeting the standards in one or more counties within the network service area, the plan will be informed of the findings and may be required to submit a corrective action plan or otherwise demonstrate that its network has mental health network providers in sufficient locations to ensure accessibility of services as required under the Knox- Keene Act and implementing regulations.[[6]](#footnote-7) In subsequent reporting years, the DMHC may also rely upon the geographic distance standards as a basis for carrying out and completing enforcement action pursuant to the Administrative Procedures Act exemptions established in Section 1367.03(f).

1. **Defined Terms**

Plans will be assessed for compliance with this standard using the defined terms below:[[7]](#footnote-8)

1. “County Types” means the combination of counties that are similarly situated with regard to population size and density, as defined by the Centers for Medicare and Medicaid Services (CMS) in its published Medicare Advantage Network Adequacy Criteria, set forth in 42 CFR 422.116(c). County types are set forth according to the county designations released by CMS, available at www.cms.gov.
2. “Large Metro Counties” means counties designated as “large metro” by CMS in its published Medicare Advantage Network Adequacy Criteria, set forth in 42 CFR 422.116(c). The following counties are designated Large Metro Counties for the RY 2024 standards: Alameda, Contra Costa, Los Angeles, Orange, Sacramento, San Francisco, San Mateo, and Santa Clara.
3. “Metro Counties” means counties designated as “metro” by CMS in its published Medicare Advantage Network Adequacy Criteria, set forth in 42 CFR 422.116(c). The following counties are designated Metro Counties for the RY 2024 standards: Butte, El Dorado, Fresno, Kern, Kings, Marin, Merced, Monterey, Napa, Nevada, Placer, Riverside, San Bernardino, San Diego, San Joaquin, San Luis Obispo, Santa Barbara, Santa Cruz, Solano, Sonoma, Stanislaus, Sutter, Tulare, Ventura, Yolo, and Yuba.
4. “Rural Counties” means counties designated as “rural” by CMS in its published Medicare Advantage Network Adequacy Criteria, set forth in 42 CFR 422.116(c). The following counties are designated Rural Counties for the RY 2024 standards: Calaveras, Colusa, Del Norte, Glenn and Mariposa.
5. “Micro Counties” means counties designated as “micro” by CMS in its published Medicare Advantage Network Adequacy Criteria, set forth in 42 CFR 422.116(c). The following counties are designated Micro Counties for the RY 2024 standards: Amador, Humboldt, Imperial, Lake, Madera, Mendocino, San Benito, Shasta, Tehama and Tuolumne.
6. Counties with Extreme Access Consideration (CEAC)” means counties designated as “Counties with Extreme Access Considerations (CEAC)” by CMS in its published Medicare Advantage Network Adequacy Criteria, set forth in 42 CFR 422.116(c). The following counties are CEAC Counties for the RY 2024 standards: Alpine, Inyo, Lassen, Modoc, Mono, Plumas, Sierra, Siskiyou, and Trinity.
7. “Counseling non-physician mental health professional” or “Counseling MHP” means a Licensed Clinical Social Worker, Licensed Marriage and Family Therapist, Licensed Professional Clinical Counselor, or Psychologist. For purposes of application of this standard, the Counseling MHP must be a network provider.
8. Mental health facility” means a facility identified as one of the following categories by the California Department of Health Care Access and Information or the Department of Health Care Services: acute psychiatric hospital, psychiatric health facility, chemical dependency recovery hospital, intensive outpatient, partial hospitalization, residential treatment, residential detoxification, and/or alcohol or other drug facility (outpatient). “Mental health facility” also includes those facilities categorized as a general acute care hospital, where such hospital maintains an inpatient psychiatric unit.
9. “In-person appointments on an outpatient basis” shall have the meaning set forth in the Definitions section of the Annual Network Submission Instruction Manual for RY 2024, as incorporated in 28 CCR § 1300.67.2.2.
	1. References to “in-person” network providers shall mean network providers who take in-person appointments on an outpatient basis.
10. “Low-Density ZIP Codes” means ZIP Codes that contain fewer than 1,000 persons per square mile, as identified in the DMHC’s *California ZIP Code and County Combinations and Population Points* document published annually on the DMHC’s web portal and issued pursuant to Rule 1300.67.2.2(b)(11).
	1. “Normal-Density ZIP Codes” means ZIP Codes that contain 1,000 or greater persons per square mile, as identified in the *California ZIP Code and County Combinations and Population Points* document referenced above.
11. “Network” shall have the definition set forth in Rule 1300.67.2.2(b)(5).
12. “Network provider” shall have the definition set forth in Rule 1300.67.2.2(b)(10).
13. “Network service area” shall have the definition set forth in Rule 1300.67.2.2(b)(11).
14. “Population points” shall have the definition set forth in Rule 1300.67.2.2(b)(11), as made available annually by the DMHC on the web portal. Each population point has an assigned population count.
	1. “Population counts” shall mean the total number of people in a defined geographic region, according to US Census Data, as identified in the DMHC's *California ZIP Code and County Combinations and Population Points* document issued annually pursuant to Rule 1300.67.2.2(b)(11). A county population count shall consist of the sum of all population counts associated with each population point within that county.
15. **Distance Standards – Counseling MHPs**

To demonstrate reasonable accessibility a plan must meet the distance standards for each population point in the service area. Distance standards are assigned based on county category and provider type combination, as set forth below:

1. Counseling MHPs. Each network shall have a sufficient network of Counseling MHPs to provide access to providers within specified distance standards. Distances will be calculated from each population point in the network county service area to the nearest Counseling MHP. The driving distance must meet the distance identified for the corresponding county category within which the population point is located, in accordance with the standards set forth below:
2. Large Metro County: no more than 15 driving miles to the closest Counseling MHP in the network.
3. Metro County: no more than 15 driving miles to the closest Counseling MHP in the network.
4. Micro County: no more than 35 driving miles to the closest Counseling MHP in the network.
5. Rural County: no more than 35 driving miles to the closest Counseling MHP in the network.
6. CEAC County: no more than 65 driving miles to the closest Counseling MHP in the network.

The DMHC will review applicable network providers that offer in-person appointments on an outpatient basis, as defined, according to the standardized terminology in the plan’s Annual Network Report submission.[[8]](#footnote-9)

1. Alternative Distance Standard – Low-Density ZIP Codes in Metro Counties

When a plan is not able to meet the 90% Standard Compliance Threshold described in section III.D.(1) for a Metro County, the DMHC shall conduct a further review based on the presence of Low-Density ZIP Codes within the Metro County. Low-Density ZIP Codes in Metro Counties must meet the following alternative distance standard:

1. Metro County – Low-Density ZIP Codes: no more than 20 driving miles to the closest Counseling MHP in the network.
2. **Distance Standards - Mental Health Facilities**
3. Mental Health Facilities: Each network shall have a sufficient network of inpatient mental health facilities to provide access to providers within specified distance standards. Distances shall be calculated from each population point in a network county service area to the nearest mental health facility. The driving distance must meet the distance identified for the corresponding county category within which the population point is located, in accordance with the standards set forth below:
4. Large Metro County: no more than 15 driving miles to the closest mental health facility in the network.
5. Metro County: no more than 45 driving miles to the closest mental health facility in the network.
6. Micro County: no more than 90 driving miles to the closest mental health facility in the network.
7. Rural County: no more than 90 driving miles to the closest mental health facility in the network.
8. CEAC County: no more than 120 driving miles to the closest mental health facility in the network.
9. Alternative County Standard – Low Supply MHF Counties

When a plan is not able to meet the mental health facility distance standard for a county, the DMHC shall conduct a further review based on the county type. The plan may meet an alternative county standard based on available inpatient mental health facility beds in the county, as published by the Department of Health Care Access and Information (HCAI) for inpatient psychiatric facilities, at <https://data.chhs.ca.gov>, and the Department of Health Care Services (DHCS) for substance use disorder recovery treatment facilities, mental health rehabilitation centers, psychiatric health facilities, and certified residential mental health programs, also at https://data.chhs.ca.gov.

1. Alternative County Standard for MHFs: The alternative county standard shall be the county type distance standard, extended by 50%.
2. The DMHC may apply the alternative county standard to a particular county in a plan’s network service area when inpatient facility data published by HCAI and DHCS demonstrates that the total number of available inpatient mental health facility beds in that county is as follows:
	* 1. Large Metro counties - fewer than 500 beds
		2. Metro counties - fewer than 100 beds
		3. Micro and Rural counties - zero beds
		4. CEAC counties – zero reported facilities within 100 miles, using the standard compliance threshold.[[9]](#footnote-10) See **Schedule B** for the current list of counties meeting this threshold.
3. Alternative Distance Standard – Low-Density ZIP Codes in Metro and Large Metro Counties

When a plan is not able to meet the 90% Standard Compliance Threshold described in section III.D.(1) for a Large Metro or Metro County, the DMHC shall conduct a further review based on the presence of Low-Density ZIP Codes within the county. Large Metro and Metro counties with Low-Density ZIP Codes must meet the following alternative distance standards:

1. Large Metro County – Low-Density ZIP Codes: no more than 30 driving miles to the closest mental health facility in the network.
2. Metro County – Low-Density ZIP Codes: no more than 75 driving miles to the closest mental health facility in the network.
3. **Compliance Threshold for Geographic Access Standards**
4. Standard Compliance Threshold

To establish each county in the network service area complies with the geographic access standards set forth in sections III.B.(1) (Distance Standards – Counseling MHPs) and III.C.(1) or (2) (Distance Standards – Mental Health Facilities *and* Alternative County Standard, where applicable), a plan must ensure that a minimum of 90% of the total population count within each county has access to a provider within those geographic mileage standards.

1. Alternative Compliance Threshold

Where a plan is unable to meet the Standard Compliance Threshold for a county that qualifies for an alternative distance standard, as described in sections III.B.(2) and III.C.(3) above, a plan may establish compliance by demonstrating that the 90% compliance threshold is met for both the Low-Density ZIP Codes in the County and the Normal-Density ZIP Codes in the County, as follows:

1. Low-Density ZIP Code Compliance Threshold: at least 90% of the population count among the Low-Density ZIP Codes within the county have access within the Alternative Distance Standard.
2. Normal-Density ZIP Code Compliance Threshold: at least 90% of the population count among the Normal-Density ZIP Codes within the county have access within the Distance Standard.
3. An example application of the Counseling MHP and mental health facility distance standards, compliance threshold, and alternative compliance threshold is set forth in **Schedule B**.
1. *See* Senate Bill (SB) 221 (Wiener, Chap. 724, Stats 2021), and SB 225 (Wiener, Chap. 601, Stats 2022). [↑](#footnote-ref-2)
2. Section III. of this document is shown in underline to depict the new standards and methodology incorporated in Rule 1300.67.2. [↑](#footnote-ref-3)
3. The DMHC reviews health plan Annual Network Report submissions for compliance with the Knox-Keene Act, pursuant to Health & Safety Code sections 1367.03, 1367.035 and 28 CCR § 1300.67.2.2 (the “Annual Network Review”). [↑](#footnote-ref-4)
4. See also 28 CCR § 1300.67.2. The Knox-Keene Act is set forth in California Health & Safety Code sections 1340 et seq. References to “Section” are to sections of the Act. References to “Rule” refer to the California Code of Regulations, title 28. [↑](#footnote-ref-5)
5. For RY 2024, the geographic access standards within this document will not apply to plan networks licensed exclusively for Medi-Cal. [↑](#footnote-ref-6)
6. *See* Rule 1300.67.2.2(i)(5). [↑](#footnote-ref-7)
7. Defined terms pertain to the DMHC’s review under the identified standard, and do not abrogate a Plan’s requirements for maintaining a provider directory, or other reporting requirements under the law. [↑](#footnote-ref-8)
8. Network providers that only offer services through a telehealth modality are not included in this review. [↑](#footnote-ref-9)
9. This includes facilities previously reported in the Annual Network Report submissions pursuant to Rule 1300.67.2.2. [↑](#footnote-ref-10)