**Amendments to 28 CCR § 1300.67.2:**

The following amendments to 28 CCR § 1300.67.2. are noticed pursuant to the exemption to the Administrative Procedures Act (APA) set forth in Health and Safety Code section 1367.03(f).[[1]](#footnote-2)

**§ 1300.67.2. Accessibility of Services.**

Within each network service area of a plan, basic health care services and specialized health care services shall be readily available and accessible to each of the plan’s enrollees;

1. The location of network providers, as defined in Rule 1300.67.2.2(b)(10), ~~facilities~~ providing the ~~primary~~ covered health care services of the plan shall be within reasonable proximity of the business or personal residences of enrollees, and so located as to not result in unreasonable barriers to accessibility.

(1) For the purposes of the network adequacy review conducted pursuant to Health and Safety Code section 1367.035, the plan shall meet geographic accessibility standards with respect to the location of network mental health facilities and non-physician mental health professionals, as established by the Department. Such geographic accessibility standards and the accompanying review methodology shall be set forth in the document entitled Mental Health Geographic Access Standards and Methodology, which is hereby incorporated by reference. The Department shall use the version of this document noticed on the Department’s website at [www.dmhc](http://www.dmhc).ca.gov, on or before January 15th of the reporting year as set forth in Rule 1300.67.2.2(b)(18). Meeting the geographic accessibility standards set forth therein shall demonstrate compliance with this provision for the identified network provider types.

(A) The geographic accessibility standards set forth in the Mental Health Geographic Access Standards and Methodology may also be considered by the Department when evaluating network adequacy for the purposes of licensure pursuant to Health and Safety Code sections 1351 and 1352, and Rules 1300.51, 1300.52, and 1300.52.4.

(B) For the purposes of alternative geographic accessibility standards for mental health facilities and non-physician mental health professionals, the alternative accessibility standards methodology set forth in the Mental Health Geographic Access Standards and Methodology shall apply. Rule 1300.67.2.1 shall not apply to requests for alternative geographic accessibility standards for mental health facilities and non-physician mental health professionals.

(2) With regard to geographic access to primary care providers and hospitals throughout the network service area, the geographic accessibility standards set forth in subsections (i) and (ii) of Item H in subsection (d) of Rule 1300.51 establish the geographic access standards that a plan must meet to demonstrate compliance with the Act for all ZIP Codes in the network service area, except for those ZIP Codes for which the Department has approved an alternative standard of accessibility pursuant to Rule 1300.67.2.1. These geographic access standards shall apply when evaluating a plan’s compliance with the Act in all circumstances where network review is required, including the filings necessitated by Health and Safety Code sections 1351, 1352, 1367.03, 1367.035, 1371.31, 1374.141 and Rules 1300.51, 1300.52, 1300.52.4, and 1300.67.2.1.

(3) When determining compliance with the geographic access standards for the purposes of network adequacy review set forth in the Act, the Department shall rely upon the methodology set forth in the document entitled Geographic Access Measurement Methodology, which is hereby incorporated by reference. The Department shall use the version of this document noticed on the Department’s website at [www.dmhc](http://www.dmhc).ca.gov, on or before January 15th of the reporting year set forth in Rule 1300.67.2.2(b)(18). Where there is a discrepancy in the measurement of driving distance or expected driving time the Department’s measurements made in accordance with the methodology set forth in the Geographic Access Measurement Methodology shall be the accepted measurement of the driving distance and expected driving time afforded by the plan’s network.

1. Hours of operation and provision for after-hour services shall be reasonable;
2. Emergency health care services shall be available and accessible within the service area twenty-four hours a day, seven days a week;
3. The ratio of enrollees to staff within a network, including physicians and other health professionals, administrative and other supporting staff, directly or through referrals, shall be such as to reasonably assure that all services offered by the plan will be accessible to enrollees on an appropriate basis without delays detrimental to the health of the enrollees. There shall be at least one full-time equivalent physician to each one thousand two hundred (1,200) enrollees and there shall be approximately one full-time equivalent primary care physician for each two thousand (2,000) enrollees~~.~~; ~~or an alternative mechanism shall be provided by the plan to demonstrate an adequate ratio of physicians to enrollees~~

(1) For the purposes of the network adequacy review conducted pursuant to Health and Safety Code section 1367.035, the ratio of full-time equivalent non-physician mental health practitioners to enrollees shall be sufficient to meet the standards set forth in the document entitled Counseling Non-Physician Mental Health Professional Ratio Standards and Methodology, which is hereby incorporated by reference, when calculated in accordance with the methodology set forth therein. The Department shall use a version of this document noticed on the Department’s website at www.dmhc.ca.gov, on or before January 15th of the reporting year set forth in Rule 1300.67.2.2(b)(18).

(A)The standards set forth in Counseling Non-Physician Mental Health Professional Ratio Standards and Methodology may also be considered by the Department when evaluating network adequacy for the purposes of licensure pursuant to Health and Safety Code sections 1351 and 1352, and Rules 1300.51, 1300.52, and 1300.52.4.

(B) For the purposes of alternative ratio standards for non-physician mental health professionals, the alternative accessibility standards methodology set forth in the Counseling Non-Physician Mental Health Professional Ratio Standards and Methodology shall apply. Rule 1300.67.2.1 shall not apply to requests for alternative ratio standards for non-physician mental health professionals.

1. A plan shall provide accessibility to medically required specialists who are certified or eligible for certification by the appropriate specialty board, through staffing, contracting, or referral;
2. Each health care service plan shall have a documented system for monitoring and evaluating accessibility of care, including a system for addressing problems that develop, which shall include, but is not limited to, waiting time and appointments;
3. A section of the health education program shall be designated to inform enrollees regarding accessibility of service in accordance with the needs of such enrollees for such information regarding that plan or area~~.~~;

(h) Within each network, the plan shall ensure sufficient providers are accepting new patients such as to ensure timely access to care for all enrollees;

(1) For the purposes of the network adequacy review conducted pursuant to Health and Safety Code section 1367.035, the percent of non-physician mental health practitioners accepting new patients shall be sufficient to meet the standards set forth in the document entitled Counseling Non-Physician Mental Health Professionals Accepting New Patients Standards and Methodology, which is hereby incorporated by reference, when calculated in accordance with the methodology set forth therein. The Department shall use a version of this document noticed on the Department’s website at www.dmhc.ca.gov, on or before January 15th of the reporting year set forth in Rule 1300.67.2.2(b)(18).

(A) The standards set forth in Counseling Non-Physician Mental Health Professionals Accepting New Patients Standards and Methodology may also be considered by the Department when evaluating network adequacy for the purposes of licensure pursuant to Health and Safety Code sections 1351 and 1352, and Rules 1300.51, 1300.52, and 1300.52.4.

(B) For the purposes of alternative standards for non-physician mental health professionals accepting new patients, the alternative accessibility standards methodology set forth in the Counseling Non-Physician Mental Health Professionals Accepting New Patients Standards and Methodology shall apply.

(i) The definitions set forth in Rule 1300.67.2.2 (b), and the definitions set forth in the Definitions section of the Annual Network Submission Instruction Manual, as incorporated by reference in Rule 1300.67.2.2 (h)(7), shall apply to the plan’s requirement to meet network adequacy with respect to all required filings, including those specified in Health and Safety Code sections 1352, 1367.03, 1367.035, 1371.31, 1374.141 and Rules 1300.51, 1300.52, 1300.52.4, and 1300.67.2.1.

Subject to ~~subsections (a)~~ ~~and (b)~~ the requirements of this section, a plan shall continue to comply with ~~may rely on~~ the standards of accessibility set forth in Item H and Item I of ~~Section~~ Rule 1300.51 ~~and in Section 1300.67.2~~.

1. *See* Senate Bill (SB) 221 (Wiener, Chap. 724, Stats 2021), and SB 225 (Wiener, Chap. 601, Stats 2022). [↑](#footnote-ref-2)