# Counseling Non-Physician Mental Health Professionals Accepting New Patients Standards and Methodology

## I. Standards and Methodology

The Department of Managed Health Care (DMHC) will evaluate the ability of health care service plan (plan) networks to demonstrate sufficient availability of counseling non-physician mental health professionals (Counseling MHP~~s~~) to ensure compliance with network adequacy standards referenced in Sections 1367, 1367.03, 1367.035, 1374.72, and Rules 1300.67.2.2, 1300.74.72, and 1300.67.2.[[1]](#footnote-2) As part of this review, the DMHC will use compliance thresholds to evaluate Counseling MHPs accepting new patients, based on a plan’s reported annual network data.[[2]](#footnote-3) The compliance threshold takes into consideration the number and geographic distribution of providers within a network and a county, to determine an appropriate minimum level of compliance for Counseling MHPs, or MHP locations within a county and within the network service area.[[3]](#footnote-4)

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 accepting new patients in sufficient numbers and locations to ensure accessibility of services as required under the Knox-Keene Act and implementing regulations.~~3~~ [[4]](#footnote-5) Where the network does not offer sufficient numbers of Counseling MHPs accepting new patients, the Plan must address the requirements set forth in Rule 1300.67.2(i) in its corrective action plan. The DMHC may rely on this standard and methodology as a basis for carrying out and completing enforcement action related to the annual network and timely access compliance review. ~~4~~

### Defined Terms

Plans will be assessed for compliance with this standard using the defined terms below:[[5]](#footnote-6)

1. “Accepting new patients” shall have the meaning set forth in ~~the “Definitions” section of the Timely Access and Annual Network Submission Instruction Manual (Instruction Manual) incorporated by reference in~~ Rule 1300.67.2.2(b).
2. “Applicable county” means the county within the plan’s network service area that is being measured. Where the network service area includes a partial county, it is an applicable county.
3. “Network service area” shall have the definition set forth in Rule 1300.67.2.2(b)(11).
4. “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 §~~ Rule1300.67.2.2(b).
5. References to “in-person” network providers shall mean network providers who take in-person appointments on an outpatient basis.
6. “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, a Counseling MHP must be a network provider.
7. “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](http://www.cms.gov).[[6]](#footnote-7)
8. “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~~ 2025 standards: Alameda, Contra Costa, Los Angeles, Orange, Sacramento, San Francisco, San Mateo, and Santa Clara.
9. “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~~ 2025 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.
10. “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~~ 2025 standards: Calaveras, Colusa, Del Norte, Glenn and Mariposa.
11. “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~~ 2025 standards: Amador, Humboldt, Imperial, Lake, Madera, Mendocino, San Benito, Shasta, Tehama and Tuolumne.
12. “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 designated CEAC Counties for the RY ~~2024~~ 2025 standards: Alpine, Inyo, Lassen, Modoc, Mono, Plumas, Sierra, Siskiyou, and Trinity.
13. “MHP location” for the purposes of application of this standard means a reported network provider practice address where a counseling MHP is available for in-person appointments on an outpatient basis, as the term is defined. Multiple practice addresses will be combined and treated as a single MHP location when reported at the same, or near-adjacent locations.
14. “Near-adjacent locations” refers to practice addresses that have the same geocoded longitude and latitude coordinates, when rounded to the second decimal place.
15. “MHP location accepting new patients” for the purposes of application of this standard means the following:
16. For MHP locations with three or fewer counseling MHPs, at least one counseling MHP is accepting new patients.
17. For MHP locations with four or greater counseling MHPs, at least 25% of the counseling MHPs at the location are accepting new patients.
18. “Network” shall have the definition set forth in Rule 1300.67.2.2(b)(5).
19. “Network adequacy” shall have the definition set forth in ~~28 CCR §~~ Rule 1300.67.2.2(b)(6).
20. “Network provider” shall have the definition set forth in Rule 1300.67.2.2(b)(10).
21. “Network service area” shall have the definition set forth in Rule 1300.67.2.2(b)(11).

### Compliance Threshold for RY ~~2024~~ 2025

Compliance will be measured for each network and for each applicable county, and the plan must meet compliance for both. For each network and applicable county, a plan must either meet the minimum percent of individual Counseling MHPs that are accepting new patients (75%), or the minimum percent of MHP locations that are accepting new patients (80%), as set forth below. The plan will be considered to meet the compliance threshold if it meets at least one of the two Network Compliance Thresholds, below, as well as at least one of the two County Compliance Thresholds, below ~~these calculations for both the entire network and county measures~~. The DMHC will review network providers that offer in-person appointments on an outpatient basis, as defined.[[7]](#footnote-8) If a plan reports no counseling MHPs within an applicable county, the plan will not meet the compliance threshold in that county. Refer to the defined terms above for a description of each of the underlined terms in the DMHC’s compliance threshold evaluation:

**Network Compliance Threshold**:

* Whether at least 75% of counseling MHPs in the network are accepting new patients;

or

* Whether at least 80% of MHP locations in the network are an MHP location accepting new patients.

**County Compliance Threshold**:

* Whether at least 75% of counseling MHPs in the network are accepting new patients in each applicable county;

or

* Whether at least 80% of MHP locations in each applicable county, are an MHP location accepting new patients.

~~As indicated in~~ See the **Definitions** section of this document for instruction on how to determine if a location qualifies as~~,~~ an “MHP Location Accepting New Patients.” ~~means:~~

* ~~For MHP locations with three or fewer counseling MHPs, at least one counseling MHP is accepting new patients.~~
* ~~For MHP locations with four or greater counseling MHPs, at least 25% of the counseling MHPs at the location are accepting new patients.~~

### Alternative Review Methodology for CEAC and Rural Counties – Combined County Threshold

1. When a plan is not able to meet either county compliance threshold for Counseling MHPs Accepting New Patients in a CEAC or Rural County type, the DMHC shall conduct a further review to determine if the network has sufficient availability in an adjacent county or counties to serve enrollees in the combined counties. If a network meets the criteria described below, the DMHC will automatically apply the alternative review methodology as set forth below when determining compliance with this standard.
2. The Combined County Threshold for CEAC and Rural Counties allows certain adjacent counties to be combined for the purposes of calculating the following component of the county compliance threshold:
3. Whether at least 80% of MHP locations in each applicable county are an MHP location accepting new patients.
4. The DMHC shall use the combined county alternative review methodology to calculate the following:
5. Whether at least 80% of MHP locations in the combined counties are an MHP location accepting new patients.
6. The Combined County Threshold for CEAC and Rural Counties shall be subject to the following requirements:
7. A combined pair or grouping of counties shall consist of one of the following:
8. **Deficient County Anchor - Grouping:** A single Rural or CEAC county that fails to meet the county threshold identified above, combined with one or more adjacent counties which meet the county threshold; or
9. **Sufficient County Anchor - Grouping**: A single county that meets the county threshold, combined with one or more adjacent Rural or CEAC counties which fail to meet the county threshold identified above.
10. No county shall be included in more than one county grouping within the same network for the purposes of meeting the County Threshold for Counseling MHPs, Accepting New Patients.
11. In order to be combined in a grouping, each Rural or CEAC county in the grouping that fails to meet the county threshold (deficient county) must be geographically adjacent to each county in the grouping that meets the county threshold (sufficient county). Certain exceptions apply, as set forth in **Schedule C.** For adjacent counties and adjacent county exceptions, please refer to **Schedule C** and the attached document entitled “Adjacent Counties and Exceptions for RY 2025 Standards and Methodology.”
12. Counties that fall outside of the network service area may be combined as long as the non-network service area county has more than 80% of MHP locations accepting new patients for the network.

e. Threshold Modifier for Partial Counties – Where the Plan’s network

service area includes a partial county and the network is unable to meet the accepting new patients standard for the partial county, the DMHC will treat the county like a CEAC or Rural county for the purposes of applying the Combined County Threshold for CEAC and Rural Counties, if the following conditions are met: 1) The ZIP Codes within the network service area cover less than 20% of the county population, and 2) The population within these ZIP Codes is below 20,000, as measured by population points.

1. The alternative methodology for the combined county threshold is set forth in **Schedule C.**

## II. Attachments:

1. Schedule C
2. Adjacent Counties and Exceptions for RY 2025 Standards and Methodology
1. 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-2)
2. The standards and methodology in this document apply to all reporting plan networks, including Medi-Cal networks. [↑](#footnote-ref-3)
3. Compliance with these standards does not alone constitute compliance with federal and state laws regarding mental health and substance use disorder coverage and parity, including 42 U.S.C. § 300gg-26, [29 CFR § 2590.712](https://1.next.westlaw.com/Link/Document/FullText?findType=L&pubNum=1000547&cite=29CFRS2590.712&originatingDoc=I6C886820B56411EEB590FF4B157C4E61&refType=LQ&originationContext=document&transitionType=DocumentItem&ppcid=cd618f34ed0548d3b8713facaa616aa7&contextData=(sc.Search)), 45 CFR § 146.136, Sections 1374.72 and 1374.76 of the Health and Safety Code, and Rules 1300.74.72, 1300.74.72.01, and 1300.74.721 of this title. [↑](#footnote-ref-4)
4. ~~3~~  *See* Rule 1300.67.2.2(i)(5).

~~4 The previous version of this standards and methodology document issued for RY 2023 indicated that the DMHC may enforce the compliance threshold as part of its network adequacy review in subsequent reporting years.~~ [↑](#footnote-ref-5)
5. Defined terms pertain to the DMHC’s review under the identified standard and methodology, and do not abrogate a plan’s requirements for maintaining a provider directory, or other reporting requirements under the law. [↑](#footnote-ref-6)
6. The DMHC will rely on the counties designated in each category for reporting year ~~2024~~2025. [↑](#footnote-ref-7)
7. Network providers that only offer services through the telehealth modality are not included in this review. The DMHC will review the Plan’s network providers reported according to the standardized terminology, in the Plan’s Annual Network Report submission for RY ~~2024~~2025. [↑](#footnote-ref-8)