

**From:** [DMHC Licensing eFiling](#)

**Subject:** APL 24-021 (OPM) – Notice of Amendments to Rules 1300.67.2.1, 1300.67.2 and Incorporated Documents – Network Adequacy Standards and Methodology for RY 2025

**Date:** Thursday, December 12, 2024 1:06 PM

**Attachments:** [APL 24-021 – Notice of Amendments to Rules 1300.67.2.1, 1300.67.2 and Incorporated Documents – Network Adequacy Standards and Methodology for RY 2025.pdf](#)  
[Amendments to 28 CCR § 1300.67.2.docx](#)  
[Counseling MHP Ratio StandardsandMethodology RY2025.docx](#)  
[Schedules A to A-6 MH Ratios RY2025.docx](#)  
[MentalHealth GeographicAccess StandardsandMethodology RY2025.docx](#)  
[Schedule B MentalHealth GeographicAccess RY2025.docx](#)  
[CounselingMHPAcceptingNewPatientsStandardsandMethodology RY2025.docx](#)  
[Schedule C MHP AcceptingNewPatients RY2025.docx](#)  
[Specialist Physician Ratio StandardsandMethodology RY2025.docx](#)  
[Schedules D to D6 Specialist Ratios RY2025.docx](#)  
[Combined County Modifier Specialist Physicians RY 2025.xlsx](#)  
[Specialist Physician Ratio StandardsandMethodology RY2025.docx](#)  
[Schedule E Specialist GeographicAccess RY2025.docx](#)  
[PCP AcceptingNewPatients Standards Methodology RY2025.docx](#)  
[Schedule F PCP AcceptingNewPatients RY2025.docx](#)  
[Required Network Provider Types RY 2025.docx](#)  
[Adj Counties Exceptions RY 2025.xlsx](#)  
[Amendments to 28 CCR 1300.67.2.1.docx](#)  
[Frequently Asked Questions \(FAQ\) RY 2025.docx](#)  
[Specialist Geo and Capacity Standards Summary Tables RY 2025.xlsx](#)  
[Mental Health Standards Summary Tables RY 2025.xlsx](#)

Dear Health Plan Representative:

The Department of Managed Health Care (DMHC) hereby issues: APL 24-021 (OPM) Notice of Amendments to Rules 1300.67.2.1, 1300.67.2 and Incorporated Documents – Network Adequacy Standards and Methodology for RY 2025.

Thank you.

## ALL PLAN LETTER

**DATE:** December 12, 2024

**TO:** All Health Care Service Plans

**FROM:** Nathan Nau  
Deputy Director, Office of Plan Monitoring

**SUBJECT:** APL 24-021 (OPM) – Notice of Amendments to Rules 1300.67.2.1, 1300.67.2 and Incorporated Documents – Network Adequacy Standards and Methodology for RY 2025

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The Department of Managed Health Care (DMHC) issues this All Plan Letter (APL) to notice amendments to 28 CCR § 1300.67.2.1, 28 CCR § 1300.67.2, and documents incorporated by reference.<sup>1</sup> The amendments are noticed pursuant to Senate Bill (SB) 225 (Wiener, Chapter 601, Statutes of 2022).<sup>2</sup>

### I. Application

The noticed amendments set forth in this APL apply as follows:

- All amendments noticed in this APL apply to health care service plans (plans) that are required to file an Annual Network Report submission pursuant to Health and Safety Code sections 1367.03 and 1367.035, and Rule 1300.67.2.2.<sup>3</sup>
- Amendments described in Section IV. of this APL apply to all plans that are subject to network reviews as part of new and ongoing licensure filings made

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<sup>1</sup> References to “Rule” refer to the California Code of Regulations (CCR), title 28.

<sup>2</sup> SB 225 amended Health and Safety Code section 1367.03. The Knox-Keene Act is set forth in California Health and Safety Code sections 1340 et seq. References herein to “Section” are to sections of the Act.

<sup>3</sup> Full-service and mental health plans are required to submit an Annual Network Report to the DMHC, and the DMHC is required to review the Annual Network Report submissions for compliance with the Knox-Keene Act (the “Annual Network Review”). See sections 1367.03(f) and 1367.035, and Rule 1300.67.2.2(h).

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pursuant to Sections 1351 and 1352 and the regulations promulgated thereunder.<sup>4</sup>

Amendments to the Rule and incorporated documents are effective January 1, 2025. For those plans required to submit an Annual Network Report, the DMHC will apply these requirements to the reporting year (RY) 2025 Annual Network Review.

## **II. Overview: New and Amended Network Adequacy Standards**

This APL provides notice of new and amended network adequacy requirements, standards, and methodologies. This includes new standards related to measuring the adequacy of primary care physicians and specialist physicians in plan networks, and updates to the mental health network adequacy standards that were previously released in APL 23-023 (December 14, 2023).<sup>5</sup> The standards also include attached Schedules, when applicable, that provide further details concerning the methodology for review under the standards.

In 2022, the Governor signed SB 225 into law.<sup>6</sup> Under SB 225, the DMHC may adopt standards that address the availability of network providers and services, including the availability of primary care physicians, specialty physicians, hospital care, and other network providers, as a means to ensure enrollees have timely access to care.<sup>7</sup> The development and adoption of these standards are exempt from formal rulemaking under the Administrative Procedure Act until December 31, 2028.<sup>8</sup> Under this APA exemption to formal rulemaking, the DMHC has promulgated new and revised network adequacy requirements on an annual basis, after stakeholder circulation and feedback.

The DMHC is required to review plan network submissions annually for compliance with network adequacy requirements as part of the Annual Network Review.<sup>9</sup> The DMHC also reviews plans for network adequacy compliance as part of new and ongoing licensure filings made pursuant to Sections 1351 and 1352 and the regulations promulgated thereunder. The updates to Rule 1300.67.2 and incorporated standards

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<sup>4</sup> See Rules 1300.51, 1300.52, 1300.52.4, and 1300.67.2.1. This APL does not apply to plans licensed only to offer Medicare Advantage product lines or Employee Assistance Program (EAP) products.

<sup>5</sup> APL 23-023, Network Adequacy Requirements and Mental Health Standards and Methodology for RY 2024 (December 14, 2023).

<sup>6</sup> SB 225 followed the legislature's recent amendments to Section 1367.03 by SB 221 in 2021 (Wiener, Chapter 724, Statutes of 2021).

<sup>7</sup> SB 225 also made changes to the law that reiterated the DMHC's authority to ensure plan networks are able to deliver in-network mental health and substance use disorder providers within geographic and timely access standards set by law and regulation. Section 1367.03(a)(7)(C).

<sup>8</sup> See Sections 1367.03(f)(5).

<sup>9</sup> See footnote 3.

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and methodology documents apply to network adequacy review in the manner described in this APL and the attached documents. Additionally, the DMHC made updates to Rule 1300.67.2.1 to cross-reference the accessibility standards and alternative standards incorporated in Rule 1300.67.2. The DMHC will also continue to evaluate plans for compliance with existing network adequacy requirements in all areas of review.<sup>10</sup>

During the APA exemption period, the standards and methodologies incorporated in Rule 1300.67.2 may be tested and updated annually.

### **III. Stakeholder Feedback and FAQ**

The DMHC circulated draft amendments to network adequacy regulations to stakeholders for feedback on June 14, 2024, pursuant to Section 1367.03(f)(5). The documents and amendments noticed in this APL incorporate, where possible, the feedback received at that time. The DMHC thanks those stakeholders who provided input. Please note that the DMHC is no longer taking comments for the amended regulations noticed in this APL. Stakeholders will have an opportunity to provide further feedback to the DMHC in advance of any future amendments to the standards and methodologies that will be effective for the subsequent year.

The DMHC has prepared responses to frequently asked questions (FAQ) by stakeholders pertinent to the amendments noticed in this APL. FAQ responses are attached to this APL.

### **IV. Network Adequacy Amendments Impacting all Network Reviews**

The noticed amendments include updates to the regulatory language in Rule 1300.67.2 that clarify new and existing network adequacy requirements, consistent with SB 225. These requirements apply to all plans that are subject to network review through licensure filings. Additionally, Rule 1300.67.2.1 was updated to include a cross-reference to the alternative accessibility standards incorporated in Rule 1300.67.2, as applicable. Amendments to Rule 1300.67.2 include the following key updates:

- Changes to network adequacy definitions impacting the Rule:

The noticed amendments address updates to applicable definitions incorporated by reference from Rule 1300.67.2.2. Please see APL 24-019 (October 30, 2024) for details regarding the full list of definitional changes in the Timely Access

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<sup>10</sup> This includes network adequacy reviews conducted for the purposes of licensure pursuant to Rules 1300.52 and 1300.52.4, and the Annual Network Review conducted pursuant to Sections 1367.03, 1367.035 and Rule 1300.67.2.2.

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Regulation. The definitions and definitional changes apply to all network adequacy review.<sup>11</sup>

- Requirements for the use of network providers:

The noticed amendments reiterate a plan’s obligation to use network providers to demonstrate compliance with network adequacy standards and to ensure that a network contains the appropriate provider types necessary to deliver all covered services. Plans must also demonstrate compliance based on providers available at the lowest cost-sharing tier.

- Requirements for the use of non-network providers:

The noticed amendments detail a plan’s obligation to arrange for the provision of covered services from non-network providers if the services are unavailable from a network provider, when medically necessary for the enrollee’s condition. An “unavailable” provider or service is defined in Rule 1300.67.2.2(b).

- Requirements for monitoring and evaluation:

The noticed amendments further describe a plan’s existing obligation to monitor and evaluate access to care and network adequacy.

- New and amended network adequacy standards and methodology documents:

The noticed amendments incorporate new and amended network adequacy standards and methodologies for the Annual Network Review. As with previously incorporated standards, the DMHC may also use new standards and methodology documents in the review of licensure filings.<sup>12</sup>

## **V. New Standards: Specialists and PCPs**

New network adequacy standards and methodologies are set forth in the amendments to Rule 1300.67.2 and incorporated documents and are effective for the RY 2025 Annual Network Review. The DMHC is also permitted to evaluate health plans using these standards when evaluating network adequacy for the purposes of new and ongoing licensure filings.<sup>13</sup> Further information regarding each of the standards is set forth below.

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<sup>11</sup> See APL 23-023 (December 14, 2023).

<sup>12</sup> Rule 1300.67.2(c)(2), Rule 1300.67.2(f)(3), and Rule 1300.67.2(h)(2).

<sup>13</sup> See footnote 12.

**A. Primary Care Physician Accepting New Patients Standards and Methodology** *(New for RY 2025)*

The Primary Care Physician Accepting New Patients Standards and Methodology document and accompanying Schedule F is incorporated by reference into Rule 1300.67.2(h)(1)(A), effective for RY 2025. The DMHC will evaluate the ability of plan networks to demonstrate sufficient availability of primary care physicians (PCPs) to ensure compliance with network adequacy standards referenced in the Act, including Sections 1367.03, 1367.035, and Rules 1300.67.2.2 and 1300.67.2. The DMHC will use compliance thresholds to evaluate PCPs accepting new patients based on a plan's reported network data. The compliance thresholds reflect a minimum level of compliance for PCPs, or PCP locations that are accepting new patients, within a county and within the network service area.

**B. Specialist Physician Geographic Access Standards and Methodology** *(New for RY 2025)*

The Specialist Physician Geographic Access Standards and Methodology document and accompanying Schedule E is incorporated by reference in Rule 1300.67.2(c)(1)(A), effective for RY 2025. The DMHC will evaluate the ability of plan networks to demonstrate sufficient geographic access to the identified specialist physicians to ensure compliance with network adequacy standards referenced in the Act, including Sections 1367.03, 1367.035, and Rules 1300.67.2, 1300.67.2.1, and 1300.67.2.2.<sup>14</sup> Compliance will be evaluated based on the DMHC's measurement of geographic access conducted in accordance with the Geographic Access Measurement Methodology, incorporated by reference in Rule 1300.67.2(c)(4), and further described in DMHC's APL 23-023 (December 14, 2023).

**C. Specialist Physician Ratio Standards and Methodology** *(New for RY 2025)*

The Specialist Physician Ratio Standards and Methodology document and accompanying Schedules D through D-6 is incorporated by reference in Rule 1300.67.2(f)(2)(A), effective for RY 2025. To assess the capacity of plan networks to deliver medically necessary services, the DMHC will evaluate the ratio of the identified

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<sup>14</sup> For specialist physician types not listed in the Specialist Physician Geographic Access Standards and Methodology document, the DMHC will continue to review plans to ensure that networks have a comprehensive range of specialist physician providers that are readily available at reasonable times to all enrollees and readily accessible within reasonable proximity of all enrollees under the Knox-Keene Act, including Section 1367, 1367.03, and Rules 1300.51(d)(H) and 1300.67.2.

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specialist physicians-to-enrollees against a set ratio standard for each specialty type.<sup>15</sup> The ratio standard identifies the minimum number of full-time equivalent (FTE) physicians of the specialty type per enrollees needed to demonstrate a plan network has adequate capacity and availability of licensed health care providers to reasonably assure that covered services will be accessible to enrollees on an appropriate basis without delays detrimental to the health of the enrollee, as required by Rule 1300.67.2(f). The methodology also provides further information as to how the DMHC will calculate the number of full-time equivalent providers in a particular network and county.

#### **D. Required Network Provider Types** *(New for RY 2025)*

The Required Network Provider Types document is incorporated by reference in Rule 1300.67.2(g)(2), effective for RY 2025. P

To assess the ability of plan networks to provide a full range of network providers who offer covered services when medically necessary, the DMHC will evaluate reported networks for the presence of some or all of the physician, mental health, facility, and ancillary provider types set forth in the Required Network Provider Types document. The Required Network Provider Types document identifies many of the provider types required to demonstrate that a network contains the network providers necessary to deliver health care services required to be covered under the Knox-Keene Act. Additional network provider types not listed within the Required Network Provider Types document may also be necessary to deliver medically necessary covered services in a network.

#### **VI. Amended Standards: Mental Health Providers**

The amended mental health standards and methodologies are set forth in the amendments to Rule 1300.67.2 and incorporated documents and are effective for the RY 2025 Annual Network Review. The DMHC is also permitted to evaluate health plans using these standards when evaluating network adequacy for the purposes of new and ongoing licensure filings.<sup>16</sup>

Further information regarding these standards is set forth below.

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<sup>15</sup> For specialist physician types not listed in the Specialist Physician Ratio Standards and Methodology document, the DMHC will continue to review plans to ensure that networks have a comprehensive range of specialist physician providers that are readily available at reasonable times to all enrollees and readily accessible within reasonable proximity of all enrollees under the Knox-Keene Act, including Section 1367, 1367.03, and Rules 1300.51(d)(H) and 1300.67.2.

<sup>16</sup> Rules 1300.67.2(c)(2), 1300.67.2(f)(3), and 1300.67.2(h)(2).

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**A. Mental Health Geographic Access Standards and Methodology**  
*(Amended for RY025)*

The DMHC has amended the Mental Health Geographic Access Standards and Methodology document and accompanying Schedule B. The amended documents are incorporated by reference in Rule 1300.67.2(c)(1)(A), effective for RY 2025. The DMHC will continue to evaluate the ability of plan networks to demonstrate sufficient geographic access to Counseling MHPs and mental health facilities as described in DMHC's APL 23-023 (December 14, 2023). This document replaces the previous version of the Mental Health Geographic Access Standards and Methodology issued on December 14, 2023. Updates include the following:

- The Counseling MHP distance standards now apply to networks licensed for Medi-Cal products. However, for RY 2025, the mental health facility distance standards will not apply to Medi-Cal networks.
- Provides further information regarding corrective action where the plan is not meeting the standard.
- Clarifies the methodology to address access to mental health facilities in low supply counties when there are no available mental health facilities in the county or region.
- Clarifies that compliance with the standards does not alone constitute compliance with federal and state laws regarding mental health and substance use disorder coverage and parity, including the Mental Health Parity and Addiction Equity Act (MHPAEA) and California's implementing regulations.<sup>17</sup>
- Indicates that, beginning in RY 2025, the DMHC may rely on these standards and methodology as a basis for carrying out and completing enforcement action related to the annual network and timely access compliance review.

**B. Counseling Non-Physician Mental Health Ratio Standards and Methodology**  
*(Amended for RY 2025)*

The DMHC has amended the Counseling Non-Physician Mental Health Ratio Standards and Methodology document and accompanying Schedules A through A-6. The amended documents are incorporated by reference in Rule 1300.67.2(f)(2)(A), effective for RY 2025. The DMHC will continue to evaluate the ratio of Counseling MHPs-to-enrollees against a set ratio standard, as described in DMHC's APL 23-023 (December 14, 2023). This document replaces the previous version of the Counseling Non-

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<sup>17</sup> See 42 U.S.C. § 300gg-26, 29 CFR § 2590.712, 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.



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Physician Mental Health Ratio Standards and Methodology issued on December 14, 2023. Updates include the following:

- The Counseling MHP standards now apply to networks licensed for Medi-Cal products.
- Provides further information regarding corrective action where the plan is not meeting the standard.
- Clarifies language regarding full-time equivalent (FTE) methodology and ratio modifiers for better readability and understanding.
- Includes an additional multiplier tier for plans with very high enrollment counties, when a plan qualifies for this alternative standard.
- Clarifies that compliance with the standards does not alone constitute compliance with federal and state laws regarding mental health and substance use disorder coverage and parity, including the Mental Health Parity and Addiction Equity Act (MHPAEA) and California’s implementing regulations.<sup>18</sup>
- Indicates that the DMHC may rely on these standards and methodology as a basis for carrying out and completing enforcement action related to the annual network and timely access compliance review.

**C. Counseling Non-Physician Mental Health Professionals Accepting New Patients Standards and Methodology** (*Amended for RY 2025*)

The DMHC has amended the Counseling Non-Physician Mental Health Professionals Accepting New Patients Standards and Methodology document, and accompanying Schedule C. The amended documents are incorporated by reference into Rule 1300.67.2(h)(1)(A), effective for RY 2025. The DMHC evaluates the ability of plan networks to demonstrate sufficient availability of Counseling MHPs to ensure compliance with network adequacy standards referenced in the Act, as described in APL 23-023 (December 14, 2023). This document replaces the previous version of the Counseling Non-Physician Mental Health Professionals Accepting New Patients Standards and Methodology, issued on December 14, 2023. Updates include the following:

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<sup>18</sup> See 42 U.S.C. § 300gg-26, 26 C.F.R. §§ 54.9812-1 and 54.9812-2, 29 CFR § 2590.712, 45 CFR §§ 146.136, 146.137 and 147.160, 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.

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- Provides further information regarding corrective action where the plan is not meeting the standard.
- Clarifies language regarding the review methodology for alternative standards, for better readability and understanding.
- Clarifies that compliance with the standards does not alone constitute compliance with federal and state laws regarding mental health and substance use disorder coverage and parity, including the Mental Health Parity and Addiction Equity Act (MHPAEA) and California's implementing regulations.<sup>19</sup>

#### VII. Summary Tables

As a courtesy to stakeholders, attached to this APL are summary tables for some of the new and amended standards incorporated in Rule 1300.67.2, for use in RY 2025:

- **Mental Health Standards – Summary Tables for RY 2025** contains an overview of the standards set forth in the Mental Health Geographic Access Standards and Methodology, and the Counseling Non-Physician Mental Health Professionals Ratio Standards and Methodology for RY 2025.
- **Specialist Physician Standards – Summary Tables for RY 2025** contains an overview of the standards set forth in the Specialist Physician Geographic Access Standards and Methodology, and the Specialist Physician Ratio Standards and Methodology for RY 2025.

The Mental Health Standards - Summary Tables for RY 2025 have been updated for RY 2025 and hereby supersede the Mental Health Standards Summary Tables for RY 2024, released in APL 23-023 (December 14, 2023).

These tables provide a summary of some of the information that is contained in the incorporated standards and methodology documents. These summary tables are not incorporated by reference in the regulation.

#### VIII. Enforcement of Network Adequacy Standards

The DMHC shall review plan networks for compliance with the network adequacy standards and methodologies included in this APL as part of the Annual Network Review.<sup>20</sup> For RY 2025, Medi-Cal networks will be reviewed for compliance with all standards and requirements set forth in this APL and attachments, with the exception of

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<sup>19</sup> See footnote 18.

<sup>20</sup> The DMHC will also continue to review Annual Network Report submissions for compliance with network adequacy requirements through its Benchmark Review, as posted on the DMHC's Timely Access and Annual Network Reporting Web Portal.

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the mental health facility distance standards included in the Mental Health Geographic Access Standards and Methodology document.

The DMHC's enforcement of the network adequacy standards will differ depending on whether the standard is new or amended from a previous year. The Specialist Physician Geographic Access Standards and Methodology, Specialist Physician Ratio Standards and Methodology, Primary Care Physician Accepting New Patients Standards and Methodology, and Required Network Provider Types documents contain new standards and methodology for RY 2025. If the DMHC's review indicates a plan's network does not meet these standards within the plan's network service area, the plan will be informed of the findings and the DMHC may require the Plan to submit a corrective action plan.<sup>21</sup> In subsequent reporting years, the DMHC may also rely upon these standards as a basis for carrying out and completing enforcement action.

The mental health network adequacy standards, including Mental Health Geographic Access Standards and Methodology, Counseling MHP Ratio Standards and Methodology, and Counseling MHP Accepting New Patients Standards and Methodology were released in previous years and are issued with amendments for RY 2025. In addition to requiring a corrective action plan, for RY 2025 the DMHC may rely on these standards as a basis for carrying out and completing enforcement action arising from the Annual Network Review, pursuant to the Administrative Procedures Act exemptions established in Section 1367.03(f).<sup>22</sup>

The DMHC will release additional technical guidance concerning application of the mental health ratio standards, for RY 2025.

## **IX. Implementation of Noticed Amendments**

### **A. Amendments to Rules 1300.67.2**

As of the date of this APL, all plan operations must incorporate the amendments to the law described in **Section IV** of this APL. Plans must review all documents on file with the DMHC to ensure they are consistent with the new regulatory language described in Section IV and noticed in this APL, including the incorporation of new and amended definitions from Rule 1300.67.2.2; the requirement to ensure the network includes all network providers needed to deliver covered services; updated requirements for the use of non-network providers; and updated monitoring requirements.

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<sup>21</sup> See Rule 1300.67.2.2(i).

<sup>22</sup> Since RY 2025 will be the first year of review of Medi-Cal networks under the Counseling MHP Ratio Standard and the Counseling MHP Distance Standard, the DMHC may require a corrective action plan, but will not immediately refer Medi-Cal networks to the Office of Enforcement for failure to meet these standards.

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It is the plan's responsibility to evaluate its existing documents and determine if any need to be revised to address requirements outlined in this APL. To the extent a plan must amend documents on file with the DMHC to come into compliance with the regulatory changes described in Section IV of this APL, the plan must file those documents with the DMHC pursuant to Section 1352 and Rules 1300.52 and 1300.52.4. within the timeframes prescribed by law, but no later than January 3, 2026.

If a plan has documents currently pending regulatory review in the eFiling web portal that must be further updated to address the changes to the amended regulations described in Section IV of the APL, the plan should communicate to the DMHC through the eFiling web portal for that individual filing to determine the best way to incorporate new changes.

### **B. Implementation of Network Adequacy Standards**

At this time, as part of the Annual Network Review, the DMHC will review plans according to the new and amended network adequacy standards and methodologies referenced in **Sections V and VI** of this APL. Additionally, as described above, with respect to the network adequacy standards and methodologies that are in the first year of implementation, the DMHC will allow plans to address a plan's failure to meet network adequacy standards through corrective action prior to the DMHC taking enforcement action.

The DMHC informed plans via APL 23-023 (issued December 14, 2023) that they would be required to submit any required Policies and Procedure updates not previously submitted, applicable to the new and amended mental health standards, once the DMHC has promulgated a final rule incorporating the standards described in Section III of that APL. APL 23-023 also stated that the DMHC anticipated promulgating a final rule after expiration of the exemption from the Administrative Procedures Act set forth in Section 1367.03(f)(5), which terminates on December 31, 2028. However, based on the significant progress made so far, the DMHC anticipates being able to incorporate all final new and amended network adequacy standards through a file and print only action with OAL prior to that expiration date. Accordingly, after expiration of the exemption from the Administrative Procedure Act set forth in Section 1367.03(f)(5), plans will be required to submit any required Policies and Procedure updates not previously submitted, applicable to the final new and amended network adequacy standards filed with the Office of Administrative Law prior to December 31, 2028.

Plans are reminded that to the extent a plan's internal policy and procedure documents are at odds with the amended regulatory standards and methodology set forth in this APL, the amended Regulation and incorporated documents are controlling law, as described in this APL and the noticed amendments. If a plan chooses to amend a document currently on file with the DMHC to conform with the DMHC's network adequacy standards and methodologies, the plan should file revisions to that document in accordance with Section 1352 and Rules 1300.52 and 1300.52.4.

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**X. Attachments: Noticed Amendments and FAQ**

Amendments are noticed in underline and strikethrough format:

1. Amendments to 28 CCR § 1300.67.2
2. New and amended documents incorporated by reference in 28 CCR § 1300.67.2:
  - Amended: Counseling Non-Physician Mental Health Ratio Standards and Methodology
    - Attached: Schedules A - A6
  - Amended: Mental Health Geographic Access Standards and Methodology
    - Attached: Schedule B
  - Amended: Counseling Non-Physician Mental Health Professionals Accepting New Patients Standards and Methodology
    - Attached: Schedule C
  - New: Specialist Physician Ratio Standards and Methodology
    - Attached: Schedules D - D6
    - RY 2025 Combined County Modifier - Thresholds for Eligibility
  - New: Specialist Physician Geographic Access Standards and Methodology
    - Attached: Schedule E
  - New: Primary Care Physician Accepting New Patients Standards and Methodology
    - Attached: Schedule F
  - New: Required Network Provider Types
  - New: Adjacent Counties and Exceptions for RY 2025 Standards and Methodology (Attached to Ratio and Accepting New Patients Standards and Methodology documents)
3. Amendments to 28 CCR § 1300.67.2.1
4. Frequently Asked Questions (FAQ)
5. Specialist Physician Standards – Summary Tables for RY 2025
6. Mental Health Standards - Summary Tables for RY 2025

If you have any questions about this APL, please contact the Office of Plan Monitoring at [ANRTeam@dmhc.ca.gov](mailto:ANRTeam@dmhc.ca.gov).