

 <p style="text-align: center;"><b>County of Sacramento</b>  <b>Department of Health Services</b>  <b>Division of Behavioral Health Services</b>  <b>Policy and Procedure</b></p>	Policy Issuer (Unit/Program)	<b>SUPT</b>
	Policy Number	<b>SUPT-03-15</b>
	Effective Date	<b>12/01/22</b>
	Revision Date	<b>N/A</b>
Title: <b>OUT OF NETWORK ACCESS FOR DRUG  MEDI-CAL ORGANIZED DELIVERY  SYSTEM SUBSTANCE USE DISORDER  SERVICES</b>	Functional Area: <b>Treatment</b>	
Approved By: SIGNED VERSION AVAILABLE UPON REQUEST		
<b>Lori Miller, LCSW</b> Division Manager, Substance Use Prevention and Treatment Services		

**BACKGROUND:**

As a county Drug Medi-Cal Organized Delivery System (DMC-ODS), Sacramento County Behavioral Health Services (SCBHS) Substance Use Prevention and Treatment (SUPT) Services is required to comply with federal network adequacy standards for substance use disorder (SUD) treatment services. These standards include time, distance, and timely access standards. If the SCBHS DMC-ODS network cannot provide services to beneficiaries that meet these standards, services must be provided by an out of network provider.

**AUTHORITY:**

42 CFR 438.206(b)4; California Department of Health Care Services (DHCS) Intergovernmental Agreement with SCBHS; DHCS MHSUDS Information Notices 18-059.

**PURPOSE:**

The purpose of this policy is to outline the out of network access and single case agreement requirements in order to provide SUD services to eligible beneficiaries through out of network service providers.

**POLICY:**

DHCS is responsible for establishing the applicable network adequacy standards for SCBHS and has based those standards on the population density in Sacramento County. Under these standards, SCBHS must maintain and monitor a provider network (within applicable scopes of practice) that is adequate to serve client capacity, for both youth and adult beneficiaries.

If the SCBHS provider network is unable to provide timely access to medically-necessary services under the DMC-ODS within the applicable time and distance

standards, SCBHS must provide these services for the client through an out of network DMC-ODS service provider.

SCBHS must permit out of network access for as long as the existing provider network is unable to provide the services in accordance with current Network Adequacy standards.

Out of network DMC-ODS providers must coordinate with SCBHS for payment and ensure that the cost to the client is no greater than it would be if services were provided through a SCBHS DMC-ODS contract provider.

**PROCEDURE:**

1. All Drug Medi-Cal Organized Delivery System SUD Treatment Services are authorized according to SCBHS policy.
2. If a client requires DMC-ODS services and the SCBHS DMC-ODS provider network cannot provide timely provision, SCBHS will arrange the provision of services through an out of network DMC-ODS provider through a single case agreement.
3. SCBHS will coordinate out of network services and monitor service provision to ensure quality of care and compliance with timeliness and documentation standards.

Beneficiary and Provider Outreach and Education

SCBHS must notify beneficiaries and providers of continuity of care informing materials, beneficiary and provider handbooks, postings and training of all staff and subcontractors who come into contact with clients. All informing materials must be available in Sacramento County threshold languages upon request.

**A. Beneficiary Eligibility Criteria**

1. Beneficiary must meet medical necessity criteria for the SUD American Society of Addiction Medicine (ASAM) level of care services for which care is required.
2. SCBHS must determine if a change of provider to an in-network provider would result in any serious detriment to a beneficiary's health or place the beneficiary at risk of hospitalization.

**B. Provider Eligibility Criteria**

1. Provider must be Drug Medi-Cal (DMC) certified and agree to accept SCBHS DMC-ODS or DMC rates depending on services provided.
2. Provider must meet applicable professional standards for the service discipline.

3. Provider must be free from any disqualifying quality of care concerns. If SCBHS verifies and documents quality of care concerns about the provider, the provider would be ineligible to provide services to other beneficiaries in need of out of network services.
4. The provider agrees, in writing, to be subject to the same contractual terms and conditions imposed upon current contracted network providers, including, but not limited to, credentialing, utilization review, and quality assurance standards.
5. The provider agrees, in writing, to comply with all State requirements under the DMC-ODS, including documentation requirements under the SCBHS DMC-ODS system.
6. The provider must supply SCBHS with all relevant treatment information, for the purposes of determining medical necessity, including documentation of a current ASAM assessment, a current treatment plan/problem list, progress notes, and any other documentation under allowable federal and state privacy laws and regulations.
7. Agency must be verified as a current DMC certified service provider.
8. Provider must supply SCBHS with all ASAM and California Outcomes Measurement System (CalOMS) data.
9. Provider must agree in writing not to refer beneficiary to another out of network provider.

If the provider does not agree to comply or does not comply with these contractual terms and conditions under the single case agreement, SCBHS is not required to approve the out of network request. If the service request is denied for any reason, SCBHS must notify the beneficiary and/or beneficiary's authorized representative.

#### Out of Network Single Case Agreement and Reimbursement

If SCBHS cannot offer services within given timelines for Network Adequacy compliance, a single case agreement will be issued through an out of network provider utilizing DMC funds made specific for this purpose.

Per DHCS, the following steps must occur with Out of Network (OON) service provider in order to complete a single case agreement.

1. Provider must be verified as a DMC certified agency for the specific level of care being requested.
2. Provider must be added to the Sacramento County Out of County Referral (OOCR) Master Provider File, notating that the out of network provider is a contracted provider with Sacramento County.
3. Provider must complete all SCBHS specific documentation and charting training before claiming services.
4. OON service provider must complete required Electronic Health Record (EHR) practice management and clinical workstation training in order to gain

system access in order to document and bill for DMC reimbursement under the single case agreement.

5. Reimbursement will be made to OON service provider for all authorized DMC services rendered to qualified beneficiaries. Billing timelines will remain consistent with the monthly process that contracted service providers follow.
6. Upon completion of client episode, OON service provider will be removed from County OOCR Master Provider File. All SCBHS EHR access will also be terminated.

**REFERENCE(S)/ATTACHMENTS:**

DHCS MHSUDS Information Notices 18-059

**RELATED POLICIES:**

N/A

**DISTRIBUTION:**

<b>Enter X</b>	<b>DL Name</b>	<b>Enter X</b>	<b>DL Name</b>
<b>X</b>	SUPT Administration		SUPT Prevention Providers
<b>X</b>	SUPT County Counselors	<b>X</b>	SUPT Adult Treatment Providers
	SUPT Collaborative Courts	<b>X</b>	SUPT Youth Treatment Providers
<b>X</b>	SUPT System of Care		Alcohol and Drug Advisory Board
<b>X</b>	SUPT Administrative Support Staff	<b>X</b>	BHS Avatar Team
<b>X</b>	SUPT Options for Recovery	<b>X</b>	BHS Quality Management

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