



State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

DATE: April 24, 2018

MHSUDS INFORMATION NOTICE NO.: 18-020

TO: COUNTY BEHAVIORAL HEALTH DIRECTORS
COUNTY DRUG & ALCOHOL ADMINISTRATORS
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION OF CALIFORNIA
CALIFORNIA COUNCIL OF COMMUNITY BEHAVIORAL HEALTH AGENCIES
COALITION OF ALCOHOL AND DRUG ASSOCIATIONS
CALIFORNIA ASSOCIATION OF ALCOHOL & DRUG PROGRAM EXECUTIVES, INC.
CALIFORNIA ALLIANCE OF CHILD AND FAMILY SERVICES
CALIFORNIA OPIOID MAINTENANCE PROVIDERS

SUBJECT: FEDERAL PROVIDER DIRECTORY REQUIREMENTS FOR MENTAL HEALTH PLANS (MHPs) AND DRUG MEDI-CAL ORGANIZED DELIVERY SYSTEM (DMC-ODS) PILOT COUNTIES

PURPOSE

The purpose of this Mental Health and Substance Use Disorder Services Information Notice (IN) is to inform county Mental Health Plans (MHPs) and counties participating in the Drug Medi-Cal Organized Delivery System (DMC-ODS), herein referred to as Plans unless otherwise specified, of provider directory requirements.

This IN provides guidance regarding the following provider directory requirements:

- Provider directory contents;
- Language and format requirements; and,
- Maintaining the provider directory.

BACKGROUND

On May 6, 2016, the Centers for Medicare and Medicaid Services (CMS) published the Medicaid and Children's Health Insurance Program Managed Care Final Rule¹, aimed at aligning the Medicaid managed care regulations with requirements for other major sources of coverage. MHPs and DMC-ODS pilot counties are classified as Prepaid

¹ 81 FR 27497

Inpatient Health Plans, and therefore, must comply with federal managed care requirements (with some exceptions).

Effective July 1, 2017, Title 42 Code of Federal Regulations (CFR), Section 438.10(h) requires that each Plan must make available to beneficiaries, in paper form upon request and electronic form, specified information about its provider network. For the purposes of this IN, network providers include county-owned and operated providers (i.e., MHP employees) and contracted organizational providers, provider groups, and individual practitioners.

This IN also includes policy changes the Department of Health Care Services (DHCS) has made to ensure compliance with the Parity in Mental Health and Substance Use Disorder Services Final Rule (Parity Rule). On March 30, 2016, CMS issued the Parity Rule in the Federal Register (81.Fed.Reg. 18390) to strengthen access to mental health and substance use disorder services for Medicaid beneficiaries. The Parity Rule aligned certain protections required of commercial health plans under the Mental Health Parity and Addiction Equity Act of 2008 to the Medicaid program.

REQUIREMENTS

I. Provider Directory Content

Each Plan's provider directory must make available in electronic form, and paper form upon request, the following information for all network providers², including each licensed, waived, or registered mental health provider and licensed substance use disorder services provider employed by the Plan, each provider organization or individual practitioner contracting with the Plan, and each licensed, waived, or registered mental health provider and licensed substance use disorder services provider employed by a provider organization to deliver Medi-Cal services:

- The provider's name and group affiliation, if any;
- Provider's business address(es) (e.g., physical location of the clinic or office);
- Telephone number(s);
- Email address(es), as appropriate;
- Website URL, as appropriate;
- Specialty, in terms of training, experience and specialization, including board certification (if any);
- Services / modalities provided, including information about populations served (i.e., perinatal, children/youth, adults);

² Title 42 CFR §438.10(h) and California Health & Safety Code §1367.27

- Whether the provider accepts new beneficiaries;³
- The provider's cultural capabilities (e.g., veterans, older adults, Transition Age Youth, Lesbian, Gay, Bisexual, Transgender);
- The provider's linguistic capabilities including languages offered (e.g., Spanish, Tagalog, American Sign Language) by the provider or a skilled medical interpreter at the provider's office; and,
- Whether the provider's office / facility has accommodations for people with physical disabilities, including offices, exam room(s), and equipment.

In addition to the information listed above, the provider directory must also include the following information for each rendering provider:

- Type of practitioner, as appropriate;
- National Provider Identifier number;
- California license number and type of license; and,
- An indication of whether the provider has completed cultural competence training.

The provider directory should also include the following notation (may be included as a footnote); "Services may be delivered by an individual provider, or a team of providers, who is working under the direction of a licensed practitioner operating within their scope of practice. Only licensed, waived, or registered mental health providers and licensed substance use disorder services providers are listed on the Plan's provider directory."

Plans may choose to delegate the requirement to list individuals employed by provider organizations to its providers. If the Plan delegates this requirement, the Plan's website must link to the provider organization's website and vice versa. Alternately, the Plan may elect to maintain this information at the county level. Ultimately, the Plan maintains responsibility for monitoring the network provider's compliance with these requirements.

II. Language and Format Requirements

Each Plan must ensure that its provider directory complies with the language and format requirements outlined in 42 CFR §438.10(d). Specifically, the provider directory must:

- Provide information in a manner and format that is easily understood and readily accessible;
- Be available in the prevalent non-English languages in the county;

³ The provider directory or directories may note that authorization or referral may be required to access some providers.

- Include taglines in the prevalent non-English languages in the State explaining the availability of free written translation or oral interpretation services to understand the information provided;
- Use 12 point or larger font size for all text (except as noted below for the large print tagline);
- Include a large print tagline (18 point font or larger) and information on how to request auxiliary aids and services, including the provision of materials in alternative formats, at no cost to the beneficiary; and,
- Include the toll-free and TTY / TDY or California Relay Service telephone number of the Plan's customer service unit (i.e., 24 hours, 7 days per week toll-free telephone number).

III. Maintaining the Provider Directory

Each Plan must ensure that information included in the Plan's provider directory is updated at least monthly, unless the information is made available in an online electronic searchable provider directory, which must be updated no later than 30 calendar days after the Plan receives updated provider information. Plans shall ensure processes are in place to allow providers to promptly verify or submit changes to the information required to be in the directory.

In accordance with Section 508 of the Rehabilitation Act (29 U.S.C. 794d)⁴, provider directories must be made available on the Plan's website in a machine-readable file and format, meaning that the document is in a form able to be processed by a computer.⁵

If you have questions regarding this IN, please email MHSDFinalRule@dhcs.ca.gov (for MHP related inquiries), and DMCODSWaiver@dhcs.ca.gov (for DMC-ODS related inquiries).

Sincerely,

Original signed by

Brenda Grealish, Acting Deputy Director
Mental Health & Substance Use Disorder Services

⁴ <https://www.section508.gov/section-508-of-the-rehabilitation-act>

⁵ <https://www.hhs.gov/hipaa/for-professionals/faq/2064/does-an-individual-have-a-right-under-hipaa-to-access/index.html>