

## Procedure: MDHHS Network Adequacy Standards—Medicaid Specialty Behavioral Health Services

### **MDHHS Specialty Behavioral Health Network Adequacy Standards**

The Code of Federal Regulations at 42 CFR Parts 438.68 and 457.1218 charges states holding managed care contracts with the development and implementation of network adequacy standards. Furthermore, 42 CFR 438.68(b)(iii) indicates that standards pertinent to behavioral health must be developed for the adult and pediatric populations. Pursuant to the federal rules, Michigan’s specialty behavioral health standards reflect time/distance standards and Medicaid enrollee-to-provider ratios for services congruent with community need and statewide strategic priorities. Services for adults include Assertive Community Treatment, Crisis Residential Programs, Inpatient Psychiatric, Opioid Treatment Programs, and Psychosocial Rehabilitation Programs (Clubhouses); for children, services include Crisis Residential Programs, Home-Based, Inpatient Psychiatric, and Wraparound Services. Time/distance standards are categorized by urban/rural geographies<sup>1,2</sup> and frontier status<sup>3</sup>, and apply to all services. The enrollee-to-provider ratio standards apply to all services except inpatient psychiatric services. In adherence to the federal rules and MSA Policy 18-49, the following standards are in effect for all PIHP contracts beginning FY19:

#### Time and Distance Standards for Inpatient Psychiatric Services

##### *Adults*

Service	Frontier	Rural	Urban
Inpatient Psychiatric	150 minutes/125 miles	90 minutes/60 miles	30 minutes/30 miles
All Other Select Services	90 minutes/90 miles	60 minutes/60 miles	30 minutes/30 miles

##### *Pediatrics*

Service	Frontier	Rural	Urban
Inpatient Psychiatric	330 minutes/355 miles	120 minutes/125 miles	60 minutes/60 miles
All Other Select Services	90 minutes/90 miles	60 minutes/60 miles	30 minutes/30 miles

#### Medicaid Enrollee-to-Provider Ratio Standards for Select Services

##### *Adult Standards*

Adult Services	Standard
Assertive Community Treatment	30,000:1 (Medicaid Enrollee to Provider Ratio)
Psychosocial Rehabilitation (Clubhouses)	45,000:1 (Medicaid Enrollee to Provider Ratio)
Opioid Treatment Programs <sup>4</sup>	35,000:1 (Medicaid Enrollee to Provider Ratio)
Crisis Residential <sup>5</sup>	16 beds per 500,000 Total Population

##### *Pediatric Standards*

Children's Services	Standard
Home-Based	2,000:1 (Medicaid Enrollee to Provider Ratio)
Wraparound	5,000:1 (Medicaid Enrollee to Provider Ratio)
Crisis Residential <sup>6</sup>	8-12 beds per 500,000 Total Population

<sup>1</sup> US Census Bureau (2016). Defining Rural at the US Census Bureau—American Community Survey and Geography Brief.

<sup>2</sup> US Census Bureau (2019). 2018 American Community Survey 5-Year Estimates.

<sup>3</sup> MDHHS (2020). Frontier defined by a combination of US Census Bureau data and the USDA Rural-Urban Commuting Area Codes

<sup>4</sup> Note: Opioid Treatment Program Standards reflect both the adult and children populations.

<sup>5</sup> TBD Solutions. (2018). MDHHS Crisis Time-Distance Standards Recommendations Report. Utilizes standards of 16 and 8-12 beds per 500,000 population for adults and children, respectively.

**MDHHS Required Regional Specific Plans per 438.68(b)(3)**

MDHHS requires each PIHP to submit plans on how the standards will be effectuated by region. Understanding their diversity, MDHHS expects to see nuances within the PIHPs to best accommodate the local populations served. PIHPs must consider at least the following parameters for their plans:

- 1) Maximum time and distance
- 2) Timely appointments
- 3) Language, Cultural competence, and Physical accessibility—438.68(c)(vii), 438.68(c)(vii)