



## PENINSULA RSN

### NETWORK MANAGEMENT POLICIES AND PROCEDURES

**Policy Name:** AVAILABILITY OF SERVICES

**Policy Number:** 3.01

**Reference:** DSHS Contract, 42 CFR 437.207

**Effective Date:** 2/2004

**Revision Date(s):** 4/2007

**Approved by:** PRSN Executive Board

#### CROSS REFERENCES

- Plan: Utilization Management Plan
- Policy: Access To Timely Services
- Policy: Corrective Action Plan

#### PURPOSE

The Peninsula Regional Support Network (PRSN) shall ensure that it maintains an adequate network of service providers. Upon request, the PRSN will ensure the state of sufficient capacity to serve the projected enrollment in our service area with supportive documentation in accordance with the contract standards for access to services.

#### DEFINITIONS

Request for Services is defined as the point in time when a request for mental health services are sought or applied for through a telephone call, in person, or receipt of a written request through any of the following access points.

- Contacting PRSN
- Contacting CommCare
- Contacting the network provider
- Crisis services

## **PROCEDURE**

At least annually, the PRSN will determine the adequacy of the provider network, utilization management entity, and subcontractors within the region. The provider network, utilization management entity, and subcontractors are contracted to provide adequate access to all services covered under their contracts.

1. The PRSN shall examine:
  - Anticipated Medicaid enrollment.
  - Historic and expected regional utilization rates, taking into consideration the characteristics and health care needs specific to the Medicaid population residing within the PRSN and number of enrollees served.
  - Information regarding staff numbers and types (in terms of training, credentials, and experience, and specialization) at each provider required to furnish the contracted Medicaid and non-Medicaid contracted services.
  - The numbers of network providers who are not accepting new Medicaid clients.
  - The geographic location of providers and enrollees, with consideration given to distance, travel time standards, the means of transportation ordinarily used by Medicaid enrollees, and whether the location provides physical access for Medicaid enrollees with disabilities.
  
2. The PRSN does not discriminate and protects against provider discrimination for serving high risk populations, costly treatment, or specializes in conditions that require costly treatment.

## **MONITORING**

This policy is a mandated by statute and contract.

1. This policy will be monitored through use of PRSN:
  - Annual PRSN Provider Directory requests
  - Annual PRSN Provider and Subcontractor Administrative Review
  - Exhibit N Report and Grievance Tracking
  - Biennial Provider Quality Review Team on-site review
  - Biennial Provider Ancillary Surveys
  - Quality Management Plan QUIC activities, such as review of Provider Directories updates and historical comparisons for staffing trends and recommendations

2. If a provider performs below expected standards during any of the reviews listed above a Corrective Action will be required for PRSN approval. Reference PRSN Corrective Action Plan Policy.