

# SCHEDULE I – NETWORK ADEQUACY PROCEDURE

Request for Proposal No. 250000002670  
 Prepaid Inpatient Health Plan (PIHP)

## MDHHS Specialty Behavioral Health Network Adequacy Standards

The Code of Federal Regulations at 42 CFR Parts 438.68 and 457.1218 requires the states holding managed care contracts to develop and implement network adequacy standards. Furthermore, 42 CFR 438.68(b)(iii) indicates that standards pertinent to behavioral health must be developed for the children, youth, and adult populations. Pursuant to the federal rules, Michigan’s specialty behavioral health standards reflect time/distance standards and Medicaid provider-to-enrollee ratios for services congruent with community need and statewide strategic priorities. The following adult, children and youth services have been identified for reporting beginning in Fiscal Year 2027.

Adult	Children and Youth
Assertive Community Treatment (H0039)	Crisis Residential Programs (H0018)
Crisis Residential Programs (H0018)	Home-Based Services (H0036)
Opioid Treatment Programs (H0020)	Wraparound Services (H2021)
Psychosocial Rehabilitation Programs (Clubhouses) (H2030)	Intensive Crisis Stabilization Services for Children (Mobile Response with two-person team) H2011HT
Inpatient Psychiatric (0100, 0114, 0124, 0134, 0154)	Respite Services (T1005, H0045, S5151)
Community Living Supports (H2015)	Parent Support Partners (S5111-WP)
Skill Building (H2014)	Youth Peer Supports (H0038-WT)
Partial Hospitalization Programs (0912, 0913)	Inpatient Psychiatric (0100, 0114, 0124, 0134, 0154)
Targeted Case Management (T1017)	Pre-Admission Screen (T1023)
Pre-Admission Screen (T1023)	Autism Service Evaluations (90791, 90792, 96110, 96112, 96113, 96127, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146, H0031)
Outpatient Clinical Mental Health	Autism Services (97153, 97154)
	Autism Services (97151, 97155, 97156, 97157, 97158, 0373T)
	Community Living Supports (H2015)
	Partial Hospitalization Programs (0912, 0913)
	Targeted Case Management (T1017)
	Outpatient Clinical Mental Health

Time/distance standards are categorized by Large Metro, Metro, Micro, Rural, and Counties with Extreme Access Considerations (CEAC)<sup>1</sup>. The provider-to-enrollee ratio standards apply to all services except inpatient psychiatric services and partial hospitalization programs. In adherence to

1. US Census Bureau 2020 Decennial Population Data
2. 42 CFR 422.116

the federal rules and MSA Policy 18-49, the following standards are in effect for all PIHP contracts beginning in the Fiscal Year 2027 reporting period:

**Time and Distance Standards:**

*Adults/Children and Youth*

Service	CEAC	Rural	Micro	Metro	Large Metro
Inpatient Psychiatric <sup>2</sup> and Partial Hospitalization Programs	155 minutes/140 miles	90 minutes/75 miles	100 minutes/75 miles	70 minutes/45 miles	30 minutes/15 miles
All Other Services	118 minutes/112 miles	75 minutes/68 miles	70 minutes/61 miles	45 minutes/43 miles	20 minutes/14 miles

**All other services include the following services: Psychosocial Rehabilitation, Crisis Residential, and Opioid Treatment Programs.**

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

*Adult Standards*

Service	Standard
Assertive Community Treatment	1:24,000 (Team to Medicaid Enrollee)
Psychosocial Rehabilitation (Clubhouses)	1:45,000 (Provider to Medicaid Enrollee)
Opioid Treatment Programs	1:35,000 (Provider to Medicaid Enrollee)
Crisis Residential	1:6,250 (Bed* to Enrollee)
Community Living Supports	FY25/26 Data Collected as Informational Only
Skill Building	FY25/26 Data Collected as Informational Only
Targeted Case Management	FY25/26 Data Collected as Informational Only
Pre-Admission Screen	FY25/26 Data Collected as Informational Only

\*Excludes Substance Use Treatment beds.

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*Children and Youth Standards*

Service	Standard
Home-Based	1:2,000 (Provider to Medicaid Enrollee)
Intensive Care Coordination with Wraparound (ICCW)	1:4,000 (Provider to Medicaid Enrollee)
Crisis Residential Program	1:10,000 (Bed to Medicaid Enrollee)
Intensive Crisis Stabilization Services	1:5,000 (Team to Medicaid Enrollee)
Respite Services	1:3,000 (Provider to Medicaid Enrollee)
Parent Support Partners	1:10,000 (Provider to Medicaid Enrollee)
Youth Peer Supports	1:15,000 (Provider to Medicaid Enrollee)
Autism Services	FY25/26 Data Collected as Informational Only
Community Living Supports	FY25/26 Data Collected as Informational Only
Targeted Case Management	FY25/26 Data Collected as Informational Only
Pre-Admission Screen	FY25/26 Data Collected as Informational Only

Please see provider definitions for further information on how “provider” is defined for each service type.

The term "enrollee" is defined as “any new or existing Medicaid Beneficiary assigned to the PIHP. This includes all beneficiaries the PIHP is contracted to serve.” For network adequacy children and youth services purposes, "children" are defined as those "who are less than 18 on the last day of the reporting period" with the exception of the following services: Respite, Home-Based, Youth Peer Supports, ICCW, ICSS, Autism Services, Targeted Case Management, and Parent Support Partners, which will utilize a subpopulation of individuals 21 years old and younger on the last day of the reporting period.

**Please be advised that MDHHS will include Outpatient Clinical Mental Health Services in Network Adequacy measurements beginning in FY26 (collected as informational only). More information related to these services will be released by October 1, 2025. All standards and services are subject to change. Any service indicated as “informational only” will have standards developed and implemented in FY2027 based on baseline data collected. Contractors must ensure all covered and medically necessary services are delivered to beneficiaries in a timely and appropriate manner, regardless of whether those services are included in network adequacy standards.**

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### **Compliance – Time/Distance and Provider-to-Enrollee Ratios**

- At least 85 percent of the beneficiaries residing in counties classified as micro, rural, or counties with extreme access considerations (CEAC) have access to at least one provider/facility of each specialty type within the published time and distance standards. 42 CFR 422.116 (d)(4)(i)
- At least 90 percent of the beneficiaries residing in large metro and metro counties have access to at least one provider/facility of each specialty type within the published time and distance standards. 42 CFR 422.116 (d)(4)(ii)
- Both time and distance must be met.
- Regions must meet provider-to-enrollee ratios as established by the MDHHS.
- For services with both time and distance and provider-to-enrollee ratios, both standards must be met.

### **Provider Network Exceptions**

Provider Network Exceptions can be requested and require approval from MDHHS. Approval is at the sole discretion of MDHHS. Exceptions do not negate the PIHP's responsibility to deliver all covered and medically necessary services to enrollees in a timely manner. Exceptions must include a plan for how the PIHP will reasonably deliver covered services to enrollees who are impacted by the exception as well as how the PIHP will work to increase access to the applicable provider type in the designated county or counties. PIHPs must monitor, track, and report to MDHHS the delivery of services to enrollees affected by the exception. Exceptions are valid for one year, unless otherwise noted/approved and submissions must be accompanied by an updated Network Access Plan.

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**American Society of Addiction Medicine (ASAM) Level of Care (LOC) for Network Providers**

- PIHPs must enter into network provider agreements for Substance Use Disorder (SUD) Treatment with organizations that provide services based on the American Society of Addiction Medicine (ASAM) Level of Care (LOC).
- Providers must be reported on the Network Adequacy Profile File.
- Contractor must ensure that to the extent licensing allows all the following LOCs are available for adult and youth populations:

Level of Care	ASAM Title
0.5	Early Intervention
1	Outpatient Long-Term Remission Monitoring
1.5	Outpatient Treatment Services
2.1	Intensive Outpatient Treatment Services
2.5	High-Intensity Outpatient Treatment Services
3.1	Clinically Managed Low Intensity Residential Services
3.5	Clinically Managed High Intensity Residential Services
3.7	Medically Managed Residential Treatment Services
3.7 Bio	BIO Medically Managed Biomedically Enhanced Residential Treatment
1.7	Medically Managed Outpatient Treatment
2.7	Medically Managed Intensive Outpatient Treatment
3.2-WM	Clinically Managed Residential Withdrawal Management
3.7-WM	Medically Monitored Inpatient Withdrawal Management

**Timely Access Standards 438.68(e)**

Service	Standard
<b>Crisis Residential Program</b>	<b>Within 24 hours of authorization</b>
<b>Inpatient Psychiatric Services</b>	<b>Within 24 hours of authorization</b>
<b>Pre-Admission Screen</b>	<b>Disposition completed within 3 hours</b>
<b>Intensive Crisis Stabilization Services Mobile Crisis</b>	<b>Schedule E reporting – 1 hour urban, 2 hours rural</b>

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<b>Assertive Community Treatment</b>	<b>Within 7 business days of assessment</b>
<b>Intensive Care Coordination with Wraparound</b>	<b>Within 10 business days of disposition* date</b>
<b>Home-based</b>	<b>Within 10 business days of disposition* date</b>
<b>Respite Services</b>	<b>Within 10 business days of disposition* date</b>
<b>Parent Support Partners</b>	<b>Within 10 business days of disposition* date</b>
<b>Youth Peer Supports</b>	<b>Within 10 business days of disposition* date</b>
<b>Autism Services (97155)</b>	<b>Within 10 business days of 97151 assessment</b>

\*Individuals with a disposition of 1 will be included.

**Compliance - Timeliness**

Plans must meet at least a 90% compliance rate for timeliness standards (42 CFR 438.68(e)(2)) for all services except for Crisis Residential, Pre-Admission Screen, and Inpatient Psychiatric Services. PIHPs must meet at least 95% compliance rate for these services.

MDHHS will measure timeliness of services on a quarterly basis based on encounter data for all services except for Crisis Residential, Inpatient Psychiatric Services, Pre-Admission Screen, and ICSS Mobile Crisis. ICSS reporting will be submitted via Schedule E reporting. Timeliness of youth, children, and adult Crisis Residential, Inpatient Psychiatric Services, and Pre-Admission Screen must be collected and reported by the PIHPs on the Network Access Plan.

**Reporting**

The contractor must complete and submit the Network Adequacy Profile (NAP) file on a quarterly basis. Quest analytics will utilize this file to measure network standards. MDHHS will analyze results and share with contractors on a quarterly basis.

The Network Access Plan report is due annually and anytime an exception request is deemed necessary. The Network Access Plan outline will be provided to PIHPs in accordance with 438.68(b)(3) including, but not limited to, information on maximum time and distance, timely appointments and language, cultural competence, and physical accessibility.

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**Provider Definitions**

<b>Services</b>	<b>Provider Ratio Defined:</b>
<b>Assertive Community Treatment (H0039)</b>	<b>ACT Team</b>
<b>Crisis Residential Programs (H0018) *</b>	<b>Bed Count</b>
<b>Opioid Treatment Programs (H0020)</b>	<b>Provider Sites</b>
<b>Psychosocial Rehabilitation Programs (Clubhouses) (H2030)</b>	<b>Facilities/Programs</b>
<b>Inpatient Psychiatric (0100, 0114, 0124, 0134, 0154)</b>	<b>Facilities/Sites</b>
<b>Community Living Supports (H2015)</b>	<b>Direct Care Worker</b>
<b>Skill Building (H2014)</b>	<b>Direct Care Worker</b>
<b>Home-Based Services (H0036)</b>	<b>Home-Based Therapist</b>
<b>ICCW (H2021)</b>	<b>Care Coordinator</b>
<b>Intensive Crisis Stabilization Services for Children (Mobile Response with two-person team) H2011HT</b>	<b>Qualified Provider</b>
<b>Respite Services (T1005, H0045, S5151)</b>	<b>Direct Care Worker</b>
<b>Parent Support Partners (S5111-WP)</b>	<b>Trained Parent</b>
<b>Youth Peer Supports (H0038-WT)</b>	<b>Trained Young Adult</b>
<b>Autism Service Evaluations (90791, 90792, 96110, 96112, 96113, 96127, 96116, 96121, 96130, 96131, 96132, 96133, 96136, 96137, 96138, 96139, 96146, H0031)</b>	<b>Qualified Practitioners/Clinicians performing evaluations</b>
<b>Autism Services (97153, 97154)</b>	<b>Behavior Technician, Licensed Behavior Analyst, Licensed Assistant Behavior Analyst</b>

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<b>Autism Services (97151, 97155, 97156, 97157, 97158, 0373T)</b>	<b>Licensed Behavior Analyst Licensed Assistant Behavior Analyst</b>
<b>Partial Hospitalization Programs (0912/0913)</b>	<b>Sites/Facilities</b>
<b>Pre-Admission Screen (T1023)</b>	<b>Qualified Provider</b>
<b>Targeted Case Management (T1017)</b>	<b>Case Manager</b>

The NAP File will include instructions on employment parameters (i.e. full-time equivalent, responsibility allocations, etc.)

\*Crisis Residential does not include Substance Use Treatment Residential Beds.

**Applicable Standards by Service**

<b>Service</b>	<b>Population</b>	<b>Time/Distance</b>	<b>Provider To Enrollee Ratio</b>
<b>Assertive Community Treatment – H0039</b>	Adult		ü
<b>Crisis Residential Programs - H0018</b>	Adult/Children and Youth	ü	ü
<b>Opioid Treatment Programs/SUD MAT Methadone – H0020</b>	Adult	ü	ü
<b>Psychosocial Rehabilitation Programs (Clubhouses) - H2030</b>	Adult	ü	ü
<b>Inpatient Psychiatric Services - 0100, 0114, 0124, 0134, 0154</b>	Adult/Children and Youth	ü	
<b>Home-Based Services – H0036</b>	Children and Youth		ü
<b>ICCW – H2021</b>	Children and Youth		ü
<b>ICSS (Mobile Response with Two Person Team) – H2011HT</b>	Children and Youth		ü
<b>Respite Services – T1005, H0045, S5151</b>	Children and Youth		ü
<b>Parent Support Partner Services S5111-WP</b>	Children and Youth		ü
<b>Youth Peer Support Services H0038-WT</b>	Children and Youth		ü
<b>Skill Building (H2014)</b>	Adult		ü

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<b>Community Living Supports (H2015)</b>	Adult/Children and Youth		ü
<b>Autism Service Evaluations (see codes above)</b>	Children and Youth		ü
<b>Autism Services (97153, 97154)</b>	Children and Youth		ü
<b>Autism Services (97151, 97155, 97156, 97157, 97158, 0373T)</b>	Children and Youth		ü
<b>Partial Hospitalization Programs</b>	Adult/Children and Youth	ü	
<b>Targeted Case Management</b>	Adult/Children and Youth		ü
<b>Pre-Admission Screen</b>	Adult/Children and Youth		ü

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