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# Clark County Regional Support Network Policy Statement

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**Policy No.:** QM23  
**Policy Title:** Availability of Services – Network Capacity  
(formerly titled: Availability of Services)  
**Effective Date:** November 1, 2004

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**Policy:** Clark County Regional Support Network (CCRSN) shall ensure that individuals who meet eligibility criteria for RSN-funded mental health have timely access to the mental health services covered under the Washington State Plan that are medically necessary to meet their needs, through standard processes at both the RSN and Community Mental Health Agency level.

CCRSN shall maintain and monitor a network of licensed Community Mental Health Agencies (CMHAs) sufficient to provide adequate access to all services covered under its contracts with the Mental Health Division. CCRSN is obligated to provide medically necessary mental health services outside of its provider network to individuals enrolled in Medicaid if a needed covered service is unavailable within the network or within CCRSN access timeframe standards.

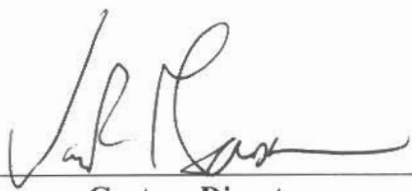
**Reference:** CFR 42 Subpart D, CFR 438.206, WA Mental Health Division CCRSN PIHP and State Contracts, CCRSN Policies and Procedures: CM02 Utilization Management Plan, CM04 Authorization for Outpatient Services, CM07 Eligibility Criteria and Access to Care Standards- Adult, CM08 Eligibility Criteria and Access to Care Standards- Child/Youth, CM17 Out of Network Referrals, CM19 Voluntary Inpatient Services Authorization and Extension, QM05 Level/Element of Care Clinical Guidelines, QM09 Access Standards, QM10 Wait List

**Procedure:**

1. CCRSN shall establish baseline indicators for network capacity and identify performance thresholds for the purpose of assessing network sufficiency. CCRSN shall review performance data related to utilization of contracted services hours and timely access with CMHAs on an established schedule to identify trends and address challenges and successes.
2. At a minimum of a quarterly basis, CCRSN Utilization Management Committee shall review information from individual CMHA review meetings as well as data related to capacity and access, including the following indicators:
  - a. Penetration rate, including anticipated Medicaid enrollment;
  - b. Utilization of contracted hours by agency (actual and expected),
  - c. Characteristics and health care needs of Clark County Medicaid enrollees;
  - d. The numbers and types (in terms of education, training, and specialization) of direct service staff available to deliver contracted services;

- e. The geographic distribution of providers and individuals receiving services, considering distance, travel time, the means of transportation ordinarily used, and whether service locations provide physical access for individuals with disabilities;
  - f. Complaints and grievances related to access to services;
  - g. Timeliness of access (for routine, urgent and emergent service requests and initiation of treatment);
  - h. Consumer satisfaction survey comments related to access to services;
  - i. Critical incidents involving access to service concerns;
  - j. Number of network providers who are not accepting new individuals enrolled in Medicaid
3. If the review outlined in section 2 indicates above or below capacity for a CMHA and/or access is below performance thresholds, CCRSN shall:
    - a. Issue a corrective action letter requesting the agency to come into compliance with access standards and/or contracted capacity, or
    - b. Contractually adjust allocation of service capacity across its network to meet service needs, within existing financial resources and/or .
    - c. Issue a Request for Qualifications or Request For Proposal to select additional CMHAs or contract with specific providers for out-of-network referrals on a temporary basis.
  4. As part of its review process, the CCRSN Utilization Management Committee shall report to the CCRSN Quality Management Committee identified issues, trends, and opportunities for quality improvement.
  5. CCRSN Quality Management Committee shall develop recommendations for improvement to be reviewed and approved by the CCRSN Management Team.

Approved By: \_\_\_\_\_

  
**Vanessa Gaston, Director**  
**Clark County**  
**Department of Community Services**

Date: \_\_\_\_\_

