



MILWAUKEE COUNTY  
DEPARTMENT OF HEALTH  
& HUMAN SERVICES  
**BEHAVIORAL  
HEALTH SERVICES**

Date Issued	5/18/2020	Owner	Dana James
Last Approved Date	8/16/2022	Policy Area	Wraparound (Wrap, REACH, youth CCS)-Prov. Netwk.
Effective	9/1/2022		
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Next Review	12/31/2024		

## #082 Provider Network Adequacy Policy

### I. Purpose

To ensure that the Wraparound Provider Network (WPN) provides sufficient and adequate services with respect to access, capacity and integration of care.

### II. Definitions

**Department** – The Wisconsin Department of Health Services (DHS).

**Network Provider (Provider)** - A person/agency who has been approved by Wraparound Milwaukee/the Department to provide Medicaid reimbursable behavioral/mental health care services to Wraparound Milwaukee members.

**Out-of-Network Provider** – A Provider who is not in the WPN but may have an Out-Of-Network contractual agreement with Wraparound Milwaukee to provide a specific service to a specific Wraparound Milwaukee member.

**Wraparound Provider Network (WPN)** – Group of Network Providers servicing the Children's Mental Health Services and Wraparound Milwaukee programs.

### III. Policy

It is the policy of Children's Community Mental Health Services and Wraparound Milwaukee (hereby referenced as Wraparound Milwaukee) to ensure that the WPN provides adequate access and care to its service recipients in a timely fashion, and maintains network capacity expectations, the following policy guidelines/expectations will be instituted:

- A. Administrative/Managerial and support staff will be identified to assess and evaluate network adequacy and capacity as needed, but no less than annually. This assessment and evaluation will consider:
  - 1. Member demographics and characteristics
  - 2. Member behavioral/mental health needs and challenges
  - 3. Past service utilization trends and identified service needs to ensure that an array of Providers (both Medicaid and non-Medicaid) with adequate experience, training and specialization are available to serve members
  - 4. Geographic location including distance, travel time and means of travel, of our members in relation to our Providers
  - 5. Whether Providers provide physical access and reasonable accommodations for members with disabilities
  - 6. Whether Providers have the ability to communicate with limited English proficient members in their preferred language
  - 7. Whether Providers have the capacity to use of telemedicine, e-visits, and/or other evolving and innovative technological solutions as part of its covered services, administrative infrastructure, and/or care management model
  - 8. Providers accepting/not accepting new clients
  - 9. That providers' hours of operation do not discriminate against members
- B. Selection (Credentialing and Impaneling) and retention of Providers including Care Coordinators will be paramount.
- C. Provider orientation and training (both initial and ongoing) will be provided and/or approved of and monitored.
- D. Individual client/family Needs will be identified and prioritized. A Plan of Care will be established to include all identified Network Providers/specialists who will be responsible for partnering with the client/family in movement towards Needs attainment.
- E. Management and integration of behavioral/mental health care and community support services will occur through a primary care coordinator.
- F. Coordination of care and transitional care expectations for members will be outlined as noted:
  - 1. Between settings of care, including appropriate discharge planning from hospital or institutional stays.
  - 2. With services provided by another program or community/social support resource.
  - 3. With services a member receives through Medicaid Fee-for-Service, i.e – physical health care, pharmacy services.
- G. Per 42 CFR § 438.207, the Department will be assured that Wraparound Milwaukee has the capacity to serve the expected enrollment in its service area per the State standards for access to care as identified below:
  - 1. Wraparound Milwaukee has a contract or agreement with a non-specialized inpatient hospital within 20 miles of any member residing in Milwaukee County that provides emergency and inpatient psychiatric care. The hospital must be within a 30-minute

drive time of any member residing in Milwaukee County.

2. Wraparound Milwaukee has a mental health and substance abuse provider (including access to qualified treatment trainees) within a 35-mile travel distance from any member residing in Milwaukee County and within a 30-minute drive time.
3. The following ratios are met: Psychiatrist/members 1:500, Psychologist/members 1:500.
4. No longer than 14 days for an appointment with a Mental Health provider for follow-up after an inpatient mental health stay.
5. No more than a 30 day wait time for all non-psychiatric appointments.
6. No more than a 90 day wait time for all psychiatric appointments.

H. Out-of-Network services will be provided in an adequate and timely manner when the service is not available within the WPN. Wraparound Milwaukee will coordinate with out-of-network providers with respect to payment, and ensure that the cost to the member is no greater than it would be if the services were furnished within the WPN [42 CFR 438.206(b)(v)(5) and S.S.A 1932(b)(2)(D)].

- I. For enrolled members of Indian heritage, timely access to an Indian Health Care Provider (IHCP) will be ensured.
- J. Behavioral/mental health emergency services provided out-of-network will not have a cost to the member greater than if the emergency services were provided in network.

## IV. Procedure

- A. Wraparound Milwaukee will designate administrative/managerial and support staff to evaluate network adequacy at set timeframes. Evaluation methodologies may include analysis of Synthesis (Wraparound Milwaukee's medical record/IT Software system) reports, surveys, site visits, agency performance reports, audits, etc.
- B. Any changes that could affect network adequacy, i.e. - changes in Wraparound Milwaukee's operations or provider network capacity and services, including modifications to Wraparound Milwaukee's benefits, geographic service areas, provider network, payments, or enrollment of a new population into the Wraparound Milwaukee program, will be reported to the identified State of Wisconsin DHS Managed Care Analyst upon knowledge of the change.
- C. The Department will be notified of any geographical service area reductions 120 days before the intended reduction. A member communication/transition plan for all service area reductions will be submitted.
- D. Identified Provider issues/concerns related to access or capacity will be addressed in a timely manner. A corrective action plan will be implemented addressing said issues/concerns.
- E. Network and Out-of-Network Providers selection/approval will follow the guidelines set forth in the following policies (See website under Quality Assurance):
  1. Provider Network Practitioner Credentialing
  2. Impaneling Policy
  3. #041 Out of Network Services Policy

- F. Network Provider orientation and training participation/dates are maintained in Synthesis under the corresponding Staff Tab.
- G. Coordination of care/transitional care guidelines are integrated in several Wraparound Milwaukee policies:
  - 1. #003 Care Coordinator / Lead Care Coordinator Qualifications and Responsibilities
  - 2. #005 Change of Placement – Temporary and Legal
  - 3. #016 Disenrollment
  - 4. #028 Plan of Care Documentation
  - 5. #032 Client Contact
  - 6. #076 Team and Plan of Care Meeting Facilitation
- H. A cooperative working relationship with providers or agencies involved in the provision of health services services (i.e., physical health care) to ensure the provision of wholistic and transitional care will be developed. This will be accomplished through implementation of the Wraparound Milwaukee Communications, Outreach and Marketing Plan, establishing partnerships/MOU's with community leaders/schools/health care centers/universities/ medical hospitals, etc.
- I. Wraparound Milwaukee will track and monitor client appointment scheduling and appointment attendance, for services provided by Medicaid reimbursable/approved Providers using the WPN Scheduling Tab in Synthesis. This will be tracked in real time. Outcomes and analysis will focus on achievement of the standards set for appointment timeliness (wait times), amount, duration and scope.
- J. Indian Health Care Provider (IHCP) services may be provided by a Network Provider or an Out-of-Network Provider. If an Indian member receives services through an out-of-network IHCP, Wraparound Milwaukee will allow the out-of-network IHCP to refer the Indian member to a provider within the WPN for additional care. If timely access to an IHCP cannot be ensured, Wraparound Milwaukee may allow Indian members to access out-of-state IHCPs or the member may choose to disenroll from Wraparound Milwaukee.
- K. The County will use processes, strategies, evidentiary standards, or other factors in determining access to out-of-network providers for mental health or substance abuse disorder benefits that are comparable to, and applied no more stringently than, the process, strategies, evidentiary standards, or other factors in determining access to out-of-network providers for medical benefits in the same classification.

## Approval Signatures

Step Description	Approver	Date
	Michael Lappen: BHD Administrator	8/16/2022

Brian McBride: ExDir2 – Program Administrator	8/16/2022
Dana James: Integrated Services Manager- Quality Assurance	8/10/2022
Dana James: Integrated Services Manager- Quality Assurance	8/10/2022

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