

Community Partners Regional Forums: Behavioral Health Network Adequacy Standards

Desired outcomes

- ▶ Describe the applicable legislation and requirements
- ▶ Provide an overview of what network adequacy is
- ▶ Describe the network adequacy standards used in 2025
- ▶ Obtain feedback from community and Tribal partners to help update standards for 2026
- ▶ Identify next steps

Overview of E2SHB 1515

Engrossed Second Substitute House Bill 1515

In 2023, legislation passed that includes adopting regional Behavioral Health (BH) network standards. The bill requirements related to network adequacy are below:

- ▶ Adopt statewide network adequacy standards that are assessed on a regional basis for the behavioral health provider networks
- ▶ Adopt standards no later than January 1, 2025
- ▶ Provide for participation of counties and Behavioral Health providers in the development and subsequent updates
- ▶ Design/Implement a process for an annual review of the standards
- ▶ Include a structure for monitoring compliance with provider network standards and timely access

1515 Required Network Adequacy Standards

At a minimum, these standards had to address each behavioral health services type covered by the Medicaid integrated managed care contract. This included, but was not limited to:

- ▶ Outpatient, inpatient, and residential levels of care (adults and youth) with a mental health or substance use disorder;
- ▶ Also included:
 - ▶ Crisis and stabilization services;
 - ▶ Providers of medication for opioid use disorders;
 - ▶ Specialty care;
 - ▶ Other facility-based services; etc.

Overview of Current Network Adequacy

Network Adequacy Federal Requirements

Rules specific to Medicaid

42 CFR § 438.68 requires states to ensure provider specific network adequacy standards. The state must develop **quantitative** network adequacy standards for the following provider types:



- ▶ For Behavioral Health, HCA measures for both individual clinicians and outpatient behavioral health agencies

Network Adequacy Limitations

- ▶ Meeting Medicaid network adequacy standards does not necessarily translate into real “access”, as in getting in to see a provider.
 - ▶ Example: There are enough providers in an area to meet network adequacy standards, but appointment wait times are so long that patients are unable to access services from those providers.
 - ▶ Example: There are enough providers in an area, but they do not have the resources to meet the needs of a certain population, such as specialty beds for people with specific diagnoses.
- ▶ Additional work is underway or will be coming soon, to better address “access”, including new federal requirements.

How Network Adequacy is Measured

Time and Distance

- ▶ HCA defines its **quantitative** network adequacy standards using time and distance.
- ▶ HCA uses software to analyze network submissions: exact location of providers is overlaid with population data to measure the distance and travel time from enrollees' location to the nearest provider for every provider type reported.

How Network Adequacy is Measured

Geographic Designation	Time <u>and</u> Distance Standard
Urban	2 providers within 10 miles <u>and</u> no more than a 30-minute drive from the Enrollee's primary residence. Public Transportation: no more than 90-minutes each way.
Non-Urban	1 provider within 25 miles <u>and</u> no more than a 60-minute drive from the Enrollee's primary residence
Provider Types With a Time and Distance Standard: Primary Care, Pediatric Primary Care, Pharmacy, Hospital*, OB including Routine Delivery, Individually Licensed Mental Health Professions and SUDPs*, Outpatient Behavioral Health Services (youth and adult)*	

Provider Types with an asterisk * have different time and distance standards than are listed here.

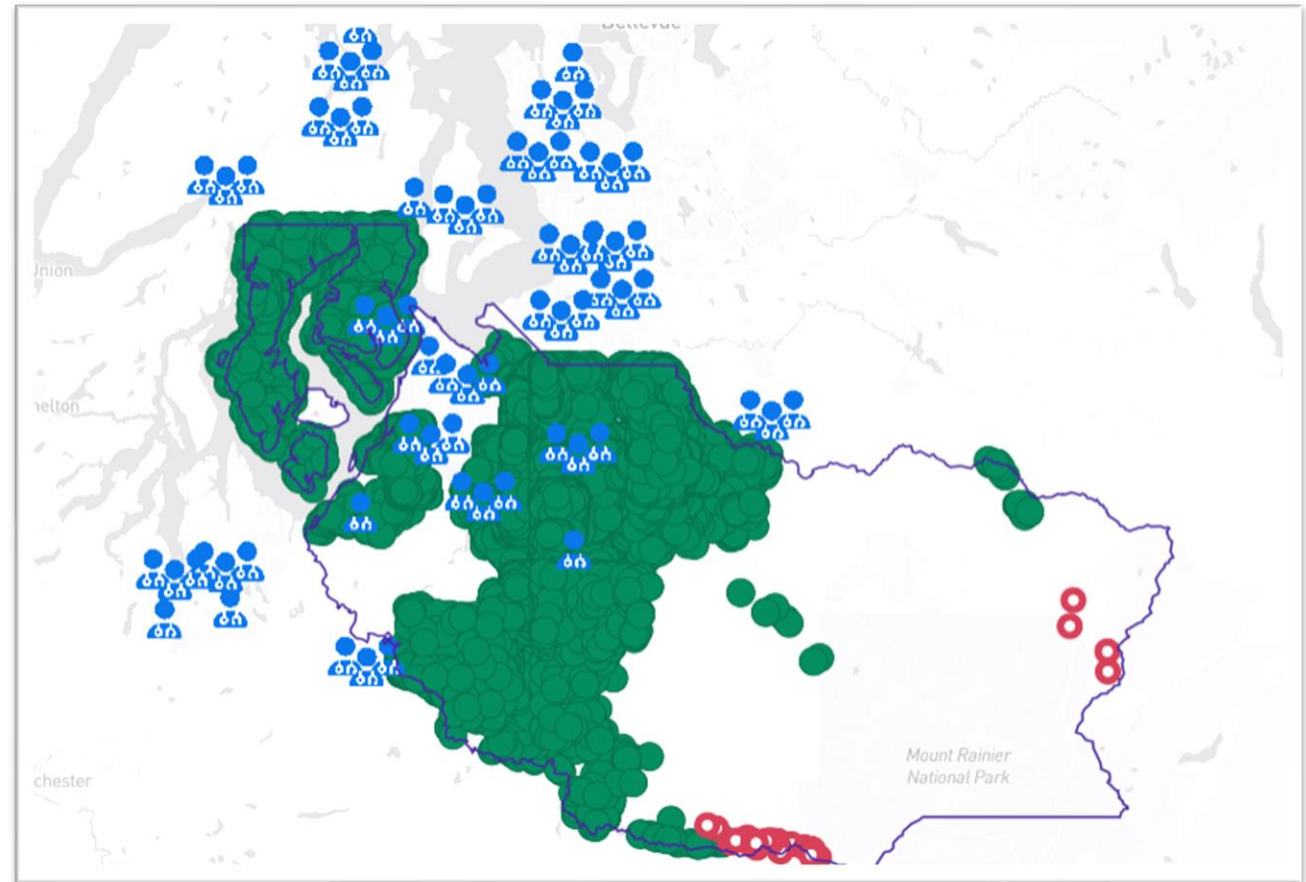
Network Adequacy Monitoring

- ▶ In general, each Managed Care Organization (MCO) is required to have an 80% capacity threshold for their network to be considered adequate.
- ▶ If an MCO fails to maintain an adequate network, HCA may:
 - ▶ **60-79% capacity threshold** – adjust assignment methodology
 - ▶ **Below 60% capacity threshold** – potential removal from the region following a corrective action plan.
- ▶ If the low-capacity threshold is the result of a provider gap, HCA can grant an exception to that provider type in that county only.

Example of Geocoding

Adult Mental Health Outpatient

- ▶ Blue Icon – Indicates location of a provider or group of providers
- ▶ Green Icon – Indicates approximate location of an enrollee that lives within service area
- ▶ Red Icon – Indicates approximate location of enrollee that lives outside of service area



How Network Adequacy is Measured

Presence of Service Standards

- ▶ Essential behavioral health providers are measured using a 'presence of service' determination.
- ▶ Presence of service means that the MCO has a provider in their network within a specified area.

Presence of Service Standard	Provider Requirement
County	At least 1 provider located in the county
Region	At least 1 provider located in the region
State	At least 1 provider located in the state

2025 Presence of Service Standards

▶ In County

- ▶ WISE

▶ In Region

- ▶ MH Inpatient (Adult and Youth)
- ▶ In-person Crisis Response/Stabilization (Adult and Youth)
- ▶ BHA Providing Medication Management (Adult and Youth)
- ▶ PACT

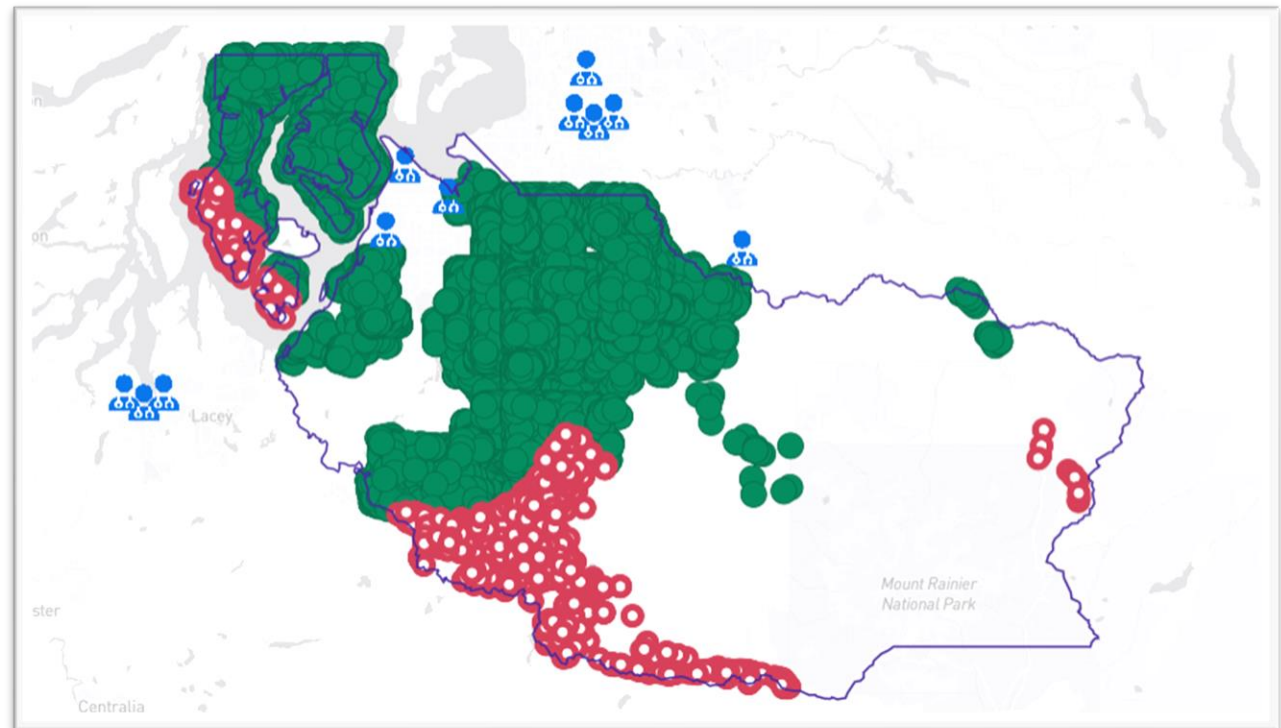
▶ In Network

- ▶ MH Residential
- ▶ Facility-Based Crisis/Stabilization (Adult and Youth)
- ▶ New Journeys
- ▶ Adult SUD Residential ASAM Levels 3.1, 3.3, 3.5, and 3.7
- ▶ Youth SUD Residential ASAM Levels 3.1 and 3.5
- ▶ Prescribers of MOUD (Adult and Youth)
- ▶ BHA Facilities Providing MOUD (Adult and Youth)
- ▶ PPW

Example of Geocoding

WISe Providers

- ▶ Blue Icon – Indicates location of a provider or group of providers
- ▶ Green Icon – Indicates approximate location of an enrollee that lives within service area
- ▶ Red Icon – Indicates approximate location of enrollee that lives outside of service area



Developing 2025 Behavioral Health Standards

Developing Behavioral Health Standards

Jan – May 2024

HCA worked with Behavioral Health Systems Coordination Committee (BHSCC) network subgroup to align 1515 legislation with current services and processes

Aug 2024

Finalized standards added to contract

Dec 2024

Software updates completed

June – Aug 2024

Forums held to collect feedback from community partners on suggested standards

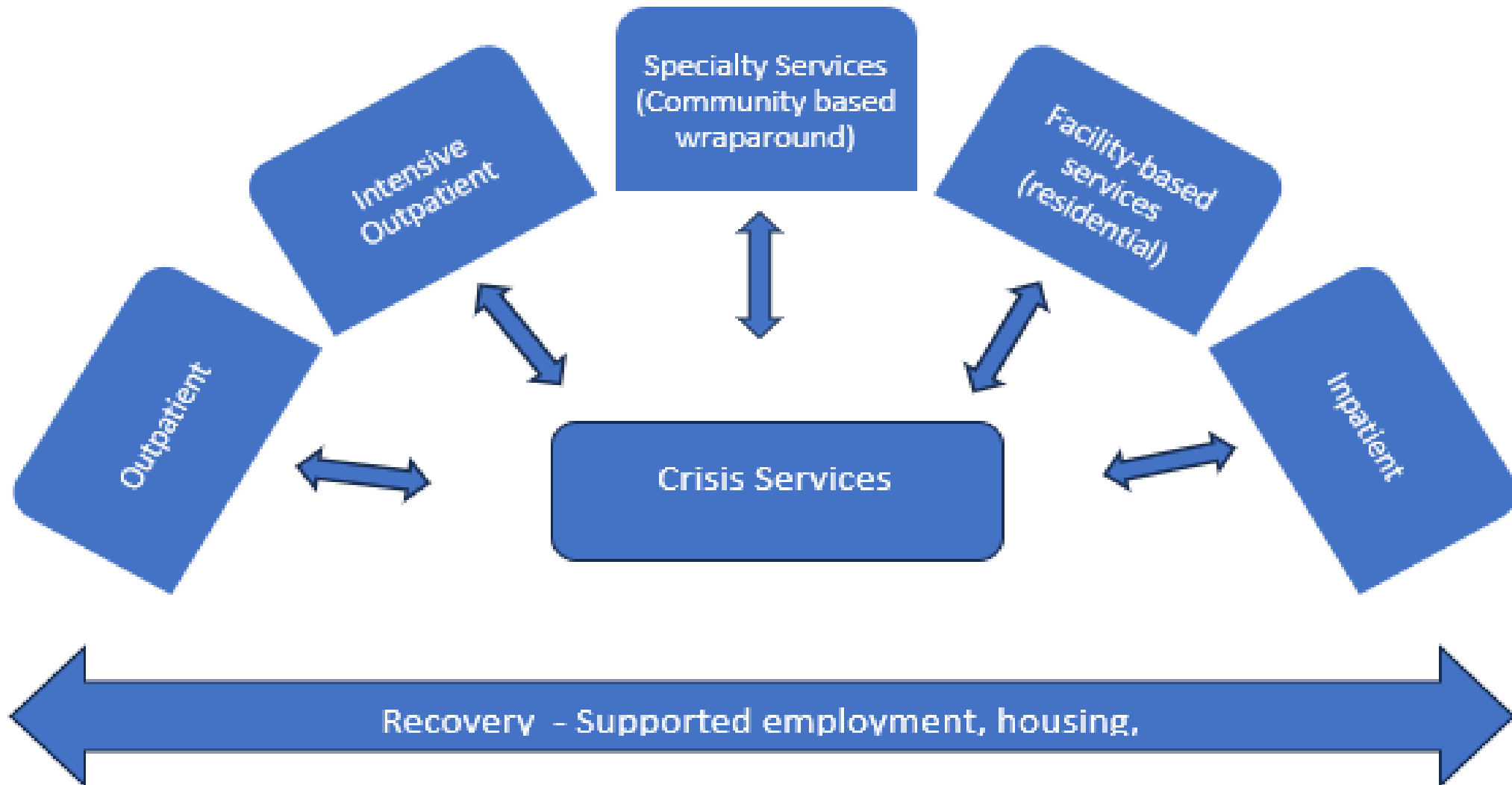
Sep – Nov 2024

Changes made to network reporting templates

Feb 2025

HCA received and analyzed first quarter network adequacy data

Agreed upon Continuum



Feedback and Community Voice: Remaining Questions

As you give feedback, keep in mind...

- ▶ **Feel free to get creative!** These measurement methods and the network adequacy standards are not all set in stone. If you have suggestions for other ways to measure these services and/or hold MCOs accountable for providing these services, please let us know.
- ▶ **Access and adequacy do not always align.** Not all barriers to accessing services can be addressed with network adequacy standards. For example, we cannot require MCOs to have contracts for services in areas where service providers do not exist.
- ▶ **We still want to hear about access issues!** Even if the barriers you are seeing or experiencing cannot be resolved with updated network adequacy standards, we want to hear about them. There is work being done throughout HCA to learn more about barriers to access and to develop ways to measure and address these problems.

Some Access Issues We Are Aware Of

- ▶ Tribal members are not always referred to Tribal providers.
- ▶ Tribal providers are not always included in MCO directories.
- ▶ Lack of cultural awareness and compassion from some providers.
- ▶ Trouble getting certain culturally significant treatments covered.
- ▶ Providers sometimes fail to incorporate treatment for historical trauma/intergenerational trauma
- ▶ Lack of providers, especially in rural areas.
- ▶ Long wait lists.
- ▶ Lack of reliable broadband for virtual services in some areas of the state.
- ▶ Transportation barriers.
- ▶ Lack of providers for youth.
- ▶ Lack of providers able to serve individuals with some physical care needs.
- ▶ Lack of providers for individuals with I/DD.
- ▶ Providers are often unable to meet the needs of those with dual diagnoses.
- ▶ Providers often unable to serve those with personal care needs.
- ▶ Lack of resources for individuals not in managed care (FFS).

Presence of Service in Network (Statewide)

Percentage of MCOs that met the presence of service standard.

**Note: The score for Youth Prescribers of MOUD in Quarter 2 appears to have been impacted by data errors.*

Yellow =	60%-80% of MCOs met the standard
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SERVICES	Q1 STATEWIDE STANDARD MET %	Q2 STATEWIDE STANDARD MET %
MH Adult Residential	100%	100%
Adult Facility Based Crisis/Stabilization	100%	100%
Youth Facility Based Crisis/Stabilization	100%	100%
New Journeys	100%	100%
Adult SUD Residential ASAM Level 3.1	100%	100%
Adult SUD Residential ASAM Level 3.3	100%	100%
Adult SUD Residential ASAM Level 3.5	100%	100%
Adult SUD Residential ASAM Level 3.7	100%	100%
Youth SUD Residential ASAM Level 3.1	80%	100%
Youth SUD Residential ASAM Level 3.5	100%	100%
Adult Prescribers of MOUD	100%	100%
Youth Prescribers of MOUD	100%	60%
Adult BHA Facilities Providing MOUD (OTPs)	100%	100%
Youth BHA Facilities Providing MOUD (OTPs)	100%	100%
PPW	100%	100%

Essential Mental Health Services – Presence of Service in Network

Service	Adult Standard	Youth Standard	Suggested Adult Standard	Suggested Youth Standard
New Journeys	In Network	N/A	No Change	N/A
Crisis & Stabilization: Facility Based	In Network	In Network	No Change in Standard – Update for 2027 Standards	No Change in Standard – Update for 2027 Standards
Residential	In Network	N/A	No Change	N/A
Intensive Behavioral Health Treatment Facilities (IBHTFs)	No Current Standard	No Current Standard	In Network	N/A

New Journeys

Service	Adult Standard	Youth Standard	Suggested Adult Standard	Suggested Youth Standard
New Journeys	In Network	N/A	No Change	N/A

► Notes

- More Information – [New Journeys and first episode psychosis | Washington State Health Care Authority](#)
- The age range served (15 – 40 years) was determined by the average onset of the first episode of psychosis for individuals with a serious mental health disorder. With only one exception, all programs in the state serve the same age range. For this reason, we are not recommending setting a youth standard.
- Due to funding implications that may impact availability of services in the coming year, we are not recommending a change to the standard for 2026.

► Questions

- Do you feel that we need to change the network adequacy standard for 2026? If so, what standard do you suggest?
- Please share any information you have regarding barriers to accessing this service.

Crisis and Stabilization: Facility Based

Service	Current Adult Standard	Current Youth Standard	Suggested Adult Standard	Suggested Youth Standard
Crisis & Stabilization: Facility Based	In Network	In Network	No Change - Update for 2027 Standards	No Change - Update for 2027 Standards

► Notes

- More Information - [Facility based crisis stabilization fact sheet \(2025\)](#)
- In 2026, House Bill 1813 will require Behavioral Health-Administrative Service Organizations (BH-ASOs) and Managed Care Organizations (MCOs) to determine how to meet the needs of each region's population related to crisis & stabilization services. To reduce administrative burden, we do not recommend changing the standards for 2026. Instead, we recommend updating the standards for 2027 to align with BH-ASO/MCO.

► Questions

- Do you suggest changing the network adequacy standard now? If so, what standard do you recommend?
- Please share any information you have regarding barriers to accessing this service.

Mental Health Residential

Service	Adult Standard	Youth Standard	Suggested Adult Standard	Suggested Youth Standard
Residential	In Network	N/A	No Change	N/A

► Notes

- ▶ Based on consultation with specialists, we do not recommend changing this standard. However, we do recommend adding another service (see next slide) to this set of standards to better meet the needs of the population.
- ▶ Due to a lack of available youth providers in the state, we do not recommend creating a youth standard.

► Questions

- ▶ Do you have a suggestion for a different network adequacy standard?
- ▶ Please share any information you have regarding barriers to accessing this service.

Intensive Behavioral Health Treatment Facilities

Service	Adult Standard	Youth Standard	Suggested Adult Standard	Suggested Youth Standard
Intensive Behavioral Health Treatment Facilities (IBHTFs)	No Current Standard	No Current Standard	In Network	N/A

► Notes

- More Information - [Intensive behavioral health treatment facilities | Washington State Health Care Authority](#)
- This service is not currently included in network adequacy standards. We recommend adding it based on consultation with specialists.
- Due to a lack of available youth providers in the state, we do not recommend creating a youth standard.

► Questions

- Do you have a suggestion for a different network adequacy standard?
- Please share any information you have regarding barriers to accessing this service.

Essential Substance Use Disorder (SUD) Services – Presence of Service in Network

Service	Current Adult Standard	Current Youth Standard	Suggested Adult Standard	Suggested Youth Standard
Providers of MOUD – Prescribers of MOUD	In Network	In Network	In County	In Region
Providers of MOUD – BHA Facilities Providing MOUD	In Network	In Network	2 Providers In Region	In Region
Residential – ASAM Level 3.1	In Network	In Network	1 in the West Side and 1 in the East	No Change
Residential – ASAM Level 3.3	In Network	N/A	In Region	N/A
Residential – ASAM Level 3.5	In Network	In Network	In Region	No Change
Residential – ASAM Level 3.7	In Network	N/A	No Change	N/A
PPW	In Network	N/A	No Change	N/A

Prescribers of Medication for Opioid Use Disorder (MOUD)

Service	Current Adult Standard	Current Youth Standard	Suggested Adult Standard	Suggested Youth Standard
Providers of MOUD – Prescribers of MOUD	In Network	In Network	In County	In Region

► Notes

- ▶ This standard encompasses individual prescribers of MOUD, whether they are affiliated with a behavioral health agency or not.
- ▶ The suggested standards for 2026 were based on reviews of current network adequacy data, consultation with specialists, and review of providers offering this service throughout the state.

► Questions

- ▶ Do you have a suggestion for different network adequacy standards?
- ▶ Please share any information you have regarding barriers to accessing this service.

Behavioral Health Agencies Providing MOUD (Opioid Treatment Programs)

Service	Current Adult Standard	Current Youth Standard	Suggested Adult Standard	Suggested Youth Standard
Providers of MOUD – BHA Facilities Providing MOUD	In Network	In Network	2 Providers In Region	In Region

► Notes

- ▶ This standard encompasses Behavioral Health Agencies (BHAs) that prescribe Medications for Opioid Use Disorder. These are also known as Opioid Treatment Programs (OTPs).
- ▶ The suggested standards for 2026 were based on reviews of current network adequacy data, consultation with specialists, and review of providers offering this service throughout the state.

► Questions

- ▶ Do you have a suggestion for different network adequacy standards?
- ▶ Please share any information you have regarding barriers to accessing this service.

Substance Use Disorder (SUD) Residential

Service	Current Adult Standard	Current Youth Standard	Suggested Adult Standard	Suggested Youth Standard
Residential – ASAM Level 3.1	In Network	In Network	1 in the West Side of the State and 1 in the East Side of the State	No Change
Residential – ASAM Level 3.3	In Network	N/A	In Region	N/A
Residential – ASAM Level 3.5	In Network	In Network	In Region	No Change
Residential – ASAM Level 3.7	In Network	N/A	No Change	N/A

► Notes

- ▶ More Information - [About the ASAM Criteria](#)
- ▶ The suggested network adequacy standards for 2026 were based on reviews of current network adequacy data, consultation with specialists, and feedback from other forums.

► Questions

- ▶ Do you have other suggestions for updating these standards?
- ▶ Please share any information you have regarding barriers to accessing this service.

Pregnant and Parenting Women (PPW)

Service	Current Adult Standard	Current Youth Standard	Suggested Adult Standard	Suggested Youth Standard
PPW	In Network	N/A	No Change	N/A

► Notes

- More Information - [Pregnant and Parenting Women services fact sheet \(2025\)](#)
- Based on current network adequacy data and consultation with specialists, it does not appear as though a regional standard could be met. For this reason, we do not recommend a change to this standard.
- We have received feedback about the name of the program not being inclusive. Though this does not fall within our ability to change, we are passing this feedback along to specialists. Please continue to provide feedback, as you see fit.

► Questions

- Do you have other suggestions for updating this standard?
- Please share any information you have regarding barriers to accessing this service.

Presence of Service in Region

RSA	Q1 STATEWIDE STANDARD MET %							Q2 STATEWIDE STANDARD MET %						
	Adult MH Inpatient	Youth MH Inpatient	Adult In-person Response Crisis/Stabilization	Youth In-person Response Crisis/Stabilization	Adult BHA Providing Medication Management	Youth BHA Providing Medication Management	PACT	Adult MH Inpatient	Youth MH Inpatient	Adult In-person Response Crisis/Stabilization	Youth In-person Response Crisis/Stabilization	Adult BHA Providing Medication Management	Youth BHA Providing Medication Management	PACT
GREAT RIVERS	100%	60%	100%	100%	100%	100%	100%	100%	60%	100%	100%	100%	100%	100%
GREATER COLUMBIA	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
KING	100%	100%	100%	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	100%
NORTH CENTRAL	75%	0%	100%	100%	100%	100%	100%	50%	0%	100%	100%	100%	100%	100%
NORTH SOUND	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
PIERCE	100%	0%	80%	100%	100%	100%	100%	100%	20%	80%	80%	100%	100%	100%
SALISH	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	80%
SOUTHWEST	100%	50%	100%	100%	100%	100%	100%	100%	50%	100%	100%	100%	100%	100%
SPOKANE	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
THURSTON-MASON	100%	100%	100%	100%	100%	100%	80%	100%	100%	100%	100%	100%	100%	80%

Percentage of MCOs that met the presence of service standard.

Yellow =	60%-80% of MCOs met the standard
Red =	Less than 60% of the MCOs met the standard

Essential Mental Health Services – Presence of Service in Region

Service	Current Adult Standard	Current Youth Standard	Suggested Adult Standard	Suggested Youth Standard
PACT	In Region	N/A	No Change	N/A
BHA Providing Medication Management	In Region	In Region	Presence of Service in County	Presence of Service in County
Crisis & Stabilization – In-person Response	In Region	In Region	No Change in Standard – Update for 2027 Standards	No Change in Standard – Update for 2027 Standards
Inpatient	In Region	In Region	No Change	No Change

Program of Assertive Community Treatment (PACT)

Service	Current Adult Standard	Current Youth Standard	Suggested Adult Standard	Suggested Youth Standard
PACT	In Region	N/A	No Change	N/A

► Notes

- More Information - [Program of Assertive Community Treatment \(PACT\) | Washington State Health Care Authority](#)
- Based on current network adequacy data and consultations with specialists, it does not appear that MCOs could meet an In County standard. We are not recommending a change to the standard, for this reason.

► Questions

- Do you feel strongly that the standard should be changed? If so, what do you recommend?
- Please share any information you have regarding barriers to accessing this service.

Behavioral Health Agency (BHA) Providing Medication Management

Service	Current Adult Standard	Current Youth Standard	Suggested Adult Standard	Suggested Youth Standard
BHA Providing Medication Management	In Region	In Region	Presence of Service in County	Presence of Service in County

► Notes

- ▶ This is specific to BHAs that provide medication management for medications that are used in treating mental health conditions.
- ▶ The suggested standards were selected after reviewing current network adequacy data and consulting with specialists.

► Questions

- ▶ Do you have a suggestion for a different network adequacy standard?
- ▶ Please share any information you have regarding barriers to accessing this service.

Crisis and Stabilization: In-Person Response

Service	Current Adult Standard	Current Youth Standard	Suggested Adult Standard	Suggested Youth Standard
Crisis & Stabilization: In-person Response	In Region	In Region	No Change in Standard – Update for 2027 Standards	No Change in Standard – Update for 2027 Standards

► Notes

- More Information - [Mobile rapid response crisis teams fact sheet \(2025\)](#)
- In 2026, House Bill 1813 will require Behavioral Health-Administrative Service Organizations (BH-ASOs) and Managed Care Organizations (MCOs) to determine how to meet the needs of each region's population related to crisis & stabilization services. To reduce administrative burden, we do not recommend changing the standards for 2026. Instead, we recommend updating the standards for 2027 to align with BH-ASO/MCO.

► Questions

- Do you suggest changing the network adequacy standard now? If so, what standard do you recommend?
- Please share any information you have regarding barriers to accessing this service.

Inpatient Services

Service	Current Adult Standard	Current Youth Standard	Suggested Adult Standard	Suggested Youth Standard
Inpatient	In Region	In Region	No Change	No Change

► Notes

- ▶ This is a group of services that includes Evaluation and Treatment (E&T), Community Hospital, Psychiatric Hospital, Long-Term Civil Commitment, and other inpatient services as determined by the provider. The MCO is required to have at least one of these services available in each region.
- ▶ The bed registry that is in development will likely give us the data we would get by measuring each of these services separately through network adequacy. To reduce administrative burden, we opted to bucket these services together in 2025 and wait for the bed registry to gather more data. However, according to a recent update, there is not currently a specified date that the bed registry will be available.
- ▶ Due to availability of providers within the state, we are not recommending an update to the standard.

► Questions

- ▶ Should we continue to bucket these services together under one standard in 2026 while we wait for the bed registry, or should we measure them separately and apply different standards? (This will increase burden on providers and MCOs to report.)
- ▶ Do you have a suggestion for a different network adequacy standard (or standards)?
- ▶ Please share any information you have regarding barriers to accessing this service.

Presence of Service in County (WISe)

Percentage of MCOs that met the presence of service standard.

**Note: Providers that served counties other than where they were located were not included in these percentages. Some MCOs were adequate but are appearing inadequate here for this reason.*

Yellow =	60%-80% of MCOs met the standard
Red =	Less than 60% of the MCOs met the standard

County	Q1 STATEWIDE STANDARD	Q2 STATEWIDE STANDARD
ADAMS	100%	100%
ASOTIN	100%	100%
BENTON	100%	100%
CHELAN	100%	100%
CLALLAM	100%	100%
CLARK	100%	100%
COLUMBIA	25%	25%
COWLITZ	100%	100%
DOUGLAS	75%	25%
FERRY	100%	100%
FRANKLIN	25%	25%
GARFIELD	100%	100%
GRANT	100%	100%
GRAYS HARBOR	100%	100%
ISLAND	60%	60%
JEFFERSON	80%	100%
KING	100%	100%
KITSAP	100%	100%
KITTITAS	100%	100%
KLICKITAT	25%	0%
LEWIS	100%	100%
LINCOLN	100%	100%
MASON	100%	100%
OKANOGAN	100%	100%
PACIFIC	100%	100%
PEND OREILLE	100%	100%
PIERCE	100%	100%
SAN JUAN	60%	80%
SKAGIT	100%	100%
SKAMANIA	0%	0%
SNOHOMISH	100%	100%
SPOKANE	100%	100%
STEVENS	75%	100%
THURSTON	100%	100%
WAHKIAKUM	20%	20%
WALLA WALLA	50%	50%
WHATCOM	80%	80%
WHITMAN	75%	75%
YAKIMA	100%	100%

Essential Mental Health Services – Presence of Service in County (WISe)

Service	Current Youth Standard	Suggested Youth Standard
WISe (in-person provider)	In County	No Change

► Notes

- More Information - [Wraparound with Intensive Services \(WISe\) | Washington State Health Care Authority](#)
- MCOs are required to have an in-person provider in each county (where possible). Virtual services do not meet the standard.
- It appears that the barriers to accessing WISe (lack of providers, long wait times, etc.) would not be positively impacted by changing the network adequacy standard. Also, many counties have only one provider available to contract with. For these reasons, we are not suggesting a change to the network adequacy standard.

► Questions

- Do you feel strongly that the standard should be changed? If so, what do you recommend?
- Please share any information you have regarding barriers to accessing this service.

Critical Behavioral Health Providers

Average MCO network adequacy score for critical providers with time and distance standards.

Yellow =	Average is below 80% adequacy
Red =	Average is below 60% adequacy

County	Q1 STATEWIDE AVERAGES					Q1 STATEWIDE AVERAGES				
	Mental Health Practitioners	SUD Adult Outpatient BHA Providers	SUD Youth Outpatient BHA Providers	MH Adult Outpatient BHA Providers	MH Youth Outpatient BHA Providers	Mental Health Practitioners	SUD Adult Outpatient BHA Providers	SUD Youth Outpatient BHA Providers	MH Adult Outpatient BHA Providers	MH Youth Outpatient BHA Providers
ADAMS	99.2	76.4	91.6	95.4	98.3	64.1	76.4	91.6	95.4	98.3
ASOTIN	99.3	73.8	73.9	98.4	98.5	88.4	73.8	73.9	98.4	98.5
BENTON	100.0	99.7	99.5	99.7	99.5	98.6	99.7	99.5	99.7	99.5
CHELAN	99.9	80.8	80.0	90.7	92.4	93.1	80.8	80.0	90.7	92.4
CLALLAM	96.9	89.8	83.5	89.9	84.1	80.0	92.6	86.9	92.7	87.5
CLARK	100.0	99.6	99.3	99.8	99.9	87.6	99.6	99.1	99.8	99.9
COLUMBIA	100.0	99.4	97.5	99.8	98.3	79.2	99.4	97.5	99.8	98.3
COWLITZ	99.8	98.1	98.3	98.1	98.6	90.1	98.1	98.3	98.1	98.6
DOUGLAS	100.0	81.2	76.3	84.0	80.2	90.9	81.1	76.2	84.0	80.2
FERRY	94.8	58.3	52.2	57.5	51.6	62.1	58.3	52.2	57.5	51.6
FRANKLIN	100.0	97.1	96.9	97.1	96.8	96.4	97.1	96.9	97.1	96.8
GARFIELD	100.0	75.0	75.0	100.0	100.0	78.6	75.0	75.0	100.0	100.0
GRANT	99.7	98.6	99.2	98.6	99.2	69.1	95.4	93.7	98.6	99.2
GRAYS HARBOR	97.4	86.3	93.8	93.5	95.0	80.0	86.3	93.8	93.5	95.0
ISLAND	100.0	86.7	58.2	98.2	84.6	89.5	94.2	54.5	98.2	83.9
JEFFERSON	100.0	75.9	58.8	82.4	68.3	85.0	91.2	74.5	91.6	78.9
KING	99.9	100.0	100.0	100.0	100.0	99.9	100.0	100.0	100.0	100.0
KITSAP	100.0	100.0	99.8	100.0	100.0	85.4	100.0	99.8	100.0	100.0
KITTITAS	100.0	80.4	83.6	94.6	95.6	77.6	80.3	83.5	94.6	95.6
Klickitat	95.6	23.2	17.2	9.4	30.6	72.1	23.2	17.2	9.4	30.6
LEWIS	100.0	94.7	96.1	94.9	96.3	82.9	94.7	96.1	94.9	96.3
LINCOLN	93.8	54.5	57.0	57.1	60.8	55.0	54.5	57.0	57.1	60.8
MASON	100.0	98.3	99.2	98.2	99.3	82.1	98.3	99.2	98.2	99.3
OKANOGAN	95.3	52.7	53.3	53.0	53.6	73.6	52.7	53.3	53.0	53.6
PACIFIC	100.0	78.7	88.2	98.8	98.4	84.0	78.7	88.2	98.8	98.4
PEND OREILLE	91.6	77.6	73.9	86.2	86.6	71.1	77.6	73.9	86.2	86.6
PIERCE	99.9	99.6	99.7	99.7	99.8	99.7	99.6	99.8	99.7	99.8
SAN JUAN	100.0	70.9	72.7	52.8	54.5	75.8	70.9	72.7	58.6	59.9
SKAGIT	99.5	94.5	96.2	92.8	96.3	79.8	95.4	95.0	95.2	79.0
SKAMANIA	100.0	94.1	93.6	98.6	98.2	81.1	94.1	91.3	98.6	98.2
SNOHOMISH	99.9	99.7	99.5	100.0	99.3	97.5	100.0	99.9	100.0	99.9
SPOKANE	100.0	99.1	98.5	98.9	99.0	99.8	99.1	98.9	98.9	99.2
STEVENS	96.3	85.1	79.8	83.9	84.0	73.9	85.1	79.8	83.9	84.0
THURSTON	100.0	100.0	100.0	100.0	100.0	95.4	100.0	100.0	100.0	100.0
WAHIAKUM	100.0	90.4	83.5	90.4	83.5	81.2	90.4	83.5	90.4	83.5
WALLA WALLA	99.8	99.1	97.7	99.1	97.7	87.4	99.1	97.7	99.1	97.7
WHATCOM	99.9	97.2	78.1	97.0	78.2	90.3	97.2	77.8	97.0	77.8
WHITMAN	94.9	78.6	57.3	39.9	39.1	79.0	78.6	57.3	39.9	39.1
YAKIMA	99.8	99.4	99.4	99.2	98.7	85.4	99.4	99.4	99.2	98.7

Determining Critical Providers

Currently, outpatient MH Adult, MH Youth, SUD Adult, and SUD Youth are critical provider types with time and distance standards. Are there other widely utilized provider types that should be added as critical providers?

Service	MH Professionals & SUDPs	MH Adult	MH Youth	SUD Adult	SUD Youth
Outpatient	YES	YES	YES	YES	YES
Prescribers of MOUD					
Specialty Services					
Crisis Stabilization					
Residential					
Inpatient					
Other Facility-Based Services					

Reminder: Not meeting a critical provider type could have significant adverse action of clients, across the health delivery system.

Standards for January 2026: Behavioral Health Time and Distance Standards

What changes to the time and distance requirements do we want to consider for 2026?

Service	Distance	Time
MH Professionals and SUDPs	Urban/Non-Urban: 1 within 25 miles	Urban: 30 minutes Non-Urban: 60 minutes
SUD Outpatient (Youth and Adult)	Urban/Non-Urban: 1 within 25 miles	Urban: 30 minutes Non-Urban: 60 minutes
MH Outpatient (Youth and Adult)	Urban/Non-Urban: 1 within 25 miles	Urban: 30 minutes Non-Urban: 60 minutes

Other Services

NOTES

- ▶ Some services were not included in these standards for various reasons such as being unaffiliated with a Behavioral Health Agency or not having providers available within the state. However, the landscape is changing all the time. In some cases, we may be able to add standards and start tracking data for new services.

QUESTIONS

- ▶ Do you feel that there are any other services within the continuum of behavioral health care that should be required to have network adequacy standards in 2026?
- ▶ If so, what network adequacy standards do you recommend?

Thank You and Next Steps

- ▶ May – June – Engage Community and Tribal Partners
- ▶ July – Group to make decisions for 2026 standards and draft MCO contract language
- ▶ Aug – Oct – Draft data definitions & template to MCOs
- ▶ Oct – MCO comments due
- ▶ Nov – Dec – HCA and QuestAnalytics to work on finalizing draft documents and template
- ▶ January 2026 – First submission received using new standards/new template
- ▶ Beyond –
 - ▶ HCA to align with new CFR requirements
 - ▶ HCA develop and implement enhance monitoring for access



Questions?

Managed Care Programs

hcamcprograms@hca.wa.gov

Use subject line:

**"HCA Behavioral Health
Network Adequacy Standards"**