



Administration and Management Standards

Network Administration

Purpose

Network services are delivered to a defined population through an integrated network of providers with the goal of ensuring optimal access, quality of care, and consumer satisfaction.

Definition

COA's Network Administration standards apply to organizations that coordinate or oversee the provision of social and human services to specific populations, referred to throughout as the Lead Management Entity (LME).

The types of network organizations that COA accredits include:

1. Separately incorporated entities that coordinate and manage care on behalf of a group of cooperating organizations;
2. Designated lead agencies or management entities; and
3. Groups of providers organized to integrate and coordinate services.

Network services are typically provided by contracted service providers, with the LME managing services via contract oversight and utilization management. Most of COA's accredited network LMEs have contracts with a state agency, such as a state's child and family services agency, to provide such oversight, and the network LME itself is responsible to the state agency for ensuring quality services and outcomes.

When COA accredits a network LME it is reviewing both the organization's internal operations and functioning, as well as its management of the network as a whole and oversight of the services that are being provided by the contracted organizations.

Many of the network LMEs that COA accredits also provide direct services to persons and families receiving network services and these will be assigned applicable service standards.

NA: The organization is not a network management entity and is not assigned the Network Administration (NET) standards.

Note: COA only accredits the LME. Contracted service providers are not included in COA's network accreditation process and will not be visited during the LME site visit.

Note: Core administrative practices related to the administration and management of networks are not limited to the Network Administration standards, but are also reflected in each of the Administration and Management and Service Delivery Administration standards sections for Private organizations.

Note: Please see the [NET Reference List](#) for the research that informed the development of these standards.

Note: For information about the changes made in the 2020 edition, please see [NET Crosswalk](#).

Table of Evidence

Self Study Evidence

No Self Study Evidence

NET 1: Network Characteristics

Purpose

Network services are delivered to a defined population through an integrated network of providers with the goal of ensuring optimal access, quality of care, and consumer satisfaction.

The network operates through a centralized entity or structure that provides for the integration and coordination of services of participating entities or community partners.

Rating Indicators:

- 1** The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the NET 1 Practice standards.
- 2** Practices are basically sound but there is room for improvement, as noted in the ratings for the NET 1 Practice standards.
- 3** Practice requires significant improvement, as noted in the ratings for the NET 1 Practice standards.
- 4** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the NET 1 Practice standards.

Table of Evidence

Self Study Evidence

*	• Bylaws	
*	• List of Governing Body members and affiliations	
*	• Narrative describing organizational structure	

Site Visit Evidence

*	• Written description of scope of services offered • Written agreement(s)	
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On-Site Activities

*	• Interviews may include: 1. Managing entity CEO 2. Network advisory body 3. Governing body 4. Directors of organizations that contract with the managing entity 5. Persons served/community stakeholders	
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NET 1.01

The network management entity is legally authorized to operate as a:

- a. separately incorporated entity that coordinates and manages care on behalf of a group of cooperating organizations; or

- b. designated lead agency or management entity; or
- c. group of public and/or private providers organized to integrate and coordinate services.

Rating Indicators:

- | | |
|----------|---|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement. |
| 3 | Practice requires significant improvement. |
| 4 | Implementation of the standard is minimal or there is no evidence of implementation at all. |

NET 1.02

The network management entity:

- a. defines in writing the scope of services offered;
- b. establishes a written agreement regarding services to be provided by specific network members, community partners, or practitioners in the network; and
- c. structures services so it can readily adapt to changes in the service environment and the needs of persons served to achieve desired outcomes.

Rating Indicators:

- | | |
|----------|---|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement. |
| 3 | Practice requires significant improvement. |
| 4 | Implementation of the standard is minimal or there is no evidence of implementation at all. |

NET 2: Network Organization

Purpose

Network services are delivered to a defined population through an integrated network of providers with the goal of ensuring optimal access, quality of care, and consumer satisfaction.

The network management entity organizes individual network members, community partners, and other network participants into an integrated delivery system.

Rating Indicators:

1 The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the NET 2 Practice standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the NET 2 Practice standards.

3 Practice requires significant improvement, as noted in the ratings for the NET 2 Practice standards.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the NET 2 Practice standards.

Table of Evidence

Self Study Evidence

*	• Network communication procedures	
*	• List of network provider organizations and individual providers including the network services they provide	
*	• Grievance/complaint procedures for network service providers	
*	• List of Advisory Body members and affiliations	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*	- Interviews may include: - Managing entity CEO - Network advisory body - Governing body - Directors of organizations that contract with the managing entity - Independent practitioners - Persons served/community stakeholders
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NET 2.01

The network management entity is structured such that:

- a. the unique contributions and different goals that each network participant may bring to the common endeavor can be recognized; and
- b. the network management entity's business goals can be reconciled with the members' ethical and mission-driven interests.

Rating Indicators:

- | |
|--|
| 1 The organization's practices reflect full implementation of the standard. |
| 2 Practices are basically sound but there is room for improvement. |
| 3 Practice requires significant improvement. |
| 4 Implementation of the standard is minimal or there is no evidence of implementation at all. |

NET 2.02

Integrating network management entity functions include:

- a. a process that ensures ease of entry into a system of highly accessible services;
- b. agreed upon quality improvement expectations for the network as a system;
- c. uniform utilization and management protocols; and
- d. a system for managing information that integrates network operations and network participants' information, including key costs, performance data, outcome indicators, and member or consumer satisfaction data.

Related Standards: RPM 4

Rating Indicators:

- | |
|--|
| 1 The organization's practices reflect full implementation of the standard. |
| 2 Practices are basically sound but there is room for improvement. |
| 3 Practice requires significant improvement. |
| 4 Implementation of the standard is minimal or there is no evidence of implementation at all. |

NET 2.03

Clear communication throughout the network to network providers, persons served, and payors, as applicable, is facilitated through a system that:

- a. provides all parties with the information necessary to operate effectively;
- b. facilitates clear understanding of mutual expectations for all parties; and
- c. describes a mechanism for the resolution of conflicts, including conflicts of interest, among member entities and/or community partners.

Related Standards: RPM 4.02

Rating Indicators:

- | |
|--|
| 1 The organization's practices reflect full implementation of the standard. |
|--|

2 Practices are basically sound but there is room for improvement.

3 Practice requires significant improvement.

4 Implementation of the standard is minimal or there is no evidence of implementation at all.

NET 2.04

The network management entity maintains a formal mechanism through which provider organizations and independent practitioners can express and resolve complaints and grievances, including:

- a. denial or termination of the clinical privileges, including of individual service providers within owner and provider organizations;
- b. decisions not to contract with providers;
- c. decisions to abrogate contracts with providers;
- d. the network management entity's referral practices; and
- e. claims payments.

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2 Practices are basically sound but there is room for improvement.

3 Practice requires significant improvement.

4 Implementation of the standard is minimal or there is no evidence of implementation at all.

NET 2.05

The network management entity maintains a stakeholder advisory group that serves as a bridge to the community, and it:

- a. includes representatives of relevant community groups, consumers, service providers, advocates, and others with an interest in the success of the network achieving its mission or purpose;
- b. provides information and feedback about services, outcomes, the perception of the network within the community, and other information that would help the network better serve its defined population and the community; and
- c. serves in an advisory capacity only and does not assume governing body or management responsibilities.

Interpretation: *In order for advisory groups to function well the network management entity should:*

1. *establish clear and transparent recruitment and selection guidelines;*
2. *have reasonable expectations about what the group can accomplish within the parameters of its mission and available resources; and*
3. *actively consider and respond to the group's input, feedback, or recommendations.*

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2 Practices are basically sound but there is room for improvement.

3 Practice requires significant improvement.

4 Implementation of the standard is minimal or there is no evidence of implementation at all.

NET 3: Network-Wide Planning

Purpose

Network services are delivered to a defined population through an integrated network of providers with the goal of ensuring optimal access, quality of care, and consumer satisfaction.

An inclusive, network-wide planning process supports the achievement of positive outcomes for the persons and families the network serves.

Note: Network management entities are expected to conduct both internal strategic planning and network-wide strategic planning. Internal strategic planning addresses the governance, operations, and future direction of the organization itself, whereas network-wide strategic planning addresses the collective needs, performance, and long-term direction of the network as a whole. See GOV 2 for additional information on internal strategic planning requirements for network management entities.

Rating Indicators:

- 1** The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the NET 3 Practice standards.
- 2** Practices are basically sound but there is room for improvement, as noted in the ratings for the NET 3 Practice standards.
- 3** Practice requires significant improvement, as noted in the ratings for the NET 3 Practice standards.
- 4** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the NET 3 Practice standards.

Table of Evidence

Self Study Evidence

*	• Strategic and annual plans	
*	• Planning procedures	
	• Review and analysis of service population demographics	
*	• Network-level workforce analysis and documentation of actions taken	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

- | | |
|---|--|
| * | <ul style="list-style-type: none"> • Interviews may include: <ol style="list-style-type: none"> 1. Managing entity CEO 2. Network advisory body 3. Governing body |
|---|--|

4. Directors or organizations that contract with the managing entity
5. HR Director for the managing entity and representative network provider organizations

NET 3.01

At least every three years, the network management entity conducts a network-wide strategic planning process that:

- a. reviews its external environment, including funding and regulatory environments, and their effect on the network;
- b. establishes realistic, measurable goals and objectives that flow from its mission and mandated responsibilities;
- c. identifies appropriate strategies and activities for meeting identified goals, including the need to redirect, eliminate, or expand services to respond to changing community demographics and needs;
- d. identifies resources necessary to support capacity development for the delivery system, as needed; and
- e. includes the input of network provider organizations.

Related Standards: RPM 1

Interpretation: *Depending on the network's development, this may be the initial network development plan or the most recent strategic plan.*

Rating Indicators:

- | |
|--|
| 1 The organization's practices reflect full implementation of the standard. |
| 2 Practices are basically sound but there is room for improvement. |
| 3 Practice requires significant improvement. |
| 4 Implementation of the standard is minimal or there is no evidence of implementation at all. |

NET 3.02

Once every strategic planning cycle, the network management entity reviews the demographics of the persons and families it serves and compares them to the demographics of its defined service population.

Rating Indicators:

- | |
|--|
| 1 The organization's practices reflect full implementation of the standard. |
| 2 Practices are basically sound but there is room for improvement. |
| 3 Practice requires significant improvement. |
| 4 Implementation of the standard is minimal or there is no evidence of implementation at all. |

NET 3.03

In developing and maintaining the network, the network management entity's leaders consider, and annually review as part of their annual planning:

- a. the full range of services within the network's scope and the network's capacity to meet its responsibilities and goals;
- b. geographic access to network services, including travel times to locations and proximity to public transportation;
- c. the demographic makeup of network service providers compared to the demographic makeup of service recipients;
- d. access to specialty service providers, including culturally relevant service providers; and
- e. flexible hours of operation that meet the needs and preferences of service recipients.

Examples: *Specialty service providers can include provider organizations or independent contractors able to meet the linguistic, cultural, ethnic, or other needs of specific groups within the network's defined service population.*

Rating Indicators:

- | | |
|----------|---|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement. |
| 3 | Practice requires significant improvement. |
| 4 | Implementation of the standard is minimal or there is no evidence of implementation at all. |

NET 3.04

The network management entity implements the network-wide strategic plan by:

- a. regularly monitoring and evaluating progress towards strategic goals;
- b. annually evaluating and identifying the type and number of service providers required to accomplish the network's mission, goals, and objectives;
- c. adapting the strategic plan as necessary to remain aligned with evolving needs and priorities;
- d. developing an annual plan that operationalizes the goals and objectives of the strategic plan; and
- e. maintaining clear and ongoing communication with network providers regarding progress.

Rating Indicators:

- | | |
|----------|---|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement. |
| 3 | Practice requires significant improvement. |
| 4 | Implementation of the standard is minimal or there is no evidence of implementation at all. |

Network Administration

NET 4: Network Services

Purpose

Network services are delivered to a defined population through an integrated network of providers with the goal of ensuring optimal access, quality of care, and consumer satisfaction.

The network management entity delivers the most appropriate array of services for meeting the needs of its service recipients.

Rating Indicators:

- 1** The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the NET 4 Practice standards.
- 2** Practices are basically sound but there is room for improvement, as noted in the ratings for the NET 4 Practice standards.
- 3** Practice requires significant improvement, as noted in the ratings for the NET 4 Practice standards.
- 4** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the NET 4 Practice standards.

Table of Evidence

Self Study Evidence

*	• Service coordination procedures	
*	• Admissions procedures	
*	• Eligibility criteria	
*	• Level of care procedures	

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*	• Interviews may include: 1. Network Commissioner/Executive management 2. Provider Clinical management/supervisors and independent practitioners 3. Persons served/community stakeholders
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NET 4.01

Network service recipients:

- a. are provided with a choice of service providers, to the extent possible given available resources and service requirements; and
- b. can move readily between programs or levels of care as service needs change or progress is made.

Interpretation: *Regarding element (a), when resource limitations make this impossible (for example, the funding body will fund only one provider of a particular service in a region), then the network needs to assure that the sole organization offering a particular service provides consumers choices of service times and practitioners.*

Rating Indicators:

- | | |
|----------|---|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement. |
| 3 | Practice requires significant improvement. |
| 4 | Implementation of the standard is minimal or there is no evidence of implementation at all. |

NET 4.02

Network services are coordinated, such that:

- a. current eligibility information is maintained for the entire covered population to minimize administrative barriers to prompt service delivery; and
- b. case records follow persons served to facilitate maximum benefit and continuity of care.

Rating Indicators:

- | | |
|----------|---|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement. |
| 3 | Practice requires significant improvement. |
| 4 | Implementation of the standard is minimal or there is no evidence of implementation at all. |

NET 4.03

Least restrictive and most appropriate services that meet consumer needs and preferences is achieved through flexible, responsive admissions and utilization management criteria for persons with multiple or chronic needs.

Examples: *Relevant needs can include:*

1. *substance use disorders;*
2. *serious and persistent mental illness or serious emotional disturbance;*
3. *substantial developmental and physical disability; and*
4. *severe, chronic family and individual problems with multiple, or interacting causes.*

Rating Indicators:

- | | |
|----------|---|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement. |
| 3 | Practice requires significant improvement. |
| 4 | Implementation of the standard is minimal or there is no evidence of implementation at all. |

NET 4.04

The network management entity develops a mechanism and strategy for implementation of best, promising, and evidence-based service practices.

Examples: *While the introduction of research-based services cannot be done in a single year contract cycle, effective network management entities can develop realistic targets for importing research findings into service offerings. Their annual and strategic plans can identify goals and objectives for importing and using research-based practices that are supported by such activities as training, service and capacity development, and the introduction of service requirements that meet recognized fidelity scales.*

Rating Indicators:

- | | |
|----------|---|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement. |
| 3 | Practice requires significant improvement. |
| 4 | Implementation of the standard is minimal or there is no evidence of implementation at all. |

NET 5: Access to Network Services

Purpose

Network services are delivered to a defined population through an integrated network of providers with the goal of ensuring optimal access, quality of care, and consumer satisfaction.

The network's service delivery system is characterized by triage of need and timely access to services.

Rating Indicators:

- 1** The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the NET 5 Practice standards.
- 2** Practices are basically sound but there is room for improvement, as noted in the ratings for the NET 5 Practice standards.
- 3** Practice requires significant improvement, as noted in the ratings for the NET 5 Practice standards.
- 4** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the NET 5 Practice standards.

Table of Evidence

Self Study Evidence

*	• Access procedures	
*	• Procedures for responding to emergency and urgent care needs	
*	• Triage and critical care criteria	
*	• Procedures for providing emergency services	

Site Visit Evidence

*	• Publicly available information on how to access network services
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On-Site Activities

*	• Interviews may include: 1. Clinical management/supervisors 2. Provider Clinical management/supervisors and independent practitioners 3. Persons served/community stakeholders • Review: 1. Client records 2. Utilization management data/reports • Observe 24/7 crisis response capability
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NET 5.01

Information about how to access network services is available to the public and is included in information provided to clients at intake.

Rating Indicators:

- | | |
|----------|---|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement. |
| 3 | Practice requires significant improvement. |
| 4 | Implementation of the standard is minimal or there is no evidence of implementation at all. |

NET 5.02

The network management entity, as appropriate to the service requested:

- a. accepts referrals through established access points or another functionally equivalent approach to providing accessible care;
- b. establishes access guidelines that result in prompt telephone response and low telephone abandonment rates; and
- c. responds to non-urgent requests for services with an offer of an appointment within a week of the initial call.

Rating Indicators:

- | | |
|----------|---|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement. |
| 3 | Practice requires significant improvement. |
| 4 | Implementation of the standard is minimal or there is no evidence of implementation at all. |

NET 5.03

Network management entities that provide emergency services:

- a. maintain cost-free telephone accessibility 24 hours-a-day, seven days-a-week;
- b. provide intake, assessment, and admission or referral 24 hours-a-day, seven days-a-week; and
- c. have mobile capability and can send practitioners or teams into the home, school, emergency room, or police department for purposes of immediate evaluation and crisis intervention, when necessary.

NA: The network management entity does not provide emergency services.

Rating Indicators:

- | | |
|----------|---|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement. |
| 3 | Practice requires significant improvement. |
| 4 | Implementation of the standard is minimal or there is no evidence of implementation at all. |

NET 5.04

Access to emergency and crisis intervention services is available 24 hours-a-day, seven days-a-week, and:

- a. emergency care is available immediately, within six hours or less of an initial call; and
- b. urgent care is available within 24 to 72 hours of the initial call.

Rating Indicators:

- | | |
|----------|---|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement. |
| 3 | Practice requires significant improvement. |
| 4 | Implementation of the standard is minimal or there is no evidence of implementation at all. |

NET 5.05

Triage and critical care decision-making are carried out by, or under the direct supervision of, experienced and/or licensed personnel.

Rating Indicators:

- | | |
|----------|---|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement. |
| 3 | Practice requires significant improvement. |
| 4 | Implementation of the standard is minimal or there is no evidence of implementation at all. |

Network Administration

NET 6: Screening

Purpose

Network services are delivered to a defined population through an integrated network of providers with the goal of ensuring optimal access, quality of care, and consumer satisfaction.

The network management entity promptly and responsively screens applicants to identify and direct them to appropriate services.

Rating Indicators:

- 1** The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the NET 6 Practice standards.
- 2** Practices are basically sound but there is room for improvement, as noted in the ratings for the NET 6 Practice standards.
- 3** Practice requires significant improvement, as noted in the ratings for the NET 6 Practice standards.
- 4** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the NET 6 Practice standards.

Table of Evidence

Self Study Evidence

*

- Screening procedures

Site Visit Evidence

No Site Visit Evidence

On-Site Activities

*

- Interviews may include:
 1. Clinical management/supervisors
 2. Provider Clinical management/supervisors and independent practitioners
 3. Persons served/community stakeholders
- Review:
 1. Client records
 2. Utilization management data/reports

NET 6.01

Applicants are screened and informed about:

- a. how well their request matches the network's services;
- b. whether they are eligible to receive network services; and
- c. what services will be available and when.

Rating Indicators:

- | |
|--|
| 1 The organization's practices reflect full implementation of the standard. |
| 2 Practices are basically sound but there is room for improvement. |
| 3 Practice requires significant improvement. |
| 4 Implementation of the standard is minimal or there is no evidence of implementation at all. |

NET 6.02

Prompt, responsive screening practices:

- a. give priority to urgent needs and emergency situations;
- b. support timely initiation of services; and
- c. provide for placement on a waiting list or referral to appropriate resources when individuals cannot be served or cannot be served promptly.

Rating Indicators:

- | |
|--|
| 1 The organization's practices reflect full implementation of the standard. |
| 2 Practices are basically sound but there is room for improvement. |
| 3 Practice requires significant improvement. |
| 4 Implementation of the standard is minimal or there is no evidence of implementation at all. |

NET 7: Utilization Management

Purpose

Network services are delivered to a defined population through an integrated network of providers with the goal of ensuring optimal access, quality of care, and consumer satisfaction.

The network management entity conducts utilization management to ensure that its services are appropriate, represent the best value for the purchaser and consumer of service, and meet the needs and preferences of service recipients.

Related Standards: RPM 4, RPM 6.04

Rating Indicators:

- 1** The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the NET 7 Practice standards.
- 2** Practices are basically sound but there is room for improvement, as noted in the ratings for the NET 7 Practice standards.
- 3** Practice requires significant improvement, as noted in the ratings for the NET 7 Practice standards.
- 4** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the NET 7 Practice standards.

Table of Evidence

Self Study Evidence

*	A description of the scope of utilization management activities (For example, does utilization management include authorization that is external to the provider? Is it limited to establishing criteria, reporting utilization data, and retrospective reviews?)	
*	- Utilization management procedures, including: - Criteria for placement decisions - A process for approving the criteria and making the criteria available to those applying the criteria - Service authorization and - Appeals, and notifications of appeals when requests are denied - Data collection and review - The review of contractor case records, including sampling methodology	
*	Most recent quarterly review of authorization and placement decisions	
*	Most recent annual report from the contractor case record review process	

Site Visit Evidence

*	- Job descriptions - Utilization management reports, including data reviews	
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- Records of authorization decisions, including the application of the criteria to the decision
- Records of utilization management reviews at provider locations
- Evidence of the source of utilization management criteria

On-Site Activities

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- Interviews may include:
 1. Care managers
 2. Clinical directors at provider organizations
 3. Independent practitioners
 4. Direct service providers
- Review personnel files of utilization management staff

NET 7.01

The utilization management process is continuous and includes the use of common criteria across the network for admission, service provided, length of service, level of care, and discharge decisions.

Interpretation: *Network management entities manage utilization in several ways; however, in all cases, they need criteria that help guide service delivery decisions.*

Examples: *Sources for utilization criteria commonly include expert panels or bodies, such as the American Society of Addiction Medicine (ASAM), or the purchaser. A network management entity may also rely on appropriately qualified, direct-service providers to develop its own criteria based on nationally recognized practice guidelines.*

Rating Indicators:

- 1 The organization's practices reflect full implementation of the standard.
- 2 Practices are basically sound but there is room for improvement.
- 3 Practice requires significant improvement.
- 4 Implementation of the standard is minimal or there is no evidence of implementation at all.

NET 7.02

Utilization management criteria are available upon request to network service providers, and the network management entity identifies the source or sources of the criteria.

Rating Indicators:

- 1 The organization's practices reflect full implementation of the standard.
- 2 Practices are basically sound but there is room for improvement.
- 3 Practice requires significant improvement.
- 4 Implementation of the standard is minimal or there is no evidence of implementation at all.

NET 7.03

Utilization management personnel are qualified as follows:

- a. personnel conducting utilization reviews have appropriate experience and training;
- b. supervisors of service authorization personnel have appropriate experience and possess relevant credentials;
- c. medical necessity decisions are made by licensed and qualified clinicians; and
- d. appeals are reviewed by persons who are licensed or credentialed to provide the service under review.

Rating Indicators:

- | | |
|----------|---|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement. |
| 3 | Practice requires significant improvement. |
| 4 | Implementation of the standard is minimal or there is no evidence of implementation at all. |

NET 7.04

Network management entities that provide centralized service authorization include a designated care manager or centralized care management unit to ensure that service planning is continuous, comprehensive, and integrated.

NA: The network management entity does not provide authorization for services.

Rating Indicators:

- | | |
|----------|---|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement. |
| 3 | Practice requires significant improvement. |
| 4 | Implementation of the standard is minimal or there is no evidence of implementation at all. |

NET 7.05

Utilization management includes, as appropriate to the services being provided, a regular review of data related to:

- a. appropriateness of admissions and authorization decisions, if authorizations are part of network services;
- b. intake and referral processes;
- c. service planning and service delivery milestones; and
- d. intake and discharge data including length of service per event, number of encounters per event, and number of re-admissions, as applicable to the service being provided.

Rating Indicators:

- | | |
|----------|---|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement. |
| 3 | Practice requires significant improvement. |
| 4 | Implementation of the standard is minimal or there is no evidence of implementation at all. |

NET 7.06

The network management entity conducts:

- a. a quarterly review of its authorization and placement decisions for all network services that includes a ten percent sample of open and closed cases, including a representative sample of high-risk cases; and
- b. at least annually, a review of ten percent of contractor case records.

Rating Indicators:

- | | |
|----------|---|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement. |
| 3 | Practice requires significant improvement. |
| 4 | Implementation of the standard is minimal or there is no evidence of implementation at all. |

NET 7.07

Network management entities that conduct preauthorization and reauthorization for services:

- respond to requests for authorization, initial screening, or reauthorization according to standards for timeliness that are in proportion to the urgency of the request;
- provide a 24-hour response line when responsible for authorization of crisis, emergency, or urgent care; and
- record the reason for placement decisions and relate this decision to criteria.

NA: The network management entity does not provide pre- or continuing authorization for services.

Note: *When network management entities provide these initial or continuing authorizations, these more intensive utilization management activities are usually provided as a core network service.*

Rating Indicators:

- | | |
|----------|---|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement. |
| 3 | Practice requires significant improvement. |
| 4 | Implementation of the standard is minimal or there is no evidence of implementation at all. |

NET 7.08

If authorization for services is denied, the network management entity:

- informs the person or service provider requesting the authorization of the reason for the denial;
- relates the reason for the denial to the criteria used for making authorization decisions; and
- informs the person or service provider of the right to appeal the denial of authorization and the timeframes for the appeal.

Related Standards: CR 1.02

Interpretation: *For the purposes of NET 7.08, the term "appeal" refers to a request for a review and reconsideration of the denial. It does not imply any suggestion of wrongdoing or failure to follow criteria or procedures. This is in contrast to a grievance, which means that the person filing the grievance believes that their rights have been violated or that procedures have not been followed. Appeals can be made by the service recipient or his/her service provider.*

Rating Indicators:

- | | |
|----------|---|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement. |

3 Practice requires significant improvement.

4 Implementation of the standard is minimal or there is no evidence of implementation at all.

NET 7.09

Timeframes for appeals of denials of service authorizations:

- a. ensure that appeals are reviewed and the results communicated in time for the service recipient to enter or continue services without interruption; and
- b. vary according to the urgency of the issue.

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2 Practices are basically sound but there is room for improvement.

3 Practice requires significant improvement.

4 Implementation of the standard is minimal or there is no evidence of implementation at all.

NET 8: Outcomes Measurement

Purpose

Network services are delivered to a defined population through an integrated network of providers with the goal of ensuring optimal access, quality of care, and consumer satisfaction.

A network-wide outcomes measurement system evaluates individual progress and service delivery program effectiveness at the program level.

Examples: *The network management entity may wish to review national sources for possible outcomes, some of which may already be mandated by its purchasers, including:*

- *access to care, such as the average lengths of time between initial call and initial screening assessment and the average lengths of time between initial screening assessment and admission to treatment;*
- *coordination of care, such as the percentage of persons discharged from an inpatient or residential level of treatment who attend a session at their next level of care within a defined period of time (e.g. seven days or fourteen days) from leaving the residential or inpatient unit;*
- *client feedback and satisfaction, which, in addition to satisfaction with services, could include measures such as the percentage of clients who indicate a drive time of greater than 30 minutes, or the percentage of clients who say that they have access to public transportation to reach the facility if needed; and*
- *the satisfaction of other stakeholders, such as high volume referral agents (e.g. judges, court workers, employee assistance agents, and others with repeated experience with network access and services).*

Rating Indicators:

1 The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the NET 8 Practice standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the NET 8 Practice standards.

3 Practice requires significant improvement, as noted in the ratings for the NET 8 Practice standards.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the NET 8 Practice standards.

Table of Evidence

Self Study Evidence

No Self Study Evidence

Site Visit Evidence

*

- See evidence provided for PQI 2 and PQI 3

On-Site Activities

*

- Interviews may include:
 1. Network PQI Coordinator
 2. Relevant staff from provider organization
 3. Independent practitioners

NET 9: Members and Community Partners

Purpose

Network services are delivered to a defined population through an integrated network of providers with the goal of ensuring optimal access, quality of care, and consumer satisfaction.

Network participation ensures full access to needed services and supports within a system of care.

Rating Indicators:

- 1** The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the NET 9 Practice standards.
- 2** Practices are basically sound but there is room for improvement, as noted in the ratings for the NET 9 Practice standards.
- 3** Practice requires significant improvement, as noted in the ratings for the NET 9 Practice standards.
- 4** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the NET 9 Practice standards.

Table of Evidence

Self Study Evidence

- Community Demographic Profile

Site Visit Evidence

*

- See evidence provided for PQI 3 and PQI 4

On-Site Activities

*

- Interviews may include:
 1. Managing entity CEO
 2. Network advisory body
 3. Governing body
 4. Directors of organizations that contract with the managing entity
 5. Independent practitioners
 6. Persons served/community stakeholders

NET 9.01

The network management entity recruits or contracts with members and community partners based on anticipated and identified needs of the service population, including needs related to geographic location, and cultural and linguistic diversity.

Rating Indicators:

- 1** The organization's practices reflect full implementation of the standard.
- 2** Practices are basically sound but there is room for improvement.

3 Practice requires significant improvement.

4 Implementation of the standard is minimal or there is no evidence of implementation at all.

NET 9.02

The network management entity demonstrates a commitment to providing clients with access to provider organizations that best meet their needs and preferences by including:

- a. providers who are responsive to the diverse cultural needs of clients and are able to connect clients with natural supports; and
- b. providers who might not otherwise be able to participate in the network because of constraints of size, budgetary capacity, organizational development, or similar limitations, when such inclusion is necessary to allow clients access to providers that meet their needs and preferences.

Note: See NET 3.03 for more information on how maintaining the network should be incorporated into annual planning.

Rating Indicators:

1 The organization's practices reflect full implementation of the standard.

2 Practices are basically sound but there is room for improvement.

3 Practice requires significant improvement.

4 Implementation of the standard is minimal or there is no evidence of implementation at all.

NET 10: Network Application Process

Purpose

Network services are delivered to a defined population through an integrated network of providers with the goal of ensuring optimal access, quality of care, and consumer satisfaction.

Organizations that deliver services to the network's service population are qualified to provide network services.

Rating Indicators:

- 1** The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the NET 10 Practice standards.
- 2** Practices are basically sound but there is room for improvement, as noted in the ratings for the NET 10 Practice standards.
- 3** Practice requires significant improvement, as noted in the ratings for the NET 10 Practice standards.
- 4** Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the NET 10 Practice standards.

Table of Evidence

Self Study Evidence

*	• Network application procedures	
*	• Network application(s)	

Site Visit Evidence

*	• Records of on-site visits and reviews of the specific applications, including the reasons for approving or not approving applications
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On-Site Activities

*	• Interviews may include: 1. Program director 2. CEO/Commissioner/Executive Management 3. Provider organizations and independent contractors 4. Contract Management
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NET 10.01

The process of becoming a network participant includes:

- a. a written application;
- b. verification of licensure or authorization to provide services; and
- c. an on-site review of compliance with the network's protocols and requirements.

Related Standards: HR 2.05, HR 2.06

Rating Indicators:

- | | |
|----------|---|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement. |
| 3 | Practice requires significant improvement. |
| 4 | Implementation of the standard is minimal or there is no evidence of implementation at all. |

NET 10.02

The network application process emphasizes the continuity of care for the network's service population by:

- a. establishing continuity of care requirements; and
- b. assessing the impact that an applying provider organization may have on continuity of care for the network's service population.

Rating Indicators:

- | | |
|----------|---|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement. |
| 3 | Practice requires significant improvement. |
| 4 | Implementation of the standard is minimal or there is no evidence of implementation at all. |

NET 10.03

The network management entity's application process includes procedures for:

- a. making decisions to accept or reject applicants;
- b. denying admission to the network;
- c. appealing application decisions; and
- d. terminating the relationship.

Rating Indicators:

- | | |
|----------|---|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement. |
| 3 | Practice requires significant improvement. |
| 4 | Implementation of the standard is minimal or there is no evidence of implementation at all. |

NET 11: Network Training

Purpose

Network services are delivered to a defined population through an integrated network of providers with the goal of ensuring optimal access, quality of care, and consumer satisfaction.

The network management entity provides orientation and training to all individuals who provide services to network clients.

Related Standards: RPM 6.04

Examples: *Individuals who provide services to network clients can include staff of the network management entity, owner organizations, provider organizations, and independent practitioners.*

Rating Indicators:

1 The organization's practices fully meet the standard, as indicated by full implementation of the practices outlined in the NET 11 Practice standards.

2 Practices are basically sound but there is room for improvement, as noted in the ratings for the NET 11 Practice standards.

3 Practice requires significant improvement, as noted in the ratings for the NET 11 Practice standards.

4 Implementation of the standard is minimal or there is no evidence of implementation at all, as noted in the ratings for the NET 11 Practice standards.

Table of Evidence

Self Study Evidence

*

- Tables of contents of orientation and training curricula

Site Visit Evidence

*

- Documentation tracking attendance at required trainings
- Training curricula

On-Site Activities

*

- Interviews may include:
 1. Network training coordinator
 2. Network providers and individual practitioners

NET 11.01

Prior to serving network clients, all direct service providers receive orientation and training on:

- a. the network's mission, philosophy, goals, and services;
- b. network operations and functioning;
- c. network policies and procedures including access procedures;
- d. network billing practices;
- e. utilization management criteria;
- f. the network's conflict of interest policies and ethical expectations; and
- g. the provider's role in the network's PQI process.

Rating Indicators:

- | | |
|----------|---|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement. |
| 3 | Practice requires significant improvement. |
| 4 | Implementation of the standard is minimal or there is no evidence of implementation at all. |

NET 11.02

The network management entity provides an ongoing training program that includes:

- a. refresher training on network policies, practices, and procedures;
- b. evidence-based practices, as appropriate to the array of network services; and
- c. other issues of importance to the network.

Rating Indicators:

- | | |
|----------|---|
| 1 | The organization's practices reflect full implementation of the standard. |
| 2 | Practices are basically sound but there is room for improvement. |
| 3 | Practice requires significant improvement. |
| 4 | Implementation of the standard is minimal or there is no evidence of implementation at all. |

