Appendix E LME/MCO Request for Exception(s) from Provider Access and Choice Standards

LME/MCO	Date submitted		
LME/MCO Contact person	Title		

Phone ______ Email _____

Instructions: Complete this form to request an exception for services that do not meet access and choice standards. Submit the form and any accompanying materials by email to the LME/MCO's DMA Contract Manager and DMH/DD/SAS LME/MCO Liaison.

Put a check mark in the box to indicate the funding source(s) for services in this request.

Services and Access and Choice Standards for Medicaid (DMA) and		State-
State-Funded (DMH/DD/SAS) Services	Medicaid	Funded
Outpatient Services. Medicaid & State-funded standard: 100% have a choice of		
two providers within 30/45 miles of their residences.		
Location-Based Services. Medicaid standard: 100% have a choice of two provider		
within 30/45 miles of residence. State-funded standard: 100% have access to one	e provider fo	or each
service within 30/45 miles of residence.		
Psychosocial Rehabilitation		
Child and Adolescent Day Treatment		
SA Comprehensive Outpatient Treatment Program		
SA Intensive Outpatient Program		
Opioid Treatment		
Day Supports		
Community/Mobile Services Medicaid standard: 100% have a choice of two provi	ders for eac	ch service
within catchment area. State-funded standard: 100% have access to one provider	r for each se	ervice
within the catchment area.		
Assertive Community Treatment Team		
Community Support Team		
Intensive In-Home		
Mobile Crisis		
Multi-Systemic Therapy		
(b)(3) MH Supported Employment Services		
(b)(3) I/DD Supported Employment Services		
(b)(3) Wavier Community Guide		
(b)(3) Waiver Individual Support (Personal Care)		
(b)(3) Waiver Peer Support		
(b)(3) Wavier Respite		
I/DD Supported Employment Services (non-Medicaid-funded)		
Long-term Vocational Supports (non-Medicaid-funded)		
I/DD Non-Medicaid-funded Personal Care Services		
I/DD Non-Medicaid-funded Respite Hourly Services not in a licensed facility		
Developmental Therapies (Non-Medicaid)		
MH/SA Supported Employment Services (IPS-SE) (State-funded)		

Appendix E LME/MCO Request for Exception(s) from Provider Access and Choice Standards

ME/MCO Date s	MCO Date submitted		
Services and Access and Choice Standards for Medicaid (DMA) and		State-	
State-Funded (DMH/DD/SAS) Services	Medicaid	Funded	
Developmental Services (State-funded)			
Crisis Services – Medicaid and State-funded standards: 100% have access to at	least one prov	ider for	
each crisis service within the catchment area.			
Facility-Based Crisis - adults			
Facility-Based Respite			
Detoxification (non-hospital)			
Inpatient Services – Medicaid and State-funded standards: 100% have access t	o at least one	provider	
for each service within the catchment area			
Inpatient Hospital- Adult			
Inpatient Hospital-Adolescent/ Child			
Specialized Services Medicaid and State-funded standards: 100% have access t	o at least one	provider	
for each service.			
Partial Hospitalization			
MH Group Homes			
Psychiatric Residential Treatment Facility			
Residential Treatment Level 1			
Residential Treatment Level 2: Therapeutic Foster Care			
Residential Treatment Level 2: other than Therapeutic Foster Care			
Residential Treatment Level 3			
Residential Treatment Level 4			
Child MH Out-of-home respite			
SA Non-Medical Community Residential Treatment			
SA Medically Monitored Community Residential Treatment			
SA Hiedically Homored Community Residential Treatment			
I/DD Out-of-home respite (non-Medicaid-funded)			
I/DD Facility-based respite (non-Medicaid-funded)			
I/DD Supported Living (non-Medicaid-funded)			
(b)(3) I/DD Out-of-home respite			
(b)(3) I/DD Facility-based respite			
(b)(3) I/DD Residential supports			
Intermediate Care Facility/IDD			
C-Waiver Services – Medicaid choice of two providers			
Community Living and Supports			
Community Davigator			
Community Navigator Training for Employer of Record Community Networking			
Crisis Behavioral Consultation			
In Home Intensive			
In Home Skill Building			
Personal Care			
Crisis Consultation			

Appendix E LME/MCO Request for Exception(s) from Provider Access and Choice Standards

LME/MCO Date	Date submitted	
Services and Access and Choice Standards for Medicaid (DMA) and		State-
State-Funded (DMH/DD/SAS) Services	Medicaid	Funded
Crisis Intervention & Stabilization Supports		
Residential Supports 1		
Residential Supports 2		
Residential Supports 3		
Residential Supports 4		
Respite Care - Community		
Respite Care Nursing – LPN & RN		
Supported Employment		
Supported Employment – Long Term Follow-up		
Supported Living		
C-Waiver Services – Medicaid access to at least one provider		
Day Supports		
Out of Home Crisis		
Respite Care - Community Facility		
Financial Supports		
Specialized Consultative Services (at least one provider of one of multiple	5	
services)		

Complete the following items for each service in the request:

- 1. As of the date of this request, the number of providers of the service under contract to LME/MCO for this service.
- 2. As of the date of this request, the number of individuals receiving the service.
- 3. As of the date of this request, the number of individuals in need of the service.
- 4. Reason(s) why the access and choice standard(s) cannot be met.
- 5. Is this a new request or have you previously requested an exception for this service? If applicable, give the date of the previous request.
- 6. For a service that does not meet its access standard, describe plans for how the LME/MCO will meet an individual's need for access to the service.
- 7. For a service that does not meet its provider choice standard, describe plans for how the LME/MCO will offer choice of providers to an individual who needs the service.
- 8. What is the expected ending date of this exception? (Exceptions may not exceed one year.)