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 service choice standards. Submit the form and any accompanying materials Contract Manager and DMH/DD/SAS LME/MCO Liaison.	by email to the	LME/MCO	
Put a check mark in the box to indicate the funding source(s) for servi		st.	
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	ve a choice of		
two providers within 30/45 miles of their residences.			
Location-Based Services. Medicaid standard: 100% have a choice within 30/45 miles of residence. State-funded standard: 100% have 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 choi within catchment area. State-funded standard: 100% have access 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)	1		
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 l	icensed facility		
Developmental Therapies (Non-Medicaid)	icerised racinty		
MH/SA Supported Employment Services (IPS-SE) (State-funder	4)		
ivin 3 3 Supported Employment Services (if 3-3L) (State-funder	ω ₁		

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

LME/MCO Date submitted

ICODate submitted			
Services and Access and Choice Standards for Medicaid (DMA) and	Modicaid	State- Funded	
State-Funded (DMH/DD/SAS) Services	Medicaid	Funded	
Developmental Services (State-funded) Crisis Services – Medicaid and State-funded standards: 100% have access to at le	2001 000 000	idou fou	
each crisis service within the catchment area.	east one prov	ider for	
Facility-Based Crisis - adults			
Facility-Based Respite Detoxification (non-hospital)			
, ,	at least one	orovidor	
Inpatient Services – Medicaid and State-funded standards: 100% have access to for each service within the catchment area	at least one	provider	
Inpatient Hospital-Adult			
Inpatient Hospital-Adolescent/ Child			
Specialized Services Medicaid and State-funded standards: 100% have access to	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 Halfway Houses			
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 Navigator			
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 submitted _____

Services and Access and Choice Standards for Medicaid (DMA) and State-Funded (DMH/DD/SAS) Services	Medicaid	State- 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		
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.)