**Appendix F**

**Network Access Plan Requirements**

**Due Monday, July 1, 2019**

**Section One: Executive Summary**

1. Provide a summary of the 2019 Network Adequacy and Accessibility Analysis Report and the areas of focus that will be addressed in the upcoming year.
2. Describe progress of activities, projects, and initiatives developed and/or implemented to address service gaps and service exceptions identified in last year’s gaps analysis report. For areas in which continued gaps exist and service exceptions are still needed what barriers have been identified and addressed?

**Section Two: Access Plan**

1. Describe the actions that are underway or will be taking place over the next fiscal year to address the identified service gaps in **Section One: Network Availability and Accessibility.**
2. Describe the actions that are underway or will be taking place over the next fiscal year to address geographic, cultural or special populations needs identified in **Section Two: Accommodation.**
3. Describe the actions that are underway or will be taking place over the next fiscal year to improve consumer and stakeholder experience as identified in **Section Three: Acceptability.**

**Section Three: In Lieu of and Alternative Services**

1. For Medicaid-funded “In Lieu of” Services, using the list from the following pages of approved Medicaid “in lieu of” service definitions for the LME/MCO, address the following:
2. Geographic area covered by each approved “in lieu of” service
3. Service capacity of each “in lieu of” service
4. Demonstrate how each “in lieu of” service filled the gap it was intended to address, including the number and characteristics of members served and how they accessed the service
5. Barriers encountered or challenges experienced during implementation
6. For approved non-Medicaid-funded alternative services, using the list from the following pages of non-Medicaid Alternative service definitions for the LME/MCO, address the following:
7. Geographic area covered by each approved non-Medicaid-funded alternative service definition
8. Service capacity of each non-Medicaid-funded definition
9. Demonstrate how each non-Medicaid-funded definition filled the gap it was intended to address, including the number and characteristics of members served and how they accessed the service
10. Barriers encountered or challenges experienced during implementation

**Approved Medicaid and Non-Medicaid “In Lieu of” Services or Alternative Service Definitions**

**Alliance**

*Approved* “In Lieu of” *Service Definitions -- Medicaid Services*

|  |  |
| --- | --- |
| H2022-22-Z1; H2022-U3-HE; H2022-22-Z2; H2022-22-73 | Family Centered Treatment |
| 90837-22-PL; 90834-22-PL; H0036-22  | Outpatient Plus |
| H0040 TS; H0040-22  | ACT Step Down |
| S5145-22-Z3 | Rapid Response |
| T2016 U5 | Behavioral Health Urgent Care |
| H0032-U3; H0032-U3 | High Fidelity Wraparound Team (HFWT) |

*Approved Alternative Service Definitions -- Non-Medicaid (State) Services*

|  |  |
| --- | --- |
| YA308 | Peer Support |
| YA323 | Assertive engagement |
| YA324 | Crisis Evaluation & Observation |
| YA325 | Recovery support |
| YA343 | Peer Support Hospital Discharge & Diversion – Individual |
| YA346 | Hospital Discharge Transition Service |
| YA532 | Assertive Engagement - QP (Licensed & Unlicensed) |
| YA353 | Assertive Engagement - AP & Paraprofessional |
| YA377 | Comprehensive Screening and Community Connection |
| YA385 | Safety Supervisor |
| YA386 | Outpatient DBT (Group) |
| YA387 | Outpatient DBT (Individual) |

**Cardinal**

*Approved* “In Lieu of” *Service Definitions -- Medicaid Services*

|  |  |
| --- | --- |
| H0036 HK U5 | Family Centered Treatment |
| H0040 TS U5 | ACTT Step Down |
| H0018 HA; H0018 HB | Complex Needs |
| S9480 U5; S9480 HK U5 | Rapid Care Services |
| H0040-U5 | Child ACTT |
| H2011-U5-U1 | Enhanced Crisis Response (ECR) |
| H2022-HE-U5 | In Home Therapy Services for Children with Mental Illness/Substance Abuse Diagnosis |
| H0018-HA; H0018-HB | Residential Service – Complex Needs |

*Approved Alternative Service Definitions -- Non-Medicaid (State) Services*

|  |  |
| --- | --- |
| YA308 | Peer support |
| YA309 | Peer support group B3 |
| YA324 | Crisis Evaluation & Observation |
| YA341 | Assertive Engagement |
| YA343 | Peer Support Hospital Discharge & Diversion - Individual |
| YA346 | Hospital Discharge Transition Services |
| YA349 | Jail Support |
| YA532 | Assertive Engagement - QP (Licensed & Unlicensed) |
| YA353 | Assertive Engagement - AP & Paraprofessional |
| YA366 | Recovery Education Center - Indiv |
| YA367 | Recovery Education Center - Group |
| YA383 | Long Term Vocational Support Group |
| YA385 | Hourly Safety Supervision |
| YA386 | Outpatient DBT Group |
| YA387 | Outpatient DBT Individual |
| YA391 | Senior IDD – My Turn |
| YA392 | Afterschool Summer Enrichment Program |

**Eastpointe**

*Approved* “In Lieu of” *Service Definitions -- Medicaid Services*

|  |  |
| --- | --- |
| H2022 P1 U5; H2022 P2 U5; H2022 P3 U5 | Family Centered Treatment |
| H0032-HF; H0038-UF-FP; H0038-UA-4YP | High Fidelity Wraparound |

*Approved Alternative Service Definitions -- Non-Medicaid (State) Services*

|  |  |
| --- | --- |
| YA308 | Peer support |
| YA324 | Crisis Evaluation & Observation |
| YA328 | TBI Long Term residential rehab |
| YA343 | Peer Support Hospital Discharge & Diversion - Ind |
| YA436 | Hospital Discharge Transition Service |
| YA352 | Assertive Engagement - QP (Licensed & Unlicensed) |
| YA365 | Assertive engagement |
| YA369 | Crisis Evaluation & Observation |

**Partners**

*Approved* “In Lieu of” *Service Definitions -- Medicaid Services*

|  |  |
| --- | --- |
| H2022 Z1; H2022 HE | Family Centered Treatment |
| H0032 U5 | CTI  |
| Plan is to use 90873 U5 | Outpatient Plus  |
| S5145 U5 | Rapid Response Crisis Services for Children and Youth |
| H2019 U5 | Dialectical Behavioral Therapy |
| T2016 | Behavioral Health Crisis Assessment and Intervention |
| H0019 U5 | High Fidelity Wraparound |
| H2022-U5 | Young Adults in Transition |

*Approved Alternative Service Definitions -- Non-Medicaid (State) Services*

|  |  |
| --- | --- |
| YA324 | Crisis Evaluation & Observation |
| YA308 | Peer support |
| YA309 | Peer support group B3 |
| YA341 | Assertive engagement |
| YA343 | Peer Support Hospital Discharge & Diversion - Individual |
| YA346 | Hospital Discharge Transition Service |
| YA349 | Jail Support |
| YA368 | Assertive engagement |
| YA369 | Crisis Evaluation & Observation |

**Sandhills**

*Approved* “In Lieu of” *Service Definitions -- Medicaid Services*

|  |  |
| --- | --- |
| H2022 Z1; H2022 Z2; H2022 HE | Family Centered Treatment |

*Approved Alternative Service Definitions -- Non-Medicaid (State) Services*

|  |  |
| --- | --- |
| YA308 | Peer support |
| YA309 | Peer support group B3 |
| YA324 | Crisis Evaluation & Observation |
| YA343 | Peer Support Hospital Discharge & Diversion - Individual |
| YA346 | Hospital Discharge Transition Service |
| YA352 | Assertive Engagement - QP (Licensed & Unlicensed) |
| YA353 | Assertive Engagement - AP & Paraprofessional |
| YA382 | CAET School to Work Transition-Group |
| YA385 | Safety Supervisor - Hourly |
| YA386 | Outpatient DBT (Group) |
| YA387 | Outpatient DBT (Individual) |

**Trillium**

*Approved* “In Lieu of” *Service Definitions -- Medicaid Services*

|  |  |
| --- | --- |
| 90791; 90832; 90834; 90837; 90839; 90840; 90846; 90847 T1017 TJ | Child First |
| T2016 TF U5 | Community Living Facilities and Support |

*Approved Alternative Service Definitions -- Non-Medicaid (State) Services*

|  |  |
| --- | --- |
| YA308 | Peer Support |
| YA324 | Crisis Evaluation & Observation |
| YA328 | TBI Long term Residential Rehabilitation |
| YA340 | Wellness Education Group |
| YA343 | Peer Support Hospital Discharge & Diversion - Ind |
| YA346 | Hospital Discharge Transition Service |
| YA352 | Assertive Engagement - QP (Licensed & Unlicensed) |
| YA385 | Safety Supervisor - Hourly |
| YA386 | Outpatient DBT (Group) |
| YA387 | Outpatient DBT (Individual) |

**Vaya Health**

*Approved* “In Lieu of” *Service Definitions -- Medicaid Services*

|  |  |
| --- | --- |
| H2021-HN; H2021-HO | Outpatient Plus |
|  |  |
|  |  |
| T2016 U5 | Behavioral Health Crisis Risk Assessment and Intervention |
| H2016-U5 ; H2016-U5-22 | High Fidelity Wraparound Team |
| S5145 U5 | Enhanced Therapeutic Foster Care |
| H2022 U5 | Transitional Youth Services |
| ICF-IID Codes with modifiers | Long Term Community Support |

*Approved Alternative Service Definitions -- Non-Medicaid (State) Services*

|  |  |
| --- | --- |
| YA308 | Peer support |
| YA309 | Peer support group B3 |
| YA323 | Assertive engagement |
| YA324 | Crisis Evaluation & Observation |
| YA341 | Assertive engagement |
| YA343 | Peer Support Hospital Discharge & Diversion - Ind |
| YA346 | Hospital Discharge Transition Service |
| YA349 | Jail Support |
| YA366 | Recovery Education Center (REC) - Individual |
| YA367 | Recovery Education Center (REC) - Group |
| YA368 | Assertive engagement |
| YA375 | Peer Support Hospital Discharge & Diversion - Group |
| YA383 | Long Term Vocational Support Group |
| YA394 | CAET Group |