LME/MCO Contact person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Instructions*:** Complete this form to request exceptions 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. All services should be put on the same form.

| **Services and Access and Choice Standards for Medicaid (DMA) and**  **State-Funded (DMH/DD/SAS) Services** | **Medicaid** | **State-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 providers for each service within 30/45 miles of residence. State-funded standard: 100% have access to one provider for 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 providers for each service within catchment area. State-funded standard: 100% have access to one provider for each service 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) |  |  |
| Developmental Services (State-funded) |  |  |
| **Crisis Services** – Medicaid and State-funded standards: 100% have access to at least one provider 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 to 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 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 **c**hoice 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 |  |  |
| 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. Name of service requested.
2. As of the date of this request, the number of providers of the service under contract to LME/MCO for this service.
3. As of the date of this request, the number of individuals receiving the service.
4. As of the date of this request, the number of individuals in need of the service.
5. Reason(s) why the access and choice standard(s) cannot be met.
6. Is this a new request or have you previously requested an exception for this service? If applicable, give the date of the previous request.
7. 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.
8. 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.
9. What is the expected ending date of this exception? (Exceptions may not exceed one year.)