**Appendix F**

**Network Access Plan Requirements**

**Due Wednesday, July 1, 2021**

**Section One: Executive Summary**

1. Provide a summary of the findings from the 2021 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 for DMH/DD/SAS in 2019 and NC Medicaid 2020 gaps analysis report. For areas in which continued gaps exist and service exceptions are still needed what barriers have been identified and addressed?
3. Describe the actions that are underway or will be taking place over the next fiscal year to address the gaps identified by consumers and family members.

**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 Billed In FY20**

**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) |
| H2017 U5 | Psychological Rehabilitation (PSR) During Disaster |
| H20212 HA 22 | Child and Adolescent Day Treatment Provided During Disaster or Emergency |
| T2016 TF U5 | Short Term Residential Stabilization |

*Alternative Service Definitions Billed In FY20 -- Non-Medicaid (State) Services*

|  |  |
| --- | --- |
| YA323 | Assertive engagement |
| YA324 | Crisis Evaluation & Observation |
| YA343 | Peer Support Hosp Discharge & Diversion |
| YA346 | Hospital Discharge Transition Service |
| 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 |
|  |  |
| 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 |
| T2016-CR | Case Support Special Circumstances  |
|  G2021-CR | Practitioners Rendering treatment in place (TIP) Comprehensive Clinical Support Services (CCS) |

*Alternative Service Definitions Billed In FY20 -- Non-Medicaid (State) Services*

|  |  |
| --- | --- |
| YA324 | Crisis Evaluation & Observation |
| YA308 & YA309 | Peer Support |
| YA341 | Assertive Engagement |
| YA346 | Hospital Discharge Transition Services |
| YA352 | Assertive Engagement - QP (Licensed & Unlicensed) |
| YA353 | Assertive Engagement - AP & Paraprofessional |
| 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 |
| H2022P3 U5GT-TransitionH2022P2 U5GTCR -CoreH2022P2 U5GT-CoreH2022P2 GTCR-ServicesH2022P2 GT-ServicesH2022P1 U5GTCR-EngagementH2022P1 U5GT-Engagement | Family Centered Treatment (FCT) |
| H0032HFH0038 U4FPH0038 U4YP | High Fidelity Wraparound |
| H0217 CV | Individual Rehabilitation, Coordination, and Support (ICRS) |

*Alternative Service Definitions Billed In FY20 -- Non-Medicaid (State) Services*

|  |  |
| --- | --- |
| YA308 | Peer Support |
| YA324 | Crisis Evaluation & Observation |
| YA328 | TBI Long Term residential rehab |
| YA436 | Hospital Discharge Transition Service |
| YA365, YA353, YA352 & YA341 | Assertive engagement |
| YA369 | Crisis Evaluation & Observation |

**Partners**

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

|  |  |
| --- | --- |
| H2022 Z1; H2022 HE | Family Centered Treatment |
| H0032 U5 | Critical Time Intervention  |
| 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 |
| T2016 U5 U1, Level 1-5 | Long Term Community Supports |
| H0015 U5 | SUD Intensive Outpatient Program during COVID-19 |
| H0035 U4 | Virtual Psychiatric Intensive Outpatient Treatment (COVID) |
| H2035 U5 | Substance Use Disorder Comprehensive Outpatient Treatment during Disaster (SUD-COT during Disaster) |

*Alternative Service Definitions Billed In FY20 -- Non-Medicaid (State) Services*

|  |  |
| --- | --- |
| YA308 & YA309 | Peer Support |
| YA341 & YA353 | Assertive engagement |
| YA343 | Peer Support Hosp Discharge & Diversion |
| YA346 | Hospital Discharge Transition Service |
| YA369 | Crisis Evaluation & Observation |

**Sandhills**

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

|  |  |
| --- | --- |
| H2022 Z1; H2022 Z2; H2022 HE | Family Centered Treatment |
| H2022 Z1-Engagement and TransitionH2022 HE-Reimbursement per month-CoreH2022 Z1 U4, H2022 HE U4, H2022 Z2 U4 | Family Centered Treatment |
| H2012 HA CV | Child and Adolescent Day Treatment Provided During Disaster or Emergency |

*Alternative Service Definitions Billed In FY20 -- Non-Medicaid (State) Services*

|  |  |
| --- | --- |
| YA308 & YA309 | Peer Support |
| YA324 | Crisis Evaluation & Observation |
| YA341, YA352 & YA353 | Assertive Engagement  |

**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 |
| H0217 CR | Disaster Individual Rehabilitation, Coordination, and Support (DIRCS) Services |
| ICF-IID-100 | Disaster Outreach and Engagement for IDD |
| S5135 GT U5 | Home Monitoring through Virtual Supervision systems (HMVS) |
| H2011 U5 CRH2011 U5 GT CR | Rapid Response Team (RRT) |
| T2021 | Community Inclusion and Support IDD |

*Alternative Service Definitions Billed In FY20 -- Non-Medicaid (State) Services*

|  |  |
| --- | --- |
| YA323, YA341 & YA353 | Assertive Engagement |
| YA324 | Crisis Evaluation & Observation |
| 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 |
| H0032 with U5 | Critical Time Intervention |
| H20217 CR | Individual Rehabilitation, Coordination, and Support Services (IRCS) |

*Alternative Service Definitions Billed In FY20 -- Non-Medicaid (State) Services*

|  |  |
| --- | --- |
| YA308 & YA309 | Peer Support |
| YA323, YA341, YA352, YA353, YA368 | Assertive engagement |
| YA325 | Recovery Support |
| YA324 & YA369 | Crisis Evaluation & Observation |
| YA341 | Assertive engagement |
| YA343 | Peer Support Hosp Discharge & Diversion |
| YA346 | Hospital Discharge Transition Service |
| YA349 | Jail Support |
| YA368 | Assertive engagement |
| YA394 | CAET Group |
| YA366 & YA367 | Recovery Education Center |