

**LME-MCO Initial Request for Waiver from DHHS Contract Requirements for
Choice of Two Providers or Access to Providers**

Please check the DHHS division to which this waiver request applies:

Division of Medical Assistance

Division of Mental Health, Developmental Disabilities, and Substance Abuse Services

Date _____

Complete the following items:

1. Name of LME-MCO requesting the waiver:
2. Name of service and date for which the waiver is being requested:

3. Current number of providers of the service under contract to the LME-MCO:
4. Current number of individuals receiving or in need of the service:
5. Justification for waiving the access and choice requirements:

6. For services not currently delivered by any contracted provider, describe how the LME-MCO will address requests from an individual who needs the service:

7. For services currently delivered by only one contracted provider, describe how the LME-MCO will address requests from individuals who want a choice of providers:

From the checklist below, put a check mark by the service to indicate which of the two requirements pertain(s) to this initial waiver request. Please mark in the white boxes only.

Services	Choice	Access
Outpatient Services: requires choice of two providers within 30/45 miles of consumers' residences		
Location-Based Services: requires access within 30/45 miles of consumers' residences, and a choice of two providers		
Psychosocial Rehabilitation		
Child and Adolescent Day Treatment		
SA Comprehensive Outpatient Treatment Program		
SA Intensive Outpatient Program		
Opioid Treatment		
Day Support		
Adult Development Vocational Program		
Community/Mobile Services (requires choice of two and access)		
Assertive Community Treatment Team		
Community Support Team		
MH/SA Supported Employment Services		
Intensive In-Home		

Services	Choice	Access
Multi-Systemic Therapy		
(b)(3) Waiver Peer Support		
Traumatic Brain Injury Services (non-residential)		
Mobile Crisis		
(b)(3) Waiver Individual Support (Personal Care)		
(b)(3) Wavier Respite		
Home-base I/DD Services		
(b)(3) Wavier Community Guide		
Crisis/ Inpatient (must have access within catchment to at least one provider)		
Inpatient Hospital- Adult		
Inpatient Hospital-Adolescent		
Inpatient Hospital-Child		
Facility Based Crisis		
Crisis Respite		
Detoxification (non-hospital)		
Specialized Services (must have access to at least one provider)		
Partial Hospitalization		
MH Group Homes		
Traumatic Brain Injury Services- residential		
Psychiatric Residential Treatment Facility		
Residential Treatment Levels 1-4		
Child MH Out-of-Home Respite		
SA Non-Medically Community Residential Treatment		
SA Medically Community Residential Treatment		
SA Halfway Homes and AFLs		
I/DD Out-of-Home Respite		
I/DD Facility-Based Respite		
Intermediate Care Facility / IDD		