

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

Please check the DHHS division to which this waiver review 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:
2. Name of service:
3. Date of the LME-MCO/PIHP's initial request for the waiver and the response from DMA or DMH/DD/SAS:
4. During the last year or period of time in which the waiver has been in place, describe community demand for this service and what, if anything, has changed since the waiver was granted. Include data to indicate number of claims paid for this service and number of unduplicated individuals receiving it.
5. Describe actions taken by the LME-MCO/PIHP to locate a provider to ensure choice or access for this service, including services not previously contracted or services offered previously by only one provider when an individual requested choice:
6. Date of follow-up monitoring:
7. Describe determination made at completion of annual (or other time period) monitoring (i.e., grant a continued waiver, pend the waiver as additional action is needed by LME-MCO/PIHP, or close out the waiver as no longer necessary due to provider choice and/or access requirements having been met):

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

Services	Choice	Access
<b>Outpatient Services: requires a choice of two providers within 30/45 miles of consumers' residences</b>		
<b>Location-Based Services: requires access within 30/45 miles of consumers' residences, and a choice of two providers</b>		
Psychosocial Rehabilitation		
Child and Adolescent Day Treatment		
SA Comprehensive Outpatient Treatment Program		
SA Intensive Outpatient Program		
Opioid Treatment		
Day Support		
Adult Development Vocational Program		

Services	Choice	Access
<b>Community/Mobile Services: requires choice of two providers and access</b>		
Assertive Community Treatment Team		
Community Support Team		
MH/SA Supported Employment Services		
Intensive In-Home		
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		
<b>Crisis/ Inpatient: must have access within LME-MCO catchment area to at least one provider</b>		
Inpatient Hospital- Adult		
Inpatient Hospital-Adolescent		
Inpatient Hospital-Child		
Facility Based Crisis		
Crisis Respite		
Detoxification (non-hospital)		
<b>Specialized Services: must have access to at least one provider</b>		
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		