42 CFR 438.210	Calendar Dava														$\neg$																										
42 CFR 438.210 42 CFR 438.404	Calendar Days																1	1					ı	-	ı																
42 CFR 436.404 42 CFR 431.211	1 2	3	4	5	6	7	8	9	10	11	12	13	14	1 1 !	5 16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41 4	12
Appointment Standards	5.8.5,	6.3)															1										,	,	1			1									
Intake Assessment (Initiation) (per CFR)	Available and offered within 10 working / 14 calendar days <sup>1</sup>																																								
Intake Evaluation (Completion) (per CFR)	Completed within 28 working days of request for service <sup>2</sup>														or																										
1st Routine Appointment <sup>3</sup>		Must be offered no later than 28 calendar days from date of request for services⁴																																							
Enrollment Standards (6.	6.4, 7.	3)																																							
Enrollment Decision	Within 14 days of request for service										U	Up to 14 additional days upon request of enrollee o BHA 5, 6											e or																		
Notice of Determination	Within 14 days of request for service (services authorized, no additional services requested by MHA due to lack of medical necessity, right to 2nd opinion, availability of other EPSDT services)																																								
Notice of Adverse Benefit Determination	Within 14 days of request for service, when the decision is to deny or authorize services in an amount, duration, or scope that is less than requested <sup>6</sup>																																								

Unless both of the following conditions are met: 1) an intake has been provided in the previous 12 months that establishes medical necessity and 2) the PIHP agrees to use the previous intake evaluation as the basis for authorization decisions.

Contractor must request authorization extension and document reason for delays. This includes documentation when the Individual declines an intake appointment within the first ten (10) business days.

<sup>3</sup> Contractor must document reasons for any delays, including when the individual declines an appointment offered within 28 days and must monitor the frequency of appointments that occur after 28 days and apply corrective action where needed.

May occur before the completion of the intake evaluation once medical necessity has been established.

Should all include, "the Contractor demonstrates the need for additional information to make an authorization decision and that the extension is in the Enrollee's best interest."

Includes instances where Individual is requesting a specific Level of Care (LOC) the SBHO provides, and that LOC is denied. 7 See 42 CFR 431.213 for exceptions to 10 day advance notice