

SERVICE	SERVICE CODE	AUTHORIZATION GUIDELINES	REQUIRED DOCUMENTS (Initial)	REQUIRED DOCUMENTS (Reauth)	EXCLUSIONS
Developmental Therapy (DT)- (Children ages 3 up to 16) Service to Sunset on 12-31-23	H2014 HM-Individual H2014 U1-Group	<u>Individual</u> -25 hours/week max., up to 1 year (or end of PCP) <u>Group</u> -No more than 60 hours/Month	PCP, NC SNAP, Document that provides a formal I/DD diagnosis by a licensed clinician whose scope of practice includes diagnosing I/DD through the use of appropriate psychological testing.	NC SNAP, Updated PCP, Progress Information, Updated Psychological as needed	Cannot receive Personal Assistance. Must live at home. Cannot receive Medicaid Personal Care.
Personal Assistance (adults and children ages 3 and up) No New Admissions Service to Sunset on 12-31-23	YP020	20 hours/week max., up to 1 year (or end of PCP)	PCP, NC SNAP, Document that provides a formal I/DD diagnosis by a licensed clinician whose scope of practice includes diagnosing I/DD through the use of appropriate psychological testing.	NC SNAP, Updated PCP, Progress Information, Updated Psychological as needed	Must live in Natural Home or AFL. Cannot receive CLS, Day Supp, DT. May receive Respite and Personal Assistance. Cannot receive Innovations. Cannot receive any type of Residential Services.
Respite-(hourly-crisis) Available for: adults and for children ages 3 and up.	YP010	40 hours/month, up to one year (or end of PCP)	Annual NC SNAP IF other services are being provided MUST be on PCP.	Annual NC SNAP (Updated PCP-IF other services are provided)	Must live in Natural Home. Adults (18 and older)- cannot receive <u>any</u> other authorized benefits. Children (up to 16)- may receive DT and Respite.

Please refer to UM notes on approvals and denials.

State funds-Child=starts on 3rd birthday until 18th birthday; ADULT=ages 18 and over IDD Benefit Guidelines

SERVICE	SERVICE CODE	AUTHORIZATION GUIDELINES	REQUIRED DOCUMENTS (Initial)	REQUIRED DOCUMENTS (Reauth)	EXCLUSIONS
<p>Community Living and Supports (CLS) *as of 10-3-23 ages 3 and older No New Admissions **members transitioning or aging out of DT are eligible to transition if criteria met.**</p>	<p>YM 851-Individual YM 852 - Group</p>	<p>Up to 28 hours/week (Individual or Group OR a combination of Individual and Group) Duration for up to 1 year (or end of PCP) *Members 16-22 not graduated, may not exceed 3 hr/day on school days.</p>	<p>PCP, NC SNAP-(Score 3 or higher), Service Order, Document that provides a formal I/DD or TBI diagnosis by a licensed clinician whose scope of practice allows for diagnosing I/DD or TBI.</p>	<p>NC SNAP (Score 3 or higher), Updated PCP, Progress Information, Updated Psychological or TBI testing as needed</p>	<p>Not available same time of the day as state funded Res Sup, Com Net, Day Supp, Supp Liv, Supp Employ. Must not duplicate other state funded services, State Plan Medicaid (ex Private Duty Nurse) May not use with IW/TBI Waiver, B3 IW Waiver, or Medicaid In Lieu of Services with meaningful day component.</p>
<p>Residential Supports- (Ages 16 years and older) *No New Admissions* **members in residential services codes that are ending may be eligible to transition if criteria met.**</p>	<p>YM 846 -Level 1</p>	<p>365 day/units per year, up to one year (or end of PCP)</p>	<p>PCP, NC SNAP-(Score 2 or higher) or SIS Level C-E), Service Order, Document that provides a formal I/DD or TBI diagnosis by a licensed clinician whose scope of practice allows for diagnosing I/DD prior to age 22, or TBI at any age.</p>	<p>NC SNAP (Score 2 or higher), Updated PCP, Progress Information, Updated Psychological or TBI testing as needed</p>	<p>May not receive SF-CLS, SL Periodic, DT; Not avail same time of day State Plan Medicaid; Provided in 5600 SL B, C, F or UAFL; May not use Waiver or Medicaid ILOS Servs with residential component; Relatives may not provide RS to family member; RS can't bill same day as Respite if Resp is billed more 4 hr same day. See 5.3 service definition for complete limitations.</p>
<p>Day Supports (Ages 16 years and older)</p>	<p>YM590</p>	<p>Not to exceed 30 hr/week. *16-22 years old in school, not to exceed 3 hr/day on school days.</p>	<p>PCP, Service Order, NC SNAP Score 2 or greater, Document that provides a formal I/DD diagnosis by a licensed clinician whose scope of practice includes diagnosing I/DD through the use of appropriate psychological testing, prior to the age of 22.</p>	<p>NC SNAP Score of 2 or greater, Updated PCP, Service Order, Progress Information, Updated Psychological as needed.</p>	<p>Members may not receive this service, with IW/TBI Waiver, B3 IW Waiver, or Medicaid In Lieu of Services with meaningful day component.</p>

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Group Living -(low, moderate, high) No longer available Sunset as of 9-30-23	YP760-Low YP770-Moderate YP780-High	365 units/year, up to one year (or end of PCP)	PCP, NC SNAP, Document that provides a formal I/DD diagnosis by a licensed clinician whose scope of practice includes diagnosing I/DD through the use of appropriate psychological testing.	NC SNAP, Updated PCP, Progress Information, Updated Psychological as needed	Cannot receive DT, Personal Assistance , or Respite. New Admissions must be stepping down from a higher level of care.
Supervised Living- (low and moderate) No longer available Sunset as of 9-30-23	YP710-Low YP720-Moderate	365 units/year, up to one year (or end of PCP)	PCP, NC SNAP, Document that provides a formal I/DD diagnosis by a licensed clinician whose scope of practice includes diagnosing I/DD through the use of appropriate psychological testing.	NC SNAP, Updated PCP, Progress Information, Updated Psychological as needed	Cannot receive DT, Personal Assistance , or Respite. New Admissions must be stepping down from a higher level of care.
Family Living low and moderate- No longer available Sunset as of 9-30-23	YP740-Low YP750-Moderate	365 units/year, up to one year (or end of PCP)	PCP, NC SNAP, Document that provides a formal I/DD diagnosis by a licensed clinician whose scope of practice includes diagnosing I/DD through the use of appropriate psychological testing.	NC SNAP, Updated PCP, Progress Information, Updated Psychological as needed	Open admissions for people stepping down from higher level of care (Institutional Care).

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Supported Employment-Individual	YA390	30 hours/week, up to one year (or end of PCP)	PCP, NC SNAP, Document that provides a formal I/DD diagnosis by a licensed clinician whose scope of practice includes diagnosing I/DD through the use of appropriate psychological testing.	NC SNAP, Updated PCP, Progress Information, Updated Psychological as needed	Younger than age 16 Cannot receive any other periodic services.
Supported Employment-Group	YP640	No more than 40 hours/Year, up to one year (or end of PCP)	PCP, NC SNAP, Document that provides a formal I/DD diagnosis by a licensed clinician whose scope of practice includes diagnosing I/DD through the use of appropriate psychological testing.	NC SNAP, Updated PCP, Progress Information, Updated Psychological as needed	Cannot receive any other periodic services.
IDD Long-Term Vocational Support Services (Extended Services)	YA389	No more than 40 hours/Year, up to one year (or end of PCP)	PCP, NC SNAP, Document that provides a formal I/DD diagnosis by a licensed clinician whose scope of practice includes diagnosing I/DD through the use of appropriate psychological testing.	NC SNAP, Updated PCP, Progress Information, Updated Psychological as needed	Cannot receive any other periodic services.
Developmental Day- No new admissions Service to Sunset on 12-31-23	YP610	10 hours/day	N/A- No prior authorization required	N/A- No prior authorization required	Available for children from 3-12

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SERVICE	SERVICE CODE	AUTHORIZATION GUIDELINES	REQUIRED DOCUMENTS (Initial)	REQUIRED DOCUMENTS (Reauth)	EXCLUSIONS
Outpatient Therapy	Individual and Group codes vary depending upon length of visit	State funded: effective 10/01/21 adults 12 unmanaged visits through June 30 LOCUS=1/2, ASAM=1 or lower	TAR, CCA, tx plan/updates, service orders, LOCUS/ASAM; Note: If also receiving an enhanced service, a PCP will be required w/signatures and checkboxes	TAR, CCA, tx plan/updates, service orders, LOCUS/ASAM; Note: If also receiving an enhanced service, a PCP will be required w/signatures and checkboxes	
E and M- Evaluation and Management	codes vary depending upon length of visit	unmanaged	N/A- No prior authorization required	N/A- No prior authorization required	
Mobile Crisis	H2011 1unit=15min	TAR required within 48 hours after 32 unmanaged units have been exhausted. Clinical documents required if TAR is for more than 8 additional units. LOCUS=level 4/5	TAR, provider note, CALOCUS/ASAM, clinical documents	TAR, provider note, CALOCUS/ASAM, clinical documents	Medicaid/State

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B3 MEDICAID SERVICES

SERVICE	SERVICE CODE	AUTHORIZATION GUIDELINES	REQUIRED DOCUMENTS (Initial)
B3 Community Transition	H0043	For more information about the B3 benefits see Clinical Coverage Policy/Service Definition	For more information about the B3 benefits see Clinical Coverage Policy/Service Definition
Respite	H0045	For more information about the B3 benefits see Clinical Coverage Policy/Service Definition	For more information about the B3 benefits see Clinical Coverage Policy/Service Definition
Respite -Group	H0045 HQ	For more information about the B3 benefits see Clinical Coverage Policy/Service Definition	For more information about the B3 benefits see Clinical Coverage Policy/Service Definition
Supported Employment Intitial-IDD	H2023	For more information about the B3 benefits see Clinical Coverage Policy/Service Definition	For more information about the B3 benefits see Clinical Coverage Policy/Service Definition
Supported Employment Maintenance-IDD	H2026	For more information about the B3 benefits see Clinical Coverage Policy/Service Definition	For more information about the B3 benefits see Clinical Coverage Policy/Service Definition
Supported Employment Maintenance IDD-Group	H2026 HQ	For more information about the B3 benefits see Clinical Coverage Policy/Service Definition	For more information about the B3 benefits see Clinical Coverage Policy/Service Definition

INNOVATIONS SERVICES

SERVICE	SERVICE CODE	MAXIMUM AUTHORIZATION LENGTH
Assistive Technology Equipment and Supplies	T2029	Plan Year
Community Living and Supports-Individual -In Home Services (EVV)	T2013TF	Plan Year (shorter auth may occur if using 12 or more hours per day per service definition)
Community Living and Supports-Individual -In the Community (EVV)	T2012	Plan Year (shorter auth may occur if using 12 or more hours per day per service definition)
Community Living and Supports-Individual -Live In Care Giver (EVV)	T2012 GC	Plan Year (shorter auth may occur if using 12 or more hours per day per service definition)
Community Living and Supports- Group -In Home Services (EVV)	T2013 TF HQ	Plan Year (shorter auth may occur if using 12 or more hours per day per service definition)
Community Living and Supports- Group -In the Community (EVV)	T2013 HQ	Plan Year (shorter auth may occur if using 12 or more hours per day per service definition)
Community Living and Supports- Group -Live In Care Giver (EVV)	T2013 GC HQ	Plan Year (shorter auth may occur if using 12 or more hours per day per service definition)
Community Navigator	T2041	Plan Year
Community Navigator-Training (Periodic)	T2041 U1	Plan Year
Community Networking -Individual	H2015	Plan Year
Community Networking - Group	H2015 HQ	Plan Year
Community Networking - Classes and Conferences	H2015 U1	Plan Year
Community Transition	T2038	Plan Year (3 month period beginning 1 month prior to move date)
Community Networking - Transportation	H2015	Plan Year
Crisis Intervention and Stabilization Supports	H2011 U1	Crisis Supports are an immediate intervention available 24/7. Service authorization can be granted verbally or planned in the ISP. Following authorization any modification to the ISP and budget must occur within 5 working days of the verbal service authorization. Crisis plan must be updated within 14 days of a crisis.

Please refer to UM notes on approvals and denials.

*Refer to CCP 8P for required documents-Innovations services

INNOVATIONS SERVICES

SERVICE	SERVICE CODE	MAXIMUM AUTHORIZATION LENGTH
Crisis Consultation	T2025 U3	Crisis Supports are an immediate intervention available 24/7. Service authorization can be granted verbally or planned in the ISP. Following authorization any modification to the ISP and budget must occur within 5 working days of the verbal service authorization. Crisis plan must be updated within 14 days of a crisis.
Out of Home Crisis	T2034	Crisis Supports are an immediate intervention available 24/7. Service authorization can be granted verbally or planned in the ISP. Following authorization any modification to the ISP and budget must occur within 5 working days of the verbal service authorization. Crisis plan must be updated within 14 days of a crisis.
Day Supports - Individual	T2021	Plan Year
Day Supports- Group	T2021 HQ	Plan Year
Day Supports - Developmental Day	T2027	Plan Year
Employer Supplies	T2025 U2	Plan Year
Financial Supports Services	T2025 U1	Plan Year
Home Modification	S5165	Plan Year
Individual Goods and Services	T1999	Plan Year
Natural Supports Education	S5110	Plan Year
Natural Supports Education - Conference	S5111	Plan Year
Residential Supports Level 1 Level 1 AFL	H2016 H2016 CG	Plan Year
Residential Supports Level 2 Level 2 AFL	T2014 T2014 CG	Plan Year
Residential Supports Level 3 Level 3 AFL	T2020 T2020 CG	Plan Year

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INNOVATIONS SERVICES

SERVICE	SERVICE CODE	MAXIMUM AUTHORIZATION LENGTH
Residential Supports Level 4 Level 4 AFL	H2016 HI H2016 HI CG	Plan Year
Respite - Individual	S5150	Plan Year
Respite - Group	S5150 HQ	Plan Year
Respite - RN	T1005TD	Plan Year
Respite - LPN	T1005TE	Plan Year
Respite - Facility	S5150 US	Plan Year
Specialized Consultation Services	T2025	Plan Year
Supported Employment	H2025	Plan Year
Supported Employment - Group	H2025 HQ	Plan Year
Supported Employment-Long Term Follow Up	H2025TS	Plan Year
Supported Living -Level 1	T2033	Plan Year
Supported Living-Level 2	T2033 HI	Plan Year
Supported Living-Level 3	T2033 TF	Plan Year
Supported Living-Periodic	T2033 U1	Plan Year
Supported Living-Transition	T2033 U2	Plan Year (6 months prior to move)
Vehicle Modifications	T2039	Plan Year

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Medicaid B- ICF SERVICES

SERVICE	SERVICE CODE	MAXIMUM AUTHORIZATION LENGTH
Intermediate Care Facility (ICF)	100	Authorization may be up to one year. LOC forms must still be submitted every 180 days from doctor's signature by upload, even when there is an authorization.
		RUBICON members must follow the process outlined by RUBICON. For Rubicon members, do not send LOCs directly to Trillium, please forward to RUBICON Management. Rubicon will upload LOCs and notify UM by email of LOCs submitted.
		All other facilities forward LOCs by upload in Provider Direct, email UM to alert of upload.
Therapeutic Leave	183	No Prior Auth as of 9-1-2016- - No TAR (Treatment Authorization Request) will be needed after this date

LOCs from Rubicon & other ICF providers are uploaded in Provider Direct. UM alerted to the uploads via email.

Medicaid B – CLFS

SERVICE	SERVICE CODE	AUTHORIZATION GUIDELINES	REQUIRED DOCUMENTS (Initial)	REQUIRED DOCUMENTS (Reauth)	EXCLUSIONS
<p>CLFS -Community Living Facilities and Supports– Level 1 (22 yrs and older; EPSDT considered under 21)</p> <p>(New Admissions as of 11-10-21 for existing providers)</p>	T2016 U5 U1	Lives with family/no supports and minimum 6 hours/day (5 days/week) of Day Services. Prior Auth required every 6 months	Initial PCP with signed Service Order, NC SNAP (Score 1-2) or SIS (Level A-C), Psychological Evaluation Comprehensive Crisis Plan as needed. Guardianship document, if applicable.	<p>6 MONTH reauth: Progress Summary. (Meaningful day should be clearly identified-can be described in progress notes as well as schedule of activities)</p> <p>ANNUAL reauth: NC-SNAP, PCP, Progress Summary. (Meaningful day should be clearly identified-can be described in progress notes as well as schedule of activities)</p>	<p>Cannot receive any State Funded Services; Medicaid state plan personal care or other Medicaid benefits included in this bundled service.</p> <p>B3 PSR, IS & PC can NOT be utilized with this service.</p> <p>B3 respite allowed (for use on weekends/holidays only)</p>
<p>CLFS -Community Living Facilities and Supports– Level 2 (22 yrs and older; EPSDT considered under 21)</p> <p>(New Admissions as of 11-10-21 for existing providers)</p>	T2016 U5 U2	Independent Living and Minimum 6 hours/day (5 days/week) of Day Services or Supported Employment. Prior Auth required every 6 months	Initial PCP with signed Service Order, NC SNAP (Score 1-2) or SIS (Level A-C), Psychological Evaluation. Comprehensive Crisis Plan as needed. Guardianship document, if applicable.	<p>6 MONTH reauth: Progress Summary. (Meaningful day should be clearly identified-can be described in progress notes as well as schedule of activities)</p> <p>ANNUAL reauth: NC-SNAP, PCP, Progress Summary. (Meaningful day should be clearly identified-can be described in progress notes as well as schedule of activities)</p>	<p>Cannot receive any State Funded Services; Medicaid state plan personal care or other Medicaid benefits included in this bundled service.</p> <p>B3 PSR, IS, Respite & PC can NOT be utilized with this service.</p>

Medicaid B – CLFS

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<p>CLFS -Community Living Facilities and Supports– Level 3 (22 yrs and older; EPSDT considered under 21)</p> <p>(New Admissions as of 11-10-21 for existing providers)</p>	T2016 U5 U3	<p>Companion Living Setting (paid roommate or alternative family living-AFL) and Minimum 6 hours/day (5 days/week) of Day Services or Supported Employment. *with different staff</p> <p>Prior Auth required every 6 months</p>	<p>Initial PCP with signed Service Order, NC SNAP (Score 3-5) or SIS (Level D-G), Psychological Evaluation. Comprehensive Crisis Plan as needed. Guardianship document, if applicable</p>	<p>6 MONTH reauth: Progress Summary. (Meaningful day should be clearly identified-can be described in progress notes as well as schedule of activities)</p> <p>ANNUAL reauth: NC-SNAP, PCP, Progress Summary. (Meaningful day should be clearly identified-can be described in progress notes as well as schedule of activities)</p>	<p>Cannot receive any State Funded Services; Medicaid state plan personal care or other Medicaid benefits included in this bundled service.</p> <p>B3 PSR, IS, Respite & PC can NOT be utilized with this service.</p>
<p>CLFS -Community Living Facilities and Supports– Level 4 (22 yrs and older; EPSDT considered under 21)</p> <p>(New Admissions as of 11-10-21 for existing providers)</p>	T2016 U5 U4	<p>Supervised Living (3 or less people, no overnight staffing required/may include virtual monitoring)</p> <p>Minimum 6 hours/day (5 days/week) of Day Services or Supported Employment. *with different staff</p> <p>Prior Auth required every 6 months</p>	<p>Initial PCP with signed Service Order, NC SNAP (Score 3-5) or SIS (Level D-G), Psychological Evaluation. Comprehensive Crisis Plan as needed. Guardianship document, if applicable</p>	<p>6 MONTH reauth: Progress Summary. (Meaningful day should be clearly identified-can be described in progress notes as well as schedule of activities)</p> <p>ANNUAL reauth: NC-SNAP, PCP, Progress Summary. (Meaningful day should be clearly identified-can be described in progress notes as well as schedule of activities)</p>	<p>Cannot receive any State Funded Services; Medicaid state plan personal care or other Medicaid benefits included in this bundled service.</p> <p>B3 PSR, IS, Respite & PC can NOT be utilized with this service.</p>

Medicaid B – CLFS

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<p>CLFS -Community Living Facilities and Supports– Level 5 (22 yrs and older; EPSDT considered under 21)</p> <p>(New Admissions as of 11-10-21 for existing providers)</p>	T2016 U5 U6	<p>Group Living (New group homes (4 or less people with overnight staffing or virtual monitoring) or existing facilities (6 beds) will be grandfathered in for coverage with this benefit)</p> <p>Minimum 6 hours/day (5 days/week) of meaningful person centered Day Services. *with different staff</p> <p>Prior Auth required every 6 months</p>	<p>Initial PCP with signed Service Order, NC SNAP (Score 3-5) or SIS (Level D-G), Psychological Evaluation. Comprehensive Crisis Plan as needed. Guardianship document, if applicable</p>	<p>6 MONTH reauth: Progress Summary. (Meaningful day should be clearly identified-can be described in progress notes as well as schedule of activities)</p> <p>ANNUAL reauth: NC-SNAP, PCP, Progress Summary. (Meaningful day should be clearly identified-can be described in progress notes as well as schedule of activities)</p>	<p>Cannot receive any State Funded Services; Medicaid state plan personal care or other Medicaid benefits included in this bundled service.</p> <p>B3 PSR, IS, Respite & PC can NOT be utilized with this service.</p>

SERVICE	SERVICE CODE	MAXIMUM AUTHORIZATION LENGTH/Required Documents/Limitations
Community Transition	H0043 U4	No more than \$5000 during 5 yrs period. 3 months prior to move in date and 90 days after. For more information about the 1915i benefits see Clinical Coverage Policy
Respite	H0045 U4	Limited to 300 hr per year (1200 units per year) For more information about the 1915i benefits see Clinical Coverage Policy
Respite-Group	H0045 HQ U4	Limited to 300 hr per year (1200 units per year) For more information about the 1915i benefits see Clinical Coverage Policy
Supported Employment Initial	H2023 U4	For more information about the 1915i benefits see Clinical Coverage Policy
Supported Employment Initial -Group	H2023 HQ U4	For more information about the 1915i benefits see Clinical Coverage Policy
Supported Employment Maintenance	H2026 U4	For more information about the 1915i benefits see Clinical Coverage Policy
Supported Employment Maintenance -Group	H2026 HQ U4	For more information about the 1915i benefits see Clinical Coverage Policy
Community Living and Support (only in the community-non-EVV)	T2012 U4	For more information about the 1915i benefits see Clinical Coverage Policy
Community Living and Support- Group	T2013 HQ U4	For more information about the 1915i benefits see Clinical Coverage Policy
Community Living and Support -relative as provider lives in home (non-EVV)	T2012 GC U4	For more information about the 1915i benefits see Clinical Coverage Policy
Community Living and Support -Individual	T2013 TF U4	For more information about the 1915i benefits see Clinical Coverage Policy
Tailored Care Management for 1915 (i) (Two separate lines on the some claim are required)	T1017 HT T1017 U4	For more information about the 1915i benefits see Clinical Coverage Policy

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***Refer to CCP 8P for required documents-Innovations services**