Trillium HEALTH RESOURCES
Transforming Lives. Building Community Well-Being.

Revised:
7.1.2024

Alternative and ILOS Services

SERVICE	SERVICE CODE	REQUIRED DOCUMENTS	AUTHORIZATION GUIDELINES	FUNDING
Family Centered Treatment	H2022 U5 U1 FCT H2022 U5 U2 FCT 3 Month Outcome H2022 U5 U3 FCT 6 Month Outcome	CCA, Service Order, PCP, and CALOCUS	No prior authorization is required for the initial length of stay is six months. Any services delivered beyond six months require authorization. Eligibility for Outcome Payments dependent upon the following criteria: • Enrolled in Family Centered Treatment for at least 60 days • No inpatient admissions • No residential Level II or higher from discharge (planned or unplanned), • No return to Family Centered Treatment, admission to Intensive In-Home or Multisystemic Treatment.	Medicaid

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Family Navigator	T2041 U5	An assessment of needs that demonstrates medical necessity shall be completed prior to provision of this service. This service is episodic in nature to provide support navigation related to specific identified needs. This service is not intended to be ongoing. If a substantially equivalent assessment is available, reflects the current level of functioning, and contains all the required elements as outlined in community practice standards as well as in all applicable federal and state requirements, it may be utilized as a part of the current comprehensive clinical assessment. Relevant diagnostic information shall be obtained and be included in the PCP. A support needs matrix or SIS evaluation is a sufficient assessment for this service.	Prior authorization is required Medicaid funded services may cover up to 60 days for the initial authorization. This service is limited to 40 units per month.	Medicaid

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High Fidelity Wrap Around	H0032 U5	CCA, Service Order, CALOCUS and PCP. PCP must include High Fidelity Wraparound in the goals and interventions.	No prior authorization (NPA) is required for the first 12 months of treatment. Prior authorization is required for any services provided after the initial 12-month NPA period.The initial request following the NPA period may be for up to 6 months. HFW will be for a maximum of 18 months. Due to the complex nature and urgency of admission, a Comprehensive Clinical Assessment or Addendum with documentation of meeting the entrance criteria is acceptable for initiation of services with the submission of the PCP within 30 days of initial authorization. Before any service can be billed to Medicaid a written CCA and service order for medical necessity must be in place.	Medicaid

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Community Living Facilities and Support (CLFS)	T2016 U5 U1-Level 1; T2016 U5 U2-Level 2; T2016 U5 U3-Level 3; T2016 U5 U4-Level 4; T2016 U5 U6-Level 5	Documentation of IDD Diagnosis, PCP, Snap/SIS Service Order (annually) and progress summary. Individualized Meaningful day schedule will be provided identifying the member's chosen meaningful day activities, demonstrating distinction from the residential component of CLFS, and reflecting the minimum of 6 hours per day/5 days per week required meaningful day. Updated PCP and progress summary at reauthorization.	Prior authorization is required, reauthorization every 6 months to ensure Level of Care eligibility.	Medicaid
Behavioral Health-Crisis Assessment and Intervention (BH-CAI)	T2016 U5 Tier III T2016 U6 Tier IV	BH-CAI provides assessments and evaluations in a Behavioral Health Urgent Care (BHUC) setting. BHUC settings must be able to provide certain services including Involuntary Commitment (IVC) First Evaluations, medical screenings, and clinical evaluations. Law enforcement is also on site to meet first responders for an IVC.	No prior authorization is required. Encounters are documented and reported per event with the clinical assessment by a licensed clinician. Without that component the service is not billable. Other core elements include a triage determination, crisis intervention and disposition planning. Minimally documentation must be in the form of a progress note detailing each of these four elements. For community discharges it is expected the consumer will receive a copy of the crisis plan and follow up instructions at the time of release.	Medicaid

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Acute and Subacute Services Provided in an Institute for Mental Disease (IMD)	RC0160	For initial authorization, the CCA or DA, service order for medical necessity, the service plan, and the required NC Medicaid authorization request form must be submitted within the first 72 hours of service initiation. Discharge Planning shall begin upon admission to this service.	Prior authorization is not required upon admission through the first 72 hours of service. Encounter data will be filed according to timely filing standards for each day services are rendered to the member. Encounters are documented and reported per diem.	Medicaid