

SERVICE	SERVICE CODE	AUTHORIZATION GUIDELINES	REQUIRED DOCUMENTS (Initial)	REQUIRED DOCUMENTS (Reauth)	EXCLUSIONS
Developmental Therapy (DT)- (Children ages 3 up to 18)	H2014HM-Individual H2014U1-Group	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 PA, ADVP, Day Activity. Must live at home. Cannot receive Medicaid Personal Care.
Personal Assistance (adults and children ages 3 and up)	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 ADVP, Day Activity, 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 18)- 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
ADVP-	YP620	30 hours/week, up to one year (or end of PCP) New Admissions after 5-10-16 18 hours/week, up to one year (or end of PCP) for children, with IDD, as a resource before and after school and for adults with Moderate, Severe, Profound ID, moderate or severe Autism Spectrum Disorder	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, Day Activity, PSR, or Respite.
Day Activity-	YP660	6 hours/day for 5 days per week up to one year (or end of PCP) for children, with IDD, as a resource before and after school and for adults with Moderate, Severe, Profound ID, moderate or severe Autism Spectrum Disorder	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, ADVP, PSR, Personal Assistance. May receive Respite, if medical necessity is met.
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	Ages 16 and older. Cannot receive any other periodic services.

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
Supported Employment-Group	YP640	30 hours/week, up to one year (or end of PCP) <u>Effective May 1, 2017:</u> No more than 40 hours/Year	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	10 hours/week, up to one year (or end of PCP) <u>Effective May 1, 2017:</u> No more than 40 hours/Year	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.
Group Living -(low, moderate, high)	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)	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.

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
Family Living low and moderate-	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).
Developmental Day- No new admissions	YP610	10 hours/day	N/A- No prior authorization required	N/A- No prior authorization required	Available for children from 3-12
Outpatient services	Individual and Group codes vary depending upon length of visit	Unmanaged visits beginning 07/01/2015; TAR submission not needed until visit 22. LOCUS=1/2, ASAM=I or lower	N/A- No prior authorization required TAR, CCA, tx plan/Updates, service orders, LOCUS/ASAM24	TAR, CCA, tx plan/Updates, service orders, LOCUS/ASAM24	
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

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

B3 MEDICAID SERVICES

SERVICE	SERVICE CODE	AUTHORIZATION GUIDELINES	REQUIRED DOCUMENTS (Initial)
<u>B3 Respite</u> (hourly) (over age 3)	H0045 U4- Individual H0045 HQ U4-Group	Maximum 16 hours (64 units) per day Max of 384 hrs (1,536 units/24 days) per 12 month period, any combination B3 respite Prior Auth Required, every 12 months	NC SNAP yearly, Documentation 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. Needs PCP if receiving other services.
<u>B3 Respite</u> (community) (over age 3)	S5151 U4	Maximum 16 hours (64 units) per day Maximum 24 Days (1536 units) per 12 month period, of any combination of B3 respite codes. Prior Auth Required, every 12 months	NC SNAP yearly, Documentation 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. Needs PCP if receiving other services.
<u>B3 Community Guide</u> (over age 3)	T2041 U4	1 unit/month, up to one year (or end of PCP) Prior Auth Required, every 12 months	PCP, NC SNAP yearly, Documentation 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.
<u>B3 Initial and Intermediate Supportive Employment</u> (age 16 and older)	H2023 U3 U4	Initial - Max. 86 hours/344 units per month the First 90 days--job development, training and support: Intermediate -Max. 43 hours/172 units per month for the Second 90 days--training and support: Prior Auth Required, every 3 months	PCP/treatment plan/vocational plan, service order, NC SNAP yearly, Documentation 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. Note if receiving an enhanced service must use PCP.
<u>B3 Long Term Vocational Support</u> (age 16 and older)	H2026 U3 U4	Max 10 hours (40 units) month, Prior Auth Required, every 3 months	PCP, NC SNAP yearly, Documentation 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.

B3 MEDICAID SERVICES

SERVICE	SERVICE CODE	AUTHORIZATION GUIDELINES	REQUIRED DOCUMENTS (Initial)
B3 One Time Transitional Costs	T2038U4	To be consistent with the NC Innovations Community Transitions service definition and limitations. Max \$5000, lifetime limit. Prior Authorization Required	PCP, NC SNAP yearly, Documentation 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. To be consistent with the NC Innovations Community Transitions service definition and limitations.
Physician consultation-Brief	99241- U4	No prior auth-Must have mental health diagnosis	PCP, or treatment plan with documentation of need to work with primary care doctor
Physician consultation-Intermediate	99242-U4	No prior auth-Must have mental health diagnosis	PCP, or treatment plan with documentation of need to work with primary care doctor
Physician Consultation-Extensive	99244-U4	No prior auth-Must have mental health diagnosis	PCP, or treatment plan with documentation of need to work with primary care doctor

INNOVATIONS SERVICES

SERVICE	SERVICE CODE	MAXIMUM AUTHORIZATION LENGTH
Assistive Technology Equipment and Supplies	T2029	Plan Year
Community Living and Supports	T2013TF	Plan Year (shorter auth may occur for those using 12 or more hours per day per service definition)
Community Living and Supports- Group	T2021TF HQ	Plan Year (shorter auth may occur for those 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**

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

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
Residential Supports Level 2 Level 2 AFL	T2014 T2014 CG	Plan Year
Residential Supports Level 3 Level 3 AFL	T2020 T2020 CG	Plan Year
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

Please refer to UM notes on approvals and denials.

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

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>No New Admission (Unless filing vacancy in an ARC/HDS home)</p>	T2016 U1 U5	<p>Lives with family/no supports and minimum 6 hours/day (5 days/week) of Day Services. Prior Auth required every 6 months</p>	<p>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>	<p>6 MONTH reauth: Progress Summary. (Meaningful day should be clearly identified-can be described in progress notes as well as schedule of activities) 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. B3 PSR, IS & PC can NOT be utilized with this service. 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>No New Admission (Unless filing vacancy in an ARC/HDS home)</p>	T2016 U2 U5	<p>Independent Living and Minimum 6 hours/day (5 days/week) of Day Services or Supported Employment. Prior Auth required every 6 months</p>	<p>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>	<p>6 MONTH reauth: Progress Summary. (Meaningful day should be clearly identified-can be described in progress notes as well as schedule of activities) 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. B3 PSR, IS, Respite & PC can NOT be utilized with this service.</p>

Medicaid B – CLFS

SERVICE	SERVICE CODE	AUTHORIZATION GUIDELINES	REQUIRED DOCUMENTS (Initial)	REQUIRED DOCUMENTS (Reauth)	EXCLUSIONS
<p>CLFS -Community Living Facilities and Supports– Level 3 (22 yrs and older; EPSDT considered under 21)</p> <p>No New Admission (Unless filing vacancy in an ARC/HDS home)</p>	T2016 U3 U5	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 Prior Auth required every 6 months	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	6 MONTH reauth: Progress Summary. (Meaningful day should be clearly identified-can be described in progress notes as well as schedule of activities) 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)	Cannot receive any State Funded Services; Medicaid state plan personal care or other Medicaid benefits included in this bundled service. B3 PSR, IS, Respite & PC can NOT be utilized with this service.
<p>CLFS -Community Living Facilities and Supports– Level 4 (22 yrs and older; EPSDT considered under 21)</p> <p>No New Admission (Unless filing vacancy in an ARC/HDS home)</p>	T2016 U4 U5	Supervised Living (3 or less people, no overnight staffing required/may include virtual monitoring) Minimum 6 hours/day (5 days/week) of Day Services or Supported Employment. *with different staff Prior Auth required every 6 months	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	6 MONTH reauth: Progress Summary. (Meaningful day should be clearly identified-can be described in progress notes as well as schedule of activities) 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)	Cannot receive any State Funded Services; Medicaid state plan personal care or other Medicaid benefits included in this bundled service. B3 PSR, IS, Respite & PC can NOT be utilized with this service.

Medicaid B – CLFS

SERVICE	SERVICE CODE	AUTHORIZATION GUIDELINES	REQUIRED DOCUMENTS (Initial)	REQUIRED DOCUMENTS (Reauth)	EXCLUSIONS
<p>CLFS -Community Living Facilities and Supports– Level 5 (22 yrs and older; EPSDT considered under 21)</p> <p>No New Admission (Unless filing vacancy in an ARC/HDS home)</p>	T2016 U5	<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.</p> <p>Comprehensive Crisis Plan as needed.</p> <p>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>