

## STATE-FUNDED SERVICES

This is current package of state, Medicaid Direct, B3 , Innovations, and 1915i benefits for Trillium Health Resources 2/1/2024. Codes/ modifier combinations not mentioned within benefits for specialized services will be found within contracts.

SERVICE	SERVICE CODE	AUTHORIZATION GUIDELINES	REQUIRED DOCUMENTS (Initial)	REQUIRED DOCUMENTS (Reauth)	EXCLUSIONS
Respite-(hourly-crisis) Available for: adults and for children ages 3 and up.	YP012 Adult ind IDD YP013 Adult group IDD YP014 Child ind YP015 Child group	No more than 1536 units= 384 hours in plan year See section 3.2.2	See State service definition for population served	See State service definition for population served	See limitations or requirements in service definition per population served.
Community Living and Supports (CLS) *as of 10-3-23 ages 3 and older <b>No New Admissions</b>	YM 851-Individual YM 852 - Group	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.	PCP or ISP, NC SNAP (Level 3 or higher or SIS ( Level D 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.	NC SNAP (Level 3 or higher), SIS ( Level D or higher) Updated PCP, Progress Information, Updated Psychological or TBI testing as needed	See limitations or requirements in service definition per population served.
<b>Residential Supports-</b> (Ages 16 years and older) <b>*No New Admissions**</b>	YM 846 -Level 1	365 day/units per year, to one year (or end of PCP) up	PCP, NC SNAP 2 or higher-or SIS level C 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 prior to age 22, or TBI at any age.	NC SNAP - level 2 or higher, SIS level C or higher Updated PCP, Progress Information, Updated Psychological or TBI testing as needed	See limitations or requirements in service definition per population served.
<b>Day Supports</b> (Ages 16 years and older)	YM590	Not to exceed 30 hr./week. *16-22 years old in school, not to exceed 3 hr./day on school days.	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.	NC SNAP Score of 2 or greater, Updated PCP, Service Order, Progress Information, Updated Psychological as needed.	See limitations or requirements in service definition per population served.

**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

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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	See limitations or requirements in service definition per population served.
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	See limitations or requirements in service definition per population served.
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	See limitations or requirements in service definition per population served.
Outpatient Therapy	State- funded Outpatient Behavioral Health Services see Att. A	State funded: adults 12 unmanaged visits through fiscal year.	TAR, CCA, tx plan/updates, service orders, Note: If also receiving an enhanced service, a PCP will be required w/signatures and checkboxes	TAR, CCA, tx plan/updates, service orders, ; Note: If also receiving an enhanced service, a PCP will be required w/signatures and checkboxes	See additional limitations
E and M- Evaluation and Management	State- funded Outpatient Behavioral Health Services see Att. A	unmanaged	N/A- No prior authorization required	N/A- No prior authorization required	See additional limitations

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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.	TAR, provider note, clinical documents	TAR, provider note, clinical documents	See Service Exclusions
Outpatient Therapy Crisis Services	90839 (first 60 minutes) 90840 (each additional 30 minutes)	CCA or DA, Service Order, Treatment Plan or PCP	No Prior Auth (NPA)	N/A- No prior authorization required	See additional limitations
Psychological Testing	State- funded Outpatient Behavioral Health Services see Att. A	Unmanaged for first 9 hours	State funded Outpatient Behavioral Health Services See 7.5 section	State funded Outpatient Behavioral Health Services See 7.5 section	See additional limitations
Facility Based Crisis (FBC)	S9484 unit = 1 day	TAR, admission assessment (completed by LP, not QP) ASAM, tx plan/updates, service order (by MD, DO, PhD), progress notes documenting continued stay criteria	Currently No Prior Auth (NPA) for first 112 units; Initial Auth: not to exceed 8 days/128 units Level of care criteria for member May not exceed 45 days in a 12 month period		
Supported Living Periodic	YM854	Tar with admission assessment as defined in service definition	See State service definition for population served	See State service definition for population served	See additional limitations
ADVP A1	YP620	Tar with admission assessment as defined in service definition	See State service definition for population served	See State service definition for population served	

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IDD Benefit Guidelines

## B3 MEDICAID SERVICES

Revised: 2/27/2024

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SERVICE	SERVICE CODE	AUTHORIZATION GUIDELINES	REQUIRED DOCUMENTS (Initial)	REQUIRED DOCUMENTS (Reauth)
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 Service Definition	NC SNAP yearly
Respite	H0045	For more information about the B3 benefits see Service Definition	For more information about the B3 benefits see Service Definition	For more information about the B3 benefits see Service Definition
Respite -Group	H0045 HQ	For more information about the B3 benefits see Service Definition	For more information about the B3 benefits see Service Definition	For more information about the B3 benefits see Service Definition
Supported Employment Initial- IDD	H2023	For more information about the B3 benefits see Service Definition	For more information about the B3 benefits see Service Definition	For more information about the B3 benefits see Service Definition
Supported Employment Maintenance-IDD	H2026	For more information about the B3 benefits see Service Definition	For more information about the B3 benefits see Service Definition	For more information about the B3 benefits see Service Definition
Supported Employment Maintenance IDD-Group	H2026 HQ	For more information about the B3 benefits see Service Definition	For more information about the B3 benefits see Service Definition	For more information about the B3 benefits see Service Definition

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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	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	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	T2012 HQ	
Community Living and Supports- Group -Live In Care Giver	T2012 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 U2	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

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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

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SERVICE	SERVICE CODE	MAXIMUM AUTHORIZATION LENGTH
Residential Supports Level 3 <b>Level 3 AFL</b>	T2020 T2020 CG	Plan Year
Residential Supports Level 4 <b>Level 4 AFL</b>	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 HO	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

## Medicaid B- ICF SERVICES

Revised: 2/27/2024

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SERVICE	SERVICE CODE	MAXIMUM AUTHORIZATION LENGTH
Intermediate Care Facility (ICF)	100	Authorization may be up to one year. LOC forms <b>must still be submitted</b> 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 submit LOCs by upload in Provider Direct, IDD LOC Module. If unable to submit through IDD Module, upload into Clinical Docs Tab & then email to UM@Trilliumnc.org.
		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.

# 1915i Services

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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)	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	T2012 GC U4	For more information about the 1915i benefits see Clinical Coverage Policy
Community Living and Support -Individual (EVI)	T2013 TF U4	For more information about the 1915i benefits see Clinical Coverage Policy

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