2024-2025 Medicaid Child and Adult Non-Innovations Intellectual and Developmental Disability Services Benefit Plan

Service Code(s):	***Services Included (Sorted by Alphabetical Order):***
T2016U5U1, T2016U5U2, T2016U5U3, T2016U5U4, T2016U5U6	Community Living Facilities and Support
T2041 U5	Family Navigator
100	Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD)
183	Therapeutic Leave from an Intermediate Care Facilities for Individuals with Intellectual Disabilities

Codes / modifier combinations not mentioned for specialized services will be found within contracts.
For Medicaid services, Child services are available through age 21. Adult services are available from age 21 and older.
When state Medicaid coverage provisions conflict with the coverage provisions in a Trillium policy, state Medicaid coverage provisions take precedence.

Person-Centered Plan Requirements & Guidance

Providers can use the PCP template or develop their own template, but the PCP ***must*** contain all the required elements: 1) Assessment of life domains; 2) Person-Centered Interview Questions; 3) An action plan; 4) An enhanced crisis intervention plan, and; 5) A signature page. The PCP should be based on a comprehensive assessment that examines the individual's symptoms, behaviors, needs and preferences across the life domains listed below. Additional info can be found on the NCDHHS Person-Centered Planning Training webpage (PCP Guide). See the JCB #445 Timelines for Implementation for the implementation requirements for the new PCP guidance and templates.

Life Domains (PCP Guide)

Each life domain should provide a written picture of what is currently happening, what the individual's vision for a preferred life is for that area, and what the provider is doing to support the individual to move closer to living their preferred life.

- *Daily Life and Employment Domain*: What a person does as part of everyday life.
- *Community Living Domain*: Where and how someone lives.
- *Safety and Security Domain*: Staying safe and secure (finances, emergencies, relationships, neighborhood, legal rights, etc.).
- *Healthy Living Domain*: Managing and accessing health care and staying well.
- *Social and Spirituality Domain*: Building/strengthening friendships and relationships, cultural beliefs, and faith community.
- *Citizenship and Advocacy Domain*: Building valued roles, understanding personal rights, making choices, sexual orientation, self-identification, setting goals, assuming responsibility and driving how one's own life is lived.

Person-Centered Interview Questions (PCP Guide)

These identify what the person wants to work on, what they would like to accomplish, their identified strengths, and any identified obstacles preventing them from reaching their goals.

Action Plan (PCP Guide)

The Action Plan section of the PCP includes the individual's long-term goal, short-term goals, and interventions or the action steps to be taken to achieve these goals. For each desired long-term goal, the Action Plan will include short-term goal(s) as well as interventions.

- *Long-Term Goal Development*: what motivates the person to engage in services and make changes. These are personal to that individual, often reflect one or more Life Domains, and typically take time to achieve. Ideally, long-term goals are oriented toward quality-of-life priorities and not only the management of health conditions and symptoms.
- Short-Term Goals: help the person move closer to achieving their long-term goals. They reflect concrete changes in functioning/skills/activities that are meaningful to the person and are proof they are making progress. Short-term goals build on strengths while also addressing identified needs from the assessment that interfere with the attainment of the valued, long-term life goal(s). Short-term goals are written in SMART (Specific/Straightforward/Simple, Measurable, Achievable, Relevant, and Time-Limited) language.
- Interventions: reflect how all team members contribute to helping the person achieve their short-term goals. Interventions are the specific tasks the provider and individual agree on. The language of interventions should include: WHO is offering the intervention/support, WHAT specifically will be provided or done (e.g., title of service or action), WHEN it is being offered – frequency and duration (e.g., once a month for 3 months), and WHY it is needed (i.e., how the intervention relates to the individual's specific goal).

Enhanced Crisis Intervention Plan (PCP Guide)

A crisis plan includes supports/interventions aimed at preventing a crisis and the supports/interventions to employ if there is a crisis. It must include:

- Significant event(s) that may create increased stress and trigger the onset of a crisis.
- Early warning signs which indicate a possible upcoming crisis.
- Crisis prevention and early intervention strategies
- Strategies for crisis response and stabilization
- Specific recommendations for interacting with the person receiving a crisis service.
- Diagnosis and insurance information,
- Name and contact information for medical and mental health provider
- List of medications including doses and frequency, allergies, and other medical and dental concerns.
- Living situation and planning for any pets and people, etc. in case of a crisis if applicable.
- Employment/ Educational status and plan for notification if applicable
- Preferred method of communication and language.
- Names and contact information of formal and informal support persons
- Suicide prevention and intervention plan, behavior plan, youth in transition plan and Psychiatric Advance Directive (PAD), if applicable.
- Crisis follow-up planning to include: 1) The primary contact who will coordinate care if the individual requires inpatient or other specialized care; 2) Name of the person who will visit the individual while hospitalized, and; 3) Provider responsible to lead a review/debriefing following a crisis and the timeframe.

Signature Page (PCP Guide)

Signatures are authenticated when the individual signing enters the date next to their signature. Check boxes left blank on the signature pages of the PCP will be returned as incomplete. A signature page must include:

- Person Receiving Services - Dated signature is required when the person is his/her own legally responsible person. A provider may not bill Medicaid for services until this signature is acquired if the individual is his or her own legally responsible person.
- Legally Responsible Person - Dated signature when the person receiving services is not his/her own LRP. A provider may not bill Medicaid for services until this signature is acquired, when applicable.
- Person Responsible for the Plan - Dated signature is required. Inclusion of the required information on the signature page of the PCP template by the Person Responsible for the Plan is also required for individuals under the age of 21 (Medicaid) or under age 18 (State) who are receiving enhanced services and are actively involved with the Department of Juvenile Justice and Delinquency Prevention or the Criminal Court System.
- Service Order/Confirmation of Medical Necessity - Dated signature is required, plus confirmation of medical necessity, indication of whether review of the comprehensive clinical assessment occurred, and indication if the LP signing the service order had direct contact with the individual.

General Benefit Plan Limits

- *Auth to a Different Provider:* The requested service cannot be authorized if another provider is currently authorized to provide the requested service, and two providers are not permitted to provide that service at the same time.
- *Backdated Request:* Service dates requested prior to the receipt of the authorization request cannot be authorized.
- *Contract Issue:* The requested service cannot be authorized if the provider is experiencing a contract related issue preventing the service from being approved.
- *Insurance Coverage Expired:* The requested service cannot be authorized if a member does not have active insurance coverage.
- *Missing Individual Support Plan (ISP)/Care Plan/Person Centered Plan (PCP) Information:* The requested service cannot be authorized if the ISP/ Care Plan/ PCP is missing any of the following: 1) The signature page, to include the check boxes not being complete, a missing signature, an undated signature, an electronic signature missing the date stamp, and/or if the signature is dated before the date of the ISP/ Care Plan/ PCP; 2) Is missing a goal for the service requested; 3) Is missing the units/frequency of service requested or if the units requested exceed the frequency detailed in the ISP/ Care Plan/ PCP, and/or; 4) Is missing the Comprehensive Crisis Prevention and Intervention Plan.
- *More than 30 Days in Advance:* The service cannot be authorized if requested more than 30 days in advance. A member's clinical picture can change over time, so medical necessity for a service cannot be established based on a clinical picture that is more than 30 days old.
- *No Documentation:* The requested service cannot be authorized because the request does not include the required documentation, as detailed in the applicable Clinical Coverage Policy, the service definition, or the Benefit Plan. If required, this can include: 1) A missing or invalid service order; 2) A missing ISP/ Care Plan/ PCP; 3) A missing discharge/ transition plan, and/or; 4) Missing information on an IDD member, like a missing SNAP or a missing psychological evaluation that supports the DD diagnosis.
- *No ISP/Care Plan/PCP Update:* The requested service reauthorization cannot be authorized if an updated or revised ISP/ Care Plan/ PCP to not submitted.
- *No New Annual ISP/ Care Plan/ PCP:* The requested service cannot be authorized if the ISP/ PCP annual rewrite has not been completed. This includes when an ISP/ Care Plan/ PCP is submitted that is more than a year old.
- *Out of Catchment:* Trillium is unable to authorize the requested service if a member's Medicaid county of residence is outside of Trillium catchment area.
- *Service Exclusion:* The requested service cannot be authorized if the member is currently authorized for a service that is an exclusion to the requested service.
- *Third Party Insurance:* The requested service cannot be authorized if the member has private insurance, and the provider should seek authorization from primary insurance source. Medicaid is the payor of last resort.

Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source(s)
Community Living Facilities and Support (CLFS) Code(s): **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	CLFS is an innovative, community-based, comprehensive service for adults with intellectual and/or developmental disabilities. CLFS for individuals with intellectual disability is an alternative definition in lieu of ICF-IID under the Medicaid 1915(b) benefit. This service enables Trillium to provide comprehensive and individualized active treatment services to adults to maintain and promote their functional status and independence. This is also an alternative to home and community-based services waivers for individuals that potentially meet the ICF/IID level of care. Individuals who choose CLFS instead of placement in an ICF-IID including state institutions or because they do not have access to an Innovations Waiver slot, choose to live in their own homes or homes where they control their lease for the room in the home along with the choice of the agency or other people who support them.	**Initial Requests**: **1.** TAR: prior approval required **2.** NC SNAP or SIS: Required **3.** Psychological Eval: Must meets ICF/IID criteria for IDD services, including evidence of an IDD dx before age of 22 or TBI **4.** Complete PCP: Required **5.** Service Order: Required, signed by MD/ DO, LP, NP, or PA **6.** Meaningful Day Schedule: Required, 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. **7.** A progress summary, if currently receiving services. **8.** Recipients must maintain position on the Registry of Unmet Needs (RUN) list. **Reauthorization Requests**: **1.** TAR: prior approval required **2.** NC SNAP or SIS: Required, to ensure Level of Care eligibility. **3.** Complete PCP: recently reviewed detailing the member's progress with the service **4.** Meaningful Day Schedule: Required, 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. **5.** A progress summary with each 6-month request	**Length of Stay**: **1.** Up to 180 calendar days for all requests. **Units**: **1.** One unit per day **2.** Requests can be for up to 180 units per auth for Levels 2 through 5 and 125 units for Level 1. **3.** Up to 366 units per year for Levels 2 through 5 and 250 units for Level 1. **Age Group**: Adults (ages 22 and older) who are functionally eligible for, but not enrolled in, the NC Innovations 1915(c) waiver program. **Level of Care**: • Level 1: A minimum NC SNAP score of 1 or a SIS Level of A through C • Level 2: A minimum NC SNAP score of 1 or a SIS Level of A through C • Level 3: A minimum NC SNAP score of 3 or a SIS Level of D through G • Level 4: A minimum NC SNAP score of 3 or a SIS Level of D through G • Level 5: A minimum NC SNAP score of 3 or a SIS Level of D through G **Service Specifics, Limitations, & Exclusions (not all inclusive)**: **1.** Admissions open to Tailored Plan Medicaid members; **No New Admissions for Medicaid Direct members at this time** **2.** Members receiving CLFS are excluded from receiving *any* State Funded Services, Medicaid state plan personal care or other Medicaid benefits included in this bundled service. **3.** CLFS does not include room and board payments.	Community Living Facilities and Support (CLFS) ILO Service Definition APSM 45-2 Records Management and Documentation Manuals PCP Guidance Documents & Templates NCDHHS NC Support Needs Assessment Profile website CCP No 8E: Intermediate Care Facilities for Individuals with Intellectual Disabilities

		6. Step Down/ Transition Plan: If the recipient is functioning effectively with this service for 6 months or longer, a transition plan to assure that the person lives in the least restrictive environment is required. **7.** Continues to meet ICF/IID criteria for IDD services, including evidence of an IDD dx before age of 22 or TBI **8.** Recipients must maintain position on the Registry of Unmet Needs (RUN) list.	**4.** An individualized Meaningful day schedule, demonstrating distinction from the residential component of CLFS, and reflecting the minimum of 6 hours per day/5 days per week is required. **5.** An independent care coordinator to provide info about affordable housing, sources of financial support such as SSI, and oversight of their overall service needs is required. **5.** Member must either stay in homes they own; their family owns or have a lease in the community.	

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Family Navigator Code(s): **T2041 U5**: Family Navigator **T2041 U5 GT**: Family Navigator, Telehealth **T2041 U5 KX**: Family Navigator, Telephonic	Medicaid beneficiaries and their families often have a difficult time accessing or navigating healthcare and other systems because they are not designed to best support this population's unique needs. Family Navigators can assist members and families to navigate these challenging times and to understand the changes in systems through lived experience. Family Navigator is a way of working with children, adolescents and/or adults with an I/DD or TBI diagnosis and who are experiencing challenges navigating the systems that can provide support for the health and well-being of this population. NC already offers this for adults who experience Mental Health and Substance use disorders using a Peer support model. Family Navigator is the equivalent for Medicaid beneficiaries who experience I/DD or TBI. It is designed as a short-term outreach and engagement service targeted to populations or specific member circumstances that prevent the individual from fully participating in needed care for intellectual or developmental disability or traumatic brain injury.	**Pass-Through Period:** Prior authorization is not required for this service. **Maintained in the Record (not all inclusive):** **1.** CCA/ SIS/ Support Needs Matrix: Required **2.** Meets ICF/IID criteria for IDD services, including evidence of an IDD dx before age of 22 or TBI. **3.** Complete PCP or ISP: Required	**Length of Stay**: **1.** Up to 60 days for the initial request **2.** This service is limited to 40 units per month. **Units**: One unit = 15 minutes **Age Group**: Children/ Adolescents & Adults **Level of Care**: Individuals with I/DD and/or TBI with significant risk of placement in an ICF-IID or state facilities due to complex needs and a lack of Medicaid funding services. **Setting**: Individual or Group **Service Specifics, Limitations, & Exclusions (not all inclusive)**: **1.** Members cannot be on the Innovations Waiver and cannot receive Community Guide or Community Navigator at the same time as Family Navigator. **2.** Family Navigator cannot duplicate the roles of Tailored Care Management. **3.** Members cannot currently reside in an ICF/ IDD. **4.** Family Navigator provider cannot work for the same agency/organization from whom the member is currently receiving care/services and cannot provide services to self, their child(ren) and/or a family member. **5.** This service is episodic in nature to provide support navigation related to specific identified needs. This service is not intended to be ongoing. **6.** The creation and the facilitation of the ISP or PCP is the responsibility of the Care Coordinator on the Care Team. The Care Team role includes the development of the ISP, completing or gathering evaluations inclusive of the re-evaluation of the LOC, monitoring the implementation of the ISP, choosing service providers, coordination of benefits and monitoring the health and safety of the beneficiary. This is not a part of the Family Navigator role.	In-Lieu Of Family Navigator Service Definition Clinical Coverage Policy No 8E: Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) APSM 45-2 Records Management and Documentation Manuals

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Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) Code(s): 100	An Intermediate Care Facility for Individuals with Intellectual Disabilities is an institution that functions primarily for the diagnosis, treatment or rehabilitation of individuals with intellectual disabilities or persons with a related condition and provides ongoing evaluation, planning, 24-hour supervision, coordination, and integration of health or rehabilitative services to help each individual function at his or her greatest ability.	**Initial Requests**: **1.** TAR: prior approval required **2.** LOC Eligibility Determination Tool and Med Eval Attachment: Required, signed by the physician w/in the last 30 days. **3.** Meets ICF/IID criteria for IDD services, including evidence of an IDD dx before age of 22 or TBI. **4.** Submission of applicable records that support the member has met the medical necessity criteria. **Reauthorization Requests**: **1.** TAR: prior approval required **2.** LOC Eligibility Determination Tool and Med Eval Attachment: Required, updated w/in the last 180 days. **3.** Meets ICF/IID criteria for IDD services, including evidence of an IDD dx before age of 22 or TBI. **4.** Submission of applicable records that support the member has met the medical necessity criteria.	**Length of Stay**: **1.** Up to 366 days for all requests **2.** LOC forms must still be submitted every 180 days from the doctor's signature even when there is an authorization in place. **3.** LOCs are uploaded in Provider Direct, in the IDD LOC Module. **4.** If unable to submit through the IDD Module, email to UM@Trilliumnc.org. **Units**: One day = 1 unit **Age Group**: Children/ Adolescents & Adults **Level of Care**: Eligibility for ICF/IID level of care is based on each member's need for the service and not merely on the dx. Attachment B of the CCP details the functional limitations as defined by the developmental disabilities' assistance and bill of rights act of 2000. **Service Specifics, Limitations, & Exclusions (not all inclusive)**: **1.** MCD will not cover this service to maintain generally independent members who are able to function with little supervision or in the absence of a continuous active treatment program. **2.** The date of admission is counted as the 1st day the member occupies a bed at the midnight census. The date of discharge is counted as the last day the member occupies a bed at the midnight census. **3.** The discharge date is not considered a day of patient care and is not billable to Medicaid. **4.** Reimbursement is at a per diem rate that is all inclusive except for medical and dental services. **5. Rubicon Process**: RUBICON members must follow the process outlined by RUBICON. For Rubicon members, do not send LOCs directly to Trillium, please forward them to RUBICON Management. Rubicon will upload LOCs and notify UM by email only when unable to upload in IDD LOC Module.	Clinical Coverage Policy No 8E: Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) APSM 45-2 Records Management and Documentation Manuals

Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
Therapeutic Leave from an ICF/IID Code(s): 183	Leave from an Intermediate Care Facility for Individuals with Intellectual Disabilities for therapeutic purposes only. Each Medicaid-eligible member in an ICF/IID is entitled to take up to 60 calendar days of therapeutic leave in any calendar year. The leave must be for therapeutic purposes only and must be ordered by the member's attending physician.	**Pass-Through Period:** Prior authorization is not required for this service.	**Length of Stay**: Maximum of 60 days per calendar year **Units**: One day = 1 unit. **Age Group**: Children/ Adolescents & Adults **Level of Care**: Eligibility for ICF/IID level of care is based on each member's need for the service and not merely on the dx. Attachment B of the CCP details the functional limitations as defined by the developmental disabilities' assistance and bill of rights act of 2000. **Service Specifics, Limitations, & Exclusions (not all inclusive)**: **1.** ICF/IIDs are not reimbursed for therapeutic-leave days which exceed the limit. **2.** ICF/IIDs will reserve a therapeutically absent member's bed and are prohibited from deriving any MCD revenue for that member other than the reimbursement for the bed during the period of absence. **3.** ICF/IID group homes can take residents on vacation within the rules and requirements of the MCD program. The time away from the group home is not considered therapeutic leave.	Clinical Coverage Policy No 8E: Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) APSM 45-2 Records Management and Documentation Manuals SPECIAL BULLETIN COVID-19 #237 (for limit revision)