

## Alternative and In Lieu of Services

SERVICE	SERVICE CODE	REQUIRED DOCUMENTS	AUTHORIZATION GUIDELINES	FUNDING
Assertive Engagement	YA341 CR	<p>This service is specifically approved for members who have a diagnosed Intellectual and/or Developmental Disability. Please document on the member's PCP-Assertive Engagement was delivered during COVID-19 event. We are not requiring a new Service Order or new signature on the PCP.</p> <p>Documentations should be consistent with the regular document used under normal operations.</p>	<p>Maximum per day is 2 hours, do not have to be concurrent hours in the day. Up to 40 hrs per month, per member</p>	State
Disaster Outreach and Engagement	H0038 HI CR	<p>This service is specifically approved for members who have a diagnosed Intellectual and/or Developmental Disability. Please document on the member's PCP-Disaster Outreach was delivered during COVID-19 event. We are not requiring a new Service Order or new signature on the PCP. Documentations should be consistent with the regular document used under normal operations.</p>	<p>Service is limited to 40 hours per month per member only during natural disasters or declared states of emergency. Maximum per day is 2 hours.</p>	Medicaid

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Disaster Individual Rehabilitation Coordination and Support	H2017 CR	This service is specifically approved for members who meet criteria for PSR. Please document on the member's PCP-DIRCS was delivered during COVID-19 event. We are not requiring a new Service Order or new signature on the PCP. Documentations should be consistent with the regular document used under normal operations.	Minimum of 1 unit per day x 5 days per week is delivered; Maximum of 10 hours week, 5 hours per day; May be provided on weekends or in the evening; Maximum units per week is 40: This is an individual service, it may not be delivered in a group.	Medicaid /State
Home Monitoring Through Virtual Supervision	S5135 GT U5	This service is specifically approved for members who have a diagnosed Intellectual and/or Developmental Disability. Please document on the member's PCP-HMVS was delivered during COVID-19 event. We are not requiring a new Service Order or new signature on the PCP. Documentations should be consistent with the regular document you would use under normal operations.	15 minute unit, up to 6 hrs/day	Medicaid /State

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<b>Rapid Response Team</b>	H2011 U5 CR	This service is approved for members who are diagnosed with MH/SU and/or IDD. Requires development of a Crisis Plan, uploaded to Provider Direct.	Response not to exceed 2 hours, 15 minute unit, the first 16 units are unmanaged. MCM episode within the previous 24 hrs is an EXCLUSION	Medicaid
<b>Community Inclusion and Support</b>	T2021 U5 CR (Individual) T2021 HQ U5 CR (Group)	This service is specifically approved for members who have a diagnosed Intellectual and/or Developmental Disability. Please document on the member's PCP-Community Inclusion and Support was delivered during COVID-19 event. We are not requiring a new Service Order or new signature on the PCP. Documentations should be consistent with the regular document you would use under normal operations.	15 minute unit, Group size is limited- 1 staff to 3 members. Service is limited to 20 hours per week per member of group OR individual.	Medicaid