Vaya Partners

Long-Term Community Supports

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

Service

Long-Term Community Supports (LTCS) is a community-based comprehensive Medicaid service for children, adolescents and adults (ages 3 and older) with intellectual/developmental disabilities (I/DD) that provides individualized services and supports to enable a person who would otherwise be institutionalized in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) to live in the community. LTCS is designed to maintain and promote the member's functional status and independence successfully in a home and/or community-based setting of the individual's choice and be an active member of their community.

This service is authorized as an "in lieu of" service by NC Medicaid and is available to individuals whose Medicaid originates from Vaya Partners' multi-county region, are at risk for institutional care in an ICF/IID and are not enrolled in the NC Home and Community-Based Services 1915(c) NC Innovations Waiver. Each member receiving LTCS must live in a home they own or rent, in a home with their family, in an alternative family living (AFL) arrangement, in a therapeutic or traditional foster care home, or in a group home.

LTCS enables the member to live in the community in the least restrictive environment of their choosing; provides the member with help developing, maintaining, and promoting skills of daily living; provides "active treatment" to enable the development of necessary skills to live as independently as possible in the community; and provides the member with support to restore, develop, maintain, or increase their level of functioning so that they can reach their highest level of functional capacity and skills.

"Active treatment" is defined in 42 CFR § 483.440(a) as a "continuous program that includes aggressive, consistent implementation of specialized and generic training, treatment, health services, and related services" described in the regulation. 42 CFR § 483.440(a) further specifies that active treatment may not "include services to maintain generally independent beneficiaries who are able to function with little supervision or in the absence of a continuous active treatment program."

The intended outcomes of this service are to:

- Avoid institutionalization;
- Increase the member's exercise of meaningful choice and control in their daily life, including where and with whom to live;
- Increase the member's self-sufficiency and self-determination in working/volunteering, participating in pre-vocational activities, and completing activities of daily living (ADLs) to their level of independence;

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- Increase, maintain, or develop the member's socialization and daily living skills;
- Provide the member with necessary supervision and assistance with ADLs when the member is dependent on others to ensure health and safety;
- Develop and maintain natural relationships and supports with people without disabilities;
- Ensure the member has the opportunity to have full membership in their community and to engage in community
  interests and activities of their choice;
- Achieve short-term and long-range personal goals;
- Support active treatment in that all aspects of support and service to the member are coordinated toward specific individualized goals in their person-centered plan; and
- Support integrated health care and support needs.

Residential Component of LTCS: Coverable Living Arrangements

LTCS allows for a variety of living arrangements. Payments for any of these living arrangements may not include payments for room and board or the cost of facility maintenance and upkeep. A member receiving LTCS must live in one of the following living arrangements:

- **Home living** : "Home Living" is defined as a private home (e.g., single-family dwelling, apartment, townhome, condominium) in which the member lives (a) with family (i.e., a spouse and/or a parent, sibling, or adult child by blood, marriage, adoption, or fostering), (b) alone; or (c) with their minor child(ren) and/or up to two unrelated adult persons.
- **Supported living**: "Supported Living" is defined as a private home (e.g., single-family dwelling, apartment, townhome, condominium) in which the member lives (a) alone or (b) with his/her minor child(ren) and/or up to two unrelated adults and in which the member has 24/7 access to LTCS staff support and intervention. This living arrangement requires that:
  - The member is eighteen (18) years of age or older shall choose who lives with them;
  - Any member receiving LTCS who resides in the private home shall have ownership or tenancy rights afforded under the law;
  - "24/7 access to LTCS staff support and intervention" may be provided face-to-face or by indirect monitoring (e.g., telephone, email, two-way real-time audio and video teleconference assisted technology). Contacts with the member must be at the frequency and intensity outlined in the member's person-centered plan and must be consistent with the member's clinical needs.
  - The home must have a private exterior entry separate from any other dwelling on the premises (e.g., attached apartment with private entrance).
  - Ownership rights of any member receiving LTCS shall be evidenced by a current and valid deed or other legally-accepted documentation;
  - If leasing from a provider of LTCS services (or any owner, manager, director, partner, employee, independent contractor, or affiliate of the provider who is not a relative of the member), tenancy rights of the member shall be evidenced by a valid and current written lease agreement for the member to reside in the home; and
  - When applicable, homes leased under Section 8 housing shall be licensed and inspected by the local housing agency and must meet the housing quality standards per 24 CFR § 882.109.
  - LTCS services are not required to occur daily, but in accordance with the needs of the individual being supported. To bill a daily unit, face-to-face contact with the member is required.

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- **Alternative Family Living**: “Alternative Family Living” or “AFL” is defined as the place the member lives and the primary residence of the AFL provider (includes couples and single individuals) who receive reimbursement for the cost of services to the member. This living arrangement requires that:
    - The AFL home may be licensed by the NC Division of Health Service Regulation (DHSR) or unlicensed in accordance with N.C.G.S Chapter 122C and 10A NCAC 27G. The LTCS provider shall comply with all applicable DHSR licensure requirements for AFLs licensed under 10A NCAC 27G. 5600, including that unlicensed AFL homes may serve only one adult. All unlicensed AFL sites will be reviewed using the Vaya Partners Unlicensed AFL Review Tool;
    - The AFL home must meet all relevant requirements of the federal Home and Community-Based Services (HCBS) Final Rule published in the Federal Register on Jan. 16, 2014 (79 FR 2947), as outlined in the NCDHHS State Transition Plan;
    - This level of LTCS service must be provided by individuals who are not relatives (by blood, marriage, fostering, or adoption) of the member or the legal guardian/legally responsible person of the member;
    - The LTCS provider shall be responsible for providing the member with an individualized level of supports in the home as determined during the assessment process and identified in the person-centered plan; and
    - The LTCS provider shall have 24/7 access to LTCS staff support and intervention", including back-up and relief staff and in the case of emergency or crisis. Note that the member may select any Vaya Partners-contracted crisis services provider in lieu of the LTCS provider.
- **Group Home Living – three beds or fewer**: “Group Home Living (<3)” is defined as being the place the member lives, which is licensed by DHSR to operate as a group home. This living arrangement requires that:
    - The facility shall be licensed under 10A NCAC 27G .5600 as a Type C facility for adults or Type B for children, unless another type of facility is otherwise approved as an exception by Vaya Partners in the interest of the member served;
    - The LTCS provider shall comply with all applicable DHSR licensure requirements;
    - The group home must meet all relevant requirements of the federal Home and Community-Based Services (HCBS) Final Rule published in the Federal Register on January 16, 2014 (79 FR 2947) as outlined in the NCDHHS State Transition Plan;
    - The LTCS provider shall have 24-hour-per-day availability, including back-up and relief staff and in the case of emergency or crisis; and
    - Primary group home staff members who deliver the residential component of LTCS to the member shall not provide the Meaningful Day Activity component (defined below) of LTCS or any other Vaya Partners benefit plan services to the member on the same day the staff member delivers the residential component of LTCS. The LTCS provider agency may deliver other billable services they are contracted with Vaya Partners to deliver to the member.
- **Group Home Living – four to six beds**: “Group Home Living (4-6)” is defined as being the place the member lives, which is licensed by DHSR to operate as a group home. This living arrangement requires that:
    - The facility shall be licensed for four to six beds for existing sites developed on or before June 15, 2011, and for four beds for homes newly developed after June 15, 2011, under 10A NCAC 27G .5600 as a Type C facility for adults or Type B for children. Note: Vaya Partners, in its sole discretion, may grant an exception to the facility capacity or facility licensure type upon written request by provider in the interest of the member served;
    - The LTCS provider shall comply with all applicable DHSR licensure requirements;

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- The group home must meet all relevant requirements of the federal HCBS Final Rule published in the Federal Register on January 16, 2014, (79 FR 2947) as outlined in the NCDHHS State Transition Plan;
- The LTCS provider shall have 24-hour-per-day availability, including back-up and relief staff and in the case of emergency or crisis; and
- Primary group home staff members who deliver the residential component of LTCS to the member shall not provide the Meaningful Day Activity component (defined below) of LTCS or any other Vaya Partners benefit plan services to the member on the same day the staff member delivers the residential component of LTCS. The LTCS provider agency may deliver other billable services they are contracted with Vaya Partners to deliver to the member.

For AFL, Group Home Living (<3), Group Home Living (4-6) arrangements, the LTCS provider must provide the member with the following support, as needed:

- Direct and indirect assistance with ADLs, household chores essential to the member's health and safety, budget management, appointment attendance, and interpersonal and social skills-building to enable the member to live in the home and community;
- Training in ADLs, supervision, and assistance, if needed, to allow the member to participate in home or community activities;
- Assistance with monitoring health status and physical condition;
- Assistance with managing personal financial affairs and other supports;
- Choosing and learning to use appropriate assistive technology to increase independence; and
- Assistance with transferring, ambulation, and use of special mobility devices.

Meaningful Day Activity Component of LTCS: Coverable Activities and/or Tasks

In addition to residing in one of the living arrangements described above, each member receiving LTCS must also participate in community day activities (day activities) to receive this service, as follows:

- Members must choose to participate in a coverable day program or community activity (both defined below and together referred to as "Meaningful Day Activities") to receive LTCS.
- All members who participate in a day program must attend the program no less than weekly.
- The amount, duration, intensity, and scope of the day activities depend on the member's individualized service needs and preferences. The member chooses how often they attend the day program or participate in community activities. These preferences must be clearly documented in a preference assessment and/or the member's person-centered plan and submitted to Vaya Partners' Utilization Management Team with the request for LTCS.
- The Meaningful Day Activity component of LTCS shall not be delivered by a relative (by blood, marriage, adoption, or fostering) of the member, with the exception that a relative of the member may work at the day program through which the member receives LTCS.
- When coverable day activities are delivered to members, the LTCS provider shall ensure that each member receives the necessary and appropriate intensity of direct support, supervision, monitoring, and assistance to safely and meaningfully participate in the day program and/or community activities.
- The "Meaningful Day Activity" component of LTCS shall not be provided in the home or residence of an owner, employee, or contractor of any service provider.
- The LTCS provider shall be responsible for ensuring access to its day program or the day program of another Vaya Partners network provider for LTCS members who desire to participate in a day program.

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- For Individuals who are eligible for educational services under the Individuals with Disability/Educational Act, services they receive from their school system count toward Meaningful Day Activity but are not funded by Medicaid under this definition.
- Providers of LTCS level 3, 4, or 5 may contract with age appropriate after school or summer programs to provide Meaningful Day Activities outside of the school calendar.

Coverable Day Program

A **"day program"** is defined as a group, facility-based service that provides assistance to the individual with acquiring, retaining, and/or improving socialization and daily living skills. All day programs must meet the following criteria:

- "Facility-based" means individuals receive a portion of this service in a DHSR-licensed Day Supports or Adult Day Vocational Program (ADVP) provider facility that serves individuals with I/DD;
- The facility must meet all relevant requirements of the federal HCBS Final Rule published in the Federal Register on Jan. 16, 2014 (79 FR 2947), as outlined in the NCDHHS State Transition Plan;
- The day program provides an organized program of services during the day in a community group setting to support the personal independence of adults and promote their social, physical, and emotional well-being;
- Individualized Day Program activities shall be made available to meet specific and well-documented needs of a member.
- For school-aged or younger children, LTCS Level 1 is a service which provides individual habilitative programming in a licensed childcare center. It is designed to meet the developmental needs of the child in an inclusive setting to promote skill acquisition in areas such as self-help, fine and gross motor skills, language and communication, cognitive and social skills in order to facilitate their functioning in a less restrictive environment. For individuals who are eligible for other funding/subsidies available or educational services under the Individuals with Disability Educational Act, LTCS or other Medicaid funding, Medicaid is the payer of last resort for Developmental Day.

Other Coverable Community Activities

Other **"Community Activities"** are furnished in a community-based setting, separate from the member's place of residence or from a facility-based setting, and are defined to include:

- Engaging in community interests and activities of the member's choice with people who are not disabled, including:
  - Participation in adult education (college, vocational studies, and other educational opportunities) with staff support;
  - Community-based classes for the development of hobbies or leisure/cultural interests;
  - Volunteer activities:
    - Volunteering may not be performed at locations that would not typically have volunteers or in positions that would be paid positions if performed by an individual that was not receiving LTCS; and
    - Participants cannot volunteer for, or in locations associated with, the LTCS provider.
  - Participation in formal/informal associations and/or community groups;
  - Participation in training and education in self-determination and self-advocacy;
  - Use of public transportation; and

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- Inclusion in a broad range of community settings that allow the beneficiary to make community connections.
- Participating in ADLs in the community to achieve personal outcomes and goals identified in the person-centered plan.

Five Levels of LTCS

There are five levels of LTCS, which are determined based on the member's living situation:

- **Level 1 (T2016 U5 U1):** The member shall reside in a home living arrangement and participate in a Meaningful Day Activity (i.e., Day Program and/or community activity) ("Meaningful Day Activity") for a minimum of one day each calendar week (Sunday to Saturday) and a minimum of three hours per day to maintain/develop skills of active treatment as outlined in the member's person-centered plan. This level does not include services/support provided in the home and is intended for Meaningful Day Activities only.
- **Level 2 (T2016 U5 U2):** The member shall reside in a Supported Living arrangement and participate in a day activity for a minimum of two days each calendar week (Sunday to Saturday) to maintain/develop skills of active treatment as outlined in the member's person-centered plan.
- **Level 3 (T2016 U5 U3):** The member shall reside in an AFL arrangement and participate in a day activity as specified in their person-centered plan. The person-centered plan must include a minimum of 18 hours per calendar week (Sunday to Saturday) of Meaningful Day Activities, six of which must be coverable under the LTCS service definition.
- **Level 4 (T2016 U5 U4):** The member shall reside in a Group Home Living (<3) arrangement in which overnight staffing is required and provided. The member shall also participate in a day activity as specified in their person-centered plan. The person-centered plan must include a minimum of 18 hours per calendar week (Sunday to Saturday) of Meaningful Day Activities, six of which must be coverable under the LTCS service definition.
- **Level 5 (T2016 U5 U6):** The member shall reside in a Group Home Living (4-6) arrangement in which overnight staffing is required and provided. The member shall also participate in a day activity as specified in their person-centered plan. The person-centered plan must include a minimum of 18 hours per calendar week (Sunday to Saturday) of Meaningful Day Activities, six of which must be coverable under the LTCS service definition.

LTCS includes transportation to achieve goals and objectives related to these activities. NC Medicaid Non-Emergency Medical Transportation ("NEMT") cannot be utilized while the member is receiving LTCS in their residence or in the community or for the member to travel to or from LTCS. However, transportation to and from another Medicaid-eligible service may be reimbursed by another funding source, such as through Medicaid State Plan services, including 1915i Supported Employment or NEMT.

Therapeutic Leave may be requested for level 4 and 5 only:

a. Each Medicaid-eligible beneficiary receiving LTCS 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 beneficiary's attending physician. The necessity for the leave must be documented in the beneficiary's plan of care and therapeutic justification for each instance of leave must be documented in the beneficiary's medical record.
b. The LTCS provider shall reserve a therapeutically absent beneficiary's bed and are prohibited from deriving

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any Medicaid revenue for that beneficiary other than the reimbursement for the bed during the period of absence. LTCS providers are reimbursed at their full current Medicaid bed rate for a bed reserved due to therapeutic leave. Providers are not reimbursed for therapeutic-leave days which exceed the legal limit.

c. Therapeutic leave is not applicable when the leave is for the purpose of receiving either inpatient or nursing services provided either elsewhere or at a different level of care in the facility of current residence, when such services are or will be paid for by Medicaid. Transportation from a facility to the site of therapeutic leave is not considered an emergency. Therefore, ambulance service for this purpose is not reimbursed by Medicaid. d. The LTCS provider group homes can take residents on vacation within the rules and requirements of the Medicaid program. The time away from the group home is not considered therapeutic leave. Each individual program plan must identify specific goals and objectives to be met during the vacation. Sufficient provider staff shall accompany residents to assure that all their personal and training needs are met. e. Consecutive therapeutic leave days in excess of 15 consecutive days must be approved by the MCO for beneficiaries under a 1915 (b) waiver.

d. The LTCS provider group homes can take residents on vacation within the rules and requirements of the Medicaid program. The time away from the group home is not considered therapeutic leave. Each individual program plan must identify specific goals and objectives to be met during the vacation. Sufficient provider staff shall accompany residents to ensure that all their personal and training needs are met.

e. Consecutive therapeutic leave days in excess of 15 consecutive days must be approved by the MCO for beneficiaries under a 1915 (b) waiver.

Concurrent Services

The following services may be provided concurrently with LTCS only if deemed medically necessary:

a. Supported Employment; and

b. For members with co-occurring mental health and/or substance use disorder diagnoses, mental health (e.g., Psychosocial Rehabilitation) and substance use disorder services available under the Medicaid 1915(b) health benefit plan managed by Vaya Partners.

c. For LTCS beneficiaries in Level 1 only, 1915i Community Living and Supports (CLS).

Service Exclusions

- LTCS may not be provided by a relative (by blood, marriage, fostering, or adoption) who resides in or out of the home of the member or by a legal guardian/legally responsible person of the member.
- Members receiving LTCS may not concurrently receive any Vaya Partners State-funded residential services or Vaya Partners State-funded periodic I/DD services.
- LTCS beneficiaries may not concurrently receive services from Medicaid Home and Community Based Services program authorized under 1915(c) of the Social Security Act, including Community Alternatives Program for Disabled Adults (CAP/DA),Community Alternative Programs for Child (CAP/C), and the NC Innovations Waiver.
- 1915i Community Living and Supports (CLS) is only available for those individuals receiving LTCS Level 1. It is not available for those members receiving Levels 2-5.
- Individuals who reside in an ICF/IID, nursing home, adult care home, or other living arrangement not listed under the residential component are not eligible for this service.
- Payments for room and board, maintenance, utilities, and food are excluded.
- Respite is not available for members receiving LTCS Levels 2, 4, or 5. 1915(i) Respite may be used to provide temporary relief for members receiving LTCS Levels 1 or 3.

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- Members receiving LTCS may not concurrently receive Individual Supports or 1915(i) Individual and Transitional Supports.
- LTCS shall not be provided or billable in any facility that meets the definition of an Institution for Mental Diseases (IMD) set forth at 42 CFR § 435.1010, inpatient hospitals, emergency room, crisis placements or settings, jails, prisons, assisted living facilities, nursing facilities, adult care homes, or ICF/IIDs (whether community or state) or on the same day that the member receives services in any such location.
- The day activity component of LTCS shall not be provided in the home or residence of an owner, employee, or contractor of any service provider.
- Provision of LTCS must be in alignment with NCDHHS' Inclusion Works Strategic Plan 2025-2030 (approved August 2025).
- Outpatient Therapy, Psychosocial Rehabilitation, and Supported Employment may be provided in addition to LTCS but are not coverable Meaningful Day Activities of LTCS and are billed separately from LTCS.
- Individuals who are eligible for services under the Individuals with Disability Educational Act may not access Meaningful Day Activities paid for by Medicaid when school is in session.

Service Frequency and Intensity

The service frequency and intensity vary based on the service level and is increased or decreased based on individual needs as documented in the person-centered plan. The intent of the lowest level is to validate that interventions have been effective and that outcomes are likely to be maintained upon service discharge. The provider must use direct face-to-face and indirect (e.g., telephone, email, mail, assisted technology) contacts, as well as collaboration with other providers and the member and their family and team, when delivering this service. Contacts with the member must be at the frequency and intensity outlined in the person-centered plan.

Provider Requirements

The provider delivering this service shall meet the following requirements:

- Meet all qualifications for participation in NC Medicaid program and be enrolled in NCTracks.
- Credentialed with NC Medicaid and enrolled as a provider in Vaya Partners' closed behavioral health provider network, in good standing, and contracted to deliver the service.
- The provider agency authorized by Vaya Partners to deliver LTCS may deliver the Meaningful Day Activity component through another current Vaya Partners network provider. However, the provider agency authorized by and contracted with Vaya Partners for delivery of LTCS is ultimately responsible for ensuring service delivery in compliance with applicable laws, rules, regulations, and this service definition and for any overpayment, plan of correction, or adverse action/sanction associated with the delivery of any or all component(s) of LTCS.
- HCBS characteristics: These requirements apply to the Day Program component of LTCS and to Levels 3, 4, and 5.
- For any member requiring nursing-level assistance, the NC Board of Nursing regulations and requirements must be followed for tasks that present health or safety risks to the member.
- The provider verifies employee/independent contractor qualifications at the time the employee is hired/contracted. Providers must provide verification of staff qualifications at least annually.
- The provider complies with all terms and conditions of the network contract with Vaya Partners, other applicable written agreements, and all applicable federal, state, and local laws, rules, and regulations.
- The provider develops an individualized staffing plan and schedule based on the member's preference and on the assessment and person-centered plan process, as well as DHSR requirements. The plan must ensure

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staffing is adequate to protect the member's health and safety and to carry out all activities required to meet the outcomes and goals identified in the person-centered plan. The plan must also identify the members' living arrangement and address coverage for back-up and relief staff. Providers shall document attempts to ascertain why a member is not participating in a service or support in accordance with the established schedule or plan.

Staffing Requirements

All staff members working with the member must be at least age 18 and meet the following requirements:

- If providing transportation, possesses a valid North Carolina driver's license or valid driver's license from another US state or territory, a safe driving record, and an acceptable level of automobile liability insurance as determined by the provider's internal policies and standard practices.
- Has a criminal background check that presents no health or safety risks to the member.
- Is not listed in the NC Health Care Personnel Registry.
- Is qualified in CPR and First Aid.
- Is qualified in the customized needs of the member as described in the person-centered plan.
- Possesses a high school diploma or equivalency (GED) from an accredited school.
- For paraprofessionals providing this service, must be supervised by a qualified professional (QP). Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 (b), (c), and (f) and according to licensure or certification requirements of the appropriate discipline.
- Obtain NC licensure or certification as required by North Carolina law and practice within the scope of practice as defined by the individual practice board, as applicable.
- If providing nursing or nutritional assistance, must have the appropriate level of training, certification, or licensure.

By Jan. 1, 2019, direct support professionals (DSPs) providing LTCS shall have competency in the following areas:

- *Communication:* The DSP builds trust and productive relationships with the people they support, coworkers, and others through respectful and clear verbal and written communication.
- *Person-centered practices*: The DSP uses person-centered practices, helping members make choices and plan goals, and provides services to help members achieve their goals.
- *Evaluation and observation:* The DSP closely monitors the member's physical and emotional health, gathers information about the member, and communicates observations to guide services.
- *Crisis prevention and intervention:* The DSP identifies risks and behaviors that can lead to a crisis and uses effective strategies to prevent or intervene in the crisis in collaboration with others.
- *Professionalism and ethics: The* DSP works in a professional and ethical manner, maintaining confidentiality and respecting individual and family rights.
- *Health and wellness*: The DSP plays a vital role in helping members achieve and maintain good physical and emotional health essential to their well-being.
- *Community inclusion and networking:* The DSP helps individuals be a part of the community through valued roles and relationships and assists members with major transitions that occur in community life.
- *Cultural competency:* The DSP respects cultural differences and provides services and supports that fit with the members' preferences.

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- *Education, training, and self-development*: The DSP obtains and maintains necessary certifications and seeks opportunities to improve their skills and work practices through further education and training.

Providers employing or subcontracting with QPs, associate professionals, and/or DSPs/paraprofessionals shall maintain documented evidence of appropriate or necessary training and certifications obtained by their employees/subcontractors in achieving required competencies, along with supervision requirements to maintain such competency, as required by 10A NCAC 27G.0203 and .0204.

Member Eligibility Requirements

To be eligible for LTCS, a member shall:

- Be enrolled as a NC Medicaid beneficiary whose Medicaid eligibility arises from residence in a county located within Vaya Partners' multi-county region and who is enrolled in the Behavioral Health and I/DD Tailored Plan;
- Be age 3 or older;
- Meet ICF/IID level of care criteria and/or the definition of developmental disability at NCGS § 122C-3(12a);
- Reside in an ICF/IID (when used for transition from an ICF/IID into a home or community-based setting) or is at risk of being placed in an ICF/IID;
- Be able to maintain their health, safety, and well-being in the community with LTCS and other services and supports delivered in the home or community; and
- Require active treatment necessitating the ICF/IID level of care.
- For Levels 3, 4, 5 and under age 16 will be required to have this staffing either before SAR submission or at SAR submission prior to a determination.

Utilization Management

Prior approval requirements:

1. The provider shall obtain prior approval from Vaya Partners before delivering LTCS to an individual. For children ages 3-15 authorization may be up to 180 days. For members age 16 and above authorization may be up to a full year.

2. The provider shall electronically submit the following: to Vaya Partners' Utilization Management Team for prior approval:
   a. A fully completed service authorization request (SAR);
   b. The member's most recent psychological evaluation. Evaluations are completed by a psychologist, licensed psychological associate, or physician, as defined in NC General Statute §122C-3 and as appropriate based on the individual's specific clinical issue. If the presenting issue is an intellectual disability, or a condition closely related to an intellectual disability, a psychologist or licensed psychological associate completes the evaluation. The evaluation includes intellectual testing and adaptive behavior assessment. If the condition is cerebral palsy, epilepsy, or a condition closely related to one of these two disabilities, physician records may be submitted in addition to assessments of functional behavior;
   c. The member's person-centered plan, developed with the member along with input from the member's guardian, family, and team. Relevant diagnostic information must be obtained and included in the person-centered plan. The QP signature on the person-centered plan service order line is acceptable for authorization purposes;

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d. Documentation of member's living arrangement and ownership or lease agreement, when applicable; and
e. Any other records that support the request.

This service shall be covered when the service is medically necessary and:

a. The procedure, product, or service is individualized, specific, and consistent with the member's symptoms or confirmed diagnosis and not in excess of the member's needs;
b. The procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide;
c. The procedure, product, or service is furnished in a manner not primarily intended for the convenience of the member, the member's caretaker, or the provider; and
d. The member meets and continues to meet the eligibility requirements for this service, and treatment goals have not yet been achieved. Services and interventions must be reviewed for effectiveness, and interventions should be modified, if necessary, so that the individual makes greater progress.

Transition or Discharge Criteria

The criteria for transition or discharge of the member from LTCS include one or more of the following:

1. The member and provider determine that the services are no longer needed based on the attainment of goals as identified in the person-centered plan and that a different level of care would adequately address current goals.
2. The member has developed skills to function independently in the community.
3. The member has been connected with natural supports in the community and no longer requires this formal support service.
4. The member has requested discharge.
5. The member no longer meets criteria for the service.
6. The member has not achieved treatment goals despite documented efforts.
7. The member receives an NC 1915(c) HCBS Innovations Waiver slot.
8. The member's Medicaid eligibility is terminated or is transitioned to a county outside Vaya Partners' region.
9. The member moves out of the region and the provider has successfully transitioned the member to another provider of such services in the member's primary place of residence.

Documentation Requirements

LTCS shall be properly and contemporaneously documented in accordance with this section and the Division of MHDDSAS Records Management and Documentation Manual 45-2 (RMDM) **prior** to seeking reimbursement from Vaya Partners. LTCS requires a full- service note, which includes items 1 through 12 under "Contents of a Service Note", Chapter 7 of the RMDM.

Regardless of the service type, significant events in the member's life that require additional activities or interventions shall be documented over and above the minimum frequency requirements.

Providers shall make all documentation supporting claims for LTCS reimbursed by Vaya Partners available to Vaya Partners, NCDHHS, and CMS upon request.

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Claims-Related Information

Providers shall comply with the NCTracks Provider Claims and Billing Assistance Guide, Medicaid bulletins, issued by the NC Division of Health Benefits (DHB), NC Medicaid Clinical Coverage Policies, this service definition, Vaya Partners' fee schedule, and other requirements and any other relevant documents for specific coverage and reimbursement for Medicaid.

1. **Claim Type:** Professional (CMS-1500/837P transaction) billed through Vaya Partners.
2. **International Classification of Diseases, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System (PCS):**
    a. Provider(s) shall report the ICD-10-CM and Procedural Coding to the highest level of specificity that supports medical necessity. Provider(s) shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for code description.
    b. A diagnosis of an intellectual disability or a related condition must be present to bill for this service (see 42 CFR § 435.110).
3. **Codes and Modifiers:** Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product, or service provided. Provider(s) shall use the Current Procedural Terminology (CPT), Health Care Procedure Coding System (HCPCS), and UB-04 Data Specifications Manual (for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description. If no such specific CPT or HCPCS code exists, then the provider(s) shall report the procedure, product, or service using the appropriate unlisted procedure or service code.
4. **Billing Units:** Providers bill this service on a unit basis. 1 unit = 1 day. An individual must receive three hours before the one-day unit may be billed for LTCS Level 1.
5. **Place of Service:** Refer to the LTCS level for where the service must be provided.
6. **Prior Authorization:** Providers must have a prior authorization for the delivery of services to the member approved by Vaya Partners prior to submission of claims for payment to Vaya Partners.
7. **NCTracks Enrollment:** Providers must be enrolled through NCTracks and ensure valid NPIs, taxonomies, sites, ZIP code (+4), and all other provider demographic information provided to Vaya Partners matches the information in NCTracks to bill Vaya Partners and be reimbursed for this service.
8. **Coordination of Benefits:** Providers must file with primary payor(s) prior to submission of claims for payment to Vaya Partners, if applicable.
9. **Reimbursement:** Vaya Partners reimburses the provider.

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