

Residential Component of LTCS: Coverable Living Arrangements

LTCS allows for a variety of living arrangements for individuals. Payments for any of these living arrangements may not include payments for room and board or the cost of facility maintenance and upkeep. A LTCS beneficiary must live in one of the following living arrangements in order to receive this service:

- **Home Living** : “Home Living” is defined as being a private home (e.g., single family dwelling, apartment, townhome, condominium) in which the beneficiary 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 his/her minor child(ren) and/or up to two unrelated adult persons.
- **Supported Living**: “Supported Living” is defined as being a private home (e.g., single family dwelling, apartment, townhome, condominium) in which the beneficiary lives (a) alone or (b) with his/her minor child(ren) and/or up to two unrelated adult persons and in which the beneficiary has 24/7 access to LTCS staff support and intervention. This living arrangement requires that:
 - The beneficiary shall choose who lives with him/her;
 - Any LTCS beneficiary residing 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, mail, assisted technology). Contacts with the member must be at the frequency and intensity outlined in the beneficiary’s PCP.
 - The home must have private exterior entry separate from any other dwelling on the premises. i.e. (attached apartment with private entrance)
 - Ownership rights of any LTCS beneficiary 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 LTCS beneficiary), tenancy rights of the beneficiary shall be evidenced by a valid and current written lease agreement for the beneficiary 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, contact with the individual is required.
- **Alternative Family Living**: “Alternative Family Living” or “AFL” is defined as being the place the beneficiary lives and the primary residence of the AFL provider (includes couples and single persons) who receive reimbursement for the cost of services to the individual. This living arrangement requires that:
 - The AFL home may be licensed by the N.C. 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 DHHS Unlicensed AFL Review Tool;
 - The AFL home must meet the Home and Community Based Services Final Rule as outlined in North Carolina’s DHHS State Transition Plan;
 - This level of LTCS service must be provided by persons who are not relatives (by blood, marriage, fostering, or adoption) of the beneficiary;
 - The LTCS provider shall be responsible for providing to the beneficiary an individualized level of supports in the home determined during the assessment process and identified in the PCP; and
 - The LTCS provider shall have 24 hour per day availability, including back-up and relief staff and in the case of emergency or crisis. Note that the beneficiary may select any Vaya Health-contracted crisis services provider in lieu of the LTCS provider.
- **Group Home Living – 3 beds or fewer**: “Group Home Living (<3)” is defined as being the place the beneficiary 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, unless another type of facility is otherwise approved as an exception by Vaya Health and in the interest of the LTCS beneficiary 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 North Carolina’s DHHS 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 beneficiary shall not provide the Day Activity Component (defined below) of LTCS or any other Vaya Health benefit plan services to the beneficiary

on the same day the staff member delivers the Residential Component of LTCS to the beneficiary. The LTCS provider agency may deliver other billable services they are contracted with Vaya Health to deliver to the beneficiary.

- **Group Home Living – 4 to 6 beds:** “Group Home Living (4-6)” is defined as being the place the beneficiary lives which is licensed by DHR to operate as a group home. This living arrangement requires that:
 - The facility shall be licensed for four (4) to six (6) beds for existing sites developed on or before June 15, 2011 and for four (4) beds for homes newly developed after June 15, 2011 under 10A NCAC 27G .5600 as a Type C facility for adults. Note: Vaya Health, in its sole discretion, may grant an exception to the facility capacity or facility licensure type upon written request by provider and in the interest of the LTCS beneficiary served;
 - The LTCS provider shall comply with all applicable DHR licensure requirements;
 - 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 North Carolina’s DHHS 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 beneficiary shall not provide the Day Activity Component (defined below) of LTCS or any other Vaya Health benefit plan services to the beneficiary on the same day the staff member delivers the Residential Component of LTCS to the beneficiary. The LTCS provider agency may deliver other billable services they are contracted with Vaya Health to deliver to the beneficiary;

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

- Direct and indirect assistance with the beneficiary’s ADLs, household chores essential to the health and safety of the beneficiary, budget management, attending appointments and interpersonal and social skills building to enable to the beneficiary to live in the home and community;
- Training in ADLs, supervision, and assistance, if needed, to allow the person 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.

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

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

- Individuals must choose to participate in a coverable Day Program or Community Activity (both defined below, and together referred to as “Day Activities”) to receive LTCS.
- All beneficiaries 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 beneficiary’s individualized service needs and preferences. The beneficiary chooses how often s/he attends the Day Program or participates in other Community Activities.
- The Day Activity component of LTCS shall not be delivered by a relative (by blood, marriage, adoption or fostering) of the beneficiary, with the exception that a relative of the beneficiary may work at the Day Program through which the beneficiary receives LTCS.
- When coverable day activities are delivered to beneficiaries, the LTCS provider shall ensure that each beneficiary receives the necessary and appropriate intensity of direct support, supervision, monitoring and assistance to safely and meaningfully participate in the Day Program and/or other Community Activities.
- The LTCS provider shall be responsible for ensuring access to its, or another Vaya Health-contracted network provider’s, Day Program for LTCS beneficiaries who desire to participate in a Day Program.

Coverable Day Program

A “**Day Program**” is defined as a group, facility-based service that provides assistance to the individual with acquiring, retaining, improving socialization and daily living skills. All Day Programs must meet the following criteria:

- “Facility-based” means that individuals receive a portion of this service in a DHR-licensed Day Supports or Adult Day Vocational Program (ADVP) provider facility that serves individuals with IDD;

- Outpatient Therapy, Psychosocial Rehabilitation and Supported Employment are not coverable Day Activities of LTCS and are billed separately from LTCS.
- LTCS beneficiaries may not concurrently receive any Vaya Health non-Medicaid funded (or state-funded) residential services, Vaya Health non-Medicaid funded (state-funded) periodic IDD services, or 1915(c) Innovations Waiver services.
- Individuals who reside in an ICF-IID facility, nursing home, adult care homes or other living arrangements 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 LTCS Levels 2, 4 and 5 beneficiaries. Respite may be used to provide temporary relief for LTCS Level 1 and 3 beneficiaries.
- LTCS beneficiaries may not concurrently receive Individual 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, 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.

SERVICE FREQUENCY AND INTENSITY

The service frequency and intensity varies based on the service level and is increased or decreased based on individual needs as documented in the PCP. 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 beneficiary and his/her family and team, when delivering this service to the LTCS beneficiary. Contacts with the member must be at the frequency and intensity outlined in the PCP.

PROVIDER REQUIREMENTS

The provider delivering this service shall meet the following requirements:

- Meet qualification for participation in NC Medicaid program, and be enrolled in NC Tracks
- Credentialed and enrolled as a network provider in Vaya Health's Closed Provider Network, in good standing, and contracted to deliver the service.
- The provider agency authorized by Vaya Health to deliver LTCS may deliver the Day Activity component through another current Vaya Health network provider. However, the provider agency authorized by and contracted with Vaya Health for delivery of LTCS is ultimately responsible for ensuring service delivery in compliance with applicable laws, rules, regulations and this service definition and description 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 this service and to Levels 3, 4 and 5.
- For any beneficiary requiring nursing level assistance, N.C. Board of Nursing regulations and requirements must be followed for tasks that present health and safety risks to the member.
- Provider verifies employee/ independent contractor qualifications at the time employee is hired/ contracted. Providers must provide verification of staff qualifications on at least an annual basis.
- Comply with all terms and conditions of the network contract with Vaya Health and other applicable written agreements, and all applicable federal, state and local laws, rules and regulations.
- Develop an individualized staffing plan and schedule based on the beneficiary's preference and on the assessment and PCP process as well as DHSR requirements. The plan must ensure staffing is adequate to protect the health and safety of the person and to carry out all activities required to meet the outcomes and goals identified in the PCP. The plan must also identify the beneficiary's living arrangement and address staff coverage for back-up and relief staff. Providers shall document to reflect attempts to ascertain why a beneficiary is not participating in a service or support in accordance with the established schedule or plan.

Staffing Requirements

All staff members working with the beneficiaries must be at least 18 years old and meet the following requirements:

- If providing transportation, possess a valid North Carolina driver's license or valid driver's license from another U.S. 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.
- Criminal background check presents no health or safety risk to beneficiary.
- Not listed in the N.C. Health Care Personnel Registry.
- Qualified in CPR and First Aid.
- Qualified in the customized needs of the beneficiary as described in the PCP.
- Possess high school diploma or equivalency (GED) from accredited school.

