Vaya Health
Medicaid 1915(b)(3) Authorization Guidelines for Non-Innovations IDD Services

VAYAHEALTH

Medicaid 1915(b)(3) Child/Adult Non-Innovations IDD Services Authorization Guidelines				
Service	**Billing Code**	**Auth Required?**	**Utilization Parameters**	**Documentation Submission Requirements**
Community Navigator	T2041U5	Yes	1 unit/month for up to 12 months	Annual service plan
Respite	H0045U4HA (child individual); H0045U4HB (adult individual)	No, unless requesting more than 1,536 units/year	Max of 64 units can be provided in a 24-hour period. No more than 1,536 units be provided to an individual in a fiscal year unless specific authorization for exceeding this limit is approved.	Annual service plan
Emergency Need Respite Beds	S5151 U4 HQHA (Overnight Respite Child) S5151 U4 HQ HB (Overnight Respite Adult)	Yes	Max of up to 30 days/units per authorization. Daily unit.	psychological evaluation to determine eligibility, admission application to respite facility, guardianship papers if applicable, justification for ongoing services in SAR
Supported Employment	H2023U4 (IDD SE Individual); H2023HQU4 (IDD SE); H2026U4 (IDD/Maintenance/LTVS); H2026HQU4 (IDD Maintenance/LTVS Group)	Yes	SE first 90 days: max of 86 hours/344 units per month; SE after initial 90 days: max of 43 hours/172 units per month; LTVS: max of 10 hours/40 units per month – authorization up to 12 months	Annual PCP with employment goals, annual NC-SNAP, justification for ongoing services in SAR

These are the authorization guidelines for Medicaid 1915(b)(3) Non-Innovations Intellectual/Developmental Disabilities (IDD) Services for child and adult residents of the Vaya Health (Vaya) catchment area.

Providers may be reimbursed only for those specific services included in their contracts with Vaya. Some services for particular age or disability groups in selected counties may only be provided by designated providers. Medicaid (b)(3) services are not an entitlement and are therefore dependent upon availability of funds.

Previous effective date: N/A
New effective date: 11.13.2019

REVISION INFORMATION:

Date	Change
03/03/2019	Document created by separating Medicaid 1915(b)(3) services for Non-Innovations IDD (Community Navigator, Respite and Supported Employment) from Medicaid (b) services document; reworded and reformatted; no change to individual auth guidelines

RELATED REVISION INFORMATION: Medicaid Authorizations Guidelines for Non-Innovations IDD Services

Date	Change
03/18/2014	Added documentation requirements
07/01/2014	Added service of Supported Employment, removed Therapeutic Leave as no auth required
09/01/2014	Increased respite from 30 hours/month to 32 hours/month
08/01/2015	Documentation requirements modified to exclude service order requirement; annual authorization for LTVS; annual authorization for Respite
09/15/2015	Additional information re: annual auths for respite and LTVS for clarity; removed NC-SNAP requirement
03/01/2017	Updated Respite to reflect authorization requirements and fiscal year calendar; changed Community Guide to Community Navigator
03/03/2019	Moved all (b)(3) services (Community Navigator, Respite and Supported Employment) to a separate document, "Medicaid 1915(b)(3) Authorization Guidelines for IDD Non-Innovations"; reworded and reformatted; no change to individual auth guidelines
11/13/2019	Emergency Needs Respite service added. Removed: "In order to be authorized, services in the authorization guidelines must be determined to be medically necessary at a specific intensity level for each individual member. The maximum number of units listed in the guidelines is not necessary for all members requiring the service—the necessary amount of service must be determined individually for each member. The service intensities listed in the guidelines are the maximum amounts that will be necessary and approved for most members at a given Level of Care. Services at a higher level of intensity than that listed in the guidelines may be requested and will be reviewed for approval by Vaya's UM staff."