Vaya Health

Non-Medicaid Authorization Guidelines for Intellectual/Developmental Disabilities (IDD) Services

Non-Medicaid-Funded Child and Adult IDD Authorization Guidelines/Benefit Plan Level of Care A (SNAP Index Score 11-44)				
Service	**Billing Code**	**Auth Required?**	**Utilization Parameters**	**Documentation Submission Requirements**
Hourly Respite Ind./Group[1]	YP010/ YP011	Yes	Up to 384 units/90 days (32 hours/month)	Annual PCP, annual NC-SNAP, quarterly justification for ongoing services in SAR
Personal Assistance/Ind. Habilitation[2] (PA)	YP020	Yes	Up to 260 units/90 days (5 hours/week)	Annual PCP, annual NC-SNAP, quarterly justification for ongoing services in SAR
Paraprofessional Developmental Therapy – Group	H2014UI	Yes	Up to 104 units/90 days (2 hours/week)	Annual PCP, annual NC-SNAP, quarterly justification for ongoing services in SAR
Supervised Living Low	YP710	Yes	Annual	Annual PCP, annual NC-SNAP
Group Living Low	YP760	Yes	Annual	Annual PCP, annual NC-SNAP
Family Living Low	YP740	Yes	Annual	Annual PCP, annual NC-SNAP
MR/MI Supervised Living 2-6[3]	YM81x	Yes	Annual	Annual PCP, annual NC-SNAP
Supported Employment Ind./Group[5]	YA390/YP640	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	Annual PCP with employment goals, annual NC-SNAP, justification for ongoing services in SAR
Long-Term Vocational Supports	YA389	Yes	Max of 10 hours/40 units per month	Annual PCP with employment goals, annual NC-SNAP, justification for ongoing services in SAR

[1] Medicaid (b)(3) Respite should be utilized for Medicaid beneficiaries.
[2] PA may not be provided to individuals receiving Group Living Moderate or Group Living High unless it is provided to enable residents to participate in outside activities (e.g., volunteer work in the community). PA provided to individuals less than 13 years of age to be used for activities that are beyond the scope of what one would expect parents to provide. Non-Medicaid-funded periodic services may not be provided to individuals receiving Long-Term Community Supports (LTCS)
[3] Provider contracts specify if Non-Medicaid-Funded Residential Services require prior authorization.
[4] Provider contract specifies service availability.
[5] Medicaid beneficiaries must access Medicaid (b)(3) Supported Employment rather than Non-Medicaid-Funded Supported Employment.

Non-Medicaid-Funded Child and Adult IDD Authorization Guidelines/Benefit Plan Level of Care B (SNAP Index Score 45-78)				
Service	**Billing Code**	**Auth Required?**	**Utilization Parameters**	**Documentation Submission Requirements**
Hourly Respite Ind./Group[1]	YP010/YP011	Yes	Up to 384 units/90 days (32 hours/month)	Annual PCP, annual NC-SNAP, quarterly justification for ongoing services in SAR
Personal Assistance/Ind. Habilitation (PA)[2]	YP020	Yes	Up to 364 units/90 days (7 hours/week)	Annual PCP, annual NC-SNAP, quarterly justification for ongoing services in SAR
Paraprofessional Developmental Therapy – Group	H2014UI	Yes	Up to 156 units/90 days (3 hours/ week)	Annual PCP, annual NC-SNAP, quarterly justification for ongoing services in SAR
Supervised Living Moderate	YP720	Yes	Annual	Annual PCP, annual NC-SNAP
Group Living Moderate	YP770	Yes	Annual	Annual PCP, annual NC-SNAP
Family Living Moderate	YP750	Yes	Annual	Annual PCP, annual NC-SNAP
MR/ MI Supervised Living 2-6[3]	YM81x	Yes	Annual	Annual PCP, annual NC-SNAP
Supported Employment Ind./Group[5]	YA390/YP640	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	Annual PCP with employment goals, annual NC-SNAP, justification for ongoing services in SAR
Long-Term Vocational Supports	YA389	Yes	Max of 10 hours/40 units per month	Annual PCP with employment goals, annual NC-SNAP, justification for ongoing services in SAR

[1] Medicaid (b)(3) Respite should be utilized for Medicaid beneficiaries.

[2] PA may not be provided to individuals receiving Group Living Moderate or Group Living High unless it is provided to enable residents to participate in outside activities (e.g., volunteer work in the community). PA provided to individuals less than 13 years of age to be used for activities that are beyond the scope of what one would expect parents to provide. Non-Medicaid-Funded Periodic Services may not be provided to individuals receiving Long-Term Community Supports (LTCS).

[3] Provider contracts specify if Non-Medicaid-Funded Residential Services require prior authorization.

[4] Provider contract specifies service availability.

[5] Medicaid beneficiaries must access Medicaid (b)(3) Supported Employment rather than non-Medicaid-Funded Supported Employment.

Non-Medicaid-Funded Child and Adult IDD Authorization Guidelines/Benefit Plan Level of Care C (SNAP Index Score 79-92)				
Service	**Billing Code**	**Auth Required?**	**Utilization Parameters**	**Documentation Submission Requirements**
Hourly Respite Ind./Group[1]	YP010/YP011	Yes	Up to 384 units/90 days (32 hours/month)	Annual PCP, annual NC-SNAP, quarterly justification for ongoing services in SAR
Personal Assistance/Ind. Habilitation (PA)[2]	YP020	Yes	Up to 416 units/90 days (8 hours/week)	Annual PCP, annual NC-SNAP, quarterly justification for ongoing services in SAR
Paraprofessional Developmental Therapy – Group	H2014UI	Yes	Up to 312 units/90 days (6 hours/ week)	Annual PCP, annual NC-SNAP, quarterly justification for ongoing services in SAR
Supervised Living Moderate	YP720	Yes	Annual	Annual PCP, annual NC-SNAP
Group Living Moderate	YP770	Yes	Annual	Annual PCP, annual NC-SNAP
Family Living Moderate	YP750	Yes	Annual	Annual PCP, annual NC-SNAP
MR/MI Supervised Living 2-6[3]	YM81x	Yes	Annual	Annual PCP, annual NC-SNAP
Supported Employment Ind./Group[5]	YA390/YP640	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	Annual PCP with employment goals, annual NC-SNAP, justification for ongoing services in SAR
Long-Term Vocational Supports	YA389	Yes	Max of 10 hours/40 units per month	Annual PCP with employment goals, annual NC-SNAP, justification for ongoing services in SAR

[1] Medicaid (b)(3) Respite should be utilized for Medicaid beneficiaries.

[2] PA may not be provided to individuals receiving Group Living Moderate or Group Living High unless it is provided to enable residents to participate in outside activities (e.g., volunteer work in the community). PA provided to individuals less than 13 years of age to be used for activities that are beyond the scope of what one would expect parents to provide. Non-Medicaid-Funded Periodic Services may not be provided to individuals receiving Long-Term Community Supports (LTCS).

[3] Provider contracts specify if Non-Medicaid-Funded Residential Services require prior authorization.

[4] Provider contract specifies service availability.

[5] Medicaid beneficiaries must access Medicaid (b)(3) Supported Employment rather than Non-Medicaid-Funded Supported Employment.

Non-Medicaid-Funded Child and Adult IDD Authorization Guidelines/Benefit Plan Level of Care D (SNAP Index Score 93-230)				
Service	**Billing Code**	**Auth Required?**	**Utilization Parameters**	**Documentation Submission Requirements**
Hourly Respite Ind./Group[1]	YP010/YP011	Yes	Up to 384 units/90 days (32 hours/month)	Annual PCP, annual NC-SNAP, quarterly justification for ongoing services in SAR
Personal Assistance/Ind. Habilitation (PA)[2]	YP020	Yes	Up to 468 units/90 days (9 hours/week)	Annual PCP, annual NC-SNAP, quarterly justification for ongoing services in SAR
Paraprofessional Developmental Therapy – Group	H2014UI	Yes	Up to 312 units/90 days (6 hours/week)	Annual PCP, annual NC-SNAP, quarterly justification for ongoing services in SAR
Group Living High	YP780	Yes	Annual	Annual PCP, annual NC-SNAP
Family Living High	YP755	Yes	Annual	Annual PCP, annual NC-SNAP
MR/MI Supervised Living 2-6[3]	YM81x	Yes	Annual	Annual PCP, annual NC-SNAP
Supported Employment Ind./Group[5]	YA390/YP640	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	Annual PCP with employment goals, annual NC-SNAP, justification for ongoing services in SAR
Long-Term Vocational Supports	YA389	Yes	Max of 10 hours/40 units per month	Annual PCP with employment goals, annual NC-SNAP, justification for ongoing services in SAR

[1] Medicaid (b)(3) Respite should be utilized for Medicaid beneficiaries.

[2] PA may not be provided to individuals receiving Group Living Moderate or Group Living High unless it is provided to enable residents to participate in outside activities (e.g., volunteer work in the community). PA provided to individuals less than 13 years of age to be used for activities that are beyond the scope of what one would expect parents to provide. Non-Medicaid-Funded Periodic Services may not be provided to individuals receiving Long-Term Community Supports (LTCS).

[3] Provider contracts specify if Non-Medicaid-Funded Residential Services require prior authorization.

[4] Provider contract specifies service availability.

[5] Medicaid beneficiaries must access Medicaid (b)(3) Supported Employment rather than Non-Medicaid-Funded Supported Employment.

These are the authorization guidelines for non-Medicaid-funded developmental disabilities services for child and adult residents of the Vaya Health (Vaya) catchment area.

Local management entity (LME) funds are the payment of last resort – all other payer sources, including Medicaid, Medicare and insurance benefits, must be used prior to requesting authorization of services from the LME/MCO. Providers may be reimbursed only for those specific services included in their contracts with Vaya. Some services for particular age/disability groups in selected counties may only be provided by designated providers. Funding availability for some services differs among Vaya regions; availability of funding and funding level in one region does not guarantee the same availability of funding in another region. For questions about eligibility for services in a given county, please consult with Vaya UM staff by calling 1-866-990-9712, option 5.

All individuals receiving services under this plan must be registered and active with the Vaya and CDW systems (see the Vaya Health Provider Operations Manual) for specific registration and enrollment requirements. In order for a new individual to receive services, the interested individual or their family member must call Vaya's Access to Services line at 1-800-849-6127. The customer service representative will explain how to get linked to a provider.

The services in this benefit plan are listed by member Level of Care, determined by the member's current NC-SNAP rating. This plan represents the array of services determined to best meet the needs of most members within the available funding. Maximum numbers of units are shown for services with limits on the service intensity that may be authorized. The authorization time periods pertain to members' episodes of care, not calendar year or contract year. Continued services across contract years are authorized according to a member's episode of care and do not start over with a new year. Likewise, transition of a member to a new provider does not necessarily begin a new episode of care; providers are encouraged to consult with Vaya UM staff regarding services that may be authorized upon transition to a new provider. In order to be authorized, services in the guidelines must be determined to be medically necessary at a specific intensity level for each individual member.

There is no entitlement for authorization of these services at any intensity level – members are not eligible for services solely on the basis of being at a given Level of Care. 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. Individuals receiving multiple services generally require lower amounts of services than individuals receiving a single service. 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 UM staff. Personal Assistance, Personal Care and Respite may be authorized at an intensity that is higher than that listed in the guidelines when the following criteria are met: (1) the higher level of intensity is determined to be medically necessary; (2) it is established that the member will be at serious risk of deterioration or other harm if the higher intensity level is not provided; and (3) Vaya has funding available for the higher intensity level.

Some services (e.g., assessments) do not require preauthorization by the LME. However, all services provided under this plan are subject to post-payment review by Vaya that may result in required corrective actions and/or recoupment of payments if found to have not been medically necessary when provided or to have not been provided according to N.C. Department of Health and Human Services (DHHS) and Vaya service definitions and other requirements in the provider's contract with Vaya.

Any and all services provided under this benefit plan are subject to the availability of funds as determined by Vaya. This plan should not be interpreted as an entitlement for any person.

Previous effective date: 03.03.2019
New effective date: 11.13.2019

REVISION INFORMATION:

Date	Change
01/08/2014	Respite guidelines increased from 120 units/90 days to 360 units/90 days
03/18/2014	Added documentation submission requirements
09/01/2014	• Re-formatted and worded • Added requirement that Medicaid recipients access Medicaid (b)(3) respite rather than state-funded respite • Added requirement that Medicaid recipients access Medicaid (b)(3) Supported Employment rather than state-funded Supported Employment • Increased Respite to 32 hours/month • Increased PA/ Ind Hab on Level of Care A from 3 hours/week to 4 hours/week and Level of Care B from 3 hours/week to 6 hours/week
09/01/2015	• Residential Services divided by SNAP index score • Supported Employment and Long-Term Vocational Supports Utilization and documentation information added • YM050 – Personal Care eliminated • YP020 – Intensity increased to accommodate elimination of YM050
10/07/2015	Corrected authorization guidelines for LTVS
5/01/2016	Corrected billing codes for Supported Employment and Long-Term Vocational Supports
07/01/2016	Added CAET and changed ADVP to authorization required
09/05/2017	• ADVP and Group Living Services changed to no authorization required • Removed MH services (duplicative)
10/07/2016	Changed “SMC” references to “Vaya Health;” updated formatting, punctuation, capitalization
02/01/2018	• ADVP changed to authorization required • Residential provider contract specifies whether authorization required
08/01/2018	• ADVP authorization intensity reduced from 35 hours/week to 30 hours/week and authorization period changed from one year to six months • CAET authorization period changed from one year to six months
03/03/2019	Updated “state-funded” to “non-Medicaid-funded,” reworded and reformatted; no changes made to individual guidelines
11/13/2019	• ADVP – no new member episodes authorized, moratorium on new services due to LTCS transition – removed from list • CAET – service specific provider and no new member episodes authorized – removed from list