

T2016 U5 U1 – Level 1

T2016 U5 U2 – Level 2

T2016 U5 U3 – Level 3

T2016 U5 U4 – Level 4

T2016 U5 U5 – Level 5

SERVICE

Long-Term Community Supports (LTCS) is a community-based comprehensive Medicaid service for adults (ages 22 and older) with intellectual and/or developmental disabilities (IDD) 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). LTCS is designed to maintain and promote the beneficiary's functional status and independence successfully in a home and/or community-based setting of the individual's choice and be an active beneficiary in his/her community.

This service is authorized as an "in lieu of" service by the N.C. Medicaid and is available to individuals (ages 22 and older) whose Medicaid originates from Vaya Health's multi-county catchment area, are at risk for institutional care in an ICF-IID and are not enrolled in the N.C. Home and Community-Based Services 1915(c) NC Innovations Waiver. Each LTCS beneficiary must live in a home that s/he owns or rents, in a home with his/her family, in an alternative family living ("AFL") arrangement, or in a group home.

This service enables the beneficiary to live in the community in the least restrictive environment of his/her choosing; provides the beneficiary with assistance in 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 beneficiary with support to restore, develop, maintain or increase their level of functioning so that the beneficiary 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 beneficiary's exercise of meaningful choice and control in his/her daily life, including where and with whom to live;
- Increase the beneficiary's self-sufficiency and self-determination in working/volunteering, participating in pre-vocational activities, and completing activities of daily living (ADLs) to his/her level of independence;
- Increase, maintain or develop the beneficiary's socialization and daily living skills;
- Provide necessary supervision and assistance to the beneficiary with ADLs when the individual is dependent on others to ensure health and safety;
- Develop and maintain natural relationships and supports with non-disabled individuals;
- Ensure the beneficiary has the opportunity to have full membership in his or her community and to engage in community interests and activities of the beneficiary's choice;
- Achieve short-term and long-range personal goals;
- Support active treatment in that all aspects of support and service to the beneficiary are coordinated toward specific individualized goals in the beneficiary's Person-Centered Plan (PCP); and
- Support integrated health care and support needs.

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 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;
 - 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 “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, 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;

- The facility 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;
- 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 beneficiary.

Other Coverable Community Activities

These other “**Community Activities**” are furnished in a community-based setting, separate from the beneficiary’s place of residence or from a facility-based setting, and are defined to include:

- Engaging in community interests and activities of the beneficiary’s choice with persons 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 done 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;
 - Training and education in self-determination and self-advocacy;
 - Using public transportation; and
 - 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 PCP.

FIVE LEVELS OF LTCS:

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

- **A Level 1 (T2016 U5 U1)** LTCS beneficiary shall reside in a Home Living arrangement and participate in a Day Activity (i.e. Day Program and/or Community Activity) for a minimum of 1 day each calendar week (i.e. Sunday to Saturday) and a minimum of 3 hours per day to maintain/ develop skills of active treatment as outlined in the beneficiary’s PCP. This level does not include services/support provided in the home and is intended for Day Activities only.
- **A Level 2 (T2016 U5 U2)** LTCS beneficiary shall reside in a Supported Living arrangement and participate in a Day Activity for a minimum of 2 days each calendar week (i.e. Sunday to Saturday) to maintain/ develop skills of active treatment as outlined in the beneficiary’s PCP.
- **A Level 3 (T2016 U5 U3)** LTCS beneficiary shall reside in an AFL arrangement and participate in a Day Activity as specified in his/her PCP with a minimum of 18 hours per calendar week (i.e. Sunday to Saturday).
- **A Level 4 (T2016 U5 U6)** LTCS beneficiary shall reside in a Group Home Living (<3) arrangement in which overnight staffing is required and provided. The beneficiary shall also participate in a Day Activity as specified in his/her PCP with a minimum of 18 hours per calendar week (i.e. Sunday to Saturday).
- **A Level 5 (T2016 U5 U7)** LTCS beneficiary shall reside in a Group Home Living (4-6) arrangement in which overnight staffing is required and provided. The beneficiary shall also participate in a Day Activity as specified in his/her PCP with a minimum of 18 hours per calendar week (i.e. Sunday to Saturday).

LTCS includes transportation to achieve goals and objectives related to these activities with the exception of transportation to and from the residence or points of travel in the community that are reimbursed by another funding source, such as through the Medicaid State Plan.

Effective November 1, 2019: Therapeutic Leave is not available for beneficiary’s authorized for LTCS.

CONCURRENT SERVICES:

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

- a. Community Navigator;
- b. Supported Employment; and
- c. For LTCS beneficiaries with co-occurring mental health and/or substance use disorder diagnoses, mental health and substance use disorder services available under the Medicaid(b) health benefit plan managed by VayaHealth.

SERVICE EXCLUSIONS:

- LTCS may not be provided by a relative (by blood, marriage, fostering or adoption) who resides in the home of the beneficiary, or by a legal guardian of the beneficiary.

- 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. (b)(3) 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.
- 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.

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.

- 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 N.C. 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, staff must have the appropriate level of training, certification or licensure.

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

- *Communication:* The DSP builds trust and productive relationships with people s/he supports, coworkers and others through respectful and clear verbal and written communication.
- *Person-centered practices:* The DSP uses person-centered practices, assisting individuals to make choices and plan goals, and provides services to help individuals achieve their goals.
- *Evaluation and observation:* The DSP closely monitors an individual’s physical and emotional health, gathers information about the individual and communicates observations to guide services.
- *Crisis prevention and intervention:* The DSP identifies risk 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 individuals achieve and maintain good physical and emotional health essential to their wellbeing.
- *Community inclusion and networking:* The DSP helps individuals be a part of the community through valued roles and relationships and assists individuals with major transitions that occur in community life.
- *Cultural competency:* The DSP respects cultural differences and provides services and supports that fit with an individual’s preferences.
- *Education, training and self-development:* The DSP obtains and maintains necessary certifications and seeks opportunities to improve his/her 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.

Providers shall maintain a staff to member ratio of no more than 1:6.

MEMBER ELIGIBILITY REQUIREMENTS

An eligible LTCS beneficiary shall:

- Be enrolled as a NC Medicaid beneficiary whose Medicaid eligibility arises from residence in a county located within Vaya Health’s multi-county catchment area and who is enrolled in the North Carolina Mental Health, Developmental Disabilities, and Substance Abuse Services (MH/DD/SA) health plan waiver authorized pursuant to section 1915(b) of the Social Security Act, approved by CMS and managed by Vaya Health;
- Be 22 years of age or older;
- Meet ICF-IID level of care 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 his or her 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.

UTILIZATION MANAGEMENT

Prior Approval Requirements:

1. The provider shall obtain prior approval from Vaya Health before delivering LTCS to an individual.
 - a. Utilization review is required every six (6) months, and authorizations shall be approved for a maximum of 6 months at a time.
 - b. Authorizations for LTCS Level 1 may be approved for a maximum of 5 days/ week only.
2. The provider shall electronically submit to Vaya Health’s Utilization Management Department for prior approval the following:
 - a. A fully completed Service Authorization Request (SAR);
 - b. The most recent Psychological Evaluation for the individual. 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 individual's PCP, developed with the individual, along with input from the individual's guardian, family and team. Relevant diagnostic information must be obtained and included in the PCP. The Qualified Professional (QP) signature on the PCP service order line is acceptable for authorization purposes;
- d. Documentation of beneficiary'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 symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary'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 beneficiary, the beneficiary's caretaker, or the provider; and
- d. The beneficiary 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 beneficiary from LTCS include one or more of the following:

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

DOCUMENTATION REQUIREMENTS

LTCS services shall be properly and contemporaneously documented in accordance with this section and the *DMH/DD/SAS Records Management and Documentation Manual 45-2 (RMDM)* **prior** to seeking reimbursement from Vaya Health. 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 an individual'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 Health available to Vaya Health, NCDHHS and CMS upon request.

CLAIMS-RELATED INFORMATION

Providers shall comply with the NC Tracks Provider Claims and Billing Assistance Guide, Medicaid bulletins issued by the NC Division of Medical Assistance (DMA), NC DMA Clinical Coverage Policies, this service definition, Vaya Health's 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 Health.
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. 1unit = 1 day. An individual must receive 3 hours before the 1-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:** Provider must have a prior authorization for the delivery of services to the beneficiary approved by Vaya Health prior to submission of claims for payment to Vaya Health.
7. **NC Tracks 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 Health matches the information in NCTracks in order to bill Vaya Health 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 Health, if applicable.
9. **Reimbursement:** Vaya Health reimburses Provider.