

# Medicaid 'In-Lieu of' Services

Services must be in the provider's contract with Vaya Health (Vaya). Acronyms are defined below. For services that do not require authorization, a concurrent request must be submitted if the maximum (if it exists) is exhausted. One unit is equal to 15 minutes unless otherwise noted.

Medicaid 'In-Lieu of Services' (ILOS) Effective date: 12-15-2023					
Service	Service Code(s)	Age(s)	Population(s) Served	Documentation Requirements	Guidelines
<b>Institute of Mental Disease (IMD) Inpatient</b>	0160	21-64	MH/SU, I/DD	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR; admissions assessment or RRF</li> <li><b>Concurrent:</b> SAR; hospital progress notes or <a href="#">Inpatient Concurrent Review Form</a></li> </ul>	<ul style="list-style-type: none"> <li><b>Initial:</b> one unit per day for up to seven days (one unit = one day)</li> <li><b>Concurrent:</b> one unit per day for up to three days (up to 15 days per calendar month)</li> </ul>
<b>Critical Time Intervention (CTI)</b>	H0032 U5 HK Pre-CTI: H0032 U5 U1	18+	MH/SU	<ul style="list-style-type: none"> <li><b>Initial:</b> notification SAR</li> <li><b>Concurrent:</b> SAR; person-centered plan (including Comprehensive Crisis Plan) or phase plan updated within past 30 days; SO; CCA</li> </ul>	<ul style="list-style-type: none"> <li><b>Passthrough:</b> unmanaged up to 40 units for the first 30 days</li> <li><b>Concurrent:</b> up to 312 units for the next 240 days</li> <li><b>CTI is intended to be a nine-month service; CTI may be provided for a member transitioning to or from ACT or CST for up to 90 days.</b></li> <li><b>CTI cannot be provided at the same time as Tailored Case Management.</b></li> </ul>

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<b>Long-Term Community Supports (LTCS)</b>	T2016 U5 U1 (Caregiver's Home)  T2016 U5 U2 (Living Independently)  T2016 U5 U3 (AFL Setting)  T2016 U5 U4 (Group Home, Three or Fewer Beds)  T2016 U5 U6 (Group Home, Four to Six Beds)	16+	I/DD	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR; person-centered plan (including Comprehensive Crisis Plan) or plan of care/ISP with LTCS goals; SO; psychological evaluation; guardianship documentation (as applicable)</li> <li><b>Concurrent:</b> SAR; person-centered plan (including Comprehensive Crisis Plan) with LTCS goals) or current plan of care/ISP; SO</li> </ul>	<p><b>Initial:</b></p> <ul style="list-style-type: none"> <li><b>T2016 U5 U1:</b> up to five units per week for up to six months (one unit = one day)</li> <li><b>T2016 U5 U2 – U6:</b> up to seven units per week for up to six months (one unit = one day)</li> </ul> <p><b>Concurrent:</b></p> <ul style="list-style-type: none"> <li><b>T2016 U5 U1:</b> up to 130 units for six months (five units per week)</li> <li><b>T2016 U5 U2 – U6:</b> up to 180 units for six months (seven units per week)</li> </ul>
<b>Outpatient Plus</b>	H2021 U5 (Individual)  H2021 U5 HQ (Group)	4-20	MH	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR; person-centered plan (including Comprehensive Crisis Plan); SO; CCA; ASAM Criteria LOC (if applicable)</li> <li><b>Concurrent:</b> SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days; ASAM Criteria LOC (if applicable); CANS (if applicable)</li> </ul>	<ul style="list-style-type: none"> <li><b>Initial:</b> up to 412 units for 180 days</li> <li><b>Concurrent:</b> up to 412 maximum units for 180 days</li> </ul>
<b>Transitional Youth Services</b>	H2022 U5	16-21	MH/SU	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR; CCA; Ansell Casey Life Skills Assessment; ASAM Criteria LOC (if applicable)</li> <li><b>Concurrent:</b> SAR; Treatment Plan; ASAM Criteria LOC (if applicable)</li> </ul>	<b>Initial and concurrent:</b> three-month authorization for one unit per month

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<b>Assertive Community Treatment – Step-Down (ACT-SD)</b>	H0040 U5	18+	MH/SU	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR; person-centered plan (including Comprehensive Crisis Plan); SO; CCA; ACT Transition Readiness Scale (requested)</li> <li><b>Concurrent:</b> SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days; Signature Page; ACT Transition Readiness Scale (requested)</li> </ul>	<b>Initial and concurrent:</b> two units per month (one unit = one event) for up to 180 days
<b>Child ACT</b>	H0040 HA U5 U1 H0040 HA U5 TS	12-17	MH/SU	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR; person-centered plan (including Comprehensive Crisis Plan); SO; CCA; ASAM (if applicable)</li> <li><b>Concurrent:</b> SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days; Signature Page; ASAM (if applicable)</li> </ul>	<b>Initial and concurrent:</b> one unit per week (one unit = one week) for up to 12 weeks
<b>Enhanced Crisis Response</b>	H2011 U5 U1 H2011 U5 U1 TS	3-20	MH/SU; co-occurring MH and I/DD	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR; person-centered plan (including Comprehensive Crisis Plan) or plan of care/ISP; SO; CCA</li> <li><b>Concurrent:</b> SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days or current plan of care/ISP; Signature Page</li> </ul>	<ul style="list-style-type: none"> <li><b>Initial:</b> one unit per week for up to 60 days (one unit = one week)</li> <li><b>Concurrent:</b> one unit per week for 30 days (one unit = one week)</li> <li><b>First 60 days are passthrough if member is not receiving another enhanced service</b></li> </ul>
<b>Family-Centered Treatment (FCT)</b>	H2022 U5 U1 (Core) H2022 U5 U2 (Three-month) H2022 U5 U3 (Six-month) H2022 U5 U4 (Encounter)	3-20	MH/SU	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR; person-centered plan (including Comprehensive Crisis Plan); SO; CCA; ASAM Criteria LOC (if applicable)</li> <li><b>Concurrent:</b> SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days; Signature Page; ASAM Criteria LOC (if applicable); CANS (if applicable)</li> </ul>	<ul style="list-style-type: none"> <li><b>Initial:</b> one unit per month, up to 180 days (one unit = one event)</li> <li><b>Concurrent:</b> one unit per month, up to 60 days (one unit = one event)</li> </ul>

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<b>High-Fidelity Wraparound</b>	H0032 U5 (Monthly) H0032 U5 U1 (Encounter)	3-20	MH/SU, I/DD	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR; person-centered plan (including Comprehensive Crisis Plan); SO; CCA; ASAM Criteria LOC (if applicable)</li> <li><b>Concurrent:</b> SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days; Signature Page; ASAM Criteria LOC (if applicable); CANS (if applicable)</li> </ul>	<ul style="list-style-type: none"> <li><b>Initial:</b> up to 180 days (one unit per month or one unit per week, dependent on provider contract)</li> <li><b>Concurrent:</b> up to 60 days (one unit per month or one unit per week, dependent on provider contract)</li> <li><b>Full passthrough if member is not receiving another enhanced service</b></li> <li><b>Codes are specific to the provider contract</b></li> </ul>
<b>In-Home Therapy Services (IHTS)</b>	H2022 HE U5	3-20	MH/SU	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR; person-centered plan (including Comprehensive Crisis Plan); SO; CCA; ASAM Criteria LOC (if applicable)</li> <li><b>Concurrent:</b> SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days; Signature Page; ASAM Criteria LOC (if applicable); CANS (if applicable)</li> </ul>	<ul style="list-style-type: none"> <li><b>Initial and concurrent:</b> up to 120 days</li> <li><b>Full passthrough if member is not receiving another enhanced service</b></li> </ul>
<b>Complex Residential</b>	H0018 HA	3-17 (Child) 18+ (Adult)	Primary diagnosis of I/DD with co-occurring MH diagnosis or significant behavioral challenges	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR; person-centered plan (including Comprehensive Crisis Plan); SO; CCA; psychological evaluation confirming I/DD diagnosis; CALS</li> <li><b>Concurrent:</b> SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days; all documents required for initial authorization (if documents more than one year old); no psychological evaluation confirming I/DD diagnosis needed</li> </ul>	<b>Initial and concurrent:</b> one unit per day for up to 90 days (one unit = one day)

ACRONYM	DEFINITION
ACT	Assertive Community Treatment
AFL	Alternative Family Living
ASAM	American Society of Addiction Medicine
ATR	Assertive Community Treatment (ACT) Transition Readiness Scale
CALS	Checklist for Adaptive Living Skills
CANS	Child and Adolescence Needs and Strengths (ages 0-5)
CCA	Comprehensive Clinical Assessment
CST	Community Support Team
CTI	Critical Time Intervention
I/DD	Intellectual/Developmental Disabilities
LTCS	Long-Term Community Supports
MH	Mental Health
RRF	Regional Referral Form
SAR	Service Authorization Request
SO	Service Order
SU	Substance Use