



# Medicaid 1915(b) and (b)(3) Intellectual/Developmental Disabilities 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. Guardianship documentation is required as applicable for all services. Benefit limits for Medicaid 1915(b) services may be exceeded for Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requests.

Medicaid 1915(b) and (b)(3) I/DD Services				
Effective date: 04-18-2023				
Service	Service Code(s)	Age(s)	Documentation Requirements	Guidelines
<b>Community Guide (b)(3)</b>	T2041 U4 U5	3+	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR; psychological evaluation; person-centered plan (including Comprehensive Crisis Plan) or plan of care/ISP; SO</li> <li><b>Concurrent:</b> SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days or current plan of care/ISP; SO</li> </ul>	<b>Initial and concurrent:</b> one unit per month for 12 months
<b>Respite (individual) (b)(3)</b>	H0045 U4 HA (Child) H0045U4 HB (Adult)	3+	<ul style="list-style-type: none"> <li><b>Initial:</b> N/A</li> <li><b>Concurrent:</b> SAR; psychological evaluation; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days or plan of care/ISP; SO</li> </ul>	<b>Initial and concurrent:</b> <ul style="list-style-type: none"> <li>Prior authorization not required for 1,536 units per fiscal year</li> <li>Maximum: 64 units per 24 hours</li> </ul>
<b>Emergency Need Respite Beds (overnight) (b)(3)</b>	S5151 U4 HQ HA (Child) S5151 U4 HQ HB (Adult)	3+	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR; psychological evaluation; person-centered plan (including Comprehensive Crisis Plan) or plan of care/ISP; SO; facility admission application</li> <li><b>Concurrent:</b> SAR; psychological evaluation; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days or current plan of care/ISP; SO</li> </ul>	<b>Initial and concurrent:</b> one unit per day for 30 days

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Service	Service Code(s)	Age(s)	Documentation Requirements	Guidelines
<b>Supported Employment (SE) (b)(3)</b>	H2023 U4 (Individual) H2023 HQ U4 (Group)	16+	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR; psychological evaluation; person-centered plan (including Comprehensive Crisis Plan) or plan of care/ISP; SO; current NC-SNAP</li> <li><b>Concurrent:</b> SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days or current plan of care/ISP; SO; current NC-SNAP</li> </ul>	<ul style="list-style-type: none"> <li><b>Initial:</b> 344 units per month for 90 days</li> <li><b>Concurrent:</b> 172 units per month for 90 days</li> </ul>
<b>Supported Employment Maintenance (SEM) – Long-Term Vocational Supports (LTVS) (b)(3)</b>	H2026 U4 (Individual) H2026 HQ U4 (Group)	16+	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR; psychological evaluation; person-centered plan (including Comprehensive Crisis Plan) or plan of care/ISP; SO; current NC-SNAP</li> <li><b>Concurrent:</b> SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days or current plan of care/ISP; SO; current NC-SNAP</li> </ul>	<b>Initial and concurrent:</b> 40 units per month for 12 months
<b>In-Home Skill-Building (IHSB) (b)(3)</b>	T2013 U4	3+	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR; psychological evaluation; person-centered plan (including Comprehensive Crisis Plan) or plan of care/ISP; SO; skills assessment; caregiver agreement; Formal Fading Plan</li> <li><b>Concurrent:</b> SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days or current plan of care/ISP; SO; skills assessment; caregiver agreement; Formal Fading Plan</li> </ul>	<ul style="list-style-type: none"> <li><b>Initial:</b> 32 units per week for one year</li> <li><b>Concurrent:</b> 32 units for 90 days</li> </ul>
<b>Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID) (1915[b] CCP 8E)</b>	0100	3+	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR; person-centered plan (including Comprehensive Crisis Plan) or plan of care/ISP; LOC signed by MD, DO, or psychologist within 30 days of requested start date; psychological evaluation; admissions application; any other supporting documentation</li> <li><b>Concurrent:</b> SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days or current plan of care/ISP; LOC signed by MD, DO, or psychologist</li> </ul>	<ul style="list-style-type: none"> <li><b>Initial and concurrent:</b> one unit per day for 180 days</li> <li><b>Therapeutic Leave:</b> 60 days in a calendar year (prior authorization not required)</li> </ul>

ACRONYM	DEFINITION
CCP	(NC Medicaid) Clinical Coverage Policy
LOC	Level of Care
NC-SNAP	North Carolina Support Needs Assessment Profile
I/DD	Intellectual/Developmental Disabilities
ISP	Individual Support Plan
SAR	Service Authorization Request
SO	Service Order