



# Medicaid 1915(c) NC Innovations Waiver 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.

Medicaid 1915(c) NC Innovations Waiver I/DD Services Effective date: 04-18-2023			
Service	Service Code(s)	Documentation Requirements	Guidelines
<b>NC Innovations Waiver Services</b> (CCP 8P)	See Vaya Health Medicaid(c) Standard Rate Schedule for all NC Innovations Waiver codes	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR; LOC signed by MD, DO, or licensed psychologist; psychological evaluation; plan of care/ISP with signature page; crisis plan; HRA/CMCA; Freedom of Choice Form; Individual Budget</li> <li><b>Annual update:</b> SAR; plan of care/ISP with signature page; crisis plan; HRA/CMCA; Freedom of Choice Form; Individual Budget; SIS assessment</li> <li><b>Concurrent:</b> SAR; updated plan of care/ISP with signature page; crisis plan; updated Individual Budget</li> </ul>	Annual plan up to 12 months; Individual Budget cannot exceed \$135,000 annual limit unless also receiving Supported Living Level 3
<b>Home Modifications</b> (CCP 8P)	S5165	<b>Initial:</b> SAR; plan of care/ISP; crisis plan; HRA/CMCA; letter of medical necessity/prescription; assessment from appropriate professional; Freedom of Choice Form; Individual Budget	Annual plan up to 12 months; Innovations Waiver lifetime limit of \$50,000 (shared total with Assistive Technology – Equipment and Supplies)
<b>Vehicle Modifications</b> (CCP 8P)	T2039	<b>Initial:</b> SAR; plan of care/ISP with signature page; crisis plan; HRA/CMCA; letter of medical necessity/prescription; assessment from appropriate professional; Freedom of Choice Form; Individual Budget	Annual plan up to 12 months; Innovations Waiver lifetime limit of \$20,000
<b>Assistive Technology – Equipment and Supplies (ATES)</b> (CCP 8P)	T2029	<b>Initial:</b> SAR; plan of care/ISP with signature page; crisis plan; HRA/CMCA; letter of medical necessity/prescription; assessment from appropriate professional; Freedom of Choice Form; Individual Budget	Annual plan up to 12 months; Innovations Waiver lifetime limit of \$50,000 (shared total with Home Modifications)

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<b>Nutritional Supplements and Monitoring/Connectivity (ATES) (CCP 8P)</b>	(b) codes (see rate schedule); if not listed use T2029 MM	<b>Initial:</b> SAR; plan of care/ISP with signature page; crisis plan; HRA/CMCA; letter of medical necessity/prescription; assessment from appropriate professional; Freedom of Choice Form; Individual Budget	Annual plan up to 12 months; not included in ATEs limit
<b>Employer Supplies – Startup Costs (CCP 8P)</b>	T2025 U2 U1	<b>Initial:</b> SAR; plan of care/ISP with signature page; crisis plan; HRA/CMCA; Freedom of Choice Form; Individual Budget; reference Vaya Health IFDS Employer Handbook for additional information	Maximum \$750 for start-up costs for Employer of Record
<b>Employer Supplies (CCP 8P)</b>	T2025 U2	<b>Initial:</b> SAR; plan of care/ISP with signature page; crisis plan; HRA/CMCA; Freedom of Choice Form; Employee Supplies Request Form	Maximum amount varies based on member's available fund balance; reference approved employer supplies list with FSSA
<b>Limits on Sets of Services: Residential Services (ALL) (CCP 8P, Attachment D)</b>	Residential Services (ALL)	<ul style="list-style-type: none"> <li><b>Annual:</b> SAR; plan of care/ISP with signature page; crisis plan; HRA/CMCA; Freedom of Choice Form; Individual Budget; SIS Assessment</li> <li><b>Concurrent:</b> SAR; updated plan of care/ISP with signature page; updated Individual Budget</li> </ul>	For members ages 22 and older: 40 hours per week for any combination of Community Networking, Day Supports, and Supported Employment
<b>Residential Services (ALL) for members under age 22: Limits on Sets of Services (CCP 8P, Attachment D)</b>	Residential Services (ALL) for members under age 22	<ul style="list-style-type: none"> <li><b>Annual:</b> SAR; plan of care/ISP with signature page; crisis plan; HRA/CMCA; Freedom of Choice Form; Individual Budget; SIS Assessment</li> <li><b>Concurrent:</b> SAR; updated plan of care/ISP with signature page; crisis plan; crisis plan; updated Individual Budget</li> </ul>	<p><b>Maximum hours:</b></p> <ul style="list-style-type: none"> <li><b>During school year:</b> 20 hours per week of any combination of Community Networking, Day Supports and Supported Employment</li> <li><b>Non-school weeks:</b> 40 hours per week of any combination of Community Networking, Day Supports, and Supported Employment</li> </ul> <p>Evidence of graduation from high school or occupational course of study or GED indicating a standard course of study; reference adult limits on sets of service for members who meet this requirement</p>

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Service	Service Code(s)	Documentation Requirements	Guidelines
<b>Non-Residential Services for members under age 22: Limits on Sets of Services</b> (CCP 8P, Attachment D)	Non-Residential Services for members under age 22	<ul style="list-style-type: none"> <li><b>Annual:</b> SAR; plan of care/ISP with signature page; HRA/CMCA; Freedom of Choice Form; Individual Budget; SIS assessment</li> <li><b>Concurrent:</b> SAR; updated plan of care/ISP with signature page; updated Individual Budget</li> </ul>	<b>Maximum hours:</b> <ul style="list-style-type: none"> <li>During school year: 54 hours per week for any combination of Community Networking, Day Supports, Supported Employment, and Community Living and Supports</li> <li>Non-school weeks: 84 hours per week of any combination of Community Living and Supports, Day Supports, Supported Employment, and Community Networking</li> </ul>

	ACRONYM	DEFINITION
CCP	(NC Medicaid) Clinical Coverage Policy	
	HRA/CMCA	Health Risk Assessment/Care Management Comprehensive Assessment
I/DD	Intellectual/Developmental Disability	
IFDS	Individual and Family Directed Services	
ISP	Individual Support Plan	
	LOC	Level of Care
NC-SNAP	North Carolina Support Needs Assessment Profile	
	SAR	Service Authorization Request
	SIS	Supports Intensity Scale®