Medicaid 1915(i)
Mental Health, Substance Use, Intellectual/ Developmental Disability, and Traumatic Brain Injury 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. Clinical coverage policies are available on the NC Medicaid website.

To qualify for 1915(i) services, a member must have a standardized independent evaluation completed by a Behavioral Health and Intellectual/ Developmental Disabilities (I/DD) Tailored Plan or NC Medicaid Direct Prepaid Inpatient Health Plan (PIHP) to determine eligibility based on the needs-based criteria. Initial 1915(i) service requests require documentation demonstrating the member meets criteria for the population served.

Medicaid 1915(i) Services
Effective date: 01/01/2025

Service	Service Code	Age(s)	Population Served	Documentation Requirements	Guidelines
Supported Employment (SE) Individual CCP 8H-1	H2023 U4 – Supported Employment Initial H2023 HQ U4 – Supported Employment Initial Group H2026 U4 – Supported Employment Maintenance H2026 HQ U4 – Supported Employment Maintenance Group	16+	I/DD TBI	**Initial:** SAR, psychological evaluation or documentation of diagnosis, care plan/ISP, SO, Career Development Plan, Proof of Ineligibility Decision Document provided by EIPD ***or*** documentation from EIPD counselor that EIPD-funded supports have ended **Concurrent:** SAR, Career Development Plan, care plan/ISP, SO	• **Pre-employment Phase and Employment Stabilization Phase**: A maximum of 20 hours (80 units)/week up to 180 days; additional hours may be requested if member obtains employment and requires additional support • **Employment Stabilization Phase:** Not to exceed 40 hours (160 units)/week for 365 days • **Long-Term Supported Employment Phase**: Not to exceed 40 hours (160 units)/week; for members who are stable in their employment and have minimal support needs, a maximum of 10 hours (40 units) per month annually

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Service	**Service Code**	**Age(s)**	**Population Served**	**Documentation Requirements**	**Guidelines**
Individual Placement and Support (IPS) for MHSU CCP 8H-2	H2023 U4	16+	SED SMI SPMI	N/A	No prior authorization required
Individual and Transitional Support (ITS) CCP 8H-3	T1019 U4	16+	SED SMI SPMI	Notification SAR for EVV	• **EVV services:** Notification SAR required • **Non-EVV services:** No prior authorization required
Respite CCP 8H-4	H0045 U4 – Individual Child H0045 HQ U4 – Group Child H0045 HB U4 – Individual Adult H0045 HQ HB U4 – Group Adult	3-20	I/DD SED TBI	Provider must maintain all required documentation on file	• No prior authorization required for up to 1,200 units per year; 1,200-unit limit per plan year • CAP/C and CAP/DA excluded from this service

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Service	**Service Code**	**Age(s)**	**Population Served**	**Documentation Requirements**	**Guidelines**
Community Living and Supports (CLS) CCP 8H-5	T2012 U4 – Community Living and Supports (only in the community, non-EVV) T2013 TF HQ U4 – Community Living and Supports Group (subject to EVV) T2012 GC U4 – Community Living and Supports relative as provider lives in home (non-EVV) T2013 TF U4 – Community Living and Supports Individual (subject to EVV)	3+	I/DD TBI	**Initial:** SAR, care plan/ ISP, SO, psychological evaluation or documentation of diagnosis **Concurrent:** SAR, care plan/ISP, SO	• Beneficiaries who are in school (through age 21 unless proof of graduation is provided) are eligible for up to 15 hours (or 60 units) per week on weeks school is in session and up to 28 hours (or 112 units) per week on weeks school is not in session per plan year • For beneficiaries ages 22 and older (or 18 and older, when graduated with degree standard/occupational or certificate of completion) CLS may be authorized up to 28 hours (or 112 units) per week per plan year • 1915(i) CLS and SE may not exceed a combined limit of 40 hours per week per plan year
Community Transition CCP 8H-6	H0043	18+	I/DD SMI SPMI SUD TBI	SAR, Community Transition Checklist, receipts of purchases, deposits, or other fees paid using Community Transition	• Community Transition expenses cannot exceed $5,000 • CAP/C and CAP/DA excluded from this service

ACRONYM	DEFINITION
CAP/C	Community Alternatives Program for Children
CAP/DA	Community Alternatives Program for Disabled Adults
CCP	(NC Medicaid) Clinical Coverage Policy
EIPD	NC Division of Employment and Independence for People with Disabilities
EVV	Electronic Visit Verification
I/DD	Intellectual/Developmental Disability
ISP	Individual Support Plan
MH	Mental health
SAR	Service Authorization Request
SED	Severe Emotional Disturbance
SMI	Serious Mental Illness
SPMI	Severe and Persistent Mental Illness
SO	Service Order
SU	Substance Use
TBI	Traumatic Brain Injury