



Provider Touchpoint

**Friday, October 17,
2025**

Provider Touchpoint

Friday, Oct. 17, 2025

- Welcome
- National Breast Cancer Awareness Month
- Special Presentation: 1915(i) Services
- Provider Network Announcements
- Provider Spotlight
- Learning and Participation Opportunities
- Q&A

Before We Begin

- The moderated Q&A is available in the controls bar at the top of your screen.
- Submit questions through the moderated Q&A feature *at any time* throughout the broadcast.
- **We will take multiple breaks throughout the broadcast to address Q&A submissions.**
- When asking a question, *please identify your organization and any relevant details* so our subject matter experts (SMEs) can answer your question as accurately as possible.
- If you need to ask a question that is specific to your agency or the services you provide, please contact your provider network contract manager or email provider.info@vayahealth.com
- **Keep an eye out for trivia!**

Where Can I Find...



Provider Touchpoint
Recordings & Resources

**Provider Central > Resources
> Provider Touchpoint**



**Provider Communication
Bulletin**
Sign-up & Archive

**Provider Central > Resources >
Communication Bulletins**

Vaya Participants

- **Christine Gillenkirk**, Physical Health PN Contract Manager
- **Courtney Stiles**, Care Management Director
- **Cryss McMillan**, Provider Educator (Co-Producer)
- **David Boyd**, BH Provider Network Director (**host**)
- **Donald Reuss**, Vice President BH I/DD Provider Network Operations
- **George Ingram**, Vice President of PH Network Operations & VB
- **Jennifer Jennings**, SU Network Development Director
- **Kate Glance**, Regulatory Reporting Director
- **Monica Thomas**, Administrative Support Professional
- **Dr. Thao-Vi Dao**, Medical Director of Integrated Care
- **Walter Linney**, Provider Quality Assurance Manager



Welcome

Breast Cancer Awareness

National Breast Cancer Awareness Month, observed every *October*, aims to **raise awareness about breast cancer, promote early detection, and support those affected by the disease.**



- Early detection with **universal screening mammograms starting at age 40 for women** is our best defense against breast cancer.
- **85% of women diagnosed with breast cancer have no family history of breast cancer.**
- **Living a healthy lifestyle** can decrease your risk (e.g., healthy weight, regular exercise, quitting smoking).

Breast Cancer Awareness

HEALTH EQUITY IN BREAST CANCER OUTCOMES

- **Women with serious mental illness** have higher breast cancer morbidity and mortality.
 - 50% less likely to receive a screening mammogram.
 - More likely to be diagnosed at a later stage.
- **Individuals with I/DD** are 2-28 times more likely to die from breast cancer.
 - Less likely to have routine screening.
- **Both people with SMI and I/DD** are less likely to receive guideline direct care after breast cancer diagnosis.



Data Dig

With Kate Glance



Breast Cancer Survival in the United States

There are currently over

**FOUR
MILLION**

breast cancer survivors
in the United States.

When breast cancer is caught in the earliest, localized states, **the 5-year relative survival rate is 99%.**

That means that women with localized breast cancer are, on average, about 99% as likely as women who don't have that cancer to live for at least 5 years after being diagnosed.

The 5-year relative survival rate for all states of breast cancer (localized, regional, distant) combined is 91%.

Women who receive regular screenings for breast cancer have a 26% lower breast cancer death rate than women who do not receive screenings.

1915(i) Services

Courtney Stiles, Care Management Director

Kimberly Harrington, 1915(i) Care Coordination Manager

Kara Kovach, 1915(i) Care Coordination Manager

Objectives

- Introduction of the roles and staff responsible for supporting 1915(i) services
- 1915(i) services and process overview
- 1915(i) reminders, trends, and key points
- Resources

Introduction

Vaya Health has two internal teams covering our 32-county region that provide **1915(i) care coordination** for members receiving 1915(i) services who opt out of or are not eligible for Tailored Care Management (TCM):

- 1915(i) Care Coordination Manager Kara Kovach oversees Vaya's 1915(i) West Team
- 1915(i) Care Coordination Manager Kimberly Harrington oversees Vaya's 1915(i) East Team

When members are engaged in **Vaya plan-based TCM**, the care manager coordinates both TCM and 1915(i) services for the member. The TCM workflow is more involved and includes documentation, processes, and scope beyond that of 1915(i) care coordination-only, including:

- Care Management Comprehensive Assessment (CMCA), Crisis Plan
- Residential placement search, physical health coordination, extensive referrals beyond 1915(i) services

For members engaged in **provider-based TCM**, the provider coordinates both TCM and 1915(i) services.

1915(i) Services and Process Overview

1915(i) Services

Respite

**Community
Transition**

**Individual and
Transitional Support
(ITS)**

**Community Living
and Supports (CLS)**

**Supported
Employment (SE) for
I/DD and TBI**

**Individual Placement
and Support (IPS) for
Mental Health and
Substance Use**

Referral and Assessment

1. A 1915(i) service need is identified, or a referral for 1915(i) services is received.
2. Outreach occurs to the member/legally responsible person (LRP) to discuss the 1915(i) process and the 1915(i) services for which the member is potentially eligible.
 - We must consider age, diagnoses, supporting documentation, and current residential setting (e.g., family home, Alternative Family Living home, group home) when evaluating the 1915(i) services that may be available to the member.
 - NC Medicaid clinical coverage policies outline the service criteria to guide this evaluation.
3. If the member/LRP agrees, the 1915(i) assessment is scheduled and completed.
 - Assessments must be completed face-to-face (in person or by video conference).
 - An updated version of the 1915(i) assessment was published in August and is required effective Oct. 1, 2025.
4. The 1915(i) assessment is submitted to Carelon for an eligibility determination.

Care Planning

5. Carelon provides the 1915(i) eligibility determination (either approved or denied).
 - If approved, the care manager or 1915(i) care coordinator works to identify and coordinate with the 1915(i) service provider and schedule a care plan meeting.
6. Care planning:
 - The care manager or 1915(i) care coordinator works to develop a care plan or to add 1915(i)-specific goals to a member's existing care plan.
 - The care manager or 1915(i) care coordinator, member, LRP, and 1915(i) service provider are required to be involved with and sign the care plan (including credentials).
 - The care plan meeting may be completed virtually.

Service Authorization Request (SAR)

7. (a) The following 1915(i) services **do not require** prior authorization and can begin once the care plan is complete, including signatures:

- Respite
- Individual Placement and Support (IPS) for mental health and substance use
- Individual and Transitional Support (ITS), non-electronic visit verification (non-EVV)

(b) The following 1915(i) services **do require** prior authorization. These services can begin once the care plan is signed and the SAR is approved by Vaya's Utilization Management Team:

- Community Living and Supports (CLS): Authorization can be up to one year or until the current 1915(i) eligibility approval ends
- Community Transition: One-time authorization
- Supported Employment (SE) for I/DD and TBI: Frequency of the SAR depends on the current phase of SE

(c) Individual and Transitional Support (ITS) with EVV requires submission of an **annual notification SAR**.

Monitoring

8. Quarterly face-to-face monitoring is required for the following 1915(i) services: CLS, ITS, SE, and IPS:
- Monitoring visits should include the member and the 1915(i) service provider.
 - Monitoring should be completed where the 1915(i) service is being provided.
 - Monthly face-to-face monitoring is required for Relatives as Direct Support Employees (RADSEs).
 - Face-to-face monitoring is for health and safety and to ensure engagement in the community.

One-time face-to-face monitoring is required for Community Transition following the successful move-in and use of funds.

Quarterly monitoring is required for Respite. Respite monitoring can be completed via a documentation review and outreach with the member and 1915(i) service provider. Face-to-face monitoring is not required.

Maintenance

9. **Monthly contacts are required for all 1915(i) services** to assess service provision, update progress toward care plan goals, and ensure the member is being provided the service appropriately.
- 1915(i) service provider assistance may be requested if the care manager or 1915(i) care coordinator has difficulty contacting the member monthly.
 - Face-to-face monitoring occurs at the appropriate cadence (see previous slide).
 - SARs are completed routinely at cadence. This will depend on a variety of factors:
 - Expiration date of the current 1915(i) eligibility approval
 - The previous SAR dates
 - Reauthorization timeframe based on the 1915(i) service
 - Changes requested by the member and 1915(i) service provider
 - Annual 1915(i) reassessment (should be aligned with the birth month, if possible)

1915(i) Reminders, Trends, and Key Points

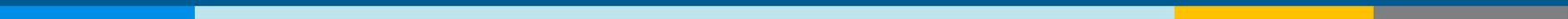
1915(i) Reminders and Trends

- Before completing the 1915(i) assessment and referring the member to the 1915(i) service provider, explain and discuss the requested 1915(i) service(s) with the member. Vaya is encountering many members who are referred for 1915(i) services but who are unfamiliar with the service or why they would want or need it.
- 1915(i) service providers should be present and engaged for care plan meetings and for monitoring visits.
- There is a lack of Spanish-speaking direct support professionals in both North Carolina and the Vaya region, resulting in increased difficulty for Spanish-speaking members to access and engage in services.
- The care manager or 1915(i) care coordinator may ask the 1915(i) service provider to assist with member engagement:
 - 1915(i) service providers are expected to collaborate with the care team for coordinated service delivery, including care planning and monitoring completed by the care manager or 1915(i) care coordinator.
 - Communication with the care manager or 1915(i) care coordinator is necessary for 1915(i) reassessment and reauthorization.

1915(i) Key Points

- Community Living and Supports (CLS):
 - Relatives can provide CLS to members **over age 18**.
 - The relative must live in the same home as the member.
 - Personal Care Services (PCS) is duplicative of CLS.
- Respite:
 - At this time, Respite cannot be provided by a family member, regardless of whether they live in or outside of the home.
 - 1915(i) service providers should be tracking Respite hours used.
- Provision of services out of state: Vaya is working with NCDHHS to determine whether 1915(i) services allow for CLS to be provided while the member is traveling for vacation. Vaya is awaiting NCDHHS follow-up.

Resources



1915(i) Resources Review

- Vayahealth.com > Provider Central:
 - Authorization and Billing > Authorization Information > Authorization Guidelines > [Medicaid 1915\(i\) Service Authorization Guidelines](#)
 - Provider Network > Provider Enrollment > Out-of-Network Agreements > [Member-Specific OON Agreement](#)
- Claims needs:
 - Behavioral health claims: 1-800-893-6246, ext. 2455
 - You can also complete the [Provider Service Desk Form](#) or contact your assigned claims specialist.
- General questions: Email 1915i@vayahealth.com
- NCDHHS resources:
 - [Program Specific Clinical Coverage Policies](#)
 - [NC Medicaid 1915\(i\) Services](#)



Thank You



On Your Radar: Provider Announcements





Updated 1915(i) Assessment Reminder

Effective **Oct. 1, 2025**, providers must use the updated [NC Medicaid 1915\(i\) Assessment](#) form for all new 1915(i) eligibility reviews and reassessments.

The assessment, which identifies a member's needed services and supports, informs the independent evaluation of the 1915(i)-eligibility determination and development of the member's care plan or Individual Support Plan.

The updated form includes new fields for "Date Individual Requested 1915(i) Service" and "Date 1915(i) Assessment Completed." Previous versions of the form will be returned as "unable to process."

Enhanced Rate Request Changes

- To request an enhanced rate, visit the [Forms](#) page of Vaya's Provider Central website to download the [Member- and/or Recipient-Specific Rate Request](#) form and [Enhanced Rate Budget Worksheet](#).
- Complete and submit both documents using the instructions on the form. For more information, email provider.info@vayahealth.com.
- Vaya continues to meet with DHB to clarify the availability and process to review new enhanced rate requests for NC Innovations Waiver, 1915(i), and Psychiatric Residential Treatment Facility services.

Rate Q&A

- **Is Vaya still approving new member-specific enhanced rates?**

Yes, under limited circumstances.

- If a child or I/DD member is in the emergency department (ED) and all other options have been exhausted.
- A child involved with the Department of Social Services (DSS) requiring an emergency placement or other appropriate supports due to member's complexity/acuity.

- **Is Vaya approving enhanced rates beyond the limited member-specific circumstances?**

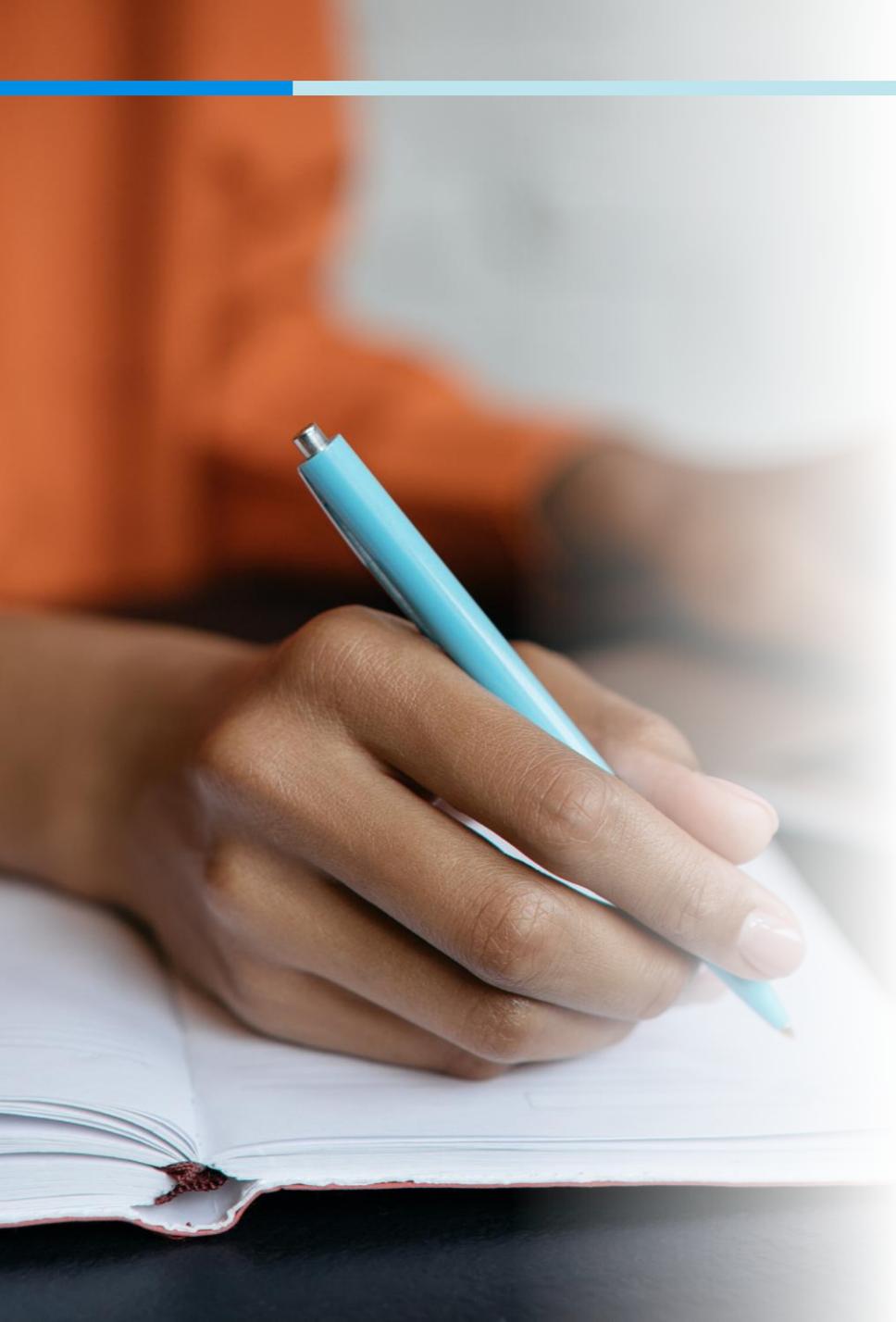
- No, at this time we are not approving enhanced rates beyond the limited circumstances noted above.

- **How will existing enhanced rates be impacted?**

- Vaya is carefully evaluating options to address changes imposed by NCDHHS and anticipated budgetary shortfalls. More information will be shared in the future.

Physical Health Provider Announcements



A close-up photograph of a person's hand holding a light blue pen, poised to write on an open notebook. The background is blurred, showing a person in an orange shirt. The image is positioned on the left side of the slide, partially overlapping the text area.

EVV Home Health Claims Submission: Dates of Service Prior to Oct. 1

Managed care electronic visit verification (EVV) implementation hard launch for Home Health services took effect **Oct. 1, 2025**.

Claims without visit data may be submitted for dates of service prior to Oct. 1, 2025, anytime within timely filing limits. Claims with dates of service on or after Oct. 1, 2025, are subject to Home Health EVV requirements and must have correlating visit data.

If you have questions, contact your provider network contract manager or provider.info@vayahealth.com.



Managed Care EVV Home Health Implementation: Open Office Hours

Managed care electronic visit verification (EVV) implementation hard launch for Home Health services took effect Oct. 1, 2025. Vaya will host virtual Open Office Hours to help providers who have any questions or concerns related to the launch.

Providers are welcome to drop in between 11 a.m. – 12 p.m. on the following dates: Oct. 21 and Oct. 28, 2025.
[Join online.](#)

Registration is not required. If you experience technical difficulties, email provider.training@vayahealth.com.



Reminder: Hospital at Home Program Ended Sept. 30

As a reminder, NC Medicaid's Hospital at Home Program expired **Sept. 30, 2025**.

Providers may not bill for Hospital at Home for dates of service on or after Oct. 1, 2025.

For more information, review the [NC Medicaid Bulletin \(Oct. 3, 2025\)](#).

Behavioral Health Provider Announcements



Tailored Care Management: NC Innovations Waiver Budgets and New Rates

NC Innovations Waiver plans of care and plan updates submitted to Vaya's Utilization Management Team on or after Nov. 1, 2025, must include the [new NC Medicaid service rates](#).

It is not necessary to update previously approved annual plans solely to update budgets with new rates.

For more information, email UM@vayahealth.com.



Community Navigator Self-Assessment

Launching Nov. 1, 2025

Between Nov. 1, 2025, and Jan. 31, 2026, Vaya's Quality Management Department will require providers authorized to deliver NC Innovations Waiver Community Navigator services to complete a self-assessment.

The assessment will **help providers evaluate the effectiveness of their Employer of Record (EOR) training curriculum** in the following areas: Background and Guidance, EOR Program Fundamentals, Personnel Record Keeping, Direct Support Professional (DSP) Management, DSP Qualifications and Hiring, DSP Training, Member Record Keeping, Member Plan of Care/Individual Support Plan Documents, Member Record Service-Related Documentation, and Employer Health and Safety.

We will review the self-assessments as part of program evaluations with each provider beginning March 2026. For more information, email QualityAssuranceTeam@vayahealth.com.

1st Q&A Check-in



Provider Spotlight



Provider Spotlight

Addiction Professionals of North Carolina

*Receives Prestigious **Gold Bell Seal for Workplace Mental Health***

On World Mental Health Day, Addiction Professionals of North Carolina (APNC) was awarded the **Gold Bell Seal for Workplace Mental Health** by Mental Health America (MHA). This national recognition underscores APNC's longstanding commitment **to cultivating a workplace environment that supports mental wellness, reduces stigma, and empowers employees to thrive.**

The Bell Seal for Workplace Mental Health is a national certification program from [Mental Health America](#) that recognizes employers demonstrating excellence in supporting employees' mental wellness. Only two out of every five organizations that apply ultimately earn a Bell Seal. By achieving the **Gold** level, APNC has distinguished itself **as a leader in workplace mental health practices** and a model for others in the behavioral health space.

[Read more about the bell seal and APNC's work to create a positive environment for all employees here.](#)



A Round of Applause for Addiction Professionals of North Carolina!



Learning & Participation Opportunities



J-1 Visa Physician Recruitment

The [North Carolina Office of Rural Health](#) (ORH) will provide letters of support for employers that wish to hire foreign medical graduate physicians on a J-1 visa who have or will be completing training in a U.S.

Graduate Medical Education program. The ORH will issue letters upon receipt of a completed application from an eligible employer on behalf of a J-1 physician. [Learn more.](#)



Virtual Office Hours for Behavioral Health CCP Updates

NC Medicaid invites stakeholders to join [virtual office hours](#) to discuss the promulgation of NC Medicaid behavioral health clinical coverage policies (CCPs) and required licensure rule waivers for the 1115 Substance Use Demonstration Waiver. Please submit questions in advance to eboni.burton@dhhs.nc.gov.

Virtual office hours are open to all stakeholders. To join, select the CCP name below.

- Oct. 20, 2025, 10-10:30 a.m.: 8A-13 [Substance Abuse Comprehensive Outpatient Treatment](#)
- Oct. 21, 2025, 9:15-9:45 a.m.: 8A-10 [Clinically Managed Residential Withdrawal Management Services](#)
- Oct. 23, 2025, 2:45-3:15 p.m.: 8D-3 [Clinically Managed Low-Intensity Residential Treatment Services](#)
- Oct. 24, 2025, 8:30–9 a.m.: 8D-4 [Clinically Managed Population-Specific High-Intensity Residential Program](#)
- Oct. 27, 2025, 8:30–9 a.m.: 8D-5 [Clinically Managed Residential Services](#)
- Oct. 27, 2025, 11:30 a.m.-12 p.m.: 8D-6 [Medically Monitored Intensive Inpatient Services](#)

The Behavioral Health Section-Carolina Annual Virtual Conference

The Behavioral Health Section-Carolina (BHS-Carolina) is a **professional support organization** with members from the state's four LME/MCOs, as well as provider staff who work in medical records oversight and management, quality improvement, privacy and security, and other pieces of the state's public service delivery system. Members meet annually for **education, training, and networking**.

At this year's conference, Mark Botts, associate professor with the School of Government at UNC Chapel Hill, will speak about the **confidentiality of behavioral health information**.

To attend, mail your complete [registration form](#) and payment to the address on the form **by 12 p.m. Oct. 21, 2025**. For more information, contact Mary Holbrook at mary.holbrook@vayahealth.com or 1-800-893-6246, ext. 1193.





Quit For Life Webinar

Nov. 12, 2025, 12-12:30 p.m.

Join this webinar to learn about why quitting tobacco is so hard, the nicotine replacement therapies available to help, and what people can do to support a friend or loved one.

Quit For Life gives Vaya Tailored Plan Medicaid members the online resources they need to create a plan and quit tobacco for good.

[Learn more.](#)

Permanent Supportive Housing Training

Dec. 4-5, 2025, 9 a.m.–4 p.m.

This **free, online training** enhances Community Support Team (CST) and Assertive Community Treatment (ACT) providers' understanding of **the Permanent Supportive Housing model**. This training prioritizes ACT and CST providers, but other attendees are welcome.

To receive training credit, providers **must attend and participate (via camera and audio) both days**. Providers in the Vaya, Alliance Health, and Partners Health Management regions may register up to three staff from each agency. Attendance is capped at 25 participants.

[Register online](#) by Nov. 30, 2025. For more information, email **provider.training@vayahealth.com**. If registering on your staff's behalf, include each person's full name and email address. Participants will receive the Microsoft Teams link one week prior to the training.





Provider Communication Bulletin (PCB)

Please refer to our recent Provider Communication Bulletins for more information on Learning and Participation Opportunities.

[Provider Communication Bulletins | Vaya Providers](#)

[Issue 20](#)

[Issue 21](#)

Final Q&A Check-in



Thank You

Join us again on Friday, October 31st, 2025!

For further questions regarding this week's touchpoint, please email provider.info@vayahealth.com

