Vaya Health Authorization Guidelines

Medicaid In Lieu of Services

These guidelines apply to service authorization under the Vaya Health (Vaya) Behavioral Health and Intellectual/Developmental Disabilities Tailored Plan and the Vaya NC Medicaid Direct Prepaid Inpatient Health Plan. Services must be in the provider's contract with 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: 07/08/2026

Service	Service Code(s)	Age(s)	Population(s) Served	Documentation Requirements	Guidelines
Behavioral Health Crisis Risk Assessment and Intervention (BH-CAI)	T2016 U5 (Tier III) T2016 U6 (Tier IV)	4+	MH/SU, I/DD	N/A	**Prior authorization not required**
Long-Term Community Supports (LTCS)	T2016 U5 U1 (Caregiver's Home) T2016 U5 U2 (Living Independently) T2016 U5 U3 (AFL Setting) T2016 U5 U4 (Group Home, 3 or Fewer Beds) T2016 U5 U6 (Group Home, 4-6 Beds)	16+	I/DD	• **Initial:** SAR, person-centered plan (including Comprehensive Crisis Plan) or plan of care/ISP with LTCS goals, SO, psychological evaluation, guardianship documentation (as applicable) • **Concurrent:** SAR, person-centered plan (including Comprehensive Crisis Plan) with LTCS goals) or current plan of care/ISP, SO	**Initial:** • **T2016 U5 U1:** up to five units per week for up to one year (one unit = one day) • **T2016 U5 U2 – U6:** up to seven units per week for up to one year (one unit = one day) **Concurrent:** • **T2016 U5 U1:** up to 130 units for one year (five units per week) • **T2016 U5 U2 – U6:** up to 365 units for one year (or 366 per leap year, when applicable) (seven units per week)

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Outpatient Plus	H2021 U5 (Individual) H2021 U5 HQ (Group)	4-20	MH	• **Initial:** SAR, person-centered plan (including Comprehensive Crisis Plan), SO, CCA, ASAM Criteria LOC (if applicable) • **Concurrent:** SAR, person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days, ASAM Criteria LOC (if applicable), CANS (if applicable)	• **Initial:** up to 412 units for 180 days • **Concurrent:** up to 412 maximum units for 180 days
Transitional Youth Services	H2022 U5	16-21	MH/SU	• **Initial:** SAR, CCA, Ansell Casey Life Skills Assessment, person-centered plan (including Comprehensive Crisis Plan), SO, ASAM Criteria LOC (if applicable) • **Concurrent:** SAR, person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days, ASAM Criteria LOC (if applicable)	• **Notification SAR required for the first nine months** • **Concurrent:** May not exceed 60 days. Maximum authorization period is 12 months
Child-Focused Assertive Community Treatment (Child ACT) Team	H0040 U5 HA TS	10-17	MH with or without co-occurring SU or I/DD	• **Initial:** SAR, person-centered plan (including Comprehensive Crisis Plan), SO, CCA, ASAM (if applicable) • **Concurrent:** SAR, person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days, Signature Page, ASAM (if applicable)	**Initial and concurrent:** one unit per week (one unit = one week) for up to 12 weeks

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Service	**Service Code(s)**	**Age(s)**	**Population(s) Served**	**Documentation Requirements**	**Guidelines**
Enhanced Crisis Response	H2011 U5 U1 (Weekly Unit) H2011 U5 TS (Subsequent Unit)	3-21	MH with or without co-occurring SU or I/DD	• **Initial:** SAR, person-centered plan (including Comprehensive Crisis Plan) or plan of care/ISP, SO, CCA • **Concurrent:** SAR, person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days or current plan of care/ISP, Signature Page	• **Initial:** one unit per week for up to 60 days (one unit = one week) • **Concurrent:** one unit per week for 30 days (one unit = one week) • **First 60 days are passthrough if member is not receiving another enhanced service**
Family-Centered Treatment (FCT)	H2022 U5 U1 (Core) H2022 U5 U2 (Encounter) H2022 U5 U3 (Three-month Outcome) H2022 U5 U4 (Six-month Outcome)	3-21	MH/SU	N/A	**Prior authorization not required**
High-fidelity Wraparound	H0032 U5 (Monthly) H0032 U5 U1 (Encounter)	3-17 (Serious Emotional Disturbance) 18-21 (Serious Mental Illness)	MH/SU, I/DD	N/A	• **Prior authorization not required** • **Codes are specific to the provider contract**

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In-Home Therapy Services (IHTS)	H2022 HE U5 H2022 TS U5 (Encounters)	3-20	MH/SU	N/A	**Prior authorization not required**
First Episode Psychosis-Assertive Community Treatment (FEP-ACT)	H0040 HK U5	15-30	MH	• **Initial:** CCA, SO, person-centered plan (including Comprehensive Crisis Plan) • **Concurrent:** Person-centered plan (including Comprehensive Crisis Plan) updated within the last 30 days	• **Notification request required for the first 30 days/six units.** • **Initial:** six units per month up to 12 months • **Concurrent:** six units per month up to three months

ACRONYM	DEFINITION
AFL	Alternative Family Living
ASAM	American Society of Addiction Medicine
CANS	Child and Adolescence Needs and Strengths (ages 0-5)
CCA	Comprehensive Clinical Assessment
I/DD	Intellectual/Developmental Disabilities
ISP	Individual Support Plan
MH	Mental Health
LOC	Level of Care
SAR	Service Authorization Request
SO	Service Order
SU	Substance Use