Please see the FAQ below from our two Question and Answer sessions on 2/21/2023 and 2/24/2023 surrounding Alliance's new in lieu of service, Long-Term Community Supports.

Frequently Asked Questions:

Long-Term Community Supports

1. **How much 1:1 is required for this ILO and group services? Providers were told they needed to have a specific number of hours. For example, with Level II.**
    a. There are no specified 1:1 hours for this in lieu of service.

2. **Alliance service definition for LTCS states level 5 is for homes with 4 or fewer residents. Why?**
    a. Alliance has requested a change to the ILO that would allow 5 to 6 beds in LTCS Level 5. We are awaiting approval from DHB.

3. **One of my individuals whose needs have increased is now at a level 2, is he able to get 1:1 supervision?**
    a. Please send member specific questions to the transition mailbox at CMmembertransition@alliancehealthplan.org

4. **Does this change apply to residential State operated healthcare facilities that house 200+ individuals?**
    a. No, this is only for state funded community-based services.

5. **What criteria determines a member's Level of LTCS?**
    a. It is defined in the service definition by the setting and the member's supervision needs in the ILO, Long-Term Community Supports service definition. There will also be a cross walk provided in the coming days.

6. **What is the documentation requirement?**
    a. Documentation will need to follow Medicaid definition guidelines in APSM manual #2.

7. **Will you be sharing the crosswalk?**
    a. Yes, the crosswalk will be shared in the coming days. Please keep an eye out for a Provider Update.

8. **When will the transition take place?**
    a. Per original state guidance, we are preparing to transition members by 4/1/2023. Should we hear more information from the State regarding the sunsetting state residential codes we will inform the network of any changes.

9. **Will you be adding to contracts automatically or do we need to request be added?**
    a. Yes, codes will be added automatically and will not need to be requested.

10. **How can a group home be placed on the referral list to be able to accept clients for services?**
    a. We are not adding new group homes but rather transitioning existing authorizations and members to the new in lieu of service.

11. **Any individuals we have receiving residential supports in a group home will they automatically transition to this service effective April 1? Or will we need to do another SAR?**
    a. If there is a current auth on file, we will use the crosswalk and we will transfer the member to the appropriate service. If by chance the member's authorization ends 3/31/2023 then a new SAR would need to be submitted. If the authorization expires shortly after 4/1/2023 please be prepared to submit a reauthorization. For example, if an authorization ends 4/5/2023. We will transfer the authorization from 4/1/2023 to 4/5/2023. You will need to submit a reauthorization starting 4/6/2023. Transitioned authorizations will start 4/1/2023 and will end the original authorization date that is on file, if current.

12. **Can you please share specifically where to find the APSM 45-2**
    a. https://files.nc.gov/ncdhhs/RMandDM%203rd%20Edition%209-1-16.pdf

13. **How do we determine the number of hours a person may need for Supervised Living?**
    a. In the ILO, all hours are paid at a per diem rate.

14. **Doesn't the PCP/ISP need to be updated to reflect the correct service? Do we need a signed service order?**
    a. Yes, the PCPs need to be updated to reflect the correct service with a signed service order completed by a Physician, Licensed Psychologist, Physician Assistant, Nurse Practitioner, Licensed Psychological Associate, LCSW or LCSW-A, LMFT or LMFT-A, LMHC, or an LMHC-A.

15. **Do you anticipate those of us with 5-6 bed homes will be able to utilize this service effective April 1? If not, can we continue to bill Group Living until that is decided?**
    a. Yes, we have amended the original ILO to include verbiage allowing Level 5 to have 5 to 6 beds in the facility.

16. **Should documentation be completed on a Full-Service Note or Service Grid Documentation? Also, will there be new or different documentation required for this in lieu of service (LTCS)? Will documentation used for Group Living Moderate be sufficient?**
    a. Using a full service note or a service grid would be up to your agency, but grid notes would meet the required guidelines in APSM 45-2. Additionally, please look at APSM 45-2 as it outlines Medicaid documentation for ILOs and all compliance guidelines for Medicaid services.

17. **Will there be a slide deck for providers to reference?**
    a. There is no slide deck. This FAQ will serve as a reference along with the previous and upcoming Provider Updates.

18. **Will you be adding the new residential codes YM846, YM847 and YM848 automatically to contracts as well.**
    a. Yes, we will add those automatically based on the crosswalk.

19. **Is the service definition posted on Alliance's website yet?**
    a. Not yet, but we will be sending it out shortly in a Provider Update and then adding to the website closer to the transition date.

20. **What is the defining difference between level 4 and 5?**
    a. The service definition outlines the differences and differentiates between the levels. Please refer to the current definition.

21. **If we have a current SAR with an approved level of care and the individual's level has changed, how do we go about applying for a different level of care for this individual?**
    a. You would need to submit a SAR, updated PCP, and clinical information to support the change. You can submit a SAR at any point requesting a different level of care.

22. **What if they are not in a day program?**
    a. Day programming is written into the definition and the authorization may not be approved if that is not provided. There isn't a separate approval for day programming for this service. Providers should document refusals and look at transitioning members to another service if appropriate. Additionally, providers should ensure the member is engaging in some type of meaningful activity if they continue with LTCS.

23. **With the addition of this new service definition, can we assume group home members will be eligible for care management?**
    a. Yes, that is correct. They will be Medicaid recipients and eligible for Care Management.

24. **Does Day Activity have to be licensed?**
    a. This ILO does not specify it be licensed but the staffing must be different between the programs.

25. **Since this is a Medicaid service, the member cannot receive this new service and Care Management from the same provider, correct?**
    a. This should fall into conflict free Care Management because of the member's diagnosis and HCBS but please see the conflict free CM policy located here to confirm for each of your members.

26. **Will all services be transitioned over on April 1st meaning there is nothing for the providers to do at this point, correct?**
    a. Yes, current, and active authorizations will be transitioned by April 1st. There is nothing mandatory for providers to do at this point. We do, however, urge providers to look at their members so they have an idea of who will be transitioning. And if there are any member specific questions, they can be sent to CMmembertransition@alliancehealthplan.org. Please keep in mind that we are asking the State whether they are still removing state codes from NC tracks by 3/31.

27. **Will Alliance accept new admissions under the new services?**
    a. No, not yet. The individuals currently receiving state services that are state funded and not Medicaid eligible will be transitioned first. Medicaid eligible recipients will be the transitioned after that to LTCS. Only new members who are transitioning from a hospital or crisis program or other acute situations will be considered for admission. Members must be referred or assigned to care management to be considered for these services.

28. **What if the auth expires in March, would we request another YP770?**
    a. Yes, please submit a reauthorization for the existing service if the authorization expires before April 1st.

29. **If the auth expires after April first, what do we do?**
    a. You would submit an authorization for the new services when the expiring authorization is coming due.

30. **How will cross walking state funded services work with physicians' signatures being required?**
    a. Medicaid requirements are different from State funded and there will be differences there most likely. Please refer back to the State-funded services.

31. **Is this ILO service only for long term care group providers?**
    a. This is for Medicaid eligible recipients receiving state funded services.

32. **How different is what Alliance has submitted from Partners' and Vaya's version of LTCS?**
    a. Our LTCS mirrors that of Partners and Vaya

33. **Will this be added to the provider contract automatically for providers serving folks with IPS services who have Medicaid?**
    a. Yes, we are working with IT to move authorizations and add codes to the contract.

34. **For supervised living, will it be a daily rate or authorization based on hours?**
    a. This ILO has a daily rate.

35. **Have the rates been released for each level?**
    a. Yes, they were included in a previous Provider Update located here but it will be sent out again in the coming days.

36. **If Alliance is automatically transitioning, what is the timing expectation for providers to update the PCP's?**
    a. Alliance is looking at 60 to 90 days for PCP updates and transitions if sunsetting is delayed but we are waiting to hear back to confirm. If state codes sunset on 3/31/2023 we are looking for PCPs to be updated by that time.

37. **For clarification: We shouldn't put any authorizations in the system? You hope for everything to be automatically done?**
    a. Correct. For current authorizations, IT will transition the authorizations for providers.

38. **What are we doing for the ADVP service that is ending?**
    a. If the provider is willing to subcontract with the ADVP provider and pay for it, Alliance will allow that.

39. **Is there information about which form will be required annually for doctor signature? FL-2, MR-2, etc.**
    a. That will be different for state and Medicaid but will be clarified next week.

40. **If our auth expires prior to 4/1, do we request old service or new?**
    a. Yes, please send in a re-auth for the old service.

41. **What's the criteria for a person who may receive this service? How is a level determined? Is this service transitioning from Innovation Waiver? Can members receive this service without having Innovation Waivers residing in the 5600C facility?**
    a. The entrance criteria can be found in the service definition and each level is outlined. This ILO, LTCS is for state funded, Medicaid eligible but non-Innovations members.

42. **If a person attends ONLY day program and currently gets ADVP, will they crosswalk to LTCS 1 if they have Medicaid?**
    a. Yes, they would probably be covered under the lower levels of LTCS.

43. **Can a person served receive both State-funded and Medicaid services?**
    a. In some State-funded definitions where older codes are sunsetting, if you are a Medicaid recipient and covered by an ILO you will most likely not be eligible for State-funded services. This rule is mostly related to residential supports but please read the JCBs and service definitions closely to determine if there are other services where they can receive both. For example, there would be a conflict if LTCS is being used but you try to get another Day Support provider to bill state-funded services as day programming is included in LTCS.

44. **Is Alliance determining what level a member will transition to?**
    a. Yes, our UM department has created a crosswalk and will transition members with a current authorization.

45. **Is the person's plan going to continue to be the "Developmental Disabilities B-3 and/or IPRS Support Plan," or will it be the "ISP" required for Innovations services? I could not find "in lieu of" defined in the Service Records Manual, and since both can apply to different Medicaid services, I wasn't sure.**
    a. ILOs are essentially a functional Medicaid definition that is MCO specific but approved by the State.

46. **If someone lives in the community with Personal Assistance but does not have Medicaid, what State service will be in place for those folks on 4/1 since they won't qualify for the in lieu of service?**
    a. If they are in the community and receiving PA, they will most likely crosswalk to state funded CLS.

47. **Can you go back regarding group home with 6 beds? Group Living Low and Group Living Moderate?**
    a. Alliance has asked the State to change the LTCS level 5 service definition language to state, group homes with 5 and 6 beds are allowed if licensed prior to June 1, 2022.

48. **Will upcoming communication be specific to each agency and include the specific individual names and crosswalk?**
    a. No, it will not be agency specific with member names but it will have the levels so you can cross reference internally.

49. **Where is the definition of State funded CLS on the Alliance website?**
    a. We pulled it from JCB #J408 and #J417. Additionally, we have the crosswalks on previous Provider Updates for the new state funded codes located here and here. The JCBs are listed here and here. We will also put them out again in the coming days.