

Frequently Asked Questions – JCB 408/JCB 417/JCB 449

1. Will we transition by 3/31/2023? The state JCB 449 has stated that the codes are not sunsetting.
 - a. **Yes, for state funded non-Medicaid and Medicaid eligible members currently receiving State Funded Services that will be sunsetting now 9/30/23. Due to the timing of the release of JCB 449 indicating the codes will not sunset 3/31, we are continuing to proceed due to providers budgeting and planning rates, and due to the IT crosswalk work already in process. We will be continuing to provide technical assistance and support during this time.**
2. Will there be a crosswalk?
 - a. **Yes, there has been a crosswalk placed in Provider News several times.**
3. Where do we send member specific questions?
 - a. CMMemberTransition@alliancehealthplan.org
4. Who are the new State-Funded codes for?
 - a. **They are for state-funded members who do not have Medicaid. Medicaid Eligible members will transition to the new ILO, LTCS.**
5. If the member does not have Medicaid - what service will they transition to if they are residing in a state funded AFL -YM850 7 days a week?
 - a. **It will crosswalk to YM846.**
6. Are you going to offer these services to members that do not currently have state funded residential services? We have 2 members living in group homes, but they don't currently have state residential services.
 - a. **Phase 1- ensure everyone is transitioned to the correct service for continuity of care. The State-funded members to the new State-funded codes and the Medicaid-eligible members to the new ILO. After that we will look at the financing for State-funded. In the**

meantime, the only new members admitted to these services will be those coming out of a state hospital or crisis setting.

7. Will providers be notified on March 31st of the new authorizations- to have for our records?
 - a. **No, we will not do individual notifications due to the amount of authorizations being transitioned but you should be able to see it in ACS by Friday, April 7th but please check daily. Contracts will be updated as well. If you do not see your member's auth by Tuesday, April 11th, please contact CMMemberTransition@alliancehealthplan.org**
8. Is this considered an HCBS service and is compliance required and who writes the plans?
 - a. **This is considered an HCBS service that requires compliance with HCBS guidelines. Also, the provider is responsible for the treatment plan.**
9. What is the timeframe to reassign the member to another agency for Care Management?
 - a. **We believe conflict free care management would be in effect for this service. Providers who are CMAs or believe conflict free Care Management would be activated for a member should send the member information to the following mailbox: Practicetransformation@alliancehealthplan.org.**

The Practice Transformation Team will assist you in any TCM transitions.

10. Is there an expectation for meaningful day?
 - a. **There is an expectation for meaningful day activities.**
11. What is the authorization period for the ILO?
 - a. **There is a 180-day authorization period.**
12. Is there the need for an FL-2 or MR-2 for LTCS?

- a. **No there is no need for FL-2's or MR-2's for LTCS. There is a need to have a PCP and signed service order in place.**
13. If a person is receiving a day service now (ADVP or Day Supports, for example) and transitions to Long Term Community Supports are those services still authorized and paid separately.
- a. **Since this is a bundled service with an expectation of meaningful day activities, if the member choses to go to ADVP or another program, it is expected that the LTCS provider will arrange payment to the day program since that cost is factored into the rate. It will no longer be separate.**
14. What if a member refuses to attend Day Activities?
- a. **Since LTCS is active treatment there is an expectation that the member's decision to participate is revisited regularly to encourage participation in meaningful day activities due to their benefits to the members' health and well-being.**
- Members have choice and may choose not to participate but providers need to document their efforts to encourage and the member's decision in their notes.**
15. What if a member is expressing that they want to continue to attend their current day program, but the Long-Term Community Support Provider has not contacted us?
- a. **For member specific concerns please contact CMMemberTransition@alliancehealthplan.org**
16. Do we back date the PCPs, service orders, and other documents that may need a signature to 4/1/2023?
- a. **No, do not back date. Use the actual signed date in those documents but please submit them as soon as you are able.**