

Delivery of NC Innovations Services Out-of-State

Partners Behavioral Health Management

Original Effective Date: (Policy, Procedure, Program Description or Plan) Board or QIC/MT/Dir		7/18/2013	Lines of Business:	LME/MCO	Category:	Intellectual and Developmental Disabilities (IDD)	
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Policy Revision Board Approval Date:	1/17/2019	Policy Annual Board Approval Date:	1/17/2019	Procedure/Program Description/Plan Revision QIC/MT/Dir Approval Date:	11/10/2018	Procedure/Program Description/Plan Annual QIC/MT/Dir Approval Date:	11/10/2018

POLICY

It is the policy of Partners Behavioral Management (Partners BHM) to ensure that, in accordance with 42 CFR 431.62, NC Innovations Waiver services delivered out-of-state will be subject to the same requirements as services delivered out-of-state under the State Medicaid Plan.

PROCEDURE

Written, prior approval, from Partners BHM will be required in order for NC Innovations Waiver services to be delivered out-of-state. The following guidelines will be used when reviewing request for approval of service delivery out-of-state:

- A. Services are for individuals who have been receiving services from direct care staff while in state and who are unable to travel without their assistance.
- B. Individuals who live in alternative family living (AFL) homes or foster homes may receive services when traveling with their AFL or foster family out-of-state under these guidelines.
- C. Individuals who are residing in residential settings are allowed to go out-of-state on vacation with their residential provider and continue to receive services as long as the individual's cost of care does not increase.
- D. Waiver services may not be provided outside of the United States of America.
- E. Provider Agencies must ensure that the staffing needs of all their participants can be met.
- F. Supervision of the direct service employee and monitoring of care must continue.
- G. The Individual Support Plan (ISP) must not be changed to increase services while out of state. Services can only be reimbursed to the extent they would have been had they been provided in state, and only for the benefit of the individuals supported.
- H. Respite services **are not** provided during out-of-state travel since the caregiver is present during the trip.
- I. If licensed professionals are involved, Medicaid cannot waive another state's licensure laws. A NC licensed professional may or may not be licensed to practice in another state.
- J. Medicaid funds cannot be used to pay for room, board, or transportation costs of the individual supported, family, or staff.
- K. Provider agencies, Employers of Record and Agencies with Choice assume all liability for their staff when out of state.

Requests from provider agencies, Employers of Record, and Agencies with Choice will be submitted to the IDD Care Coordination (CC) Supervisor prior to the scheduled dates of out-of-state travel using the Out-of-State Travel Request Form.

The IDD CC Supervisor will review the request using the guidelines outlined above and will approve or deny the request. The approval or denial decision will be documented on the request form and a copy of the form will be sent to the provider agency, Employer of Record or Agency with Choice who submitted the request. A copy will also be sent to the assigned CC for review and upload into the individual’s clinical record.

- Regulatory References include but are not limited to-
- Rules/Regulations: 42 CFR 431.62
 - URAC:
 - NC DMH/I-DD/SA Contract:
 - DMA Contract:
 - MCO P, P &Ps:

REVISION CHRONOLOGY SECTION

<i>Revision Approval Date</i>	<i>Reason for Revision</i>
Click here to enter a date.	Click here to enter text.
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