

Long Term Community Supports (LTCS) FAQ
5-19-2022

1. Are members who currently receive (b)(3) Respite also eligible for LTCS?
 - a. Members receiving LTCS Level 1 or Level 3 can also receive (b)(3) Respite.
2. For LTCS level 2 what are the required hours for the direct support staff?
 - a. There is no set number of direct support hours required for the residential service, if the member's needs are being addressed. The direct support hours could be more, or less if it addresses the member's needs and is person-centered. The provider needs to ensure that the member gets at least 3 hours a day of meaningful day activities of their choice (e.g. college classes, book club, wellness, community inclusion). Documentation should record that both the member's residential and meaningful day activities are being provided to their satisfaction.
3. For any new members that may be interested in residential services, should the member be considered for LTCS if they have Medicaid?
 - a. If the member has Medicaid and is 22 years of age and older, LTCS should be the first service considered.
4. What is the deadline for transitioning State funded members to LTCS?
 - a. November 30, 2022
5. What happens if the member is attending the day program and the residential provider does not want to transition to LTCS because of the sub-contracting to the day program?
 - a. Under Tailored Plan (launching 12/1/2022), state funding cannot be accessed if the member has a comparable service available through Medicaid. If a residential provider is reluctant to enter an agreement with a day program for support the member wishes to receive, Partners staff are available to provide technical assistance. Please reach out to your Provider Network Account Specialist.
6. Is there a set ratio for the group during meaningful day component of LTCS? Can a meaningful day be provided in a group setting?
 - a. LTCS does not specify staff to member ratio. For facility-based services, providers must adhere to licensure requirements and ensure that the member's needs are being met. For community-based activities, the member's needs must be met. In determination of whether support should be provided at member or group level, the provider and care team must consider the member's unique needs, including health and safety.
7. Can LTCS Level 1 be done in a group setting? What about LTCS Level 1 being done in a Day program?
 - a. What an individual's meaningful day looks like should be based on the unique preferences and needs of the individual. It could include participation in a group setting (such as a Day Program), community outings or participation with individual support or even a combination of the two.
8. How is LTCS requested and what are the required documents to be submitted?

- a. The initial and 1st concurrent service authorization request are requested for up to 6 months each and 2nd concurrent onward can be requested for up to 1 year.
INITIAL: PCP, Psychological Evaluation (within 5 years), NC SNAP or SIS, Behavioral Support Plan (As needed), Service Order.
CONCURRENT: Revision/Update PCP, Progress Summary, Behavioral Tracking Data (if applicable), Service Order annually.
Please see refer to the Partners benefit grid (Medicaid MH, SU, I/DD Specialty Services) for further guidance: <https://providers.partnersbhm.org/benefit-grids/>
9. What are the documentation requirements for LTCS?
 - a. As appropriate to the LTCS level; documentation that meets the DMH/DD/SAS Records Management and Documentation Manual (APSM 30-1 and 45-2) is required. LTCS level 1 (meaningful day) requires monthly or quarterly progress summaries. LTCS levels 2-5 (residential) require Shift notes and/or Daily Summaries. The DMH/DD/SAS Records Management and Documentation Manual can be found at: <http://www.ncdhhs.gov/mhddsas/statpublications/Manuals/rmdmanual-final.pdf>.
10. Who can sign the Service Order for LTCS and is there a required format?
 - a. Medicaid requires a MD, DO, PA, NP or PhD signature and date on the service order prior to the delivery of the service. There is not a required format for the service order except for providers choosing to utilize the Person-Centered Plan (PCP). In this case, the PCP should be signed by the MD, DO, PA, NP or PhD at least annually if there are no changes in service. Please see refer to the Partners benefit grid (Medicaid MH, SU, I/DD Specialty Services) for further guidance: <https://providers.partnersbhm.org/benefit-grids/>
11. Does LTCS Level 5 require overnight staff to be awake?
 - a. Whether a staff member must be awake at night, is driven by the needs of the member(s) supported. Behavioral and health and safety data should always be considered and be a person-centered decision to best meet the member's needs.
12. For all LTCS levels, can same staff run LTCS and other services such as (b)(3) Supported Employment?
 - a. For LTCS levels 2, 3, 4 and 5 the LTCS staff would not be able to provide the meaningful day activity. SE is authorized separately.
13. Will the new therapeutic leave codes be added to our contracts?
 - a. Therapeutic leave is available for members receiving LTCS level 3, 4 or 5 for up to 45 days per calendar year. Therapeutic leave should be billed using the TL modifier. No prior authorization is needed. The new codes are effective 4/1/2022. Providers who would like to provide therapeutic leave should submit the Provider Change Request form: <https://providers.partnersbhm.org/provider-enrollment-credentialing/>. Please refer to the Partners Provider Alert issued on 5/6/2022: <https://providers.partnersbhm.org/state-funded-residential-supports-and-state-funded-supported-living-periodic/>

14. Can a member who is 20 years old receiving State Funded Group Living Moderate transition to LTCS?
 - a. The member would need to be at least 22 years old to possibly transition to LTCS Please refer to the Partners Provider Alert issued on 5/6/2022 regarding need to transition from State Funded Group Living Moderate to the new state funded Residential Supports no later than 11/30/22: <https://providers.partnersbhm.org/state-funded-residential-supports-and-state-funded-supported-living-periodic/>

15. How do providers of current state-funded residential services determine which level of LTCS to request for each member?
 - a. The determination would be made based on the living setting and needs of the member. Please review the service definition for LTCS: <https://providers.partnersbhm.org/service-definitions/>

16. Should we ask for LTCS the next time the member needs a new authorization?
 - a. It is preferred that you request LTCS as soon as possible. Keep the deadline of 11/30/22 in your transition planning.

17. What are the criteria for a member's home to be considered their own apartment for LTCS level 2?
 - a. LTCS Level 2 is for members who live independently. The member should live independently in a residence leased to or owned by the member. The address must be a valid address and separate from the member's family.

18. There is an expectation that the member has at least 3 hours of meaningful day activities each day. What if the member does not want 3 hours every day?
 - a. The 3-hour requirement is the minimum of service provided in order to be able to bill for the member's service that day. By providing the member with choice about what their meaningful day looks like, it is assumed that the member will want to participate. If the member receives LTCS services and refuses 3 hours participation, the treatment team and the member should meet to determine a schedule that best fits the member's needs and make changes to the member's day as necessary.

19. What are the current rates for each level of LTCS?
 - a. Current rates can be located on the Partners Provider Knowledge Base website: <https://providers.partnersbhm.org/claims-information/>

20. New state-funded Residential Support service definitions have been implemented. When will individuals move from the state-funded residential service they currently receive?
 - a. All individuals must transition to a different service by no later than November 30, 2022. Individuals with Medicaid coverage should transition to LTCS if age 22 or over and functionally eligible for the Innovations Waiver. Other individuals should transition to the new Residential Support service. The current state-funded service authorization should continue until each individual transitions to a new service, no later than November 30, 2022.

21. What are the monitoring requirements specifically for the residential program for the day program that they are contracting with?
 - a. Since LTCS is a new service, QM will be consulted with on the matter and monitoring requirements will be announced later. It will fall under QM's Monitoring Policy, which will need to be revised.

22. Can we get a copy of provider monitoring audit forms from Partners so that we can do our own self audits of this service prior to any monitoring or post payment reviews?
 - a. Yes, once it has been developed and approved.