

Attachment M.10. Approved PHP Name In Lieu of Services

In Lieu of Services are alternative services or settings that are substituted for services or settings covered under the Medicaid or NC Health Choice State Plans or otherwise covered by this Contract but have been determined by the Department to be medically appropriate, cost-effective substitutes for the State Plan services included within this Contract.

The PHP may cover for Members, services or settings that are in lieu of services or settings covered under the State Plans as follows:

1. The Department determines that the alternative service or setting is a medically appropriate and cost-effective substitute based on documentation provided to the Department by the PHP demonstrating such cost effectiveness and clinical effectiveness;
2. Members shall not be required by the PHP to use the alternative service or setting;
3. The approved In Lieu of Services are authorized and identified in this Contract and will be offered to Members at the option of the PHP; and
4. The utilization and actual cost of In Lieu of Services is taken into account in developing the component of the capitation rates that represent the covered State Plan services, unless a federal or State statute or regulation explicitly requires otherwise. In the event In Lieu of Services do not meet cost neutrality, excess expenses will be excluded from the rate development process.

In accordance with *Section V.C. Benefits and Care Management*, the following In Lieu of Services have been approved by the Department:

Attachment M.10. Approved Blue Cross and Blue Shield of North Carolina In Lieu of Services				
No.	Service Name	Revenue/ Procedure Code	Approved	Description
1.	Institute for Mental Disease (IMD) for Acute Psychiatric care	0160	7/1/2021	IMD hospital treatment in a hospital setting twenty-four (24) hours a day. Supportive nursing and medical care are provided under the supervision of a psychiatrist or a physician. This service is designed to provide alternative placement for treatment for beneficiaries with acute psychiatric for no more than fifteen (15) Calendar Days within a calendar month.
2.	Behavioral Health (BH) Urgent Care	T2016 U5	7/1/2021	Diversion from Inpatient hospitalizations and long wait times/observation in emergency rooms for placement. Stabilization of condition and ability to return to community.
3.	Enhanced Personal Care Supports	T1019 U1	7/1/2021	This service will avoid costly institutional placement as well as support Member's independence and maintain their ability to live in their home community.
4.	Respite Care	S5150 U1	7/1/2021	This service will avoid costly institutional placement by offering family members in home respite services. Family members who have a break from caregiving are less overwhelmed and can take better care of themselves by staying healthy mentally and physically.
5.	Environmental Modifications	S5165	7/1/2021	This service will avoid costly institutional placement, emergency room, and inpatient readmissions by modifying or adapting the home to maintain the Member's health, safety, and welfare.
6.	Community Re-Integration Support	T2038 U1	7/1/2021	This service will avoid costly institutional placement and will ease some of the burden as a result of the transition and will enable Members to focus on their recovery.
7.	Enhanced Private Duty Nursing	T1000 UC	7/1/2021	The service will avoid costly institutional placement as well as support the Member's ability to remain in their home communities.