

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 UnitedHealthcare of North Carolina In Lieu of Services				
No.	Service Name	Procedure Code	Approved	Description
1.	Behavioral Health Urgent Care (BHUC)	T2016 U5	7/1/2021	A designated intervention/treatment location, known as a BHUC, that is an alternative to any community hospital emergency department where members with urgent primary behavioral health needs will receive triage and referral. The behavioral health urgent care location must include the ability to initiate the involuntary commitment petition via first-level evaluations (Clinician Petition), medical screening, case management and referrals.
2.	Institute for Mental Disease (IMD) for Acute Psychiatric care	0160	7/1/2021	Increasing access to IMD acute beds for Members in behavioral health crisis can lead to better outcomes and fewer exacerbations of serious behavioral health crises. Use of IMD beds, in conjunction with other diversion based length of stay (BHUC where available), along with robust Care Management and ancillary supports such as Peer Support will help to ensure Members have access to the right care at the right time for their specific needs – as well as for well-managed lengths of stay.