

**Community Reintegration In Lieu of Service UM Guideline****Subject:** ILOS – Community Reintegration  
**Status:****Current Effective Date:** 07/01/2021  
**Last Review Date:** 06/07/2021**Description**

Eligible members who have had a skilled nursing facility stay of a consecutive 30 days or more may receive goods and services up to \$2,500 per year to help pay for the cost of moving back to a community setting. Funds may be used for security and utility deposits, household furnishings and moving costs to establish a basic living arrangement. Regardless of setting, items purchased as part of the Community Reintegration shall be the personal property of the enrollee.

**Clinical Indications****Medically Necessary:**

- Member meets the clinical criteria for a skilled nursing facility stay and has been admitted to a SNF for a continuous 30 days or more.
- Member has qualified for a minimum of one of the following LTSS services: PCS, PDN or hospice.
- The member's clinical condition meets requirements for an LTSS service and the attending provider attests that the community reintegration benefit would help to ensure maintenance of health, safety and welfare of the member at home rather than a long-term care facility

**Limitations on Coverage:**

- Items or services cannot be covered under any other primary coverage resources to including Community Alternatives Program (CAP) and the Money Follows the Person, or other community resources.
- Benefit maximum of \$2500 per year for goods and services
- Must have a skilled nursing facility admission of a continuous 30 days or more
- Eligible purchases are limited to:
  - First month's rent and/or utility deposits
  - Essential kitchen appliances
  - Basic furniture
  - Essential basic household items such as towels, linens, and dishes
  - Essential cleaning items
  - Other item(s) determined essential to support member's community reintegration
- The community reintegration benefit shall not be used for household items and furnishings for common use of all persons residing in the home.
- Regardless of setting, items purchased as part of the Community Reintegration shall be the personal property of the enrollee.

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- Funds cannot be used to pay for past due rent and utility bills
- If funds are used to secure housing, the member must demonstrate they have adequate income/funding to sustain the residence.
- Eligible funds can be used for up to 90 days after discharge from a skilled nursing facility.

### Program Requirements

- Enrollee must be admitted to a SNF for a continuous 30 days or more and meet the requirement for at least one LTSS service, which are PCS, PDN, hospice, home health services or home infusion therapy.
- Be at risk of requiring facility-based care and would have to be placed in custodial long-term care in the absence of a combination of state plan benefit services and the Community Reintegration ILOS.
- It has been established through assessment that the member has no other means to obtain eligible items and that the items are essential to establish a community residence or transition back to an established residence.

### Coding

Procedure Code	Service Description	Rate	Billing Frequency
T2038 U1	Community Reintegration/Community Transition	\$2500.00	1 unit per 30 day SNF stay

### Discussion/General Information

The Community Reintegration ILOS benefit will be provided by a Community Reintegration Provider which will be responsible for securing payment for goods and services for members authorized to receive community reintegration ILOS benefits.

### Definitions

**In Lieu of Services (ILOS):** Services or settings that are not covered under the North Carolina Medicaid State Plan but are a medically appropriate, cost-effective alternative to a State Plan covered service.

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**Acronyms**

**LTSS:** Long-Term Services and Supports  
**ILOS:** In Lieu of Services  
**CCP:** Clinical Coverage Policy  
**PCS:** Personal Care Services  
**PDN:** Private Duty Nursing

**References**

North Carolina Clinical Coverage Policy 3K-2, North Carolina Medicaid Community Alternatives Program for Disabled Adults

NC DHHS Approved ILOS Document:  
BCBS\_BCM\_LTSS ILOS Community Reintegration Benefit

NC PHP Contract: Revised and Restated RFP 30-190029-DHB; section C., 1. g. In Lieu of services

**Websites for Additional Information**

<https://medicaid.ncdhhs.gov/providers/clinical-coverage-policies/community-based-services-clinical-coverage-policies>

<https://provider.healthybluenc.com/north-carolina-provider/manuals-and-guides>

**History**

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