

**Innovations B-3 Service Array
Medicaid Billable**

04-01-07

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Codes are listed below

Service Definitions

Individuals who are moving from an ICF-MR facility to a setting within the community can receive the Innovations waiver services funded through New Medicaid Service dollars (B-3 optional) but not occupy an Innovations waiver slot.

Available services include:

- Assistive Technology: Equipment and Supplies- T2029
- Communication Devices-Purchase-T2028, Repair-V5336
- Community Guide-Individual-T2041
- Community Networking-H2015, Class and Conference, H2015U1
- Community Transition-T2038
- Crisis Services-Primary Response-H2011, Behavior Consultation-T2025-U3, Out of Home-T2034
- Day Supports-Individual-T2021, Group-T2021HQ, Developmental Day-T2027
- Financial Support Services-T2025U1, T2025U2
- Home Modifications-S5165
- Home Supports-Individual-H2014, Group- H2015HQ
- Individual Goods and Services-T1999
- Natural Supports Education-Individual-S5110, Conference-S5111
- Residential Supports-Level 1 and AFL-H2016, Level 2 and AFL-H2014, Level 3 and AFL-T2020, Level 4 and AFL-H2016HI
- Respite-Individual-S5150, Group-S5150HQ, Nursing Respite RN-T1005TD, Nursing Respite LPN-T1005 TE
- Specialized Consultative Services-T2025
- Supported Employment-Individual-H2025, Group-H2025HQ
- Vehicle Adaptation-T2039

For specific information regarding each service definition, please refer to the **Innovations Technical manual.**

Provider Requirements

Providers must meet the Piedmont Innovations waiver's (1) provider requirements (2) state licensure requirements (3) certification requirements and (4) other requirements and standards.

Staffing Requirements

Staffing requirements as specified in the Innovations Technical manual will apply to all B-3 Innovations services.

Service Type/Setting

Service type and setting as specified in the Innovations Technical manual will apply to all B-3 Innovations services.

Program Requirements

Program requirements set as specified in the Innovations Technical manual will apply to all B-3 Innovations services.

Utilization Management
Prior-authorization by PBH is required. The amount, duration, and frequency of service must be included in an individual's Person Centered Plan.
Utilization Management Guidelines set for Innovations waiver services will apply to all B-3 Innovations services.
Entrance Criteria
Children (over the age of (3) three), and adults who meet the functional eligibility requirements for the Piedmont Innovations 1915(c) waiver program but are not enrolled in an ICF-MR facility or are being discharged from an ICF-MR facility.
Continued Stay Criteria
Continue to meet the functional eligibility requirements for the Piedmont Innovations waiver.
Discharge Criteria
The individual no longer meets the functional eligibility criteria for the Innovations waiver. The person is no longer Medicaid eligible. The person requires services provided at a higher level of care, potentially in an ICF-MR setting.
Expected Outcomes
To increase independence in a community setting.
Documentation Requirements
The documentation requirements for all B-3 Innovations services will be the same as those required in the Innovations technical operation manual.
Service Exclusions/Limitations
The person may not be a current recipient of Innovations waiver services. The person may not reside in an ICF-MR facility.