
Long Term Services and Supports (LTSS) Payment Policy

Policy Statement

Long-Term Services and Supports (LTSS) is a benefit available to members with chronic illnesses or disabilities who need a certain level of care and meet the eligibility criteria. The type of services a member receives depends on the level of care needs. The policy below outlines Neighborhood's coverage and reimbursement requirements for LTSS services.

Scope

This policy applies to:

- Medicaid** *excluding Extended Family Planning (EFP)*
- Commercial**
- Dual CONNECT (Coordination only D-SNP)**
- INTEGRITY for Duals (Fully Integrated D-SNP)**

Prerequisites

It is the provider's responsibility to verify eligibility, coverage and authorization criteria prior to rendering services.

For more information please refer to:

- Neighborhood's plan specific [Prior Authorization Reference page](#).
- Neighborhood's [Clinical Medical Policies](#).
 - Adult Day Health
 - Assisted Living
 - Home Care Services
 - Private Duty-Extended Home Care-Skilled Hours
 - Skilled Home Health Care
- Neighborhood's [Long -Term Services and Supports \(LTSS\) Provider Resource page](#)

Please contact Provider Services at 1-800-963-1001 for questions related to this policy.

Reimbursement Requirements

Long-Term Services and Supports (LTSS) serves members who have disabilities or chronic care needs in the setting ideal for them and their families. Services may be episodic or on-going. Services may be provided in a member's home, the community, or institutional settings to optimize their health and retain their independence.



Members must meet both the financial and clinical level of care requirements in order to qualify for Medicaid LTSS.

LTSS services include, but are not limited to:

- Adult Day
- Assisted Living
- Home Care Services
- Self-Directed
 - Personal Choice
 - Shared Living
- Skilled Nursing Facilities
- Habilitation Services

Certain preventive services are covered in a limited fashion to members who do not currently meet the eligibility criteria for LTSS to prevent admission, re-admission or reduce lengths of stay in an institution i.e. adult day basic, homemaker services, and personal care services, etc. Refer to payment policies for more information regarding coverage and reimbursement requirements for these services.

Coverage Exclusions

When a Medicaid or Dual CONNECT member requires LTSS and meets the established eligibility requirements, providers must submit LTSS claims **directly to Medicaid Fee-for-Service (FFS)** for reimbursement.

Claim Submission

Billable services are subject to contractual agreements, when applicable. Providers are required to submit complete claims for payment within contractually determined timely filing guidelines.

Coding must meet standards defined by the American Medical Association's Current Procedural Terminology Editorial Panel's (CPT®) codebook, the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Clinical Modification (ICD-10-CM), and the Healthcare Common Procedure Coding System (HCPCS) Level II.

Documentation Requirements

Neighborhood reserves the right to request medical records for any service billed. Documentation in the medical record must support the service(s) billed as well as the medical necessity of the service(s). Neighborhood follows CMS standards for proper documentation requirements.



Member Responsibility

INTEGRITY for Duals members may have a monthly patient share provision, as determined by the Rhode Island Executive Office of Health and Human Services (RI EOHHS).

Patient share applies and is deducted from the benefit allowed amount at the time of payment adjudication. Providers should submit the claim with total billed charges, including patient share.

Disclaimer

This payment policy is informational only and is not intended to address every situation related to reimbursement for healthcare services; therefore, it is not a guarantee of reimbursement.

Claim payments are subject to the following, which include but are not limited to: Neighborhood Health Plan of Rhode Island benefit coverage, member eligibility, claims payment edit rules, coding and documentation guidelines, authorization policies, provider contract agreements, and state and federal regulations. References to CPT or other sources are for definitional purposes only.

Neighborhood processes Dual CONNECT and INTEGRITY for Duals in accordance with CMS Medicare guidelines. Refer to [CMS Medicare guidance](#) for complete rules and claims processing policies.

This policy may not be implemented exactly the same way on the different electronic claims processing systems used by Neighborhood due to programming or other constraints; however, Neighborhood strives to minimize these variations.

The information in this policy is accurate and current as of the date of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to update this payment policy at any time. All services billed to Neighborhood for reimbursement are subject to audit.

Coding

Please refer to the provider’s contract for definitive guidance, as contractual terms may override this list. Please bill modifier(s) as applicable.

HCPC/Modifier	Service Description
S5102 and modifier U1 (half day) or U1, U2 (full day)	Adult Day Health Services Enhanced
T2031 and/or modifier UB or UC	Assisted Living
T2038	Community Transition Services
T2021	Habilitation Services
S5170	Home Delivered Meals
S5130	Homemaker**
Revenue code 0100 and applicable HIPPS code	Nursing Home Care (Custodial)

HCPC/Modifier	Service Description
S5125	Personal Care Services**
S5160, S5161	Personal Emergency Response System (PERS)
T1002, T1003	Private Duty Nursing
T2016, T2017	Residential Supports
S9125, T1005	Respite
G9012, T1001, T1028, T2025, T1019, S5135	Self Directed Program (Personal Choice)
S9999	Self Directed Goods and Services
S5135	Senior Companion
S5136, T2033, T1028	Shared Living

Certain preventive services** are covered in a limited fashion to members who do not currently meet the eligibility criteria for LTSS.

Document History

Date	Action
01/01/2026	Policy Effective Date