



Transforming Lives. Building Community Well-Being.

2024-2025 State-Funded Child and Adult Non-Innovations Benefit Plan

<i>Service Code(s):</i>	<i>Services Included (Sorted by Alphabetical Order):</i>
YP620	<u>Adult Developmental Vocational Program</u>
YM851, YM852	<u>Community Living and Support</u>
YM590	<u>Day Supports - Group</u>
YA389	<u>Long-Term Vocational Support Services</u>
YP012, YP013, YP014, YP015	<u>Respite Services</u>
YM846	<u>Residential Supports (I/DD)</u>
YP642 BF, YP642 BE	<u>Supported Employment (I/DD & TBI): Employment Stabilization Phase</u>
YP642 BG, YP642 BE	<u>Supported Employment (I/DD & TBI): Long Term Supported Employment Phase</u>
YP642 BD, YP642 BE	<u>Supported Employment (I/DD & TBI): Pre-Employment Phase</u>
YA390	<u>Supported Employment Services (Individual)</u>
YP640	<u>Supported Employment Services (Group)</u>
YM854	<u>Supported Living Periodic (IDD & TBI)</u>

Codes / modifier combinations not mentioned for specialized services will be found within contracts.

For State-Funded services (unless otherwise noted): Child services are available from age 3 through age 18. Adult services are available from age 18 and older.

Member and Recipient Services: 1-877-685-2415

Provider Support Service Line: 1-855-250-1539



Person-Centered Plan Requirements & Guidance

Providers can use the PCP template or develop their own template, but the PCP *must* contain all the required elements: 1) Assessment of life domains; 2) Person-Centered Interview Questions; 3) An action plan; 4) An enhanced crisis intervention plan, and; 5) A signature page. The PCP should be based on a comprehensive assessment that examines the individual's symptoms, behaviors, needs and preferences across the life domains listed below. Additional info can be found on the [NCDHHS Person-Centered Planning Training](#) webpage (PCP Guide). See the [JCB #445 Timelines for Implementation](#) for the implementation requirements for the new PCP guidance and templates.

Life Domains (PCP Guide)

Each life domain should provide a written picture of what is currently happening, what the individual's vision for a preferred life is for that area, and what the provider is doing to support the individual to move closer to living their preferred life.

- *Daily Life and Employment Domain*: What a person does as part of everyday life.
- *Community Living Domain*: Where and how someone lives.
- *Safety and Security Domain*: Staying safe and secure (finances, emergencies, relationships, neighborhood, legal rights, etc.).
- *Healthy Living Domain*: Managing and accessing health care and staying well.
- *Social and Spirituality Domain*: Building/strengthening friendships and relationships, cultural beliefs, and faith community.
- *Citizenship and Advocacy Domain*: Building valued roles, understanding personal rights, making choices, sexual orientation, self-identification, setting goals, assuming responsibility and driving how one's own life is lived.

Person-Centered Interview Questions (PCP Guide)

These identify what the person wants to work on, what they would like to accomplish, their identified strengths, and any identified obstacles preventing them from reaching their goals.

Action Plan (PCP Guide)

The Action Plan section of the PCP includes the individual's long-term goal, short-term goals, and interventions or the action steps to be taken to achieve these goals. For each desired long-term goal, the Action Plan will include short-term goal(s) as well as interventions.

- *Long-Term Goal Development*: what motivates the person to engage in services and make changes. These are personal to that individual, often reflect one or more Life Domains, and typically take time to achieve. Ideally, long-term goals are oriented toward quality-of-life priorities and not only the management of health conditions and symptoms.
- *Short-Term Goals*: help the person move closer to achieving their long-term goals. They reflect concrete changes in functioning/skills/activities that are meaningful to the person and are proof they are making progress. Short-term goals build on strengths while also addressing identified needs from the assessment that interfere with the attainment of the valued, long-term life goal(s). Short-term goals are written in SMART (Specific/Straightforward/Simple, Measurable, Achievable, Relevant, and Time-Limited) language.
- *Interventions*: reflect how all team individuals contribute to helping the person achieve their short-term goals. Interventions are the specific tasks the provider and individual agree on. The language of interventions should include: WHO is offering the intervention/support, WHAT specifically will be provided or done (e.g., title of service or action), WHEN it is being offered – frequency and duration (e.g., once a month for 3 months), and WHY it is needed (i.e., how the intervention relates to the individual's specific goal).

Enhanced Crisis Intervention Plan (PCP Guide)

A crisis plan includes supports/interventions aimed at preventing a crisis and the supports/interventions to employ if there is a crisis. It must include:

- Significant event(s) that may create increased stress and trigger the onset of a crisis.
- Early warning signs which indicate a possible upcoming crisis.
- Crisis prevention and early intervention strategies
- Strategies for crisis response and stabilization
- Specific recommendations for interacting with the person receiving a crisis service.
- Diagnosis and insurance information,
- Name and contact information for medical and mental health provider
- List of medications including doses and frequency, allergies, and other medical and dental concerns.
- Living situation and planning for any pets and people, etc. in case of a crisis if applicable.
- Employment/ Educational status and plan for notification if applicable
- Preferred method of communication and language.
- Names and contact information of formal and informal support persons
- Suicide prevention and intervention plan, behavior plan, youth in transition plan and Psychiatric Advance Directive (PAD), if applicable.
- Crisis follow-up planning to include: 1) The primary contact who will coordinate care if the individual requires inpatient or other specialized care; 2) Name of the person who will visit the individual while hospitalized, and; 3) Provider responsible to lead a review/debriefing following a crisis and the timeframe.

Signature Page (PCP Guide)

Signatures are authenticated when the individual signing enters the date next to their signature. Check boxes left blank on the signature pages of the PCP will be returned as incomplete. A signature page must include:

- Person Receiving Services - Dated signature is required when the person is his/her own legally responsible person. A provider may not bill Medicaid for services until this signature is acquired if the individual is his or her own legally responsible person.
- Legally Responsible Person - Dated signature when the person receiving services is not his/her own LRP. A provider may not bill Medicaid for services until this signature is acquired, when applicable.
- Person Responsible for the Plan - Dated signature is required. Inclusion of the required information on the signature page of the PCP template by the Person Responsible for the Plan is also required for individuals under the age of 21 (Medicaid) or under age 18 (State) who are receiving enhanced services and are actively involved with the Department of Juvenile Justice and Delinquency Prevention or the Criminal Court System.
- Service Order/Confirmation of Medical Necessity - Dated signature is required, plus confirmation of medical necessity, indication of whether review of the comprehensive clinical assessment occurred, and indication if the LP signing the service order had direct contact with the individual.

Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
<p style="text-align: center;">Adult Developmental Vocational Program (ADVP) Services</p> <p>Limited funding. Not an entitlement.</p> <p>Code(s): YP620</p>	<p>A day/night service which provides organized developmental activities for individuals with intellectual/developmental disabilities to prepare the individual to live and work as independently as possible. The activities and services of ADVP are designed to adhere to the principles of normalization and community integration. This service is available for a period of three or more hours per day; although, an individual may attend for fewer than three hours.</p>	<p><u>Initial & Reauthorization Requests:</u></p> <ol style="list-style-type: none"> 1. TAR: Prior authorization required. 2. NC SNAP or SIS: Required 3. Assessment: Psychological, neuropsych, or psychiatric assessment w/ the appropriate testing using validated tools showing the recipient has a developmental disability according to GS 122C-3 (12a) or TBI as defined in G.S. 122-C-3(38a), including evidence of an IDD diagnosis prior to the age of 22. For those w/ DD but no intellectual disability, a physician assessment w/ a definitive dx and assoc, functional limitations is acceptable. 4. Service/ Tx Plan or ISP: Required 5. Medicaid Application: Required w/in the 30 days of authorization. Evidence of individual applying for Medicaid or update on application status. 6. Submission of applicable records that support the individual has met the medical necessity criteria. <p><u>Reauthorization Requests:</u></p> <ol style="list-style-type: none"> 1. TAR: prior authorization required. 2. Service/ Tx Plan or ISP: recently reviewed detailing the individual's progress with the service. 3. Medicaid Application: Required w/in the 30 days of authorization. Evidence of individual applying for Medicaid or update on application status. 4. Submission of applicable records that support the individual has met the medical necessity criteria. 	<p><u>Length of Stay:</u> Maximum is up to 8 hours/day (32 units), up to 5 days per week (160 units/wk or 8256 units/yr)</p> <p><u>Units:</u> 1. One unit = 15 minutes</p> <p><u>Age Group:</u> Adolescents & Adults (age 16 or older)</p> <p><u>Level of Care:</u> NC SNAP Overall Level of Eligible Support of 1 or higher</p> <p><u>Service Specifics, Limitations, & Exclusions (not all inclusive):</u> 1. Only available to legacy Eastpointe and Sandhills recipients</p>	<p>State Funded MH/DD/SA Service Definition</p> <p>APSM 45-2 Records Management and Documentation Manuals</p> <p>NC PCP Guidance Document</p> <p>NCDHHS NC Support Needs Assessment Profile website</p> <p>JCB #325: I/DD Eligibility for State-Funded Services</p> <p>Competitive, Integrated Employment Memo</p>

Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
<p>Community Living and Support (CLS)</p> <p>Limited funding. Not an entitlement.</p> <p><u>Code(s):</u> YM851: Individual</p> <p>YM852: Group</p> <p>The GT (Telehealth) modifier can be used with all these service code.</p>	<p>Community Living and Support is an individualized service that enables individuals 3 years of age or older to live successfully in their own home, the home of their family or natural supports and be an active recipient of their community. A paraprofessional assists the individual to learn new skills and/or supports the individual in activities that are individualized and aligned with their preferences. Community Living and Support provides technical assistance to unpaid supports who live in the home of the individual to assist the individual to maintain the skills they have learned.</p>	<p><u>Initial Requests:</u></p> <ol style="list-style-type: none"> 1. TAR: Required, submitted by a QP 2. NC SNAP/ SIS/ TBI Assessment: Required 3. Assessment: Psychological, neuropsych, or psychiatric assessment w/ the appropriate testing using validated tools showing the recipient has a developmental disability according to GS 122C-3 (12a) or TBI as defined in G.S. 122-C- 3(38a), including evidence of an IDD diagnosis prior to the age of 22. For those w/ DD but no intellectual disability, a physician assessment w/ a definitive dx and assoc, functional limitations is acceptable. 4. PCP or ISP: Required, to include an expressed desire to obtain the service. 5. Service Order: Required, signed by a QP, physician, licensed psychologist, PA, or NP 6. Medicaid Application: Required w/in the 30 days of authorization. Evidence of individual applying for Medicaid or update on application status. 7. Submission of all records that support the recipient has met the medical necessity criteria. <p><u>Reauthorization Requests:</u></p> <ol style="list-style-type: none"> 1. TAR: Required, submitted by a QP 2. NC SNAP/ SIS/ / TBI Assessment: Required 3. PCP or ISP: recently reviewed detailing the recipient's progress with the service, to include an expressed desire to maintain the service. If there is a need for increased service duration and frequency, clinical consideration must be given to other services with a more intense clinical component. 4. Evidence of IDD Eligibility: Meets IDD eligibility according to GS 122C-3 (12a), including evidence of an IDD dx before age of 22 or a TBI dx per G.S. 122C-3(38a). 5. Medicaid Application: Required w/in the 30 days of authorization. Evidence of individual applying for Medicaid or update on application status. 6. Submission of all records that support the recipient has met the medical necessity criteria. 	<p><u>Length of Stay:</u></p> <ol style="list-style-type: none"> 1. Initial & Reauth: Up to 28 hours (112 units) per week / 1456 hours (5824 units) per year 2. May not exceed 15 hours per week (60 units) when school is in session for individuals under 22 years of age who have not graduated, regardless of their enrollment status. 3. Request length of stay can be for up to one calendar year or the end of the PCP (whichever comes first). <p><u>Units:</u> One unit = 15 minutes</p> <p><u>Age Group:</u> Children/ Adolescents & Adults</p> <p><u>Level of Care:</u> SNAP: Overall Level of Eligible Support of 3 or higher OR SIS: Level D or higher OR TBI Assessment requiring a moderate to high level of supervision and support in most settings.</p> <p><u>Service Specifics, Limitations, & Exclusions (not all inclusive):</u></p> <ol style="list-style-type: none"> 1. No New Admissions 2. May not be provided during the same auth period as Innovations Waiver services, (b)(3) day services, or Medicaid 1915i services or In Lieu of Services (ILOS) which include a meaningful day component. 3. Must not be duplicative of other state funded services the individual is receiving. 4. Those receiving CL&S may not receive any residential services or Supported Living Periodic. 5. Services may not be provided in the home of provider staff. 	<p>State-Funded Community Living & Support</p> <p>APSM 45-2 Records Management and Documentation Manuals</p> <p>NC PCP Guidance Document</p> <p>NCDHHS NC Support Needs Assessment Profile website</p> <p>JCB #325: I/DD Eligibility for State-Funded Services</p>

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<p style="text-align: center;">Day Supports – Group (I/DD & TBI)</p> <p>Limited funding. Not an entitlement.</p> <p><u>Code(s):</u> YM590 (Group)</p>	<p>Day Supports is a group service that provides assistance to recipients with acquisition, retention, or improvement in socialization and daily living skills and is one option for a meaningful day. This service has historically been a facility-based service. However, person centered practices should be utilized to determine the appropriate amount of time to be spent on site, verses out in the community. Day Supports emphasizes inclusion and independence with a focus on enabling the recipient to attain or maintain maximum self-sufficiency, increase self-determination and enhance the recipient’s opportunity to have a meaningful day.</p>	<p><u>Initial Requests:</u></p> <ol style="list-style-type: none"> 1. TAR: Prior authorization required 2. NC SNAP/ SIS: Required 3. Assessment: Psychological, neuropsych, or psychiatric assessment w/ the appropriate testing using validated tools showing the recipient has a developmental disability according to GS 122C-3 (12a) or TBI as defined in G.S. 122-C- 3(38a), including evidence of an IDD diagnosis prior to the age of 22. For those w/ DD but no intellectual disability, a physician assessment w/ a definitive dx and assoc, functional limitations is acceptable. 4. PCP or ISP: Required, w/ an expressed desire to obtain this service. Prevoc interventions must have employment-related goal. 5. Service Order: Required, signed by a QP, physician, licensed psychologist, PA, or NP 6. Medicaid Application: Required w/in the 30 days of authorization. Evidence of individual applying for Medicaid or update on application status. 7. Submission of all records that support the recipient has met the medical necessity criteria. <p><u>Reauthorization Requests:</u></p> <ol style="list-style-type: none"> 1. TAR: Prior authorization required 2. NC SNAP/ SIS: Required 3. Service Order: Required, valid for one calendar year based on date of original PCP/ISP service order. 4. PCP or ISP: recently reviewed detailing the recipient’s progress with the service. If there is a need for increased service duration and frequency, clinical consideration must be given to other services with a more intense clinical component. Require an expressed desire to obtain or maintain this service. Prevocational interventions must have employment-related goal. 5. Evidence of IDD Eligibility: Meets IDD eligibility according to GS 122C-3 (12a), including evidence of an IDD dx before age of 22 or a TBI dx per G.S. 122C-3(38a). 	<p><u>Length of Stay:</u></p> <ol style="list-style-type: none"> 1. Initial & Reauth: Up to 30 hours (120 units) per week / 1560 hours (6240 units) per year 2. Max of 3 hrs/day (12 units) on school days for recipients 16 – 22 years of age who have not graduated from school, regardless of their enrollment status. <p><u>Units:</u> One unit = 15 minutes</p> <p><u>Age Group:</u> Adolescents & Adults (age 16 or older)</p> <p><u>Level of Care:</u> SNAP: Overall Level of Eligible Support of 2 or higher OR SIS: Level C or higher OR TBI Assessment requiring minimum to low level of supervision and support in most settings.</p> <p><u>Service Specifics, Limitations, & Exclusions (not all inclusive):</u></p> <ol style="list-style-type: none"> 1. May not be provided to HCBS Waiver recipients or individuals receiving I/DD or TBI related (b)(3) meaningful day services (i.e., Individual Supports, Innovations look-alike services) or Medicaid In Lieu of Services (ILOS) with meaningful day component. 2. Must not be duplicative of other state funded services 3. May not be provided in a residential setting. 4. Payment does not include payments made directly to recipients of the individual’s immediate family. 5. CLS and ADVP can be auth’d at the same time as this service, but they cannot be provided at the same time of day. 	<p>State-Funded Day Supports (I/DD & TBI)</p> <p style="text-align: center;">Joint Communicati on Bulletin # J396: State-Funded Day Supports Service</p> <p>State-Funded Day Supports (DS) - I/DD and TBI FAQs</p> <p>APSM 45-2 Records Management and Documentati on Manuals</p> <p style="text-align: center;">NC PCP Guidance Document</p> <p>JCB #325: I/DD Eligibility for State-Funded Services</p>



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| | | <p>6. Medicaid Application: Required w/in the 30 days of authorization. Evidence of individual applying for Medicaid or update on application status.</p> <p>7. Submission of all records that support the recipient has met the medical necessity criteria.</p> | | |
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<p>IDD Long-Term Vocational Support Services (Extended Services)</p> <p>Limited funding. Not an entitlement.</p> <p>Code(s): YA389</p>	<p>Service begins after the intensive phase of job coaching funded through the Division of Vocational Rehabilitation ends. Long Term Vocational Support includes services provided to or on behalf of the individual both on and off the job site to ensure ongoing employment success and career growth. The individual participates in choosing the type of Long-Term Vocational Support Services, the manner of its delivery, and the people who will provide it, both on and off the job site.</p>	<p>Initial Requests:</p> <ol style="list-style-type: none"> 1. TAR: Prior authorization required 2. NC SNAP or SIS: Required 3. Assessment: Psychological, neuropsych, or psychiatric eval w/ appropriate testing indicating the recipient meets ICF/IID criteria for IDD services, including evidence of an IDD dx before age of 22. 4. Service/ Tx Plan or ISP: Required, must include a statement where the recipient “verbalizes desire to work” and a preference for on-going support. Goals must include recipient specific needs/ deficits coupled to specific interventions that address those needs/ deficits. 5. Medicaid Application: Required w/in the 30 days of authorization. Evidence of individual applying for Medicaid or update on application status. <p>Reauthorization Requests:</p> <ol style="list-style-type: none"> 1. TAR: Prior authorization required. 2. NC SNAP or SIS: Required 3. Service/ Tx Plan or ISP: recently reviewed detailing the recipient’s progress with the service. Must include a statement where the recipient “verbalizes desire to work” and a preference for on-going support. Goals must include recipient specific needs/ deficits coupled to specific interventions that address those needs/ deficits. 4. Evidence of IDD Eligibility: Meets IDD eligibility according to GS 122C-3 (12a), including evidence of an IDD dx before age of 22 or TBI. 5. Medicaid Application: Required w/in the 30 days of authorization. Evidence of individual applying for Medicaid or update on application status. 	<p>Length of Stay: Request length of stay can be for up to one calendar year or the end of the PCP (whichever comes first).</p> <p>Units:</p> <ol style="list-style-type: none"> 1. One unit = 15 minutes 2. Up to 40 hours (160 units) annually <p>Age Group: Adolescents & Adults (age 16 or older)</p> <p>Level of Care: NC SNAP Overall Level of Eligible Support of 1 or higher</p>	<p>State Funded MH/DD/SA Service Definition</p> <p>APSM 45-2 Records Management and Documentation Manuals</p> <p>NC PCP Guidance Document</p> <p>NCDHHS NC Support Needs Assessment Profile website</p> <p>JCB #325: I/DD Eligibility for State-Funded Services</p>

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<p>Respite Services</p> <p>Limited funding. Not an entitlement.</p> <p>Code(s): YP012: Individual - Adult</p> <p>YP013: Group – Adult</p> <p>YP014: Individual - Child</p> <p>YP013: Group – Child</p>	<p>Respite services provide periodic support and relief to the primary caregiver(s) from the responsibility and stress of caring for the recipient. This service enables the primary caregiver(s), when other natural supports are unavailable, to assist with caregiving, to meet or participate in periodic, planned or emergency events, and to have planned breaks in caregiving. Respite may include in and out-of-home services, inclusive of overnight, weekend care, or emergency care (caregiver emergency based).</p> <p>This service is a periodic service. Primary caregiver must maintain their primary residence at the same address as the recipient.</p>	<p>Initial Requests:</p> <ol style="list-style-type: none"> 1. TAR: Prior auth required; TAR must be completed by a QP 2. Assessment: Psychological, neuropsych, or psychiatric eval w/ appropriate testing indicating the recipient meets ICF/IID criteria for IDD services, including evidence of an IDD dx before age of 22. For TBI, an exam noting a TBI dx per G.S. 122C-3(38a). For those w/ DD but no intellectual disability, a physician assessment w/ a definitive dx and assoc, functional limitations is acceptable. 3. Documentation that the primary caregiver(s) need periodic support and relief from the responsibility and stress of caregiving OR the individual needs periodic support and relief from the primary caregiver. 4. Documentation that there are no other natural resources or support available to the primary caregiver to provide the necessary relief of substitute care. 5. Service Order: Signed by a MD/ DO, LP, PA, or NP. 6. Complete PCP: Required 7. Medicaid Application: Required w/in the 30 days of authorization. Evidence of individual applying for Medicaid or update on application status. 8. Submission of all records that support the recipient has met the medical necessity criteria. <p>Reauthorization Requests:</p> <ol style="list-style-type: none"> 1. TAR: Prior auth required; TAR must be completed by a QP 2. Evidence of IDD Eligibility: Meets IDD eligibility according to GS 122C-3 (12a), including evidence of an IDD dx before age of 22 or TBI. 3. Documentation that the primary caregiver(s) need periodic support and relief from the responsibility and stress of caregiving OR the individual needs periodic support and relief from the primary caregiver. 4. Documentation that there are no other natural resources or support available to the primary caregiver to provide the necessary relief of substitute care. 5. Complete PCP: Required 6. Medicaid Application: Evidence of individual applying for Medicaid or update on application status. 	<p>Length of Stay: No more than 1536 units (384 hours) per fiscal year</p> <p>Units: 1. One unit = 15 minutes</p> <p>Age Group: Children/ Adolescents & Adults (with I/DD or TBI)</p> <p>Urgent/ Emergent Exception:</p> <ol style="list-style-type: none"> 1. In an urgent or emergent situation requiring a verbal auth, up to 192 units (48 hours) of service for an initial 2 calendar day pass-through is permitted. 2. Written auth required after this pass-through. 3. This pass-through is available only once per state fiscal year. <p>Level of Care: Evidence of IDD or TBI</p> <p>Service Specifics, Limitations, & Exclusions (not all inclusive):</p> <ol style="list-style-type: none"> 1. Respite may not be provided by relatives, legal guardians, or individuals if they live in the same home. 2. Individual must live in a non-licensed setting, with a non-paid caregiver(s), except for those residing in an AFL (respite cannot be billed on the same day as Residential Supports if utilized for more than 8 hours per day). 3. The following are not covered: Formal habilitation goals; Services provided to teach academics/ education substitutes; Payment for room and board. 	<p>State-Funded Respite Services</p> <p>APSM 45-2 Records Management and Documentation Manuals</p> <p>NC PCP Guidance Document</p> <p>JCB #325: I/DD Eligibility for State-Funded Services</p>



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7. Submission of all records that support the recipient has met the medical necessity criteria.

4. Individuals eligible for MCD Respite (including exhausted MCD Respite) are not eligible for State-funded Respite.



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<p>Residential Supports (I/DD)</p> <p>Limited funding. Not an entitlement.</p> <p><u>Code(s):</u> YM846: Level 1</p>	<p>Residential Supports provides individualized services and supports to enable an individual to live successfully in a licensed Supervised Living facility or an unlicensed AFL setting of their choice and be an active participant in the community. The individual requires this service to learn and practice new skills and improve existing skills to assist the individual in increasing their level of independence for the I/DD population. For the TBI population, the service includes training and support for relearning skills, developing compensatory strategies and practicing new skills and for improvement of existing skills to assist the individual to complete activities to the greatest level of independence possible. Residential Supports includes supervision and assistance in activities of daily living when the individual is dependent on others to ensure health and safety.</p>	<p><u>Initial Requests:</u></p> <ol style="list-style-type: none"> 1. TAR: Prior authorization required 2. NC SNAP or SIS: Required 3. Assessment: Psychological, neuropsych, or psychiatric eval w/ appropriate testing indicating the recipient meets ICF/IID criteria for IDD services, including evidence of an IDD dx before age of 22. For TBI, an exam noting a TBI dx per G.S. 122C-3(38a). For those w/ DD but no intellectual disability, a physician assessment w/ a definitive dx and assoc, functional limitations is acceptable. 4. Service Order: Required 5. Complete, integrated PCP: Required, w/ goals designed to support increasing independence (i.e., habilitative/ rehabilitative goal should be 75% of goals noted within the plan). Should include an expressed desire to obtain the service. 6. Submission of all records that support the recipient has met the medical necessity criteria. <p><u>Reauthorization Requests:</u></p> <ol style="list-style-type: none"> 1. TAR: Prior authorization required 2. NC SNAP or SIS: Required 3. Complete, integrated PCP: recently reviewed detailing the recipient's progress with the service. Goals designed to support increasing independence (i.e., habilitative/ rehabilitative goal should be 75% of goals noted within the plan) are required. If MN dictates the need for increased service duration and frequency, consideration must be given to other services and interventions with a more intense clinical component. . Should include an expressed desire to maintain the service. 4. Evidence of IDD Eligibility: Meets IDD eligibility according to GS 122C-3 (12a), including evidence of an IDD dx before age of 22 or TBI. 5. Submission of all records that support the recipient has met the medical necessity criteria. 	<p><u>Length of Stay:</u> Request length of stay can be for up to one calendar year or the end of the PCP (whichever comes first).</p> <p><u>Units:</u> 1. One unit = 1 day</p> <p><u>Age Group:</u> Adolescents & Adults (age 16 or older)</p> <p><u>Level of Care:</u> SNAP level 2 or SIS level C. Individuals require minimal to low levels of supervision and support in most settings. Most are dx with mild/moderate IDD and/or a related condition.</p> <p><u>Service Specifics, Limitations, & Exclusions (not all inclusive):</u></p> <ol style="list-style-type: none"> 1. No New Admissions 2. May not receive state-funded Community Living and Supports, Supported Living Periodic, DT, Personal Care Services, or State Funded Personal Care or PA. Respite can only be provided to those residing in an AFL. 3. Must not be duplicative of other state funded services the individual is receiving. 4. Relatives may not provide the service to family recipients. Relatives who own provider agencies may not provide services to family recipients. 5. Primary AFL Staff who provide service should not provide other services to the individual. 6. Cannot be used to purchase Assistive Technology Equipment. 7. May not also receive Medicaid funded residential services. 8. The site must be the primary residence of the AFL provider who receives reimbursement for the cost of care. 	<p>State Funded Residential Supports (I/DD & TBI) Service Definition</p> <p>APSM 45-2 Records Management and Documentation Manuals</p> <p>NC PCP Guidance Document</p> <p>NCDHHS NC Support Needs Assessment Profile website</p> <p>JCB #325: I/DD Eligibility for State-Funded Services</p> <p>JCB #408 State Funded Residential Supports and Supported Living Periodic Service</p> <p>State-Funded Residential Supports (RS) - (I/DD) FAQ</p>

Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
<p>Supported Employment (I/DD & TBI): Employment Stabilization Phase</p> <p>Limited funding. Not an entitlement.</p> <p><u>Code(s):</u> YP642 BF: Employment Stabilization Phase (GT eligible)</p> <p>YP642 BE: Career Planning Assessment (GT eligible)</p> <p><u>Modifier(s):</u> GT: Telehealth</p>	<p>Supported Employment services aid with choosing, acquiring, and maintaining a job for individuals for whom Competitive Integrated Employment (CIE) has not been achieved and /or has been interrupted or intermittent. Job finding should be exploring options for CIE and is not based on placement from a pool of jobs that are available or set aside specifically for individuals with disabilities. The intent of Supported Employment services is to assist individuals with developing skills to seek, obtain and maintain CIE or develop and operate a micro-enterprise. Employment positions are found based on individual preferences, strengths, and experiences.</p>	<p><u>Initial Requests (if the service was not initiated at the Pre-employment Phase):</u></p> <ol style="list-style-type: none"> TAR: Prior authorization required VR Documentation: Member must have completed the application process with VR and the Eligibility Decision outcome be documented noting ineligibility or closure for VR Services <i>prior</i> to receiving this service NC-SNAP/ SIS/ TBI Assessment/ Employment Evaluation: Required, completed by Vocational Rehabilitation (VR) Psychological, Neuropsychological, or Psychiatric Assessment: Required, must demonstrate an individual has a developmental disability as defined by G.S. 122-C-3(12a) or a TBI as defined by G.S. 122-C-3(38a) OR Physician Assessment: Required, to demonstrate an individual has a developmental disability as defined by G.S. 122-C-3(12a) without accompanying intellectual disabilities PCP/ ISP: Required, incorporating the Career Development Plan with the Career Development & Planning Assessment attached. Must include evidence the member is interested in and needs service to maintain CIE or to obtain a change in employment conditions. Service Order: Required, completed by a QP, MD/DO, LP, PA, or NP Wage Info: Required upon initiation of the ESP, at the initiation of each plan year, and at the end of the 6th month of the plan year. Evidence of Discharge Planning: to include a fade out plan, technology utilization, documentation of exhausted efforts to maximize on the job and natural supports and attempts to ensure the job fits the individual's abilities. Submission of all records that support the individual has met the medical necessity criteria. <p><u>Reauthorization Requests:</u></p> <ol style="list-style-type: none"> TAR: Prior authorization required 	<p><u>Length of Stay:</u></p> <ol style="list-style-type: none"> The ESP should end once the member has achieved satisfactory work performance or work task meets employers' expectations. The ESP does not typically exceed one calendar year. If an individual exceeds the timeframe of the employment phase, an exception request should be made. The request should include the nature of the issue that caused the timeframe not to be met and the steps to prevent the issue from recurring. After one exception for the ESP has occurred, technical assistance may be needed to reassess employment goals. <p><u>Units:</u></p> <ol style="list-style-type: none"> One unit = 15 minutes <p><u>Age Group:</u> Adolescents & Adults (age 16 or older)</p> <p><u>Place of Service:</u> A Competitive Integrated Employment HCBC setting. Cannot occur in licensed community facilities, inclusive of day programs.</p> <p><u>Service Specifics, Limitations, & Exclusions (not all inclusive):</u></p> <ol style="list-style-type: none"> Provider must complete ongoing education to the employer regarding ADA accommodations to ensure the transition from the ESP to the Long-Term Supported Employment Phase is successful and the individual's needs are met. Transportation included (exclusions apply). The ESP should not continue solely as a means of transportation. 	<p>State-Funded Supported Employment (I/DD & TBI) Service Definition</p> <p>Implementation of the Revised State-Funded Supported Employment Service Definition Communication Bulletin</p> <p>Trillium CCB #60: Changes to State Funded IDD Supported Employment codes and benefits</p> <p>APSM 45-2 Records Management and Documentation Manuals</p> <p>NC PCP Guidance Document</p>

<p>Employment Stabilization Phase (ESP): This phase includes activities that should occur when the individual has obtained CIE. Typical activities include a variety of approaches to teach the individual how to complete assigned job tasks. The goal of this service is to enable an individual to complete initial job training, develop skills necessary to maintain CIE, and successfully assimilate into the workplace. It is critical that job fading occurs early during this phase to allow the individual to develop on-the-job and natural supports.</p>	<p>2. VR Documentation: Member must have completed the application process with VR and the Eligibility Decision outcome be documented noting ineligibility or closure for VR Services <i>prior to</i> receiving this service</p> <p>3. Current NC-SNAP/ SIS/ TBI Assessment/ Employment Evaluation: Required, completed by Vocational Rehabilitation</p> <p>4. Psychological, Neuropsychological, or Psychiatric Assessment: Required, must demonstrate an individual has a developmental disability as defined by G.S. 122-C-3(12a) or a TBI as defined by G.S. 122-C-3(38a) OR Physician Assessment: Required, to demonstrate an individual has a developmental disability as defined by G.S. 122-C-3(12a) without accompanying intellectual disabilities</p> <p>5. Updated PCP/ ISP: Required, incorporating the Career Development Plan with the Career Development & Planning Assessment attached. Updated goals showing a progression in skill acquisition or a documented need for ongoing training and/or support is required. PCP/ISP must include: Member's employment integration feedback and employer's ADA accommodations. Must include evidence the member is interested in and needs service to maintain CIE or to obtain a change in employment conditions.</p> <p>6. Wage Info: Required upon initiation of the ESP, at the initiation of each plan year, and at the end of the 6th month of the plan year.</p> <p>7. Evidence of Discharge Planning: to include a fade out plan, technology utilization, documentation of exhausted efforts to maximize on the job and natural supports and attempts to ensure the job fits the individual's abilities.</p> <p>8. Evidence of Need: Evidence that continued employment supports are needed to maintain CIE or to obtain a change in job opportunities when the 1-year phase timeframe has passed.</p> <p>9. Submission of all records that support the individual has met the medical necessity criteria.</p> <p>NOTE: Member meets criteria for discharge if there is insufficient documented evidence to support the need for continued services.</p>	<p>3. Service does not cover: a) incentive payments made to an employer; b) payments that are passed through to the member; c) payments for non-Supported Employment training</p> <p>4. Cannot be used to employ and provide services to the same individual at the provider agency location.</p> <p>5. Service is not available at the same time of day as any other state funded service, Medicaid waiver service or one of the State Plan Medicaid services that works directly with the Individual.</p> <p>6. Family members or legally responsible person(s) cannot provide the service to the member.</p> <p>7. Member cannot be a HCBS Waiver members or eligible for or receiving Medicaid funded employment services (i.e., Supported Employment in Innovations Waiver & TBI Waiver, 1915(i) and 1915(b)(3) inclusive of Medicaid ICF-IID In Lieu of Services (ILOS) with employment component).</p> <p>8. Member can receive service from only one provider during an active auth period.</p> <p style="text-align: center;">Individuals NEW to the Supported Employment service must enroll in Supported Employment (Individual) and utilize the new NC TRACKS procedure code (YP642) and appropriate modifier code effective 8/1/24. Individuals CURRENTLY enrolled in Supported Employment Individual (YA390), Group (YP640) should transition to Supported Employment Individual (YP642) and the appropriate modifier and code by 8/1/24.</p>	<p>NCDHHS NC Support Needs Assessment Profile website</p> <p>JCB #325: I/DD Eligibility for State-Funded Services</p> <p>Employment Services for People with Disabilities</p>
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Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
<p>Supported Employment (I/DD & TBI): Long Term Supported Employment Phase</p> <p>Limited funding. Not an entitlement.</p> <p><u>Code(s):</u> YP642 BG: Long Term Supported Employment Phase (GT eligible)</p> <p>YP642 BE: Career Planning Assessment (GT eligible)</p> <p><u>Modifier(s):</u> GT: Telehealth</p>	<p>Supported Employment services aid with choosing, acquiring, and maintaining a job for individuals for whom Competitive Integrated Employment (CIE) has not been achieved and /or has been interrupted or intermittent. Job finding should be exploring options for CIE and is not based on placement from a pool of jobs that are available or set aside specifically for individuals with disabilities. The intent of Supported Employment services is to assist individuals with developing skills to seek, obtain and maintain CIE or develop and operate a micro-enterprise. Employment positions are found based on individual preferences, strengths, and experiences.</p> <p>Long-Term Supported Employment (LTSE)</p>	<p><u>Initial Requests (if the service was not initiated in an earlier phase):</u></p> <ol style="list-style-type: none"> TAR: Prior authorization required VR Documentation: Member must have completed the application process with VR and the Eligibility Decision outcome be documented noting ineligibility or closure for VR Services <i>prior</i> to receiving this service NC-SNAP/ SIS/ TBI Assessment/ Employment Evaluation: Required, completed by Vocational Rehabilitation (VR) Psychological, Neuropsychological, or Psychiatric Assessment: Required, must demonstrate an individual has a developmental disability as defined by G.S. 122-C-3(12a) or a TBI as defined by G.S. 122-C-3(38a) OR Physician Assessment: Required, to demonstrate an individual has a developmental disability as defined by G.S. 122-C-3(12a) without accompanying intellectual disabilities PCP/ ISP: Required, incorporating the Career Development Plan with the Career Development & Planning Assessment attached. Must include evidence the member is interested in and needs service to maintain CIE or to obtain a change in employment conditions. LTSE related to medical/ behavioral/physical support needs requires medical or behavioral records and accompanying documentation in the PCP/ISP supporting the need for individual services as the most appropriate and viable option. Service Order: Required, completed by a QP, MD/DO, LP, PA, or NP Wage Info: Required upon initiation of the ESP, at the initiation of each plan year, and at the end of the 6th month of the plan year. Evidence of Discharge Planning: to include a fade out plan, technology utilization, documentation of exhausted efforts to maximize on the job and natural supports and attempts to ensure the job fits the individual's abilities. Submission of all records that support the individual has met the medical necessity criteria. 	<p><u>Length of Stay:</u> 1. LTSE may be used on a regular basis to meet specific and detailed documented needs.</p> <p><u>Units:</u> 1. One unit = 15 minutes</p> <p><u>Age Group:</u> Adolescents & Adults (age 16 or older)</p> <p><u>Level of Care:</u></p> <p><u>Place of Service:</u> A Competitive Integrated Employment HCBC setting. Cannot occur in licensed community facilities, inclusive of day programs.</p> <p><u>Service Specifics, Limitations, & Exclusions (not all inclusive):</u></p> <ol style="list-style-type: none"> Provider must complete ongoing education to the employer regarding ADA accommodations to ensure the transition from the ESP to the Long-Term Supported Employment Phase is successful and the individual's needs are met. Transportation included (exclusions apply). The ESP should not continue solely as a means of transportation. Service does not cover: a) incentive payments made to an employer; b) payments that are passed through to the member; c) payments for non-Supported Employment training 	<p>State-Funded Supported Employment (I/DD & TBI) Service Definition</p> <p>Implementation of the Revised State-Funded Supported Employment Service Definition Communication Bulletin</p> <p>Trillium CCB #60: Changes to State Funded IDD Supported Employment codes and benefits</p> <p>APSM 45-2 Records Management and Documentation Manuals</p> <p>NC PCP Guidance Document</p> <p>NCDHHS NC Support Needs Assessment Profile website</p>

	<p>Phase: This phase includes the various activities designed to continue to support the individual in maintaining CIE. The goal of this phase is to enable an individual to work as independently as possible and prepare for reduced level of staff support. In this phase the assessment of long-term support needs will occur, which support ongoing retention, prevent job loss, or make recommendations for discharge. Detailed documentation of goals specific to long-term support needs should reflect how the services being received is preparing the individual for working as independently as possible.</p>	<p><u>Reauthorization Requests:</u></p> <ol style="list-style-type: none"> 1. TAR: Prior authorization required 2. VR Documentation: Member must have completed the application process with VR and the Eligibility Decision outcome be documented noting ineligibility or closure for VR Services <i>prior to</i> receiving this service 3. Current NC-SNAP/ SIS/ TBI Assessment/ Employment Evaluation: Required, completed by Vocational Rehabilitation 4. Psychological, Neuropsychological, or Psychiatric Assessment: Required, must demonstrate an individual has a developmental disability as defined by G.S. 122-C-3(12a) or a TBI as defined by G.S. 122-C-3(38a) OR Physician Assessment: Required, to demonstrate an individual has a developmental disability as defined by G.S. 122-C-3(12a) without accompanying intellectual disabilities 5. Updated PCP/ ISP: Required, incorporating the Career Development Plan with the Career Development & Planning Assessment attached. Updated goals showing a progression in skill acquisition or a documented need for ongoing training and/or support is required. PCP/ISP must include: Member's employment integration feedback and employer's ADA accommodations. 6. Wage Info: Required upon initiation of the ESP, at the initiation of each plan year, and at the end of the 6th month of the plan year. 7. Evidence of Discharge Planning: to include a fade out plan, technology utilization, documentation of exhausted efforts to maximize on the job and natural supports and attempts to ensure the job fits the individual's abilities. 8. Evidence of Need: Evidence that continued employment supports are needed to maintain CIE or to prevent an unfavorable change in employment. 9. Submission of all records that support the individual has met the medical necessity criteria. <p>NOTE: Member meets criteria for discharge if there is insufficient documented evidence to support the need for continued services.</p>	<ol style="list-style-type: none"> 4. Cannot be used to employ and provide services to the same individual at the provider agency location. 5. Service is not available at the same time of day as any other state funded service, Medicaid waiver service or one of the State Plan Medicaid services that works directly with the Individual. 6. Family members or legally responsible person(s) cannot provide the service to the member. 7. Member cannot be a HCBS Waiver members or eligible for or receiving Medicaid funded employment services (i.e., Supported Employment in Innovations Waiver & TBI Waiver, 1915(i) and 1915(b)(3) inclusive of Medicaid ICF-IID In Lieu of Services (ILOS) with employment component). 8. Member can receive service from only one provider during an active auth period. <p style="text-align: center;">Individuals NEW to the Supported Employment service must enroll in Supported Employment (Individual) and utilize the new NC TRACKS procedure code (YP642) and appropriate modifier code effective 8/1/24. Individuals CURRENTLY enrolled in Supported Employment Individual (YA390), Group (YP640) should transition to Supported Employment Individual (YP642) and the appropriate modifier and code by 8/1/24.</p>	<p>JCB #325: I/DD Eligibility for State-Funded Services</p> <p>Employment Services for People with Disabilities</p>
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2024-2025 State-Funded Child and Adult Non-Innovations Services Benefit Plan

Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
<p style="text-align: center;">Supported Employment (I/DD & TBI): Pre-Employment Phase</p> <p>Limited funding. Not an entitlement.</p> <p><u>Code(s):</u> YP642 BD: Pre-employment phase (GT eligible)</p> <p>YP642 BE: Career Planning Assessment (GT eligible)</p> <p><u>Modifier(s):</u> GT: Telehealth</p>	<p>Supported Employment services aid with choosing, acquiring, and maintaining a job for individuals for whom Competitive Integrated Employment (CIE) has not been achieved and /or has been interrupted or intermittent. Job finding should be exploring options for CIE and is not based on placement from a pool of jobs that are available or set aside specifically for individuals with disabilities. The intent of Supported Employment services is to assist individuals with developing skills to seek, obtain and maintain CIE or develop and operate a micro-enterprise. Employment positions are found based on individual preferences, strengths, and experiences.</p> <p>Pre-employment Phase (PEP): This phase includes but is not limited to activities that should occur prior to obtaining CIE, such as</p>	<p><u>Initial Requests:</u></p> <ol style="list-style-type: none"> 1. TAR: Prior authorization required 2. VR Documentation: Member must have completed the application process with VR and the Eligibility Decision outcome be documented noting ineligibility or closure for VR Services <i>prior to</i> receiving this service 3. NC-SNAP/ SIS/ TBI Assessment/ Employment Evaluation: Required, completed by Vocational Rehabilitation (VR) 4. Psychological, Neuropsychological, or Psychiatric Assessment: Required, must demonstrate an individual has a developmental disability as defined by G.S. 122-C-3(12a) or a TBI as defined by G.S. 122-C-3(38a) OR Physician Assessment: Required, to demonstrate an individual has a developmental disability as defined by G.S. 122-C-3(12a) without accompanying intellectual disabilities 5. PCP/ ISP: Required, incorporating the Career Development Plan with the Career Development & Planning Assessment attached. Must include evidence that the member is interested in learning about or obtaining CIE. 6. Service Order: Required, completed by a QP, MD/DO, LP, PA, or NP 7. Submission of all records that support the individual has met the medical necessity criteria. <p><u>Reauthorization Requests:</u></p> <ol style="list-style-type: none"> 1. TAR: Prior authorization required 2. VR Documentation: Member must have completed the application process with VR and the Eligibility Decision outcome be 	<p><u>Length of Stay:</u></p> <ol style="list-style-type: none"> 1. The PEP does not exceed six months in a typical situation. 2. If an individual exceeds the timeframe of the pre-employment phase, an exception request should be made. The request should include the nature of the issue that caused the timeframe not to be met and the steps to prevent the issue from recurring. 3. After one exception for the Pre-employment Phase has occurred, technical assistance may be needed to reassess employment goals. <p><u>Units:</u></p> <ol style="list-style-type: none"> 1. One unit = 15 minutes <p><u>Age Group:</u> Adolescents & Adults (age 16 or older)</p> <p><u>Level of Care:</u></p> <p><u>Place of Service:</u> A Competitive Integrated Employment HCBC setting. Cannot occur in licensed community facilities, inclusive of day programs.</p> <p><u>Service Specifics, Limitations, & Exclusions (not all inclusive):</u></p> <ol style="list-style-type: none"> 1. Provider must complete ongoing education to the employer regarding ADA accommodations to ensure the transition from the ESP to the Long-Term Supported Employment Phase is successful and the individual's needs are met. 2. Transportation included (exclusions apply). The ESP should not continue solely as a means of transportation. 	<p>State-Funded Supported Employment (I/DD & TBI) Service Definition</p> <p>Implementation of the Revised State-Funded Supported Employment Service Definition Communication Bulletin</p> <p>Trillium CCB #60: Changes to State Funded IDD Supported Employment codes and benefits</p> <p>APSM 45-2 Records Management and Documentation Manuals</p> <p>NC PCP Guidance Document</p> <p>NCDHHS NC Support Needs Assessment Profile website</p>

	<p>benefits counseling referral, career exploration, discovery, job readiness skills, and job development activities. The goal of this phase is to have the individual work ready and to assist the individual to obtain employment. Detailed documentation should reflect how the provider is preparing an individual for employment.</p>	<p>documented noting ineligibility or closure for VR Services <i>prior</i> to receiving this service 3. Current NC-SNAP/ SIS/ TBI Assessment/ Employment Evaluation: Required, completed by Vocational Rehabilitation 4. Psychological, Neuropsychological, or Psychiatric Assessment: Required, must demonstrate an individual has a developmental disability as defined by G.S. 122-C-3(12a) or a TBI as defined by G.S. 122-C-3(38a) OR Physician Assessment: Required, to demonstrate an individual has a developmental disability as defined by G.S. 122-C-3(12a) without accompanying intellectual disabilities 5. Updated PCP/ ISP: Required, incorporating the Career Development Plan with the Career Development & Planning Assessment attached. Updated goals showing a progression in skill acquisition or a documented need for ongoing training and/or support is required. PCP/ISP must include: Member's employment integration feedback and employer's ADA accommodations. Must include evidence that the member is interested in learning about or obtaining CIE. 6. Evidence of Need: Evidence that continued job development activities are needed to obtain CIE when the 6-month phase timeframe has passed. 7. Submission of all records that support the individual has met the medical necessity criteria. NOTE: Member meets criteria for discharge if there is insufficient documented evidence to support the need for continued services.</p>	<p>3. Service does not cover: a) incentive payments made to an employer; b) payments that are passed through to the member; c) payments for non-Supported Employment training 4. Cannot be used to employ and provide services to the same individual at the provider agency location. 5. Service is not available at the same time of day as any other state funded service, Medicaid waiver service or one of the State Plan Medicaid services that works directly with the Individual. 6. Family members or legally responsible person(s) cannot provide the service to the member. 7. Member cannot be a HCBS Waiver members or eligible for or receiving Medicaid funded employment services (i.e., Supported Employment in Innovations Waiver & TBI Waiver, 1915(i) and 1915(b)(3) inclusive of Medicaid ICF-IID In Lieu of Services (ILOS) with employment component). 8. Member can receive service from only one provider during an active auth period.</p> <p style="text-align: center;">Individuals NEW to the Supported Employment service must enroll in Supported Employment (Individual) and utilize the new NC TRACKS procedure code (YP642) and appropriate modifier code effective 8/1/24. Individuals CURRENTLY enrolled in Supported Employment Individual (YA390), Group (YP640) should transition to Supported Employment Individual (YP642) and the appropriate modifier and code by 8/1/24.</p>	<p>JCB #325: I/DD Eligibility for State-Funded Services</p> <p>Employment Services for People with Disabilities</p>
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Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
<p>Supported Employment Services</p> <p>Limited funding. Not an entitlement.</p> <p>Code(s): YA390: Individual</p>	<p>A service which involves arranging for and supporting paid work for an individual, age 16 or older, in a job which would otherwise be done by a nondisabled worker. The service includes intensive involvement of staff working with the individual in the work setting or in support of the individual so that the individual's employment can be maintained in a normal community environment.</p>	<p>Initial Requests:</p> <ol style="list-style-type: none"> 1. TAR: Prior authorization required 2. NC SNAP: Required 3. Service/ Tx Plan or ISP: Required 4. Assessment: Psychological, neuropsych, or psychiatric assessment w/ the appropriate testing using validated tools showing the recipient has a developmental disability according to GS 122C-3 (12a), including evidence of an IDD diagnosis prior to the age of 22. For those w/ DD but no intellectual disability, a physician assessment w/ a definitive dx and assoc, functional limitations is acceptable. <p>Reauthorization Requests:</p> <ol style="list-style-type: none"> 1. TAR: Prior authorization required 2. NC SNAP: Required 3. Service/ Tx Plan or ISP: recently reviewed detailing the recipient's progress with the service. 4. Evidence of IDD Eligibility: Meets IDD eligibility according to GS 122C-3 (12a), including evidence of an IDD dx before age of 22. 	<p>Length of Stay:</p> <ol style="list-style-type: none"> 1. Request length of stay can be for up to one calendar year or the end of the PCP (whichever comes first). 2. No more than 30 hours (120 units) per week (6240 units per year) <p>Units:</p> <ol style="list-style-type: none"> 1. One unit = 15 minutes <p>Age Group: Adolescents & Adults (age 16 or older)</p> <p>Level of Care: NC SNAP Overall Level of Eligible Support of 1 or higher</p> <p>Individuals CURRENTLY enrolled in Supported Employment Individual (YA390), Group (YP640) should transition to Supported Employment Individual (YP642) and the appropriate modifier and code by August 1, 2024.</p>	<p>State Funded MH/DD/SA Service Definition</p> <p>Trillium CCB #60: Changes to State Funded IDD Supported Employment codes and benefits</p> <p>APSM 45-2 Records Management and Documentation Manuals</p> <p>NC PCP Guidance Document</p> <p>NCDHHS NC Support Needs Assessment Profile website</p> <p>JCB #325: I/DD Eligibility for State-Funded Services</p> <p>Employment Services for People with Disabilities website</p>

Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
<p>Supported Employment Services</p> <p>Limited funding. Not an entitlement.</p> <p>Code(s): YP640: Group</p>	<p>A service which involves arranging for and supporting paid work for an individual, age 16 or older, in a job which would otherwise be done by a nondisabled worker. The service includes intensive involvement of staff working with the individual in the work setting or in support of the individual so that the individual's employment can be maintained in a normal community environment.</p>	<p>Initial Requests:</p> <ol style="list-style-type: none"> 1. TAR: Prior authorization required 2. NC SNAP: Required 3. Service/ Tx Plan or ISP: Required 4. Assessment: Psychological, neuropsych, or psychiatric assessment w/ the appropriate testing using validated tools showing the recipient has a developmental disability according to GS 122C-3 (12a) or TBI as defined in G.S. 122-C- 3(38a), including evidence of an IDD diagnosis prior to the age of 22. For those w/ DD but no intellectual disability, a physician assessment w/ a definitive dx and assoc, functional limitations is acceptable. <p>Reauthorization Requests:</p> <ol style="list-style-type: none"> 1. TAR: Prior authorization required 2. NC SNAP: Required 3. Service/ Tx Plan or ISP: recently reviewed detailing the recipient's progress with the service. 4. Evidence of IDD Eligibility: Meets IDD eligibility according to GS 122C-3 (12a), including evidence of an IDD dx before age of 22 or TBI. 	<p>Length of Stay:</p> <ol style="list-style-type: none"> 1. Request length of stay can be for up to one calendar year or the end of the PCP (whichever comes first). 2. No more than 40 hours (160 units) per fiscal year <p>Units:</p> <ol style="list-style-type: none"> 1. One unit = 15 minutes <p>Age Group: Adolescents & Adults (age 16 or older)</p> <p>Level of Care: NC SNAP Overall Level of Eligible Support of 1 or higher</p> <p>Individuals CURRENTLY enrolled in Supported Employment Individual (YA390), Group (YP640) should transition to Supported Employment Individual (YP642) and the appropriate modifier and code by August 1, 2024.</p>	<p>State Funded MH/DD/SA Service Definition</p> <p>Trillium CCB #60: Changes to State Funded IDD Supported Employment codes and benefits</p> <p>APSM 45-2 Records Management and Documentation Manuals</p> <p>NC PCP Guidance Document</p> <p>NCDHHS NC Support Needs Assessment Profile website</p> <p>JCB #325: I/DD Eligibility for State-Funded Services</p> <p>Employment Services for People with Disabilities</p>

Service & Code	Brief Service Description	Auth Submission Requirements	Authorization Parameters	Source
<p>Supported Living Periodic (IDD & TBI)</p> <p>Limited funding. Not an entitlement.</p> <p><u>Code(s):</u> YM854</p>	<p>The service enables an individual to live in their own home with support from an agency that provides individualized assistance in a home that is under the control and responsibility of the individual. The service includes direct assistance as needed with activities of daily living, household chores essential to the health and safety of the individual, budget mngmnt, attending appointments, and interpersonal and social skill building to enable the individual to live in a home in the community. Expected outcomes include increasing the Individual's life skills and independent living skills, maximizing self-sufficiency, increasing self-determination, and ensuring the individual's opportunity to have full membership in their community as defined within the PCP and ISP goals.</p>	<p><u>Initial Requests:</u></p> <ol style="list-style-type: none"> 1. TAR: Prior authorization required 2. NC SNAP/ SIS/ TBI Assessment: Required 3. Assessment: Psychological, neuropsych, or psychiatric assessment w/ the appropriate testing using validated tools showing the recipient has a developmental disability according to GS 122C-3 (12a) or TBI as defined in G.S. 122-C- 3(38a), including evidence of an IDD diagnosis prior to the age of 22. For those w/ DD but no intellectual disability, a physician assessment w/ a definitive dx and assoc, functional limitations is acceptable. 4. PCP or ISP: Required. An integrated plan inclusive of all providers/ services is required. Should include an expressed desire to obtain the service. 5. Service Order: Required. 6. Submission of all records that support the recipient has met the medical necessity criteria. <p><u>Reauthorization Requests:</u></p> <ol style="list-style-type: none"> 1. TAR: Prior authorization required 2. NC SNAP/ SIS/ TBI Assessment: Required 3. PCP or ISP: recently reviewed detailing the recipient's progress with the service. An integrated plan inclusive of all providers/ services is required. Should include an expressed desire to maintain the service. 4. Evidence of IDD Eligibility: Meets IDD eligibility according to GS 122C-3 (12a), including evidence of an IDD dx before age of 22 or a TBI dx per G.S. 122C-3(38a). 5. Submission of all records that support the recipient has met the medical necessity criteria. 	<p><u>Length of Stay:</u></p> <ol style="list-style-type: none"> 1. May not exceed 28 hours (112 units) per week 2. Request can be for up to 12 months. <p><u>Units:</u> One unit = 15 minutes</p> <p><u>Age Group:</u> Adults (age 18 or older)</p> <p><u>Level of Care:</u> NC SNAP Overall Level of Eligible Support of 2or lower OR SIS: Level B or lower OR TBI Assessment requiring a low level of supervision and support in most settings.</p> <p><u>Service Limitations/ Exclusions (not all inclusive):</u></p> <ol style="list-style-type: none"> 1. May not receive state-funded CL&S, Residential Supports, DT, Personal Care Services, State Plan Personal Care or PA. Respite can only be provided to those residing in an AFL. 2. Shall not be provided in a home where an individual lives with family recipients unless such family recipients are an individual receiving Supported Living, a spouse, or a minor child. 3. Relatives, and Relatives who own provider agencies, may not provide the service to family recipients. 5. Provider shall not own the home or have any authority to require the individual to move if the individual changes service providers. 6. No more than 3 people can live or receive Supported Living Periodic service in the same household. Lease requirements apply. 	<p>State-Funded Supported Living Periodic (I/DD & TBI) Service Definition</p> <p>APSM 45-2 Records Management and Documentation Manuals</p> <p>NC PCP Guidance Document</p> <p>JCB #325: I/DD Eligibility for State-Funded Services</p> <p>JCB #408 State Funded Residential Supports and Supported Living Periodic Service</p> <p>State-Funded Supported Living Periodic (SLP) - (I/DD & TBI) FAQs</p>