

Transforming Lives. Building Community Well-Being.

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

Service Code(s): Services Included (Sorted by Alphabetical Order):

YP620 Adult Developmental Vocational Program

YM851, YM852 Community Living and Support

YM590 <u>Day Supports - Group</u>

YA389 Long-Term Vocational Support Services

YP012, YP013, YP014, YP015 Respite Services

YM846 Residential Supports (I/DD)

YP642 BF, YP642 BE Supported Employment (I/DD & TBI): Employment Stabilization Phase

YP642 BG, YP642 BE Supported Employment (I/DD & TBI): Long Term Supported Employment Phase

YP642 BD, YP642 BE Supported Employment (I/DD & TBI): Pre-Employment Phase

YM854 Supported Living Periodic (IDD & TBI)

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.





#### **Person-Centered Plan Requirements & Guidance**

Providers can use the PCP template or develop their own template, but the PCP <u>must</u> 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 <u>NCDHHS Person-Centered Planning Training</u> webpage (PCP Guide). See the <u>JCB #445 Timelines for Implementation</u> for the implementation requirements for the new PCP guidance and templates.

#### <u>Life Domains</u> (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)

Revised: 10-29-2024

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)

Revised: 10-29-2024

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	Authorization Parameters	Source
Service & Code	Brief Service Description	Requirements	Authorization i arameters	Jource
	A day/night service which	Initial & Reauthorization Requests:	Length of Stay:	State Funded
Adult	provides organized	1. TAR: Prior authorization required.	Maximum is up to 8 hours/day	MH/DD/SA
Developmental	developmental activities for	2. NC SNAP or SIS: Required	(32 units), up to 5 days per	Service Definition
Vocational	individuals with	3. Assessment: Psychological, neuropsych, or psychiatric	week (160 units/wk or 8256	
Program (ADVP)	intellectual/developmental	assessment w/ the appropriate testing using validated	units/yr)	APSM 45-2
Services	disabilities to prepare the	tools showing the recipient has a developmental disability		Records
	individual to live and work	according to GS 122C-3 (12a) or TBI as defined in G.S.	<u>Units:</u>	Management and
Limited funding. Not	as independently as	122-C- 3(38a), including evidence of an IDD diagnosis	1. One unit = 15 minutes	<b>Documentation</b>
an entitlement.	possible. The activities and	prior to the age of 22. For those w/ DD but no intellectual		<u>Manuals</u>
	services of ADVP are	disability, a physician assessment w/ a definitive dx and	Age Group: Adolescents &	
Code(s): YP620	designed to adhere to the	assoc, functional limitations is acceptable.	Adults (age 16 or older)	NC PCP Guidance
	principles of normalization	4. Service/ Tx Plan or ISP: Required		<u>Document</u>
	and community integration.	5. Medicaid Application: Required w/in the 30 days of	Level of Care: NC SNAP	
	This service is available for	authorization. Evidence of individual applying for	Overall Level of Eligible	NCDHHS NC
	a period of three or more	Medicaid or update on application status.	Support of 1 or higher	Support Needs
	hours per day; although,	<b>6.</b> Submission of applicable records that support the		<u>Assessment</u>
	an individual may attend	individual has met the medical necessity criteria.	Service Specifics,	Profile website
	for fewer than three hours.		<u>Limitations, &amp; Exclusions</u>	
		Reauthorization Requests:	(not all inclusive):	JCB #325: I/DD
		1. TAR: prior authorization required.	1. Only available to legacy	Eligibility for State-
		2. Service/ Tx Plan or ISP: recently reviewed detailing the	Eastpointe and Sandhills	Funded Services
		individual's progress with the service.	recipients	
		3. Medicaid Application: Required w/in the 30 days of		Competitive,
		authorization. Evidence of individual applying for		Integrated
		Medicaid or update on application status.		Employment
		4. Submission of applicable records that support the		Memo
		individual has met the medical necessity criteria.		

Service &	Brief Service	Auth Submission	Authorization Parameters	Source
Code	Description	Requirements		
	Community Living	Initial Requests:	Length of Stay:	State-Funded
Community	and Support is an	1. TAR: Required, submitted by a QP	1. Initial & Reauth: Up to 28 hours (112 units)	Community
Living and	individualized	2. NC SNAP/ SIS/ TBI Assessment: Required	per week / 1456 hours (5824 units) per year	Living &
Support	service that	3. Assessment: Psychological, neuropsych, or psychiatric	2. May not exceed 15 hours per week (60 units)	<u>Support</u>
(CLS)	enables individuals	assessment w/ the appropriate testing using validated tools	when school is in session for individuals under	10011 15 0
	3 years of age or	showing the recipient has a developmental disability	22 years of age who have not graduated,	APSM 45-2
Limited	older to live	according to GS 122C-3 (12a) or TBI as defined in G.S.	regardless of their enrollment status.	Records
funding. Not	successfully in their	122-C- 3(38a), including evidence of an IDD diagnosis prior	3. Request length of stay can be for up to one	Management
an	own home, the	to the age of 22. For those w/ DD but no intellectual	calendar year or the end of the PCP (whichever	and
entitlement.	home of their family	disability, a physician assessment w/ a definitive dx and	comes first).	Documentation
	or natural supports	assoc, functional limitations is acceptable.		<u>Manuals</u>
Code(s):	and be an active	<b>4.</b> PCP or ISP: Required, to include an expressed desire to	Units:	
YM851:	recipient of their	obtain the service.	One unit = 15 minutes	NC PCP
Individual	community. A	5. Service Order: Required, signed by a QP, physician,		Guidance
\/14050	paraprofessional	licensed psychologist, PA, or NP	Age Group: Children/ Adolescents & Adults	<u>Document</u>
YM852:	assists the	6. Medicaid Application: Required w/in the 30 days of		NODLILIONO
Group	individual to learn	authorization. Evidence of individual applying for Medicaid	Level of Care: SNAP: Overall Level of Eligible	NCDHHS NC
	new skills and/or	or update on application status.	Support of 3 or higher OR SIS: Level D or	Support Needs
The GT	supports the	7. Submission of all records that support the recipient has	higher OR TBI Assessment requiring a	Assessment
(Telehealth)	individual in	met the medical necessity criteria.	moderate to high level of supervision and	Profile website
modifier can	activities that are	Reauthorization Requests:	support in most settings.	105 4005
be used with	individualized and	1. TAR: Required, submitted by a QP		JCB #325:
all these	aligned with their	2. NC SNAP/ SIS/ / TBI Assessment: Required	Service Specifics, Limitations, & Exclusions	I/DD Eligibility
service code.	preferences.	3. PCP or ISP: recently reviewed detailing the recipient's	(not all inclusive):	for State-
	Community Living	progress with the service, to include an expressed desire to	1. No New Admissions	Funded
	and Support	maintain the service. If there is a need for increased	2. May not be provided during the same auth	<u>Services</u>
	provides technical	service duration and frequency, clinical consideration must	period as Innovations Waiver services, (b)(3)	
	assistance to	be given to other services with a more intense clinical	day services, or Medicaid 1915i services or In	
	unpaid supports	component.	Lieu of Services (ILOS) which include a	
	who live in the	4. Evidence of IDD Eligibility: Meets IDD eligibility according	meaningful day component.	
	home of the	to <u>GS 122C-3 (12a)</u> , including evidence of an IDD dx before	3. Must not be duplicative of other state funded	
	individual to assist	age of 22 or a TBI dx per <u>G.S. 122C-3(38a)</u> .	services the individual is receiving.	
	the individual to	5. Medicaid Application: Required w/in the 30 days of	4. Those receiving CL&S may not receive any	
	maintain the skills	authorization. Evidence of individual applying for Medicaid	residential services or Supported Living	
	they have learned.	or update on application status.	Periodic.	
		<b>6.</b> Submission of all records that support the recipient has	<b>5.</b> Services may not be provided in the home of	
		met the medical necessity criteria.	provider staff.	



Service &	Brief Service	Auth Submission	Authorization Parameters	Source
Code	Description	Requirements	Authorization Parameters	Source
	Day Supports is a	Initial Requests:	Length of Stay:	State-Funded
Day	group service that	1. TAR: Prior authorization required	1. Initial & Reauth: Up to 30 hours (120 units)	Day Supports
Supports –	provides assistance to	2. NC SNAP/ SIS: Required	per week / 1560 hours (6240 units) per year	(I/DD & TBI)
Group	recipients with	<b>3.</b> Assessment: Psychological, neuropsych, or psychiatric	2. Max of 3 hrs/day (12 units) on school days	
(I/DD & TBI)	acquisition, retention,	assessment w/ the appropriate testing using validated tools	for recipients 16 – 22 years of age who have	<u>Joint</u>
	or improvement in	showing the recipient has a developmental disability	not graduated from school, regardless of their	Communicati
Limited	socialization and daily	according to GS 122C-3 (12a) or TBI as defined in G.S.	enrollment status.	on Bulletin #
funding. Not	living skills and is one	122-C- 3(38a), including evidence of an IDD diagnosis prior		J396: State-
an	option for a	to the age of 22. For those w/ DD but no intellectual	Units:	Funded Day
entitlement.	meaningful day. This	disability, a physician assessment w/ a definitive dx and	One unit = 15 minutes	<u>Supports</u>
	service has historically	assoc, functional limitations is acceptable.		<u>Service</u>
Code(s):	been a facility-based	<b>4.</b> PCP or ISP: Required, w/ an expressed desire to obtain	Age Group: Adolescents & Adults (age 16 or	
YM590	service. However,	this service. Prevoc interventions must have employment-	older)	State-Funded
(Group)	person centered	related goal.		Day Supports
	practices should be	5. Service Order: Required, signed by a QP, physician,	Level of Care: SNAP: Overall Level of	(DS) - I/DD
	utilized to determine	licensed psychologist, PA, or NP	Eligible Support of 2 or higher OR SIS: Level	and TBI
	the appropriate	<b>6.</b> Medicaid Application: Required w/in the 30 days of	C or higher OR TBI Assessment requiring	<u>FAQs</u>
	amount of time to be	authorization. Evidence of individual applying for Medicaid	minimum to low level of supervision and	
	spent on site, verses	or update on application status.	support in most settings.	APSM 45-2
	out in the community.	7. Submission of all records that support the recipient has		<u>Records</u>
	Day Supports	met the medical necessity criteria.	Service Specifics, Limitations, &	<b>Management</b>
	emphasizes inclusion		Exclusions (not all inclusive):	<u>and</u>
	and independence	Reauthorization Requests:	1. May not be provided to HCBS Waiver	<b>Documentati</b>
	with a focus on	1. TAR: Prior authorization required	recipients or individuals receiving I/DD or TBI	on Manuals
	enabling the recipient	2. NC SNAP/ SIS: Required	related (b)(3) meaningful day services (i.e.,	
	to attain or maintain	3. Service Order: Required, valid for one calendar year	Individual Supports, Innovations look-alike	NC PCP
	maximum self-	based on date of original PCP/ISP service order.	services) or Medicaid In Lieu of Services	Guidance
	sufficiency, increase	<b>4.</b> PCP or ISP: recently reviewed detailing the recipient's	(ILOS) with meaningful day component.	<b>Document</b>
	self-determination and	progress with the service. If there is a need for increased	2. Must not be duplicative of other state	
	enhance the	service duration and frequency, clinical consideration must	funded services	JCB #325:
	recipient's opportunity	be given to other services with a more intense clinical	<b>3.</b> May not be provided in a residential setting.	<u>I/DD</u>
	to have a meaningful	component. Require an expressed desire to obtain or	4. Payment does not include payments made	Eligibility for
	day.	maintain this service. Prevocational interventions must	directly to recipients of the individual's	State-Funded
	_	have employment-related goal.	immediate family.	Services
		5. Evidence of IDD Eligibility: Meets IDD eligibility	5. CLS and ADVP can be auth'd at the same	
		according to GS 122C-3 (12a), including evidence of an	time as this service, but they cannot be	
		IDD dx before age of 22 or a TBI dx per G.S. 122C-3(38a).	provided at the same time of day.	



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.	

Service & Code	Brief Service	Auth Submission	Authorization	Course
Service & Code	Description	Requirements	Parameters	Source
	Service begins after the	Initial Requests:	Length of Stay: Request	State Funded
IDD Long-Term	intensive phase of job	1. TAR: Prior authorization required	length of stay can be for	MH/DD/SA
Vocational	coaching funded through	2. NC SNAP or SIS: Required	up to one calendar year	Service Definition
Support Services	the Division of	3. Assessment: Psychological, neuropsych, or psychiatric eval w/	or the end of the PCP	
(Extended	Vocational Rehabilitation	appropriate testing indicating the recipient meets ICF/IID criteria for	(whichever comes first).	APSM 45-2
Services)	ends. Long Term	<u>IDD services</u> , including evidence of an IDD dx before age of 22.		Records
	Vocational Support	<b>4.</b> Service/ Tx Plan or ISP: Required, must include a statement	<u>Units:</u>	Management and
Limited funding.	includes services	where the recipient "verbalizes desire to work" and a preference for	1. One unit = 15 minutes	<b>Documentation</b>
Not an	provided to or on behalf	on-going support. Goals must include recipient specific needs/	<b>2.</b> Up to 40 hours (160	<u>Manuals</u>
entitlement.	of the individual both on	deficits coupled to specific interventions that address those needs/	units) annually	
	and off the job site to	deficits.		NC PCP Guidance
Code(s): YA389	ensure ongoing	<b>5.</b> Medicaid Application: Required w/in the 30 days of authorization.	Age Group: Adolescents	<u>Document</u>
	employment success	Evidence of individual applying for Medicaid or update on	& Adults (age 16 or older)	
	and career growth. The	application status.		NCDHHS NC
	individual participates in		Level of Care: NC SNAP	Support Needs
	choosing the type of	Reauthorization Requests:	Overall Level of Eligible	Assessment
	Long-Term Vocational	1. TAR: Prior authorization required.	Support of 1 or higher	Profile website
	Support Services, the	2. NC SNAP or SIS: Required		
	manner of its delivery,	3. Service/ Tx Plan or ISP: recently reviewed detailing the	Individuals	JCB #325: I/DD
	and the people who will	recipient's progress with the service. M ust include a statement	CURRENTLY enrolled in	Eligibility for State-
	provide it, both on and	where the recipient "verbalizes desire to work" and a preference for	IDD Long-Term	Funded Services
	off the job site.	on-going support. Goals must include recipient specific needs/	Vocational Support	
		deficits coupled to specific interventions that address those needs/	Services (YA389) must	
		deficits.	transition to Supported	
		4. Evidence of IDD Eligibility: Meets IDD eligibility according to GS	<b>Employment Individual</b>	
		122C-3 (12a), including evidence of an IDD dx before age of 22 or	(YP642) and the	
		<u>TBI</u> .	appropriate modifier	
		<b>5.</b> Medicaid Application: Required w/in the 30 days of authorization.	and code by August 1,	
		Evidence of individual applying for Medicaid or update on	2024.	
		application status.		



Service & Code Code Respite Respite Respite Services Respite Respite Services Respite Respite Services Respite Services Respite Services Respite Services Respite Services Services Respite Services Services Services Services Services Services Services Service services Service Services Servic	0	D-1-1-0	And Only in the		
Respite services provide periodic support and relief to the primary caregiver(s) from the reponsibility and stress of caring for entitlement.  Code(s): YP012: Individual-Individual-Child  Adult  YP013: Group - Child  PY013: Group - Child  This service is a periodic service. This service is and to have planned breaks in caregiving. Child  This service is a periodic service. Primary caregiver emergency based,  This service is a periodic service. Primary caregiver emergency based,  This service is a periodic service. Primary caregiver emergency based,  This service is a periodic service. Primary caregiver emergency based,  This service is a periodic service. Primary regregiver must maintain their primary residence at the same address as th				Authorization Parameters	Source
Respite Services  Provide periodic Support and relief to the primary are quirey(s) from the responsibility and stress of caring for the recipient. This service enables the primary caregiver(s), when other natural Individual - Adult  PVP013: Group - Adult  PVP014: Individual - Adult  PVP015: Group - Child  PVP016: This Group - Child  PVP017: Group - Child  PVP018: This service is a periodic service.  PChild  PVP018: Group - Child  PChild  PChi	Code			Lough of Otom	Otata Finadad
Services Limited the primary caregiver(s) from the responsibility and stress of caring for entitlement.  Code(s): YP012: Individual- Adult YP013: Group - Child  Application Service, primary caregiver(s), panned or entitlement.  YP013: Group - Child  This service are Caregiver emergency based).  This service is a periodic service. This service is a periodic service. Primary caregiver must maintain their  This service is a periodic service. Primary caregiver must maintain their primary residence at the same address as  The service are does an of the very caregiver must maintain their primary residence at the same address as  Level for the primary caregiver(s), or psychiatric eval w appropriate testing indicating the recipient meets ICF/IID criteria for IDD services, inclusive of action primary pri	Doonite				
Limited funding. Not an entitlement. Code(s): sproft2: when other natural individual - Adult with a caregiver(s), when other natural individual - Adult with a caregiver(s), when other natural individual - Adult with a caregiver of periodic, planned or emergency events, and to have planned individual - Child expert emergency events, and to have planned forbidual - Child expert emergency events, and to have planned for overright, weekend care, or emergency care (caregiver emergency based).  This service is a periodic service. Primary caregiver in the medical necessity criteria.  Reauthorization Required: TAR must be completed by a QP 2. Evidence of individual is the medical necessity criteria.  Reauthorization Required: TAR must be completed by a QP 2. Evidence of individual is primary caregiver(s), experior must maintain their primary caregiver.  Junits: 1. One unit = 15 minutes  Age Group: Children/ Adolescents & Adults (with I/DD or TBI)  Age Group: Children/ Adolescents & Adults (with I/DD or TBI)  Age Group: Children/ Adolescents & Adults (with I/DD or TBI)  Age Group: Children/ Adolescents & Adults (with I/DD or TBI)  Age Group: Children/ Adolescents & Adults (with I/DD or TBI)  Age Group: Children/ Adolescents & Adults (with I/DD or TBI)  Age Group: Children/ Adolescents & Adults (with I/DD or TBI)  NC PCP Guidance  Document day pass-through is available only once per state fiscal year.  J. Description that there are no other natural resources or support available to the primary caregiver to provide the necessary relief of substitute care.  S. Svervice Order: Signed by a MD/ DO, LP, PA, or NP. For the I/DD population also a QP.  Child Child Children and nout-of-homes and out-of-homes are periodic service.  This service is a periodic service.  Primary caregiver:  This service is a periodic service.  Primary caregiver:  1. TAR: Prior auth required; TAR must be completed by a QP and the primary caregiver or responsibility and stress of carried from the responsibility and stress of caregiver from the primary c	•				
Limited funding. Not an entitlement. Ecode(s): YPD12: Individual - Individual - Adult entire or participate in periodic, planned or emergency events. Child entire in and out-of-home services, inclusive of - Child entire in an out-of-home services, inclusive of - Child entire emergency based). This service is a periodic service. Primary caregiever must maintain their primary residence at the same address as enaddress as enabled the primary residence at the same address as enaddress as enaddress as enaddress as enaddress as enaddress as enabled the primary residence at the same address as enables the responsibility and stress of caring for IDD services, including evidence of an IDD dx before age of 22 or TBI, an exam noting a TBI dx per discription (22. For TBI, an exam noting a TBI dx per discription (25. Table, and not not intellectual disability, a physician assessment w/ a definitive dx and assoc, functional disabilitions is acceptable.  1. One unit = 15 minutes  Adult (with I/DD or TBI)  1. In an urgent or emergent Exception:  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 is available only once per state fiscal year.  3. Discumentation that the primary caregiver to provide the necessary relief of substitute care.  5. Service Order: Signed by a MD/ DO, LP, PA, or NP. For the primary caregiver of a periodic service.  1. This service is a periodic service.  2. This service is a periodic service.  3. Discumentation that the primary caregiver of provide the r	Services	• •		liscal year	Services
funding. Not an stress of caring for the recipient. This service enables the primary caregiver(s), when other natural ndividual - Adult supports are unavailable, to assist with caregiving, to meet or participate in periodic, planned or emergency events, and to have planned horaks in caregiving. Child  PYP013: Group - Child  PYP014: Respite may include in and out-of-home services, inclusive of overnight, weekend care, or emergency based).  This service is a periodic service. Primary caregiver must maintain their primary residence at the same address as as caregiving OR the individual needs periodic support and relief from the responsibility and stress of caring at 8 to before age of 22. For TBIs, an exam noting a TBI dx per dischalled at the same address as as defense.  1. One unit = 15 minutes  Age Group; Children/ Adolescents & Adults (with I/DD or TBI)  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 is permitted.  2. Written auth required after this pass-through is permitted.  2. Written auth required after this pass-through is permitted.  3. This pass-through is permitted.  3. This pass-through is permitted.  4. Documentation that there are no other natural resources or pudate on application status.  5. Service Order: Signed by a MD/ DO, LP, PA, or NP. For authorization. Evidence of individual applying for Medicaid or pudate on application status.  6. Complete PCP: Required  7. Medicaid Application: Required w/in the 30 days of authorization Required will inclusive):  1. Tark: Prior auth required; TAR must be completed by a CP 2. Evidence of IDD or TBI  8. Submission of all records that support the recipient has met the medical necessity criteria.  8. Submission of all records that support and relief from the responsibility and stress of authorization Required after this pass-through is permitted.  2. Written auth required after this pass-through is	l insite d			Huita.	ADOM 45 O
stress of caring for the recipient. This service enables the primary caregiver(s), YPD12: Individual - Adult					
entitlement.  the recipient. This service enables the Code(s): YP012: Individual - Adult				1. One unit = 15 minutes	
Service enables the primary caregiver(s), YP012: Individual - Adult unavailable, to assist with caregiving, to meet or participate in periodic, planned or emergency events, and to have planned Individual - Child PP013: Group – Child PP013: Group – Child This service is a periodic service. Primary caregiver must maintain their primary caregiver must maintain their primary caregiver.  Service enables the primary caregiver(s), assoc, functional limitations is acceptable.  3. Documentation that ther 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 responsibility and stress of caregiving OR the individual needs periodic support and relief from the responsibility and stress of to acregiving OR the individual needs periodic support and relief from the responsibility and stress of to acregiver (s) need periodic support and relief from the responsibility and stress of the individual needs periodic support and relief from the responsibility and stress of the individual needs periodic support and relief from the responsibility and stress of the individual needs periodic support and relief from the responsibility and stress of the individual needs periodic support and relief from the responsibility and stress of the individual needs periodic support and relief from the responsibility and stress of the individual needs periodic support and relief from the responsibility and stress of the individual needs periodic support and relief from the responsibility and stress of the primary caregiver (s) need periodic support and relief from the responsibility and stress of the primary caregiver (s) need periodic support and relief from the responsibility and stress of the primary caregiver (s) need periodic support and relief from the responsibility and stress of the primary caregiver (s) need periodic support and relief from the responsibility and stress of the primary caregiver (s) need periodic support and relief fro				Age Creum, Children / Adelegaente 9	
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when other natural supports are unavailable, to assist with caregiving, to meet or participate in periodic, planned or emergency events, and to have planned Individual - Child PP013: Group - Child PP014: Individual received in and out-of-home services, inclusive of overnight, weekend care, or emergency exered (caregiver emergency based).  This service is a periodic service. Primary caregiver authorization Requests:  This service is a periodic service. Primary caregiver authorization that the primary caregiver on provide the necessary relief of substitute care. Service Order: Signed by a MD/ DO, LP, PA, or NP. For the I/DD population also a QP.  The foliation of the primary caregiver on the primary caregiver to provide the necessary relief of substitute care.  Service Order: Signed by a MD/ DO, LP, PA, or NP. For the I/DD population also a QP.  Medicaid Application: Required w/in the 30 days of authorization. Evidence of individual applying for Medicaid or update on application status.  Service Specifics, Limitations, & Exclusions (not all inclusive):  1. In an urgent or emergent situation requiring a verbal auth, up to 192 units (48  4. Documentation that there are no other natural resources or support and relief from the primary caregiver.  4. Documentation that there are no other natural resources or support and relief from the primary caregiver.  4. Documentation that there are no other natural resources or support and relief from the responsibility and stress of are giving OR the individual applying for Medicaid or update on application status.  Service Specifics, Limitations, & Exclusions (not all inclusive):  1. Respite may not be provided by relatives, legal guardians, or individual if they live in the same home.  2. Individual restriction of early applications from the responsibility and stress of caregiving OR the individual needs periodic support and relief from the responsibil	Codo(o)			Addits (With I/DD of TBI)	
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With caregiving, to meet or participate in periodic, planned or emergency events, and to have planned breaks in caregiving - Child  Py013: Group - Child  With caregiving, to meet or participate in periodic, planned or emergency events, and to have planned breaks in caregiving. Child  Py014: Respite may include in and out-of-home services, inclusive of overnight, weekend care, or emergency based).  Py013: Group - Child  This service is a periodic service. Primary caregiver must maintain their primary residence at the same address as from the primary caregiver.  With caregiving, to meet or participate in periodic, planned or support available to the primary caregiver to provide the periodic provide the primary caregiver to provide the periodic support available to the primary caregiver to provide the periodic to pupor available to the primary caregiver to provide the periodic support available to the primary caregiver to provide the primary care					
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the same address as from the primary caregiver. than 8 hours per day).					
		the recipient.		3. The following are not covered: Formal	
support available to the primary caregiver to provide the habilitation goals; Services provided to		•	support available to the primary caregiver to provide the		
necessary relief of substitute care. teach academics/ education substitutes;					
5. Complete PCP: Required Payment for room and board.				Payment for room and board.	
6. Medicaid Application: Evidence of individual applying for				-	
Medicaid or update on application status.					



	ion of all records that support the recipient has dical necessity criteria.	<b>4.</b> Individuals eligible for MCD Respite (including exhausted MCD Respite) are not eligible for State-funded Respite.	
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Service &		Auth Submission		
Code	<b>Brief Service Description</b>	Requirements	Authorization Parameters	Source
	Residential Supports	Initial Requests:	Length of Stay:	State Funded
Residential	provides individualized	1. TAR: Prior authorization required	Request length of stay can be for up to one	Residential
Supports	services and supports to	2. NC SNAP or SIS: Required	calendar year or the end of the PCP	Supports (I/DD &
(I/DD)	enable an individual to live	3. Assessment: Psychological, neuropsych, or	(whichever comes first).	TBI) Service
, ,	successfully in a licensed	psychiatric eval w/ appropriate testing indicating the	Units:	Definition
Limited	Supervised Living facility	recipient meets ICF/IID criteria for IDD services,	1. One unit = 1 day	
funding. Not	or an unlicensed AFL	including evidence of an IDD dx before age of 22.	Age Group: Adolescents & Adults (age 16 or	APSM 45-2
an	setting of their choice and	For TBI, an exam noting a TBI dx per G.S. 122C-	older)	Records
entitlement.	be an active participant in	3(38a). For those w/ DD but no intellectual disability,	Level of Care: SNAP level 2 or SIS level C.	Management and
	the community. The	a physician assessment w/ a definitive dx and	Individuals require minimal to low levels of	Documentation
Code(s):	individual requires this	assoc, functional limitations is acceptable.	supervision and support in most settings.	Manuals
YM846:	service to learn and	4. Service Order: Required	Most are dx with mild/moderate IDD and/or a	
Level 1	practice new skills and	5. Complete, integrated PCP: Required, w/ goals	related condition.	NC PCP
	improve existing skills to	designed to support increasing independence (i.e.,	Service Specifics, Limitations, &	Guidance
	assist the individual in	habilitative/ rehabilitative goal should be 75% of	Exclusions (not all inclusive):	<u>Document</u>
	increasing their level of	goals noted within the plan). Should include an	1. No New Admissions	
	independence for the I/DD	expressed desire to obtain the service.	2. May not receive state-funded Community	NCDHHS NC
	population. For the TBI	6. Submission of all records that support the	Living and Supports, Supported Living	Support Needs
	population, the service	recipient has met the medical necessity criteria.	Periodic, DT, Personal Care Services, or	<u>Assessment</u>
	includes training and		State Funded Personal Care or PA. Respite	Profile website
	support for relearning	Reauthorization Requests:	can only be provided to those residing in an	
	skills, developing	1. TAR: Prior authorization required	AFL.	JCB #325: I/DD
	compensatory strategies	2. NC SNAP or SIS: Required	3. Must not be duplicative of other state	Eligibility for
	and practicing new skills	<b>3.</b> Complete, integrated PCP: recently reviewed	funded services the individual is receiving.	State-Funded
	and for improvement of	detailing the recipient's progress with the service.	<b>4.</b> Relatives may not provide the service to	<u>Services</u>
	existing skills to assist the	Goals designed to support increasing independence	family recipients. Relatives who own provider	
	individual to complete	(i.e., habilitative/ rehabilitative goal should be 75%	agencies may not provide services to family	JCB #408 State
	activities to the greatest	of goals noted within the plan) are required. If MN	recipients.	<u>Funded</u>
	level of independence	dictates the need for increased service duration and	5. Primary AFL Staff who provide service	Residential
	possible. Residential	frequency, consideration must be given to other	should not provide other services to the	Supports and
	Supports includes	services and interventions with a more intense	individual.	Supported Living
	supervision and	clinical component Should include an expressed	6. Cannot be used to purchase Assistive	Periodic Service
	assistance in activities of	desire to maintain the service.	Technology Equipment.	
	daily living when the	4. Evidence of IDD Eligibility: Meets IDD eligibility	7. May not also receive Medicaid funded	State-Funded
	individual is dependent on	according to GS 122C-3 (12a), including evidence	residential services.	Residential
	others to ensure health	of an IDD dx before age of 22 or TBI.	8. The site must be the primary residence of	Supports (RS) -
	and safety.	5. Submission of all records that support the	the AFL provider who receives reimbursement	(I/DD) FAQ
		recipient has met the medical necessity criteria.	for the cost of care.	



Service &	Brief Service	Auth Submission	Authorization Parameters	Source
Code	Description	Requirements		
_	Supported	Initial Requests (if the service was not initiated at the	Length of Stay:	State-Funded
Supported	Employment	Pre-employment Phase):	1. The ESP should end once the member has	Supported
<b>Employment</b>	services aid with	1. TAR: Prior authorization required	achieved satisfactory work performance or	<b>Employment</b>
(I/DD & TBI):	choosing, acquiring,	2. VR Documentation: Member must have completed the	work task meets employers' expectations.	(I/DD & TBI)
<b>Employment</b>	and maintaining a	application process with VR and the Eligibility Decision	The ESP does not typically exceed one	<u>Service</u>
Stabilization	job for individuals for	outcome be documented noting ineligibility or closure for	calendar year.	<u>Definition</u>
Phase	whom Competitive	VR Services <i>prior to</i> receiving this service	2. If an individual exceeds the timeframe of	
	Integrated	3. NC-SNAP/ SIS/ TBI Assessment/ Employment	the employment phase, an exception request	<u>Implementation</u>
Limited	Employment (CIE)	Evaluation: Required, completed by Vocational	should be made. The request should include	of the Revised
funding. Not an	has not been	Rehabilitation (VR)	the nature of the issue that caused the	State-Funded
entitlement.	achieved and /or	4. Psychological, Neuropsychological, or Psychiatric	timeframe not to be met and the steps to	Supported
	has been interrupted	Assessment: Required, must demonstrate an individual	prevent the issue from recurring.	<b>Employment</b>
Code(s):	or intermittent. Job	has a developmental disability as defined by G.S. 122-C-	3. After one exception for the ESP has	Service
YP642 BF:	finding should be	3(12a) or a TBI as defined by G.S. 122-C-3(38a) <b>OR</b>	occurred, technical assistance may be	<b>Definition</b>
Employment	exploring options for	Physician Assessment: Required, to demonstrate an	needed to reassess employment goals.	Communication
Stabilization	CIE and is not	individual has a developmental disability as defined by		Bulletin
Phase (GT	based on placement	G.S. <u>122-C-3(12a)</u> without accompanying intellectual	<u>Units:</u>	
eligible)	from a pool of jobs	disabilities	1. One unit = 15 minutes	Trillium CCB
,	that are available or	5. PCP/ ISP: Required, incorporating the Career		#60: Changes
YP642 BE:	set aside specifically	Development Plan with the Career Development &	Age Group: Adolescents & Adults (age 16 or	to State
Career	for individuals with	Planning Assessment attached. Must include evidence the	older)	Funded IDD
Planning	disabilities. The	member is interested in and needs service to maintain CIE	·	Supported
Assessment	intent of Supported	or to obtain a change in employment conditions.	Place of Service: A Competitive Integrated	Employment
(GT eligible)	Employment	<b>6.</b> Service Order: Required, completed by a QP, MD/DO,	Employment HCBC setting. Cannot occur in	codes and
, ,	services is to assist	LP, PA, or NP	licensed community facilities, inclusive of day	benefits
Modifier(s):	individuals with	7. Wage Info: Required upon initiation of the ESP, at the	programs.	
GT: Telehealth	developing skills to	initiation of each plan year, and at the end of the 6th		APSM 45-2
	seek, obtain and	month of the plan year.	Service Specifics, Limitations, &	Records
	maintain CIE or	8. Evidence of Discharge Planning: to include a fade out	Exclusions (not all inclusive):	Management
	develop and operate	plan, technology utilization, documentation of exhausted	1. Provider must complete ongoing education	and
	a micro-enterprise.	efforts to maximize on the job and natural supports and	to the employer regarding ADA	Documentation
	Employment	attempts to ensure the job fits the individual's abilities.	accommodations to ensure the transition from	Manuals
	positions are found	9. Submission of all records that support the individual has	the ESP to the Long-Term Supported	
	based on individual	met the medical necessity criteria.	Employment Phase is successful and the	NC PCP
	preferences,	,	individual's needs are met.	Guidance
	strengths, and	Reauthorization Requests:	2. Transportation included (exclusions apply).	Document
	experiences.	1. TAR: Prior authorization required	The ESP should not continue solely as a	
	-		means of transportation.	
Revised: 10-29-2	024	Please refer to UM notes on approvals and	•	Page 12 of 18



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

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-thejob and natural supports.

- **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 *prior 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 the member is interested in and needs service to maintain CIE or to obtain a change in employment conditions.
- **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 obtain a change in job opportunities when the 1-year phase timeframe has passed.
- **9.** 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.

- **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 tp 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.

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 IDD Long-Term Vocational Support Services (YA389), Supported Employment Individual (YA390), or Group (YP640) should transition to Supported Employment Individual (YP642) and the appropriate modifier and code by 8/1/24.

NCDHHS NC Support Needs Assessment Profile website

JCB #325: I/DD Eligibility for State-Funded Services

> Employment Services for People with Disabilities



Service & Code	Brief Service	Auth Submission	Authorization Parameters	Source
	Description	Requirements	Learner than 6 Others	Otata E a la l
0	Supported	Initial Requests (if the service was not initiated in an	Length of Stay:	State-Funded
Supported	Employment services	earlier phase):	1. LTSE may be used on a regular	Supported
Employment	aid with choosing,	1. TAR: Prior authorization required	basis to meet specific and detailed	Employment
(I/DD & TBI):	acquiring, and	2. VR Documentation: Member must have completed the	documented needs.	(I/DD & TBI)
Long Term	maintaining a job for	application process with VR and the Eligibility Decision		Service Definition
Supported	individuals for whom	outcome be documented noting ineligibility or closure for	<u>Units:</u>	
Employment	Competitive Integrated	VR Services <i>prior to</i> receiving this service	1. One unit = 15 minutes	<u>Implementation</u>
Phase	Employment (CIE) has	3. NC-SNAP/ SIS/ TBI Assessment/ Employment		of the Revised
	not been achieved and	Evaluation: Required, completed by Vocational	Age Group: Adolescents & Adults	State-Funded
Limited funding.	or has been	Rehabilitation (VR)	(age 16 or older)	Supported
Not an	interrupted or	4. Psychological, Neuropsychological, or Psychiatric		<b>Employment</b>
entitlement.	intermittent. Job	Assessment: Required, must demonstrate an individual has	Level of Care:	<u>Service</u>
	finding should be	a developmental disability as defined by G.S. 122-C-3(12a)		<u>Definition</u>
Code(s):	exploring options for	or a TBI as defined by G.S. 122-C-3(38a) OR Physician	Place of Service: A Competitive	Communication
YP642 BG: Long	CIE and is not based	Assessment: Required, to demonstrate an individual has a	Integrated Employment HCBC	Bulletin
Term Supported	on placement from a	developmental disability as defined by G.S. 122-C-3(12a)	setting. Cannot occur in licensed	
Employment	pool of jobs that are	without accompanying intellectual disabilities	community facilities, inclusive of day	Trillium CCB #60:
Phase (GT	available or set aside	5. PCP/ ISP: Required, incorporating the Career	programs.	Changes to State
eligible)	specifically for	Development Plan with the Career Development &		Funded IDD
3 1 1/	individuals with	Planning Assessment attached. Must include evidence the	Service Specifics, Limitations, &	Supported
YP642 BE:	disabilities. The intent	member is interested in and needs service to maintain CIE	Exclusions (not all inclusive):	Employment
Career Planning	of Supported	or to obtain a change in employment conditions. LTSE	1. Provider must complete ongoing	codes and
Assessment (GT	Employment services	related to medical/ behavioral/physical support needs	education to the employer regarding	benefits
eligible)	is to assist individuals	requires medical or behavioral records and accompanying	ADA accommodations to ensure the	<u> </u>
og)	with developing skills	documentation in the PCP/ISP supporting the need for	transition from the ESP to the Long-	APSM 45-2
Modifier(s):	to seek, obtain and	individual services as the most appropriate and viable	Term Supported Employment Phase	Records
GT: Telehealth	maintain CIE or	option.	is successful and the individual's	Management and
OI: Tolorioaiiii	develop and operate a	6. Service Order: Required, completed by a QP, MD/DO,	needs are met.	Documentation
	micro-enterprise.	LP, PA, or NP	2. Transportation included (exclusions	Manuals
	Employment positions	7. Wage Info: Required upon initiation of the ESP, at the	apply). The ESP should not continue	<u>iviaridais</u>
	are found based on	initiation of each plan year, and at the end of the 6th month	solely as a means of transportation.	NC PCP
	individual preferences,	of the plan year.	3. Service does not cover: a)	Guidance
		8. Evidence of Discharge Planning: to include a fade out	incentive payments made to an	Document
	strengths, and	plan, technology utilization, documentation of exhausted	employer; b) payments that are	DOCUMENT
	experiences.			NCDPR6 NC
		efforts to maximize on the job and natural supports and	passed through to the member; c)	NCDHHS NC
	Long-Term Supported	attempts to ensure the job fits the individual's abilities.	payments for non-Supported	Support Needs
	Employment (LTSE)	9. Submission of all records that support the individual has	Employment training	<u>Assessment</u>
		met the medical necessity criteria.	 als	Profile website



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

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 longterm support needs will occur, which support ongoing retention, prevent job loss, or make recommendations for discharge. Detailed documentation of goals specific to longterm support needs should reflect how the services being received is preparing the individual for working as independently as possible.

#### **Reauthorization Requests:**

- 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 *prior 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. <u>122-C-3(12a)</u> or a TBI as defined by G.S. <u>122-C-3(38a)</u> **OR** Physician Assessment: Required, to demonstrate an individual has a developmental disability as defined by G.S. <u>122-C-3(12a)</u> 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.

**NOTE:** Member meets criteria for discharge if there is insufficient documented evidence to support the need for continued services.

- **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.

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 IDD Long-Term Vocational Support Services (YA389), Supported Employment Individual (YA390), or Group (YP640) should transition to Supported Employment Individual (YP642) and the appropriate modifier and code by 8/1/24.

JCB #325: I/DD Eligibility for State-Funded Services

> Employment Services for People with Disabilities



Service & Code	Brief Service	Auth Submission	Authorization Parameters	Source
	Description	Requirements	Longth of Ctory	Ctata Fundad
Cupported	Supported Employment	<u>Initial Requests:</u> <b>1.</b> TAR: Prior authorization required	Length of Stay:  1. The PEP does not exceed six months in a	State-Funded
Supported	services aid with	2. VR Documentation: Member must have		Supported
Employment (I/DD	choosing, acquiring, and		typical situation.	Employment (VDD & TDI)
& TBI): Pre-	maintaining a job for	completed the application process with VR	2. If an individual exceeds the timeframe of the	(I/DD & TBI)
Employment	individuals for whom	and the Eligibility Decision outcome be	pre-employment phase, an exception request	Service Definition
Phase	Competitive Integrated	documented noting ineligibility or closure for	should be made. The request should include	Landa and Gara
Lineite of from alinear Night	Employment (CIE) has	VR Services <i>prior to</i> receiving this service	the nature of the issue that caused the	<u>Implementation</u>
Limited funding. Not	not been achieved and	3. NC-SNAP/ SIS/ TBI Assessment/	timeframe not to be met and the steps to	of the Revised
an entitlement.	/or has been interrupted	Employment Evaluation: Required, completed	prevent the issue from recurring.	State-Funded
0 1 ( )	or intermittent. Job	by Vocational Rehabilitation (VR)	3. After one exception for the Pre-employment	Supported
Code(s):	finding should be	<b>4.</b> Psychological, Neuropsychological, or	Phase has occurred, technical assistance may	Employment
<b>YP642 BD</b> : Pre-	exploring options for	Psychiatric Assessment: Required, must	be needed to reassess employment goals.	Service
employment phase	CIE and is not based on	demonstrate an individual has a		<u>Definition</u>
(GT eligible)	placement from a pool	developmental disability as defined by G.S.	<u>Units:</u>	Communication
	of jobs that are available	122-C-3(12a) or a TBI as defined by G.S.	1. One unit = 15 minutes	<u>Bulletin</u>
YP642 BE: Career	or set aside specifically	122-C-3(38a) <b>OR</b> Physician Assessment:		
Planning	for individuals with	Required, to demonstrate an individual has a	Age Group: Adolescents & Adults (age 16 or	Trillium CCB #60:
Assessment (GT	disabilities. The intent of	developmental disability as defined by G.S.	older)	Changes to State
eligible)	Supported Employment	122-C-3(12a) without accompanying		Funded IDD
	services is to assist	intellectual disabilities	Level of Care:	<u>Supported</u>
Modifier(s):	individuals with	<ol><li>PCP/ ISP: Required, incorporating the</li></ol>		<b>Employment</b>
GT: Telehealth	developing skills to	Career Development Plan with the Career	Place of Service: A Competitive Integrated	codes and
	seek, obtain and	Development & Planning Assessment	Employment HCBC setting. Cannot occur in	<u>benefits</u>
	maintain CIE or develop	attached. Must include evidence that the	licensed community facilities, inclusive of day	
	and operate a micro-	member is interested in learning about or	programs.	APSM 45-2
	enterprise. Employment	obtaining CIE.		Records
	positions are found	<b>6.</b> Service Order: Required, completed by a	Service Specifics, Limitations, & Exclusions	Management and
	based on individual	QP, MD/DO, LP, PA, or NP	(not all inclusive):	<u>Documentation</u>
	preferences, strengths,	7. Submission of all records that support the	Provider must complete ongoing education	<u>Manuals</u>
	and experiences.	individual has met the medical necessity	to the employer regarding ADA	
		criteria.	accommodations to ensure the transition from	NC PCP
	Pre-employment Phase		the ESP to the Long-Term Supported	<u>Guidance</u>
	(PEP): This phase	Reauthorization Requests:	Employment Phase is successful and the	<b>Document</b>
	includes but is not	1. TAR: Prior authorization required	individual's needs are met.	
	limited to activities that	2. VR Documentation: Member must have	2. Transportation included (exclusions apply).	NCDHHS NC
	should occur prior to	completed the application process with VR	The ESP should not continue solely as a	Support Needs
	obtaining CIE, such as	and the Eligibility Decision outcome be	means of transportation.	Assessment
	0.2.2		,	Profile website
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#### 2024-2025 State-Funded Child and Adult Non-Innovations Services Benefit Plan

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.

documented noting ineligibility or closure for VR Services *prior 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.

- **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 tp 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.

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 IDD Long-Term Vocational Support Services (YA389), Supported Employment Individual (YA390), or Group (YP640) should transition to Supported Employment Individual (YP642) and the appropriate modifier and code by 8/1/24.

JCB #325: I/DD Eligibility for State-Funded Services

> Employment Services for People with Disabilities



Service &	Brief Service	Auth Submission	Authorization Denomators	Course
Code	Description	Requirements	Authorization Parameters	Source
	The service enables an	·	Length of Stay:	State-Funded
Supported	individual to live in their	Initial Requests:	1. May not exceed 28 hours (112 units) per	Supported Living
Living	own home with support	1. TAR: Prior authorization required	week	Periodic (I/DD &
Periodic	from an agency that	2. NC SNAP/ SIS/ TBI Assessment: Required	2. Request can be for up to 12 months.	TBI) Service
(IDD & TBI)	provides individualized	3. Assessment: Psychological, neuropsych, or		<b>Definition</b>
	assistance in a home	psychiatric assessment w/ the appropriate testing	<u>Units:</u> One unit = 15 minutes	
Limited	that is under the control	using validated tools showing the recipient has a		APSM 45-2
funding. Not	and responsibility of the	developmental disability according to GS 122C-3	Age Group: Adults (age 18 or older)	Records
an	individual. The service	(12a) or TBI as defined in G.S. 122-C- 3(38a),		Management and
entitlement.	includes direct	including evidence of an IDD diagnosis prior to the	Level of Care: NC SNAP Overall Level of	<b>Documentation</b>
	assistance as needed	age of 22. For those w/ DD but no intellectual	Eligible Support of 2or lower OR SIS: Level B or	<u>Manuals</u>
Code(s):	with activities of daily	disability, a physician assessment w/ a definitive dx	lower OR TBI Assessment requiring a low level	
YM854	living, household	and assoc, functional limitations is acceptable.	of supervision and support in most settings.	NC PCP Guidance
	chores essential to the	4. PCP or ISP: Required. An integrated plan		<u>Document</u>
	health and safety of the	inclusive of all providers/ services is required.	Service Limitations/ Exclusions (not all	
	individual, budget	Should include an expressed desire to obtain the	inclusive):	JCB #325: I/DD
	mngmnt, attending	service.	1. May not receive state-funded CL&S,	Eligibility for State-
	appointments, and	5. Service Order: Required.	Residential Supports, DT, Personal Care	Funded Services
	interpersonal and social	<b>6.</b> Submission of all records that support the	Services, State Plan Personal Care or PA.	
	skill building to enable	recipient has met the medical necessity criteria.	Respite can only be provided to those residing	JCB #408 State
	the individual to live in a	Reauthorization Requests:	in an AFL.	<u>Funded</u>
	home in the community.	1. TAR: Prior authorization required	2. Shall not be provided in a home where an	Residential
	Expected outcomes	2. NC SNAP/ SIS/ TBI Assessment: Required	individual lives with family recipients unless	Supports and
	include increasing the	3. PCP or ISP: recently reviewed detailing the	such family recipients are an individual receiving	Supported Living
	Individual's life skills	recipient's progress with the service. An integrated	Supported Living, a spouse, or a minor child.	Periodic Service
	and independent living	plan inclusive of all providers/ services is required.	<b>3.</b> Relatives, and Relatives who own provider	
	skills, maximizing self-	Should include an expressed desire to maintain the	agencies, may not provide the service to family	State-Funded
	sufficiency, increasing	service.	recipients.	Supported Living
	self-determination, and	4. Evidence of IDD Eligibility: Meets IDD eligibility	<b>5.</b> Provider shall not own the home or have any	Periodic (SLP) -
	ensuring the	according to GS 122C-3 (12a), including evidence	authority to require the individual to move if the	(I/DD & TBI) FAQs
	individual's opportunity	of an IDD dx before age of 22 or a TBI dx per G.S.	individual changes service providers.	
	to have full membership	<u>122C-3(38a)</u>	<b>6.</b> No more than 3 people can live or receive	
	in their community as	5. Submission of all records that support the	Supported Living Periodic service in the same	
	defined within the PCP	recipient has met the medical necessity criteria.	household. Lease requirements apply.	
	and ISP goals.			