

<b>Intellectual/Developmental Disability (I/DD) Services</b>				
Service Description	Benefit Limit	Level of Care	Source	Documentation Requirements
<p><b>Adult Day Vocational Program (ADVP):</b></p> <p>YP620</p> <p><b>Closed to new admissions.</b></p>	<p>Can request 24 units per day, 5 days per week, based on medical necessity. Initial and concurrent authorizations will be up to 1 year.</p> <p>*For members who are Medicaid eligible and meet service criteria, LTCS Level 1 should be requested.</p>	NC-SNAP or SIS	State	<p>Must have current psychological testing for initial requests. Treatment Plan updated annually.</p> <p><b><i>Documentation that an Innovations Registry application has been made.</i></b></p>
<p><b>Community Living &amp; Support (I/DD &amp; TBI):</b></p> <p>YM851 – Individual (age 16 and up)</p> <p>YM852 – Group (age 16 and up)</p>	<p>May receive up to 28 hours/week (112 units/week).</p> <p>May not exceed 3 hours per day on school days for individuals 16-22 years of age who have not graduated.</p>	<p>NC-SNAP – Level 3 or higher or SIS Level D or higher or TBI Assessment with a moderate to high level of supervision and support in most settings</p>	State	<p><b><u>Initial:</u></b> -I/DD must have current psychological testing. -TBI must have current psychiatric or Neuropsychological evaluation.</p> <p>Transitions to updated service definitions do not request an updated psychological assessment. However, documentation of eligibility must be on file.</p> <p><b><u>Initial &amp; Concurrent:</u></b> -PCP or ISP updated annually. -Service Order updated annually.</p> <p><b><i>Documentation that an Innovations Registry application has been made.</i></b></p>

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<p><b>Community Rehabilitation Program:</b></p> <p>YP650</p>	<p>Can request 24 units per day, 5 days per week, based on medical necessity. Initial and concurrent authorizations will be up to 6 months.</p> <p>*For members who are Medicaid eligible and meet service criteria, LTCS Level 1 should be requested.</p>	NC-SNAP or SIS	State	<p>Must have current psychological testing for initial requests. Treatment Plan updated annually.</p> <p><b><i>Documentation that an Innovations Registry application has been made.</i></b></p>
<p><b>Day Activity:</b></p> <p>YP660</p> <p><b>Closed to new admissions as of 6/1/2022. Service code ending 11/30/2022.</b></p>	<p>Can request 24 units per day, 5 days per week, based on medical necessity. Initial and concurrent authorizations will be up to 6 months.</p> <p>*For members who are Medicaid eligible and meet service criteria, LTCS Level 1 should be requested.</p>	NC-SNAP or SIS	State	<p>Must have current psychological testing for initial requests. Treatment Plan updated annually.</p> <p><b><i>Documentation that an Innovations Registry application has been made.</i></b></p>

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<p><b>Day Supports (I/DD &amp; TBI) (Group only)</b></p> <p>YM590 (age 16 and up)</p>	<p>Can request up to 120 units per week, 5 days per week, based on medical necessity. May not exceed 30 hours per week.</p> <p>Initial and concurrent authorizations will be up to 1 year.</p> <p>May not exceed 3 hours per day on school days for individuals 16-22 years of age who have not graduated.</p> <p>*For members who are Medicaid eligible and meet service criteria, LTCS Level 1 should be requested.</p>	<p>NC-SNAP – Level 2 or higher</p> <p><b>Or</b></p> <p>SIS Level C or higher</p> <p><b>Or</b></p> <p>TBI Assessment with a minimum to low level of supervision and support in most settings</p>	<p>State</p>	<p>Initial requests: -I/DD must have current psychological testing. -TBI must have current psychiatric or Neuropsychological evaluation.</p> <p>PCP or ISP updated annually. Service Order.</p> <p>Transitions to updated service definitions do not request an updated psychological assessment. However, documentation of eligibility must be on file.</p> <p><b><i>Documentation that an Innovations Registry application has been made.</i></b></p>
<p><b>Developmental Day:</b></p> <p>YP610 (Child Only)</p> <p><b>Closed to new admissions as of 6/1/2022. Service code ending 11/30/2022.</b></p>	<p>Can request 24 units per day, 5 days per week, based on medical necessity. Initial and concurrent authorizations will be up to 1 year.</p>	<p>NC-SNAP or SIS</p>	<p>State</p>	<p>Must have current psychological testing for initial requests. Treatment Plan updated annually.</p> <p><b><i>Documentation that an Innovations Registry application has been made.</i></b></p>

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<p><b>Developmental Therapy Professional:</b></p> <p>H2014 (Adult Only)</p> <p><b>Closed to new admissions as of 6/1/2022. Service code ending 11/30/2022.</b></p>	<p>Up 618 units per 90 days</p>	<p>NC-SNAP or SIS</p>	<p>State</p>	<p>Must have current psychological testing for initial requests. Treatment Plan updated annually.</p> <p><i><b>Documentation that an Innovations Registry application has been made.</b></i></p>
<p><b>Family Living:</b></p> <p>YP740-Low YP750-Moderate YM755-High</p> <p><b>Closed to new admissions as of 6/1/2022. Service code ending 11/30/2022.</b></p>	<p><b><u>Initial and Continuing Authorization:</u></b> Per diem per 365 days.</p> <p>*For members who are Medicaid eligible and meet service criteria, LTCS Level 3 should be requested.</p>	<p>NC-SNAP or SIS</p>	<p>State</p>	<p>Must have current psychological testing for initial requests. Treatment Plan updated annually.</p> <p><i><b>Documentation that an Innovations Registry application has been made.</b></i></p>
<p><b>Group Living:</b></p> <p>YP760-Low YP770-Moderate YP780-High</p> <p><b>Closed to new admissions as of 6/1/2022. Service code ending 11/30/2022.</b></p>	<p><b><u>Initial and Continuing Authorization:</u></b> Per diem per 365 days.</p> <p>*For members who are Medicaid eligible, living in a home with 4 to 6 , and meet service criteria, LTCS Level 5 should be requested.</p>	<p>NC-SNAP or SIS</p>	<p>State</p>	<p>Must have current psychological testing for initial requests. Treatment Plan updated annually.</p> <p><i><b>Documentation that an Innovations Registry application has been made.</b></i></p>

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<b>Hourly Respite:</b>  YP010 (Child Only)	32 units per day, 384 units per year, based on medical necessity.  *For members who are Medicaid eligible and meet service criteria, B3 Respite should be requested.	NC-SNAP or SIS	State	Must have current psychological testing for initial requests. Treatment Plan updated annually.  <i><b>Documentation that an Innovations Registry application has been made.</b></i>
<b>I/DD SE Long-Term Support:</b>  YA389 (Adult Only)	Up to 288 units per year, based on medical necessity.  *For members who are Medicaid eligible and meet service criteria, B3 Supported Employment should be requested.	NC-SNAP or SIS	State	Must have current psychological testing for initial requests. Treatment Plan updated annually.  <i><b>Documentation that an Innovations Registry application has been made.</b></i>
<b>I/DD Supervised Living:</b>  YM811-YM813  <b>Closed to new admissions as of 6/1/2022. Service code ending 11/30/2022.</b>	<b><u>Initial and Continuing Authorization:</u></b> Per diem per 365 days.  *For members who are Medicaid eligible, living in a home with 2 or 3 beds, and meet service criteria, LTCS Level 4 should be requested.	NC-SNAP or SIS	State	Must have current psychological testing for initial requests. Treatment Plan updated annually.  <i><b>Documentation that an Innovations Registry application has been made.</b></i>
<b>I/DD Supported Employment:</b>  YA390-Individual YP640-Group	<b><u>Initial/Continuing Authorization:</u></b> Up to 40 hours weekly  *For members who are Medicaid eligible and meet service criteria, B3 Supported Employment should be requested.	NC-SNAP or SIS	State	Must have current psychological testing for initial requests. Treatment Plan updated annually.  <i><b>Documentation that an Innovations Registry application has been made.</b></i>

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<b>Independent Living:</b>  YM700	<b><u>Initial/Continuing Authorization:</u></b> Per Diem per 365 days.  *For members who are Medicaid eligible, receiving Independent Living, and meet service criteria, LTCS Level 2 should be requested.	NC-SNAP or SIS	State	Must have current psychological testing for initial requests. Treatment Plan updated annually.  <i><b>Documentation that an Innovations Registry application has been made.</b></i>
<b>Personal Assistance:</b>  YP020 (Adult Only)  <b>Closed to new admissions as of 6/1/2022. Service code ending 11/30/2022.</b>	20-40 units per week, can request up to 516 units per 90 days.	NC-SNAP or SIS	State	Must have current psychological testing for initial requests. Treatment Plan updated annually.  <i><b>Documentation that an Innovations Registry application has been made.</b></i>
<b>Residential Supports</b> YM850 (Adult Only)  <b>Closed to new admissions as of 6/1/2022. Service code ending 11/30/2022.</b>	<b><u>Initial/Continuing Authorization:</u></b> Per Diem per 365 days.	NC-SNAP or SIS	State	Must have current psychological testing for initial requests. Treatment Plan updated annually.  <i><b>Documentation that an Innovations Registry application has been made.</b></i>

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<p><b>Residential Supports (I/DD &amp; TBI)</b></p> <p>YM846 Level 1 YM846 U2 Level 1 AFL YM847 Level 2 YM847 U2 Level 2 AFL YM848 Level 3 YM848 U2 Level 3 AFL</p>	<p><b><u>Initial/Continuing Authorization:</u></b> Per Diem per 365 days.</p> <p>*For members who are Medicaid eligible, residential services should be requested under the appropriate LTCS Level.</p>	<p>NC-SNAP Level 2 to 4 or SIS Level C to Level E</p>	<p>State</p>	<p>New Residential admissions must have current psychological testing for initial requests. Initial Treatment Plan and Service Order and updated annually.</p> <p>Transitions to updated service definitions do not require an updated psychological assessment. However, documentation of eligibility must be on file.</p> <p><b><i>Documentation that an Innovations Registry application has been made.</i></b></p>
<p><b>Supported Living Periodic (I/DD &amp; TBI)</b></p> <p>YM854</p>	<p><b><u>Initial/Continuing Authorization:</u></b> Up to 28 hours weekly</p> <p>*For members who are Medicaid eligible, residential services should be requested under the appropriate LTCS Level.</p>	<p>NC-SNAP Level 2 or lower or SIS Level C or lower OR TBI Assessment with low level of supervision and support</p>	<p>State</p>	<p>New Supported Living Periodic admissions must have current psychological testing for initial requests. Initial Treatment Plan and Service Order and updated annually.</p> <p>Transitions to updated service definitions do not require an updated psychological assessment. However, documentation of eligibility must be on file.</p> <p><b><i>Documentation that an Innovations Registry application has been made.</i></b></p>

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<p><b>Supervised Living:</b></p> <p>YP710-Low YP720-Moderate</p> <p><b>Closed to new admissions as of 6/1/2022. Service code ending 11/30/2022.</b></p>	<p><b><u>Initial/Continuing Authorization:</u></b> Per Diem per 365 days.</p> <p>*For members who are Medicaid eligible, living in a home with 2 or 3 beds, and meet service criteria, LTCS Level 2 should be requested.</p>	NC-SNAP or SIS	State	<p>Must have current psychological testing for initial requests. Treatment Plan updated annually.</p> <p><b><i>Documentation that an Innovations Registry application has been made.</i></b></p>

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## **NOTES**

Services requiring a PCP includes the service order. A separate service order is indicated for those services for which a treatment plan and service order is required.

Evaluation/Management services may be delivered by an MD, PA or NAP.

Evaluation/Management service for adults and children are not limited and do not require authorization.

Child and Adolescent Needs and Strengths (CANS) Comprehensive Assessment is required for services to children ages 0-5 years. The purpose is to facilitate linkage between the assessment process and individualized service plan.

5/31/2022 Per JCB #J417: DMH/DD/SAS does not have a state-funded service requirement for current individuals accessing services to obtain updated psychological assessments to access the updated service definitions. However, LME/MCOs should retain documentation that supports the individual meeting the applicable benefit plan and service criteria.

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<b>Revisions to State Benefit Plan</b>		
<b>Date of Change</b>	<b>Service and Section Revised</b>	<b>Change</b>
7/1/2017	Changes to various State service limits	See Communication Bulletin
7/7/2017	Ambulatory Detox	Added a pass-through period
7/27/2017	Non-Hospital Discharge	Added a pass-through period
8/30/2017	Ambulatory Detox	Corrected pass-through information
10/20/2017	Transition Management Services	Extended Auth Period 180 Days
12/18/2017	Supported Employment & Peer Support	Standardized auth limits with Medicaid limits
2/2/2018	Peer Support	Clarified Benefit Limit
3/23/2018	HDPT, AE, PSS	Removed notification SAR requirement
4/1/2018	IDD Services: ADVP, DA, DS, Dev Day, FL, GL, IL	Extended auth period to 1 year/365 days
7/1/2018	Update in Formatting	Organization by Age and Disability
4/1/2019	All Services	Added Clarification regarding requirement to have current psychological testing for initial auths
2/1/2021	Day Supports	Corrected codes
7/1/2021	Day Supports and CLS	Added new Day Supports Codes YM590. Added new Community Living and Supports Codes YM851, YM852.  Revised "RUN" requirement on all codes to read " <i>Innovations Registry application.</i> "
10/1/2021	Residential Supports  Day Supports	Added YM850 code Corrected code YM580 (numbers transposed)
4/1/2022	ADVP, Com Rehab, DS, DA, FL Low, Mod, High, GL Low, Mod, High, SL Mod, PA, Respite, SE, SE LTVS  Day Supports	Added statements regarding other service to consider in place of State funded services.  Deleted Day Supports YM580 and YM580 HQ as service was removed from NC-Tracks effective 1/31/2022.
5/1/2022	FL Low, Mod, High, GL Low, Mod, High, I/DD SL, SL, PA, Res Supports YM850	Added statement that service is closed to new admissions on 6/1/2022 and that codes are ending on 11/30/2022.

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<b>Revisions to State Benefit Plan (continued)</b>		
<b>Date of Change</b>	<b>Service and Section Revised</b>	<b>Change</b>
6/1/2022	DA, Dev Day, Dev Therapy, PA, Res Supports, SL Low, Mod,	Added statement that service is closed to new admissions and that codes are ending on 11/30/2022.  Updated Level of Care for all services.
6/1/2022	Residential Supports (I/DD & TBI) Supports Living Periodic (I/DD & TBI)	Added new codes YM846, YM846U2, YM847, YM847U2, YM848, YM848U2  Added new code YM854.

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