



State-Funded Residential Supports (RS) - (I/DD) Frequently Asked Questions

Question	Response
Will there be new NCTracks billing codes for Residential Supports (I/DD) (Levels 1-3)?	The new NCTracks billing codes for Residential Supports (I/DD) are as follows: Level 1 - YM846 Level 2 - YM847 Level 3 - YM848
What are the bed requirements for State-Funded Residential Supports (I/DD)?	The following are bed capacity requirements for new and existing 5600 Supervised Living Type B for Children and Type C for Adults facilities effective June 1, 2022: four beds or less for newly developed facilities six beds or more for existing facilities
Define a newly developed facility.	A newly developed facility is defined as any site that is not currently contracted with the LME-MCOs to provide current residential services under the existing service array.
For State-Funded Residential Supports (I/DD), the definition states that the service can be provided in a six bed or more facility. Does this mean the service cannot be provided in a smaller facility, such as a three bed facility?	Residential Supports (I/DD) can be provided in a smaller facility, such as a three-bedroom facility. The maximum capacity is as follows: four beds or less for newly developed facilities six beds or more for existing facilities
If an individual is currently enrolled in a State-Funded residential service and meets all criteria for State-Funded Residential Supports (I/DD), is it necessary to transition to the new Residential Supports (I/DD)?	Yes, an individual currently enrolled in a State-Funded residential service must transition to State-Funded Residential Supports (I/DD) (Level 1-3) or another service by November 30, 2022.
What are the names of the residential services that will be phased out for individuals with I/DD and/or TBI?	The following residential services will be phased out under the I/DD & TBI benefit plan on November 30, 2022: Residential Supports – YM850 Family Living Low – YM740 Family Living Moderate – YP750

	<p>Family Living High – YM755 Group Living Low – YP760 Group Living Moderate – YP770 Group Living High – YP780 Supervised Living Low – YP710 Supervised Living Moderate – YP720 Supervised Living 1-6 – YM811, YM812, YM813, YM814, YM815, and YM816</p>
<p>What are residential service options for an individual with a TBI?</p>	<p>Individuals may access Residential Supports (I/DD) or Supported Living (I/DD & TBI). However, individuals meeting this eligibility requirement or G.S. 122C-3(38a) may also access TBI Long Term Residential Rehabilitation Service, slated to be released by Fall 2022.</p>
<p>Is an amended Individual Support Plan (ISP) or Person Centered Plan (PCP) necessary for individuals transitioning to Residential Supports (I/DD) (Levels 1-3)?</p>	<p>Yes, it may be necessary to revise individuals' ISP or PCP to ensure they align with the expectations in the service definition and document services the individual will be receiving.</p>
<p>Is a statement to express desire to maintain or obtain the service in the member's PCP or ISP sufficient, or do specific reasons and needs the member wants addressed by the service also need to be included in the desire for service?</p>	<p>A statement is sufficient. However, as a part of the ISP or PCP process, the team should ensure the individual's needs, wants and desires are sufficiently documented.</p>
<p>What is the template for service documentation (e.g., - grid or PIE note) for Residential Supports (I/DD)?</p>	<p>A full service note or service grid for each contact or intervention for each date of service is required. The service definition defines specific contents that are required for this service.</p>
<p>Can an individual receive Residential Supports (I/DD) in their own private home?</p>	<p>No. Residential Supports (I/DD) may be provided in a Group Home or Alternative Family Living (AFL) setting. Supported Living Periodic (I/DD & TBI) may be a more appropriate service for individual living in their own private home.</p>
<p>Are individuals on the Innovations Waiver waiting list or Registry of Unmet Needs eligible for state-funded services?</p>	<p>Yes, individuals may be eligible as long as the individual meets other criteria specific to the State-Funded Residential Supports (I/DD) service definition, is not receiving duplicative services and the service is available within their catchment area. Individuals receiving this service may not be an HCBS Waiver member/beneficiary or individual receiving Medicaid funded residential services, inclusive of Medicaid Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) () In Lieu of Services (ILOS) with residential component.</p>
<p>Can an individual receive Residential Supports (I/DD) and Community Living and Supports?</p>	<p>No. Individuals who receive Residential Supports may not receive state-funded Community Living and Supports, Respite, Supported Living Periodic, Developmental Therapy, Personal Care Services or Personal Assistance.</p>

Can an individual receive Residential Supports (I/DD) and Respite?	Individuals who receive Residential Supports (I/DD) can receive Respite if the individual resides in a Licensed or Unlicensed AFL.
Will current individuals be automatically cross-walked and/or grandfathered into their appropriate service or will there be a new intake requiring vetting/eligibility?	Individuals currently receiving state-funded residential services for I/DD will be cross-walked to the appropriate service based upon their ability to meet the applicable eligibility criteria. DMH/DD/SAS will continue to provide technical assistance to the LME-MCOs to ensure continuity of services.
Can providers transition individuals in July or does it need to be a staggered transition process?	The LME-MCOs are responsible for creating internal processes for providers to ensure continuity of services for individuals currently enrolled in state-funded residential services which include successfully transitioning individuals to Residential Supports (I/DD) (Levels 1-3), Supported Living (I/DD & TBI) or another service by Aug. 31, 2022.
Can rates be enhanced to include nursing level of care as part of the services when required by the individual to the extent funding is available?	This service is not designed for nursing level of care. In the event that nursing level of care is needed, a service that provides that level of care should be considered.
Due to the assistive technology references in the Residential Supports (I/DD) service definition, does this mean there is a state service definition that would be accessible?	The State-Funded service array does not currently include an assistive technology service definition. Individuals interested in accessing assistive technology should seek additional information from the NC Assistive Technology Program. Also, individuals may contact their respective LME-MCO regarding supports needed.
Are Home and Community Based Services (HCBS) provider self-assessments required for state-funded services?	No, HCBS provider self-assessments are not required for state-funded services, at this time. However, LME-MCOs reserve authority to measure compliance through defined policy, procedure, or practices.
Define qualified licensed professional with regard to psychological/neuropsychological testing for I/DD.	Qualified licensed professionals are professionals that operate within their scope of practice to complete the required testing/examinations in order to make a formal diagnosis.
What agency is responsible for transportation costs when an individual lives in a group home or an alternative family living home?	Transportation is the responsibility of the Residential Supports (I/DD) provider, which includes to and from the residence and points of travel in the community as outlined in the PCP or ISP and is included to the degree that they are not reimbursed by another funding source and not used for personal use. Also, transportation to and from the high school setting is not covered and is the responsibility of the school system.
Will the Residential Supports (I/DD) service be billed as a daily rate?	Yes.
Do state-funded services require a service order?	Yes. A signed service order must be completed by a qualified professional, physician, licensed

	psychologist, physician assistant, or nurse practitioner, per the individual's scope of practice prior to the delivery of services.
What is the grandfather request process in the event that individuals currently enrolled in state-funded residential services for (IDD & TBI) through Sept. 30, 2022 whom do not meet the service criteria for the Residential Supports (I/DD & TBI) or Supported Living Periodic (I/DD & TBI) service?	LME-MCOs must submit a grandfather request form by Oct. 7, 2022, for individuals currently enrolled in state-funded residential services for (IDD & TBI) through Sept. 30, 2022 whom do not meet the service criteria for Residential Supports (I/DD) or Supported Living (I/DD & TBI).