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## LME-MCO Joint Communication Bulletin # J407

**DATE:** February 18, 2022

TO: Local Management Entities-Managed Care Organizations (LME-MCOs)

**FROM:** Saarah Waleed, Interim Assistant Director for Policy and Programs, DMH/DD/SAS Deb Goda, Associate Director, Behavioral Health and Intellectual and Developmental Disabilities, NC Medicaid

# SUBJECT: State-Funded Residential Supports (RS)(I/DD) Service and Supported Living Periodic (SLP) (I/DD & TBI) Periodic Service

This communication bulletin informs LME-MCOs of the following changes to the amended Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) state-funded service definitions under the Intellectual and Developmental Disabilities (I/DD) benefit plan effective March 1, 2022.

## **Residential Supports (I/DD)**

The service requirements for Residential Supports (I/DD) are as follows:

- Demonstration that the individual has a developmental disability as defined by G.S. 122-C-3(12a) for Autism Spectrum Disorder, Intellectual Disability or Traumatic Brain Injury, an individual must have:
  - A psychological, neuropsychological, or psychiatric assessment that includes Appropriate psychological / neuropsychological testing (with validated tools) performed by a licensed clinician within their scope
  - The disability is manifested before the person attains age 22, unless the disability is caused by a traumatic brain injury, in which case the disability may be manifested after attaining age 22.
- Demonstration that the individual has a developmental disability as defined by G.S. 122-C-3(12a) without accompanying intellectual disabilities, an individual must have:
  - A physician assessment, substantiating a definitive diagnosis and associated functional limitations consistent with a developmental disability. Associated psychological or neuropsychological testing is not required in this situation.

#### NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

## NC MEDICAID • DIVISION OF HEALTH BENEFITS

LOCATION: 1985 Umstead Drive, Kirby Building, Raleigh, NC 27603 MAILING ADDRESS: 2501 Mail Service Center, Raleigh, NC 27699-2001 www.ncdhhs.gov • TEL: 919-855-4100 • FAX: 919-715-9451 DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES MAILING ADDRESS: 3001 Mail Service Center, Raleigh, NC 27699-3001 www.ncdhhs.gov • TEL: 984-236-5000 • FAX:919-508-0951

- Residential Supports is an individualized service for the I/DD population, including individuals with Traumatic Brain Injury (TBI) that meet G.S. 122C-3(12a) that helps individuals aged 16 years and older with learning and practicing new skills and improving existing skills to assist the individual in increasing their level of independence. For the Traumatic Brain Injury (TBI) population, the service includes training and support for relearning skills, developing compensatory strategies and practicing new skills, and improving existing skills to assist the individual in achieving the greatest level of independence possible.
- The service is provided in a licensed group home or licensed or unlicensed Alternative Family Living (AFL) setting that serves individuals with I/DD or TBI in accordance with G.S. 122C-3(12a).
- For Residential Supports provided in an AFL, the site must be the primary residence of the AFL provider who receives reimbursement for the cost of care. These sites are licensed or unlicensed in accordance with **10A NCAC 27G .5600**. All unlicensed AFL sites will be reviewed using the LME-MCO AFL checklist for health and safety related issues.
- The service must be provided in .5600 Supervised Living, Type B, Type C and Type F effective March 1, 2022.
  - The following are bed capacity requirements for new and existing .5600 Supervised Living, Type B and Type C facilities effective March 1, 2022.
    - Four beds or less for newly developed facilities; six beds or more for existing facilities
- Respite may also be used to provide temporary relief to individuals who reside in Licensed and Unlicensed AFLs. Residential Supports may not be billed on the same day as Respite if Respite is billed for more than four hours on that day.
- The service requires a NC Support Needs Assessment Profile (SNAP) (Level 2 Level 4) or Supports Intensity Scale (SIS) (Level C Level E) requiring a moderate to high level of supervision and support in most settings.
- A service order must be signed by a qualified professional, physician, licensed psychologist, physician assistant, or nurse practitioner, consistent with their scope of practice prior to or on the first day Residential Supports (I/DD) services are rendered.
- Individuals receiving this service may not be a Home and Community Based Services (HCBS) Waiver member or individual receiving Medicaid funded residential services, inclusive of Medicaid ICF-IID In Lieu of Services (ILOS) with a residential component.
- Individuals who receive Residential Supports may not receive Community Living and Supports, Supported Living Periodic, Developmental Therapy, Personal Care Services, State Funded Personal Care or Personal Assistance.
- This service is not available at the same time of day as state-funded periodic services, State Plan Medicaid Services that works directly with the individual, such as Private Duty Nursing.
- This service is a daily 24/7 service.
- Transportation to and from the residence and points of travel in the community as outlined in the Person-Centered Plan (PCP) or Individual Support Plan (ISP) is included to the degree that they are not reimbursed by another funding source and not used for personal use.

#### Service Rates:

Level 1: The service rate is \$193.54, 1 unit = 1 day. The procedure code is **YM846**. Level 2: The service rate is \$220.08, 1 unit = 1 day. The procedure code is **YM847**. Level 3: The service rate is \$246.16, 1 unit = 1 day. The procedure code is **YM848**. LME-MCOs maintain rate setting authority.

Billing should be completed as follows:

• Individuals NEW to the Residential Supports service should enroll in Residential Supports (Levels 1-3) and utilize the new appropriate NCTracks procedure code based upon assigned level effective March 1, 2022.

• Individuals with I/DD or TBI CURRENTLY enrolled in the following services may transition to Residential Support (Levels 1-3), Supported Living Periodic or another available service by Aug. 31, 2022. Upon transitioning to the new service, the expectation is to utilize the new NCTracks procedure code. The current NCTracks procedure codes below will expire effective Aug. 31, 2022.

Termination of NCTracks Code under IDD/TBI Benefit Plan Effective Aug. 31, 2022	
Name of Service	NCTracks Code
Residential Supports	YM850
Family Living Low	YM740
Family Living Moderate	YP750
Family Living High	YP755
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

The NCTracks procedure codes above will expire effective Aug. 31, 2022. However, all individuals with I/DD or TBI enrolled in one of the state-funded residential services above effective Feb. 28, 2022, and do not meet eligibility requirements for Residential Supports (I/DD) or Supported Living Periodic (IDD & TBI), will be grandfathered into the most appropriate service following the waiver request process noted below.

DMH/DD/SAS does not have a state-funded service requirement where current individuals accessing services must 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.

In the event that individuals currently enrolled in the above residential services for (IDD & TBI) effective Feb. 28, 2022 do not meet the service criteria for Residential Supports (I/DD) or Supported Living (I/DD & TBI), LME-MCOs must submit a waiver request form listing the individuals impacted in their catchment area to DMHIDDContact@dhhs.nc.gov by May 31, 2022.

**Note:** Individuals with TBI may access Residential Supports (I/DD) or Supported Living (I/DD & TBI) per eligibility requirements in the applicable service definition. However, individuals meeting this eligibility requirement for G.S. 122C-3(38a) may also access TBI Long Term Residential Rehabilitation Service, slated to be released by Summer 2022.

# Supported Living Periodic (SLP) (I/DD & TBI)

The service requirements for Supported Living Periodic (I/DD & TBI) are as follows:

- Demonstration that the individual has a developmental disability as defined by G.S. 122-C-3(12a) with Autism Spectrum Disorder, Intellectual Disability or Traumatic Brain Injury. OR to demonstrate meeting a Traumatic Brain Injury as defined by G.S. 122-C-3(38a), an individual must have:
  - A psychological, neuropsychological, or psychiatric assessment that includes:
    - Appropriate psychological / neuropsychological testing (with validated tools) performed by a licensed clinician within their scope.
- To demonstrate an individual has a developmental disability as defined by G.S. 122-C-3(12a) without accompanying intellectual disabilities, an individual must have:

- A physician assessment, substantiating a definitive diagnosis and associated functional limitations consistent with a developmental disability. Associated psychological or neuropsychological testing is not required in this situation.
- Supported living Periodic (I/DD & TBI)) is an individualized service that provides assistance to individuals with activities of daily living, household chores essential to the health and safety of the individual, budget management, attending appointments, and interpersonal and social skill building to enable the individual to live independently in the community.
- The service is provided in the home of the individual.
- Training activities, supervision, and assistance may be provided to allow the individual to participate in home or community activities. Other activities include assistance with monitoring health status and physical conditions and assistance with transferring, ambulation and use of special mobility devices.
- The service requires an NC SNAP (Level 2 or lower), Supports Intensity Scale (SIS) (Level C or lower), or TBI Assessment requiring low level of supervision and support in most settings.
- A service order must be signed by a qualified professional, physician, licensed psychologist, physician assistant, or nurse practitioner, consistent with their scope of practice prior to or on the first day Supported Living Periodic (IDD & TBI) services are rendered.
- Individuals who receive Supported Living Periodic may not receive Community Living and Support, Residential Supports, Developmental Therapy, Personal Care Services, State Plan Personal Care or Personal Assistance.
- This service is not available at the same time of day as state-funded periodic services, State Plan Medicaid Services that works directly with the individual, such as Private Duty Nursing.
- Individuals receiving this service may not be an HCBS Waiver member or individual receiving Medicaid funded residential services, inclusive of Medicaid ICF-IID ILOS with a residential component.
- Supported Living Periodic services (I/DD & TBI) must not be duplicative of any other services the individual is receiving.
- Relatives may not provide Supported Living Periodic.
- All individuals receiving Supported Living Periodic (I/DD & TBI) services who live in the same household must be on the lease unless the individual is a live-in caregiver. A Supported Living Periodic home must have no more than three (3) residents including any live-in caregiver providing supports per SL2011-202/HB509. A live-in caregiver is defined as an individual unrelated to the individual and who provides services in the individual's home through the Supported Living Periodic provider agency and is not on the lease.
- Transportation is an inclusive component of Supported Living Periodic to achieve goals and objectives related to these activities with the exception of transportation by another funding source and to and from medical services completed by natural supports.
- This service may not exceed 28 hours a week.

## Service Rate:

The service rate is \$8.01 per 15 minutes, 1 unit = 15 minutes. The procedure code is **YM854**. LME-MCOs maintain rate setting authority.

Ethical concerns should be submitted to DMH/DD/SAS Consumer Rights Team for review. If validated, additional review and action may be taken by the State.

If you have any questions, please contact Stephanie Jones at 984-236-5043 via e-mail <u>DMHIDDCONTACT@dhhs.nc.gov</u>.

Attachment(s):Residential Supports (I/DD) service definition<br/>Residential Supports (I/DD) FAQ (Frequently Asked Questions)<br/>Residential Supports (IDD & TBI) Waiver Request Form<br/>Supported Living Periodic (I/DD & TBI) service definition<br/>Supported Living Periodic (I/DD & TBI) FAQ (Frequently Asked Questions)

Previous bulletins can be accessed at: www.ncdhhs.gov/divisions/mhddsas/joint-communication-bulletins

cc: Helen Wolstenholme, NC DHHS Deepa Avula, DMH/DD/SAS Dave Richard, NC Medicaid Jay Ludlam, NC Medicaid Karen Burkes, DSOHF NC Medicaid Leadership Team DMH/DD/SAS Leadership Team