



NC DEPARTMENT OF  
**HEALTH AND  
 HUMAN SERVICES**  
 Division of Mental Health, Developmental  
 Disabilities and Substance Abuse Services

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## State-Funded TBI Long Term Residential Rehabilitation (TBI LTRR) Frequently Asked Questions

Question	Response
Will there be new NCTracks billing codes for TBI LTRR (Levels 1-2)?	The NCTracks billing codes for TBI LTRR are as follows: Level 1 - YM849 Level 2 - YM853
What are residential service options for an individual with a TBI?	Individuals may access Residential Supports (I/DD) or Supported Living (I/DD & TBI). However, individuals may also access TBI LTRR Service.
Are there different levels of support for TBI LTRR?	Yes. Level 1 is for individuals with minimum to moderate intervention and supervision needs and Level 2 is for individuals with high intervention and supervision needs.
What if a setting has three residents and only one has a Level 2 TBI, would two staff be required at all times because of the Level 2 TBI?	Yes. Since there is at least one individual with a level 2 living in the setting along with two other residents, two paraprofessionals would be required at all times.
Is an amended Individual Support Plan (ISP) or Person-Centered Plan (PCP) necessary for individuals transitioning to TBI LTRR (Levels 1-2)?	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.
What is the template for service documentation (e.g., - grid or PIE note) for TBI LTRR?	A full service note or service grid for each contact or intervention for each date of service is required. The service definition defines specific documentation requirements for this service.
Can an individual receive TBI LTRR in their own private home?	No. TBI LTRR may be provided in a licensed Group Home or Alternative Family Living (AFL) setting. Supported Living Periodic (I/DD & TBI) may be a more appropriate service for an individual living in their own private home.
Are individuals on the Innovations Waiver waiting list or Registry of Unmet Needs eligible for state-funded services?	Yes, individuals may be eligible as long as the individual meets other criteria specific to the State-Funded TBI LTRR service definition, is not receiving duplicative services and the service is

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	available within their catchment area. Individuals receiving this service may not be an HCBS Waiver member/beneficiary or an individual receiving Medicaid-funded residential services, inclusive of Medicaid ICF-IID In Lieu of Services (ILOS) with a residential component.
Can an individual receive TBI LTRR and Community Living and Supports?	No. Individuals who receive TBI LTRR may not receive State-Funded or Medicaid-Funded Community Living and Supports, Supported Living Periodic, Developmental Therapy, State Funded Personal Care Services or Personal Assistance.
Can an individual receive TBI LTRR and Respite?	Individuals who receive TBI LTRR can receive Respite if the individual resides in a Licensed AFL.
May an individual receive TBI LTRR and also receive Psychosocial Rehabilitation (PSR) and/or Day Supports/State-funded day programming?	This service is not available at the same time of day as State Plan Psychosocial Rehabilitation Services, State-Funded Day Activity, Adult Day Vocational Program or State-Funded or Medicaid-Funded Day Supports.
What if an individual needs Speech Therapy in conjunction with this service?	Speech Therapy is not an inclusive component of this service. The individual's care manager or care coordinator is responsible for identifying the needs, additional services and supports for the individual.
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 TBI LTRR 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 the 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 have the authority to evaluate compliance through defined policy, procedure, or practices.
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 TBI LTRR 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 accessed 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 TBI LTRR be billed as a daily rate?	Yes.
Do state-funded services require a service order?	Yes. A signed service order must be completed prior to the delivery of services by a qualified professional, physician, licensed psychologist, physician assistant, or nurse practitioner in accordance with the professional's scope of practice.
If an individual is currently enrolled in a State-Funded alternative service, TBI LTRR, and meets all criteria for State-Funded TBI LTRR, is it necessary to transition to the new TBI LTRR?	Yes, an individual currently enrolled in a State-Funded alternative service, TBI LTRR, must transition to State-Funded TBI LTRR (Level 1-2) by February 28, 2023.
Can state-funded TBI Residential Rehabilitation providers bill separately for Therapeutic Leave?	No. The cost associated with Therapeutic Leave is included in the per diem.