Adult Developmental Vocational Program (ADVP)

An Adult Developmental Vocational Program (ADVP) is a day/night service which provides organized developmental activities for individuals with intellectual/developmental disabilities to prepare the individual to live and work as independently as possible. The activities and services of ADVP are designed to adhere to the principles of normalization and community integration.

Guidelines:

- (1) Specific professional services provided (routinely or occasionally) to some, but not all, clients of the day program by professionals not assigned to the program, shall be reported and accounted for as a part of regular periodic services as defined (e.g., Screenings, Evaluations, individual or group Outpatient Treatment/Habilitation).
- (2) This service is available for a period of three or more hours per day; although, an individual may attend for fewer than three hours.
- (3) Only direct client attendance time is to be reported.
- (4) Preparation, documentation and staff travel time are not to be reported.

Therapeutic Relationship and Interventions

There should be a supportive, therapeutic relationship between the providers and consumer which addresses and/or implements interventions outlined in the service plan. These may include personal and community living skill development, compensatory or adult basic education, training in cognitive, communication and motor skills, use of leisure time, vocational evaluation and adjustment, work skills training, and paid employment.

Structure of Daily Living

This service is designed to adhere to the principles of normalization and community integration.

Cognitive and Behavioral Skill Acquisition

This service is intended to assist individuals to prepare to live and work as independently as possible.

Service Type

This is day/night type of service under NC Administrative Code 10A NCAC 27G .2300. Payment unit equals one unit for fifteen minutes. This service is not billable to Medicaid.

Resiliency/Environmental Intervention

This service focuses on assisting the individuals in becoming connected to naturally occurring support systems and relationships in the community to provide and enhance opportunities for meaningful community participation.

Service Delivery Setting

May only be provided in a licensed or VR approved facility. It is the ADVP that shall be subject to licensure, not the location of the business or organization where the client may be placed for work. 10A NCAC 27G .2301(e)

Medical Necessity

Per 10A NCAC 27G .2306 (b)(3), a qualified professional or an associate professional shall certify the eligibility of each client for the ADVP service according to the following criteria:

A. The individual has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a).

AND

B. NCSNAP or Supports Intensity Scale (SIS)

AND

- C. The recipient is experiencing difficulties in at least one of the following areas:
 - 1. functional impairment
 - crisis intervention/diversion/aftercare needs, and/or
 - 3. at risk of placement outside the natural home setting.

AND

D. The recipient's level of functioning has not been restored or improved and may indicate a need for clinical interventions in a natural setting if any of the following apply:

- At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.
- Presents with intensive verbal, and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.
- At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.
- Requires a structured setting to foster successful integration into the community through individualized interventions and activities.

Service Order Requirement

N/A

Continuation/Utilization Review Criteria

The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the consumer's service plan or the consumer continues to be at risk for relapse based on history or the tenuous nature of the functional gains or any one of the following apply:

- A). Consumer has achieved initial service plan goals and additional goals are indicated.
- B). Consumer is making satisfactory progress toward meeting goals.
- C). Consumer is making some progress, but the service plan (specific interventions) need to be modified so that greater gains which are consistent with the consumer's premorbid level of functioning are possible or can be achieved.
- D). Consumer is not making progress; the service plan must be modified to identify more effective interventions.
- E). Consumer is regressing; the service plan must be modified to identify more effective interventions.

Discharge Criteria

Consumer's level of functioning has improved with respect to the goals outlined in the service plan, or no longer benefits from this service. The decision should be based on one of the following:

- Consumer has achieved service plan goals, discharge to a lower level of care is indicated.
- Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.

Service Maintenance Criteria

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, service should be maintained when it can be reasonably anticipated that regression is likely to occur if the service is withdrawn. The decision should be based on any one of the following:

A. Evidence that gains will be lost in the absence of ADVP is documented in the service record.

OF

B. In the event there are epidemiologically sound expectations that symptoms will persist and that ongoing treatment interventions are needed to sustain functional gains, the presence of a DSM-5 (or any subsequent editions of this reference material) diagnosis would necessitate a disability management approach.

*Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.

Provider Requirement and Supervision

The facility must have a designated full-time program director. Evaluation services shall be available for all clients. The required staff ratio is one staff to ten or fewer clients.

Documentation Requirements

Documentation in the client record is required as specified in the Records Management and Documentation Manual.

Appropriate Service Codes	
Medicaid	NC TRACKS
Not Billable	YP620