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## State-Funded Day Supports (DS) - I/DD and TBI FAQs

Question	Response
Is there an exclusion of State-Funded Community Living and Support (CLS) and State-Funded Day Supports services being authorized together?	No. The services can be authorized at the same time however they cannot be provided during the same timeframe. (e.g., both services 3-5 pm).
What is the limit in terms of frequency when State-Funded CLS and State-Funded Day Supports service are authorized together?	CLS may not exceed 28 hours per week and Day Supports may not exceed 30 hours per week.
Can State-Funded DS be authorized with other Medicaid-funded services outside of Innovations Waiver & residential (b)(3) or in lieu of services?	Individuals receiving this service may not be a HCBS Waiver member/beneficiary or an individual receiving I/DD or TBI-related (b)(3) meaningful day services (e.g. Individual Supports, Innovations look-alike services) or Medicaid In Lieu of Services (ILOS) with meaningful day component.
If an individual is currently enrolled in a State-Funded Day Supports service and meets all criteria for State-Funded Day Supports (Group), is it necessary to transition to the new Day Supports service?	Yes, an individual currently enrolled in State- Funded Day Supports must transition to State- Funded Day Supports (Group) or another service by January 31, 2022.
Can an individual enrolled in State- Funded Day Supports remain in Day Supports (Individual) instead of transitioning to Day Supports (Group)?	No. an individual currently enrolled in State- Funded Day Supports must transition to State- Funded Day Supports (Group) or another service by January 31, 2022.
Is an amended Individual Support Plan (ISP) or Person Centered Plan (PCP) necessary for individuals transitioning to Day Supports (Group)?	Yes, in transitioning from Day Supports (Individual) to Day Supports (Group), the ISP and PCP will need to be amended to reflect the new service (i.e., Day Supports (Group).
Can an individual with Medicaid who is not utilizing (b)(3) respite receive State-Funded DS?	Individuals receiving DS may not be a HCBS Waiver member/beneficiary or an individual receiving I/DD or TBI-related (b)(3) meaningful day services (e.g. Individual Supports, Respite, Innovations look-alike services) or Medicaid In Lieu of Services (ILOS) with meaningful day component.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES

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Can an individual receive Adult Developmental Vocational Program and Day Supports on the same day? Are individuals on the Innovations Waiver waiting list eligible for State-Funded services if the service isn't available in their Medicaid catchment area?	These services can be authorized for the same day but they cannot be provided within the same timeframe. (e.g., both services 3-5 pm).  Yes, as long as the individual meets other criteria specific to the State-Funded Day Supports service definition and is not receiving duplicative services. Individuals receiving this service may not be a HCBS Waiver member/beneficiary or an individual receiving I/DD or TBI-related (b)(3) meaningful day services (e.g. Individual Supports, Innovations look-alike services) or Medicaid In Lieu of Services (ILOS) with meaningful day component.
Would a screening suffice for individuals with TBI to receive State-Funded DS?	No, a screening is not sufficient for individuals with TBI to receive DS. For individuals with a TBI, a clinical exam completed by a qualified licensed professional is required noting a TBI diagnosis as defined by G.S. 122C-3(38a).
Has this service been added to NC Tracks?	Yes, Day Supports (Group) has been added to NCTracks.
What are the service codes for State- Funded Day Supports?	The NCTracks procedure code is YM590 (Group).
What is the maximum size for the group treatment?	Maximum group service ratio: Paraprofessional to individuals is 1:4.
What is the maximum size for Day Support (Group) when the treatment program serves Medicaid and State-Funded individuals in the same group?	The maximum Paraprofessional to individuals ratio is 1:4 when the treatment program serves Medicaid and State-Funded individuals in the same group.
Does this service have to be completely in the community, or can it be provided inside of the agency?	Person-centered practices should be utilized to determine the appropriate amount of time to be spent on-site versus in the community.
Are individuals who have exited school held to student limitations?	Individuals are eligible to receive I/DD education services through age 22. If the individual has documentation to confirm they are no longer enrolled in school, the LME-MCO may use that documentation to approve more than 3 hours of DS per day, but not to exceed 30 hours per week.
What agency is responsible for transportation costs when member lives in a group home or an alternative family living?	Transportation to and from the licensed day program is the responsibility of the Day Supports provider.
Does State-Funded Day Supports require individuals who receive the service to attend the Day Supports Facility once per week?	No. DS services can take place in the community. There is no mandatory site-based requirement for DS.
What is the best way for an individual to request Day Supports services?	The most efficient way to request services is through the access line of the respective LME-MCO.

Will the current licensed Day Supports programs need to make an additional application with the LME-MCO to provide State-Funded services?	Yes, an application is necessary if the licensed Day Supports program is not contracted with the LME-MCO to provide Day Supports service.
Will the Day Supports (Group) service be billed in15 minute units or on an hourly basis?	Day Supports (Group) service should be billed in 15 minute units.