

**NORTH CAROLINA  
DEPARTMENT OF HEALTH & HUMAN SERVICES**



**Division of Mental Health, Developmental Disabilities and  
Substance Abuse Services**

**State-Funded**

**MH/DD/SA SERVICE DEFINITIONS**

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## **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
2. 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:

<ol style="list-style-type: none"> <li>1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.</li> <li>2. 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.</li> <li>3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.</li> <li>4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.</li> </ol>	
<b>Service Order Requirement</b>	
N/A	
<b>Continuation/Utilization Review Criteria</b>	
<p>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:</p> <p>A). Consumer has achieved initial service plan goals and additional goals are indicated.</p> <p>B). Consumer is making satisfactory progress toward meeting goals.</p> <p>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.</p> <p>D). Consumer is not making progress; the service plan must be modified to identify more effective interventions.</p> <p>E). Consumer is regressing; the service plan must be modified to identify more effective interventions.</p>	
<b>Discharge Criteria</b>	
<p>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:</p> <ol style="list-style-type: none"> <li>1. Consumer has achieved service plan goals, discharge to a lower level of care is indicated.</li> <li>2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.</li> </ol>	
<b>Service Maintenance Criteria</b>	
<p>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:</p> <p>A. Evidence that gains will be lost in the absence of ADVP is documented in the service record.</p> <p style="text-align: center;"><b>OR</b></p> <p>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.</p> <p><i>*Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.</i></p>	
<b>Provider Requirement and Supervision</b>	
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.	
<b>Documentation Requirements</b>	
Documentation in the client record is required as specified in the Records Management and Documentation Manual.	
<b>Appropriate Service Codes</b>	
<b>Medicaid</b>	<b>NC TRACKS</b>
<b>Not Billable</b>	<b>YP620</b>

## **Community Rehabilitation Program (Sheltered Workshop)**

A Community Rehabilitation Program is a day/night service which provides work-oriented services including various combinations of evaluation, developmental skills training, vocational adjustment, job placement, and extended or sheltered employment to individuals of all disability groups sixteen years of age or over who have potential for gainful employment. This service is designed for individuals who have demonstrated that they do not require the intensive training and structure found in programs such as ADVPs, but have not yet acquired the skills necessary for competitive employment. It provides the individual opportunity to acquire and maintain life skills, including appropriate work habits, specific job skills, self-help skills, socialization skills, and communication skills. This service focuses on vocational/productive work activities for individuals who have potential for gainful employment, as determined by Vocational Rehabilitation Services or the ability to participate in a community rehabilitation program. Community Rehabilitation Programs are subject to Department of Labor Federal Wage and Hour Guidelines for the Handicapped.

Guidelines:

- (1) May only be provided in a VR approved facility or a facility licensed under G.S. 122-C.
- (2) Only direct client attendance time is reported.
- (3) Preparation, documentation and staff travel time are not reported.
- (4) Documentation in the client record is required.
- (5) Community Rehabilitation Program services provided to clients who are sponsored by Vocational Rehabilitation in an area operated program are to be reported and a revenue adjustment to be made; OR such services can be excluded from both cost finding and event reporting in accordance with funding guidelines. All Community Rehabilitation Program services to area program clients which are supported by area program funding are 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.

### **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 .5500. This service is not billable to Medicaid.

### **Resiliency/Environmental Intervention**

This service focuses on assisting the individuals in acquiring and maintaining life skills, with a focus on vocational/productive work activities.

### **Service Delivery Setting**

May only be provided in a licensed or VR approved facility.

### **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 Community Rehabilitation Program service according to the following criteria:

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

**AND**

B. NC SNAP or Supports Intensity Scale (SIS)

**AND**

C. The recipient is experiencing difficulties in at least one of the following areas:

1. Functional impairment
2. Crisis intervention/diversion/aftercare needs, and/or

<p>3. At risk of placement outside the natural home setting.</p> <p style="text-align: center;"><b>AND</b></p> <p>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:</p> <ol style="list-style-type: none"> <li>1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.</li> <li>2. 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.</li> <li>3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.</li> <li>4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.</li> </ol>	
<b>Service Order Requirement</b>	
N/A. Per 10A NCAC 27G .2306 (b)(3), a qualified professional or an associate professional shall certify the eligibility of each client for this service.	
<b>Continuation/Utilization Review Criteria</b>	
Consumer requires this service continue to acquire or maintain life skills or to prepare for competitive employment in the community.	
<b>Discharge Criteria</b>	
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:	
<ol style="list-style-type: none"> <li>1. Consumer has achieved service plan goals; discharge to a lower level of care is indicated.</li> <li>2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.</li> </ol>	
<b>Service Maintenance Criteria</b>	
If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Community Rehabilitation Program services 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:	
<p>A. Evidence that gains will be lost in the absence of Community Rehabilitation Program services is documented in the service record.</p> <p style="text-align: center;"><b>OR</b></p> <p>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.</p> <p><i>*Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.</i></p>	
<b>Provider Requirement and Supervision</b>	
The facility must have a designated full-time program director and a designated program coordinator. At least one staff member shall be designated as a client evaluator. The required staff ratio is one staff to ten or fewer clients.	
<b>Documentation Requirements</b>	
Documentation in the client record is required as specified in the Records Management and Documentation Manual.	
<b>Appropriate Service Codes</b>	
<b>Medicaid</b>	<b>NC TRACKS</b>
<b>Not Billable</b>	<b>YP650</b>

## **Day/Evening Activity**

Day/Evening activity is a day/night service, which provides supervision and an organized program during a substantial part of the day in a group setting. Participation may be on a routine or occasional basis. The service is designed to support the individual's personal independence and promote social, physical and emotional well-being. A Day/Evening activity program is distinguished from a "Drop In Center" in that the clients who participate in the program are usually referred to the program as a part of their treatment plan.

### **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, for example).
- (2) This service shall be available for the number of hours per day required by Licensure Rules; although, an individual may attend for fewer than three hours.
- (3) The attendance hours of children placed in mainstream day care settings and supported by area program payments are to be costed and reported as Day/Evening Activity. Expenses and staff activity related to the support of children in such settings are to be costed and reported for what they in fact are: i.e., outpatient treatment/habilitation.
- (4) Only direct client attendance time is to be reported.
- (5) Preparation, documentation and staff travel time are not to be reported.
- (6) Social and supportive activities provided during the evening and night hours for individuals who are involved in other mental health programs (such as psychosocial rehabilitation, outpatient treatment, supportive employment, etc.) during the day are to be reported as Day/Evening Activity services.
- (7) Social and supportive activities for children before and after school.

### **Therapeutic Relationship and Interventions**

There should be a supportive and therapeutic relationship between the provider and the consumer which addresses and or implements interventions outlined in the service plan. These may include supporting the individual's personal independence and promote social, physical and emotional well-being.

### **Structure of Daily Living**

Day/Evening service supports client through activities such as: social skills development, leisure activities, training in daily living skills, improvement of health status, and utilization of community resources.

### **Cognitive and Behavioral Skill Acquisition**

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

### **Service Type**

This is a day/evening type of service. Under NC Administrative Code 10A NCAC 27 G .5400. This service is not billable to Medicaid.

### **Resiliency/Environmental Intervention**

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

### **Service Delivery Setting**

May only be provided in a licensed facility.

### **Medical Necessity**

A. There is a mental health diagnosis present or the person has a condition that may be defined as a developmental disability as defined in G.S. 122C-3 (12a).

**AND**

B. For individuals with an I/DD, NCSNAP or Supports Intensity Scale (SIS)

**AND**

C. The recipient is experiencing difficulties in at least one of the following areas:

1. functional impairment
2. 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:

1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.
2. 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.
3. 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:

1. Consumer has achieved service plan goals; discharge to a lower level of care is indicated.
2. 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 Day/Evening Activity is documented in the service record.

**OR**

- 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**

**Staffing requirement**

Adult Mental Health One staff to Eight clients ratio. Each client admitted to a facility shall receive services from a designated qualified professional who has responsibility for the client's treatment, program as per 10A NCAC 27G .5402(a). Paraprofessional staff may provide the other services needed under this definition.

**Documentation Requirements**

Documentation in the client record is required.

**Appropriate Service Codes**

<b>Medicaid</b>	<b>NC TRACKS</b>
<b>Not Billable</b>	<b>YP660</b>

## Day Supports

Day Supports is a service definition that allows for all supports services provided on behalf of an individual in a day setting to be delivered under one service heading and reported in an aggregate daily record.

Individual services which may be included in this service are those generally understood as habilitation/support services: Assistance with acquisition, retention, or improvement in self-help, socialization and adaptive skills which takes place in a non-residential setting, separate from the home or facility in which the individual resides. Services shall normally be furnished four (4) or more hours per day on a regularly scheduled basis, for one (1) or more days per week unless provided as an adjunct to other day activities included in an individual's plan of care.

Day Supports services shall focus on enabling the individual to attain or maintain his or her maximum functional level and shall be coordinated with any physical, occupation, or speech therapies listed in the individual's service plan. In addition, day supports services may serve to reinforce skills or lessons taught in school, therapy, or other settings.

Prevocational services are not available under other programs may be billed to this service. Such services include teaching such concepts as compliance, attendance, task completion, problem solving and safety. Prevocational services are provided to persons not expected to be able to join the general work force or participate in a transitional sheltered workshop within one year (excluding supported employment programs).

A combination of services otherwise provided under the following periodic services may be provided under this code:

Personal Assistance
Personal Care Services - Individual
Therapeutic Intervention/Crisis Prevention
Professional Treatment Services in Facility-Based Crisis Program

### GUIDELINES

1. Payment for day supports does not include payments made directly to members of the individual's immediate family;
2. Whereas the completion of a daily record is sufficient for the purposes of billing this service definition, records of individual services provided to the individual must be maintained for the purposes of an audit trail.

### Therapeutic Relationship and Interventions

There should be a supportive therapeutic relationship between the provider and the client which addresses and/or implements interventions outlined in the service plan.

### Structure of Daily Living

This service is focused on the implementation of strategies and activities in the person's service plan that support personal interaction, enhanced social roles and community membership.

### Cognitive and Behavioral Skill Acquisition

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

### Service Type

Daily service. This service is not billable to Medicaid.

<b>Resiliency/Environmental Intervention</b>	
This service focuses on assisting individuals in becoming connected to naturally occurring support systems and relationships in the community to provide and enhance opportunities for meaningful community participation.	
<b>Service Delivery Setting</b>	
This service can be provided in any location.	
<b>Medical Necessity</b>	
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:	
<ol style="list-style-type: none"> <li>1. Consumer has achieved service plan goals; discharge to a lower level of care is indicated.</li> <li>2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.</li> </ol>	
<b>Service Maintenance Criteria</b>	
If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Day Supports 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 Day Supports is documented in the service record.	
<b>OR</b>	
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.	
<i>*Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.</i>	
<b>Provider Requirement and Supervision</b>	
Direct care providers shall meet the competencies and supervision requirements as specified in 10A NCAC 27G .0202 and .0204.	
<b>Documentation Requirements</b>	
Documentation is required as specified in the Records Management and Documentation Manual.	
<b>Appropriate Service Codes</b>	
<b>Medicaid</b>	<b>NC TRACKS</b>
<b>Not Billable</b>	<b>YM580</b>

## **Developmental Day**

Developmental Day is a day/night service which provides individual habilitative programming for children with intellectual/developmental disabilities, with or at risk for developmental disabilities, or atypical development in special licensed child care center. It is designed to meet the developmental needs of the children in an inclusive setting to promote skill acquisition in areas such as self-help, fine and gross motor skills, language and communication, cognitive and social skills in order to facilitate their functioning in a less restrictive environment. This service is also designed to meet child care needs of families and to provide family training and support.

### **GUIDELINES:**

- (1) May only be provided in a licensed facility.
- (2) Specific professional services provided (routinely or occasionally) to clients of the day program by professionals not assigned to (or cost found for) 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, for example).
- (3) It may be provided:
  1. During the day to preschool aged children;
  2. preceding and following the school day during the months of local school operation to children under the age of 18; or
  3. during summer months, to both.
    - ◆ Before/After School and Summered Day facilities must have service available for a minimum of three hours per day (exclusive of transportation time), five days per week, during the months of local school operation. Before/After School and Summered Day facilities must have service available a minimum of eight hours per day (exclusive of transportation time), five days per week, during the weeks in which local school operation is closed for summer break. Individual children may attend for fewer hours. (See NC T10: 14V.2200)
- (5) Only direct client attendance time is to be reported.
- (6) Preparation, documentation and staff travel time are not to be reported.
- (7) Documentation in the client record is required.
- (8) Services provided to children who are sponsored by local schools (DPI) in the developmental day center, are to be reported and a revenue adjustment to be made; OR, such services can be excluded from both cost finding and event reporting in accordance with Funding System guidelines. All developmental day services to area program clients which are supported by area program funding are to be reported.
- (9) Required child-staff ratios are determined by calculating the required staff needed for developmental day rules as well as calculating the required staff needed for child care licensing rules for typically developing children. As long as the minimum child-staff requirement is met, then any additional staff may be used by Developmental Day facilities for ancillary services for which they are qualified and privileged to perform.

PAYMENT UNIT: 15 minute increments

## **Therapeutic Relationship and Interventions**

There should be a supportive, therapeutic relationship between the provider and client [or primary caregiver of the client] which addresses and/or implements interventions outlined in the service plan in any of the following: scheduled or unstructured group activities, assistance in transitioning between activities, circle time, language arts activities, general staff-directed learning activities, incidental behavioral guidance and redirection, supervised play, snack and meal time, assistance in toileting and self help activities, child-directed activities, and incidental teaching during free play. Interventions also include the provision of family training and support. This definition does not include ancillary or

additional services such as ST/PT/OT by licensed therapists, which are distinct services apart from developmental day and are, therefore, required to be reported separately.

**Structure of Daily Living**

Developmental day services are designed as specialized child care centers for the identified population. Early childhood services are provided in a structured, inclusive setting to offer developmentally appropriate activities, support, and guidance for the children enrolled. Developmental day must maintain a high child-staff ratio in order to address the developmental and holistic needs identified on the child's service plan [IFSP, IEP, etc.]. Developmental day also serves to improve each child's level of functioning, increasing coping and adaptive skills, and working toward preventing or minimizing more severe delays in the future.

**Cognitive and Behavioral Skill Acquisition**

This service provides developmentally appropriate opportunities that are based on the child and/or family's priorities, strengths, resources, and needs by addressing the functional areas associated with cognitive and/or behavioral development. The service focuses on improving the quality of the client's life, promoting skill acquisition, enhancing functional gains, and/or providing assistance to the family members/caregivers to better meet the child's needs.

**Service Type**

This is a day/night service in an inclusive setting. It is usually provided in group interventions by professional and/or paraprofessional staff under the direct supervision of a professional staff member. This service is not billable to Medicaid.

**Resiliency/Environmental Intervention**

This structured treatment modality targets developing, improving, or maintaining naturally occurring supports and relationships in an array of the client's natural environments.

**Service Delivery Setting**

This service provides direct services in a licensed child care facility.

**Medical Necessity**

The recipient is eligible for this service when there is an child under age 3 determined to be eligible for early intervention services through procedures documented in the North Carolina Infant Toddler Program Manual (Bulletins 16 and 22) or the child has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a);

**AND**

NCSNAP or Supports Intensity Scale, or children under age 3 determined to be eligible for early intervention services through procedures documented in the North Carolina Infant Toddler Program Manual (Bulletins 16 and 22) or, if over age 3, deemed eligible for services based on a documented developmental delay or disability.

**AND**

The client is experiencing difficulties in at least one of the following areas:

- A). The client's level of functioning is delayed or has not improved and may indicate a need for Developmental day services
- B). Child is in need of special instruction and/or specialized therapies because of identified risk factors or delays, as evidenced by the multidisciplinary assessment.
- C). Individual requires assistance, and/ or training to access community supports and for activities of daily living.

<b>Service Order Requirement</b>	
A service order is not required for reimbursement by NC TRACKS.	
<b>Continuation/Utilization Review Criteria</b>	
Services must be listed on the child's service plan [IFSP, etc.], subject to review on a 6-month cycle for children under age 3. For children age 3 and older, services must be listed on the child's service plan [IEP, etc.], subject to annual review.	
<b>Discharge Criteria</b>	
Children are discharged when they are no longer eligible for the service, when the family chooses to remove the child from the service, when the child has achieved the goals to the extent that services of a less restrictive level of care are indicated, or when the child "ages out" of the program.	
<b>Service Maintenance Criteria</b>	
Services must be listed on the child's service plan [IFSP, etc.], subject to review on a 6-month cycle for children under age 3. For children age 3 and older, services must be listed on the child's service plan [IEP, etc.], subject to annual review.	
<b>Provider Requirement and Supervision</b>	
<p>Professional level-</p> <p>Persons who meet the requirements specified for Professional status for the appropriate disability population or Qualified Professional Status for the appropriate disability population according to <i>10A NCAC 27G</i> or the <i>N.C. Infant-Toddler Program Guidance for Personnel Certification (APSM 120-1)</i> may deliver developmental day services within the requirements of the staff definition specified in the above rule. Supervision is provided according to supervision requirements specified in <i>10A NCAC 27G</i> and according to licensure/certification requirements of the appropriate discipline. If school or preschool age children are served under contract with the Department of Public Instruction, a Preschool Handicapped, B-K, or Special Education certified teacher shall be employed for each 20 children or less. The type of certification shall be based on the ages of the children served.</p> <p>Paraprofessional level-</p> <p>Persons who meet the requirements specified for Paraprofessional status according to <i>10A NCAC 27G</i> or the <i>N.C. Infant-Toddler Program Guidance for Personnel Certification (APSM 120-1)</i> may deliver developmental day services within the requirements of the staff definition specified in the above rule. Supervision of Paraprofessionals is also to be carried out according to <i>10A NCAC 27G</i>.</p>	
<b>Documentation Requirements</b>	
Minimum standard requires that services must be listed on the child's service plan.[IFSP, IEP, etc.] and a quarterly service note which summarizes the child's progress toward the goals and outcomes listed in the service plan.	
<b>Appropriate Service Codes</b>	
<b>Medicaid</b>	<b>NC TRACKS</b>
<b>Not Billable</b>	<b>YP610</b>

## Drop-In Center

Drop-In Center services are day/night services provided in a centralized location to clients and non-clients on a regular or occasional drop-in basis. The service is designed to provide a safe and healthy environment for needy individuals who otherwise would be unlikely to respond to more structured programming. It is designed to meet some of the social, educational, health, and other non-treatment needs of the individual. It may include individual and group supports and training or retraining activities required for successful maintenance, or re-entry into the individual's vocational or community living situation. A Drop-In Center is distinguished from a "Day/ Evening Activity Program" in that participation is usually spontaneous on the part of the recipient and not necessarily a part of an official treatment plan'.

- (1) Day/Night services certified as one of the following *may not* be included in this category:
  - a. Partial Hospitalization;
  - b. Day Treatment and Education, ED Children;
  - c. Therapeutic Preschool;
  - d. Specialized Summer Day Treatment;
  - e. Therapeutic Day Camp Programs;
  - f. Adult Day Health;
  - g. Developmental Day;
  - h. Adult Developmental Activity Program; or
  - i. Psychosocial Rehabilitation.
- (2) Specific professional services provided (routinely or occasionally) to clients of the day program by professionals not assigned to (or cost found for) the program, shall be reported and accounted for as a part of regular periodic services as defined (e.g., individual or group Outpatient Treatment/Habilitation, for example).
- (3) This service is available for a period of three or more hours per day; although, an individual may attend for fewer than three hours.
- (4) Only direct client/non-client attendance time is to be reported.
- (5) Preparation, documentation and staff travel time are not to be reported.

### Therapeutic Relationship and Interventions

Drop in Center is a safe and healthy environment which provides supportive services on a drop-in basis to clients and non-clients.

### Structure of Daily Living

It is designed to meet some of the social, educational, health, and other non-treatment needs of the individual. It may include individual and group supports and training or retraining activities required for successful maintenance, or re-entry into the individual's vocational or community living situation.

### Cognitive and Behavioral Skill Acquisition

This service supports the individual through activities such as: social skills development, leisure activities, training in daily living skills, improvement of health status, and utilization of community resources.

### Service Type

This is a day/evening type of service. Under NC Administrative Code 10A NCAC 27G .5400. This service shall be available for the number of hours per day required by Licensure Rules; although, an individual may attend for fewer than three hours. This service is not Medicaid billable.

### Resiliency/Environmental Intervention

This service assists consumers in utilizing naturally occurring support systems and relationships in the community.

### Service Delivery Setting

This service may only be provided in a licensed facility.

<b>Medical Necessity/Clinical Appropriateness</b>	
<p>A. There is a mental health diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a).</p> <p style="text-align: center;"><b>AND</b></p> <p>B. For individuals with an I/DD, NCSNAP or Supports Intensity Scale</p> <p style="text-align: center;"><b>AND</b></p> <p>C. The recipient is experiencing difficulties in at least one of the following areas:</p> <ol style="list-style-type: none"> <li>1. functional impairment</li> <li>2. crisis intervention/diversion/aftercare needs, and/or</li> <li>3. at risk of placement outside the natural home setting.</li> </ol> <p style="text-align: center;"><b>AND</b></p> <p>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:</p> <ol style="list-style-type: none"> <li>1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.</li> <li>2. 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.</li> <li>3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.</li> <li>4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.</li> </ol>	
<b>Service Order Requirement</b>	
N/A	
<b>Continuation/Utilization Review Criteria</b>	
N/A	
<b>Discharge Criteria</b>	
N/A	
<b>Service Maintenance Criteria</b>	
N/A	
<b>Provider Requirement and Supervision</b>	
Each drop in Center shall have at least one staff member on site at all times when clients are present in the facility.	
<b>Documentation Requirements</b>	
Documentation is required in a client record, or in a separate or pending file (some type of form which identifies the individual by name, or unique identifier on a daily basis is recommended).	
<b>Appropriate Service Codes</b>	
<b>Medicaid</b>	<b>NC TRACKS</b>
<b>Not Billable</b>	<b>YP690 (Attendance)</b>
	<b>YP692 (Coverage Hrs.)</b>



## **Family Living – Low Intensity**

Family Living—Low Intensity is a residential service which includes room and board and provides "family style" supervision and monitoring of daily activities. Individuals live with a family who act as providers of supportive services. The service providers are supported by the professional staff of the area program or the contract agency with ongoing consultation and education to the service providers in their own homes. The professional staff provide progress reports to the treatment/habilitation team which has responsibility for the development of the treatment/habilitation plan.

### **GUIDELINES:**

- (1) Only costs related directly to the placement (rent, subsidy to the family, etc.) shall be counted in this service cost.
- (2) Services of professionals in training and supervision to the family should be reported as Case Management/Support.
- (3) Clients receiving this service may utilize periodic or day program services from the area program; but, such services should be accounted for and reported separately.
- (4) Traditional models of family living in this type of service category include but are not limited to:
  - a. Alternative Family Living; or
  - b. Host Homes used for temporary, non-crisis placements when appropriate to the definition.[As of April 1, 1994 these placements should either be licensed under a "System of Services", as "Supervised Living", or under DSS foster care licensing.]

**PAYMENT UNIT:** Client day, to be counted in a midnight occupied bed count. Allowance will be made for individual client's Therapeutic Leave in accordance with Funding requirements, and must be documented in the client record.

### **Therapeutic Relationship and Interventions**

There should be a supportive, therapeutic relationship between the provider/caregiver and the client which addresses and/or implements interventions outlined in the service plan. These may include supervision and monitoring of daily activities.

### **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 as independently as possible.

### **Service Type**

This is a 24-hour service. This service is not Medicaid billable.

### **Resiliency/Environmental Intervention**

This service occurs in facilities licensed in accordance with 10A NCAC 27G .5600 unless it is an unlicensed facility serving only one adult consumer.

### **Service Delivery Setting**

This service occurs in facilities licensed in accordance with 10A NCAC 27G .5600 unless it is an unlicensed facility serving only one adult consumer.

### **Medical Necessity**

- A. There is a mental health diagnosis present or the person has a condition that may be defined as a developmental disability as defined in G.S. 122C-3 (12a).  
**AND**
- B. For individuals with an I/DD, NCSNAP or Supports Intensity Scale  
**AND**
- C. The recipient is experiencing difficulties in at least one of the following areas:
  1. functional impairment
  2. 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:
1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.
  2. 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.
  3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.
  4. 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:

1. Consumer has achieved service plan goals; discharge to a lower level of care is indicated.
2. 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, Family Living Low 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 family living low is documented in the service record.

**OR**

- 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.*

<b>Provider Requirement and Supervision</b>	
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Licensed providers must meet the specifications of 10A NCAC 27G .5600. Non-licensed facilities must comply with the staffing requirements as cited in 10A NCAC 27G .5602.	
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<b>Documentation Requirements</b>	
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This service requires documentation as specified in the Records Management and Documentation Manual.	
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<b>Appropriate Service Codes</b>	
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<b>Medicaid</b>	<b>NC TRACKS</b>
<b>Not Billable</b>	<b>YP740</b>

## Family Living--Moderate Intensity

Family Living-- Moderate Intensity is a 24-hour service (including room and board) which provides professionally trained parent-substitutes who work intensively with individuals in providing for their basic living, socialization, therapeutic, and skill-learning needs. The parent-substitutes receive substantial training and receive close supervision and support from the area program or its contract agencies.

### GUIDELINES:

- (1) Only costs related directly to the placement (rent, subsidy to the family, etc.) shall be counted in this service cost.
- (2) Services of professionals in training or supervision to the family shall be reported as Case Management/Support.
- (3) Clients receiving this service may utilize periodic or day program services from the area program; but, such services should be accounted for and reported separately.
- (4) Traditional models of family living in this type of service category include but are not limited to:
  - a. Therapeutic Home;
  - b. Professional Parenting;
  - c. Specialized Foster Care, when the parents are specifically trained and an additional subsidy (above the DSS payment) is provided to the parents in order to encourage them to care for a disabled child; and
  - d. Host Homes used for temporary, non-crisis placements when appropriate to the definition.[As of April 1, 1994 these placements should either be licensed under a "System of Services", as "Supervised Living", or under DSS foster care licensing.]

**PAYMENT UNIT:** Client day, to be counted in a midnight occupied bed count. Allowance will be made for individual client's Therapeutic Leave in accordance with Funding requirements, and must be documented in the client record.

### Therapeutic Relationship and Interventions

There should be a supportive, therapeutic relationship between the provider/caregiver and the client which addresses and/or implements interventions outlined in the service plan. These may include working intensively with individuals in providing for their basic living, socialization, therapeutic and skilled learning needs.

### 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 as independently as possible.

### Service Type

This is a 24 hour service. This service is not Medicaid billable.

### 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

This service occurs in facilities licensed in accordance with 10A NCAC 27G .5600 unless it is an unlicensed facility serving only one adult consumer.

### Medical Necessity

- A. There is a mental health diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)

**AND**

- B. For individuals with an I/DD, NCSNAP or Supports Intensity Scale  
**AND**
- C. The recipient is experiencing difficulties in at least one of the following areas:
1. functional impairment
  2. 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:
1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.
  2. 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.
  3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.
  4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.
- OR**
- E. The individual's current residential placement meets any one of the following:
1. The individual has no residence.
  2. Current placement does not provide adequate structure and supervision to ensure safety and participation in treatment.
  3. Current placement involves relationships which undermine the stability of treatment.
  4. Current placement limits opportunity for recovery, community integration and maximizing personal independence.

**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:

1. Consumer has achieved service plan goals; discharge to a lower level of care is indicated.
2. 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, family living moderate 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 family living moderate is documented in the service record.

**OR**

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**

Licensed providers must meet the specifications of 10A NCAC 27G .5600. Non-licensed facilities must comply with the staffing requirements as cited in 10A NCAC 27G .5602.

**Documentation Requirements**

This service requires documentation as specified in the Records Management and Documentation Manual.

**Appropriate Service Codes**

<b>Medicaid</b>	<b>NC TRACKS</b>
<b>Not Billable</b>	<b>YP750</b>

## **Financial Supports**

Financial Support Services is designed to permit a person or agency to function at the behest of an individual to perform fiscal support functions or accounting consultation services for the individual.

The person or agency performing the support function may render some or all of the following supports:

1. A person or agency providing Financial Support services may assist the individual to employ persons whom the individual chooses to support him/her, and provide remuneration on behalf of the individual;
2. A person or agency providing Financial Support Services may assist the individual in verifying employment status of any persons who the individual prefers to hire to furnish supports and services for him/her;
3. A person or agency providing Financial Support Services may provide periodic financial consultation and management supports for the individual, including investments, payment of monthly obligations and other financial supports;
4. If the functions which the individual or agency is fulfilling for the individual constitutes that of a fiscal intermediary, the person or agency will comply with all regulations—local state or federal—required of persons fulfilling the responsibilities of a Fiscal Intermediary;
5. A person or agency providing Financial Support Services may receive funds on behalf of the individual from funding sources such as the State or Medicaid, and disburse those funds as directed by the individual;
6. The individual receives/maintains monthly account updates from the provider of Financial Supports Services relative to the individual's personal budget.

### **GUIDELINES**

1. Persons/agencies providing Financial Support Services must maintain such credentials and/or bonds as would be generally required of persons providing the service or support to individuals in the general public;
2. Documentation for Financial Support Services is expected to be an event record of activities undertaken in the provision of this support;
3. The Financial Support service is not managed by the area program or service provider.

### **Therapeutic Relationship and Interventions**

There should be a supportive therapeutic relationship between the provider and the client which addresses and/or implements interventions outlined in the service plan.

### **Structure of Daily Living**

This service is focused on the implementation of strategies and activities in the person's service plan that support personal interaction, enhanced social roles and community membership.

### **Cognitive and Behavioral Skill Acquisition**

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

### **Service Type**

Financial Supports is a periodic service. This service is not Medicaid billable.

### **Resiliency/Environmental Intervention**

This service focuses on assisting 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**

This service can be provided in any location.

<b>Medical Necessity</b>
<p>A. There individual has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)</p> <p style="text-align: center;"><b>AND</b></p> <p>B. NCSNAP or Supports Intensity Scale</p> <p style="text-align: center;"><b>AND</b></p> <p>C. The recipient is experiencing difficulties in at least one of the following areas:</p> <ol style="list-style-type: none"> <li>1. functional impairment</li> <li>2. crisis intervention/diversion/aftercare needs, and/or</li> <li>3. at risk of placement outside the natural home setting.</li> </ol> <p style="text-align: center;"><b>AND</b></p> <p>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:</p> <ol style="list-style-type: none"> <li>1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.</li> <li>2. 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.</li> <li>3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.</li> <li>4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.</li> </ol>
<b>Service Order Requirement</b>
N/A
<b>Continuation/Utilization Review Criteria</b>
The client continues to have needs that are met by this service definition.
<b>Discharge Criteria</b>
<p>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:</p> <ol style="list-style-type: none"> <li>1. Consumer has achieved service plan goals; discharge to a lower level of care is indicated.</li> <li>2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.</li> </ol>
<b>Service Maintenance Criteria</b>
<p>If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Financial Supports 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:</p> <ol style="list-style-type: none"> <li>A. Evidence that gains will be lost in the absence of Financial Supports is documented in the service record.</li> </ol> <p style="text-align: center;"><b>OR</b></p> <ol style="list-style-type: none"> <li>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.</li> </ol> <p><i>*Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.</i></p>



<b>Provider Requirement and Supervision</b>	
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Direct care providers shall meet the competencies and supervision requirements as specified in 10A NCAC 27G .0202 and .0204.	
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<b>Documentation Requirements</b>	
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Documentation is required as specified in the Records Management and Documentation Manual.	
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<b>Appropriate Service Codes</b>	
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<b>Medicaid</b>	<b>NC TRACKS</b>
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<b>Not Billable</b>	<b>YM600</b>
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## **Group Living-Low Intensity**

Group Living-Low Intensity is care (room & board included) provided in a home-like environment to five or more clients. Supervision and therapeutic intervention are limited to sleeping time, home living skills and leisure time activities. Supervision is provided by one or more trained (but nonprofessional) adults at all times when clients are in the residence, but may be provided by either resident or rotating staff.

### **GUIDELINES:**

- (1) Primary treatment and rehabilitation services are provided off-site and are accounted for and reported where appropriate (i.e., Outpatient Treatment/ Habilitation, ADVP).
- (2) Group Living-Low Intensity must be provided in a licensed facility and may include:
  - a. Halfway House Services for Substance Abusers;
  - b. Group Homes for MR/DD Adults or Children;
  - c. Group Homes for Mentally Ill Adults; and
  - d. Therapeutic Camping Programs for ED Children.[As of April 1, 1994 some of these licensure categories are repealed and these facilities, if determined to meet the definition, will be licensed as "Supervised Living".]
- (3) The determining factor, as to whether a particular group living arrangement is to be considered low-moderate-high, is the intensity of the individual treatment/habilitation provided and the integration between day and 24-hour treatment/habilitation programming as defined.

### **Therapeutic Relationship and Interventions**

There should be a supportive, therapeutic relationship between the provider, recipient, and family in the home environment where the primary purpose of the service is care, habilitation, or rehabilitation of the individuals who have a mental illness, developmental disability or a substance abuse disorder, and who require supervision when in the residence.

### **Structure of Daily Living**

Group Living – low intensity provides support and supervision in a home environment to enable the resident to participate in community activities, social interactions in the home, and participate in treatment/habilitation/rehabilitation services.

### **Cognitive and Behavioral Skill Acquisition**

Treatment interventions are provided to ensure that the consumer acquires skills necessary to compensate for or remediate functional problems. Interventions are targeted to functional problems and based on services plan requirements and specific strategies developed during supervision.

### **Service Type**

Group living low is a residential service licensed under 10A NCAC 27G .5600. Payment unit is client day, to be counted in a midnight occupied bed count. Allowance will be made for individual client's Therapeutic Leave in accordance with Funding requirements, and must be documented in the client record. This service is not Medicaid billable.

### **Resiliency/Environmental Intervention**

This service may provide a transition to a more independent living environment or may provide housing and supports for the long term.

### **Service Delivery Setting**

This service is provided in 24-hour facilities including group homes, alternate family living and host homes.

### **Medical Necessity**

A. There is a mental health or substance use diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)

<b>AND</b>
B. NC SNAP or Supports Intensity Scale or ASAM Level 3.1
<b>AND</b>
C. The recipient is experiencing difficulties in at least one of the following areas: <ul style="list-style-type: none"> <li>1. functional impairment</li> <li>2. crisis intervention/diversion/aftercare needs, and/or</li> <li>3. at risk of placement outside the natural home setting.</li> </ul>
<b>AND</b>
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: <ul style="list-style-type: none"> <li>1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.</li> <li>2. 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.</li> <li>3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.</li> <li>4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.</li> </ul>
<b>OR</b>
E. The individual's current residential placement meets any one of the following: <ul style="list-style-type: none"> <li>1. The individual has no residence.</li> <li>2. Current placement does not provide adequate structure and supervision to ensure safety and participation in treatment.</li> <li>3. Current placement</li> <li>4. Involves relationships which undermine the stability of treatment.</li> <li>5. Current placement limits opportunity for recovery, community integration and maximizing personal independence.</li> </ul>
<b>Service Order Requirement</b>
N/A
<b>Continuation/Utilization Review Criteria</b>
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: <ul style="list-style-type: none"> <li>A. Consumer has achieved initial service plan goals and additional goals are indicated.</li> <li>B. Consumer is making satisfactory progress toward meeting goals.</li> <li>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.</li> <li>D. Consumer is not making progress; the service plan must be modified to identify more effective interventions.</li> <li>E. Consumer is regressing; the service plan must be modified to identify more effective interventions.</li> </ul>
<b>Discharge Criteria</b>
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: <ul style="list-style-type: none"> <li>1. Consumer has achieved service plan goals; discharge to a lower level of care is indicated.</li> <li>2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.</li> </ul>

**Service Maintenance Criteria**

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Group Living Low 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 group living low is documented in the service record.

**OR**

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**

Group Living- Low Intensity must be provided in a licensed facility and may include:

- a. Halfway House Services for Individual with a Substance Use Disorder;
- b. Group Homes for Individuals with an I/DD;
- c. Group Homes for Individuals with a Mental Health Disorder; and
- d. Therapeutic Camping Programs for ED Children.

[As of April 1, 1994 some of these licensure categories are repealed and these facilities, if determined to meet the definition, will be licensed as "Supervised Living".]

**Documentation Requirements**

This service requires documentation as specified in the Records Management and Documentation Manual.

**Appropriate Service Codes**

<b>Medicaid</b>	<b>NC TRACKS</b>
<b>Not Billable</b>	<b>YP760</b>

### **Group Living-Moderate Intensity**

Group Living-Moderate Intensity is a 24-Hour service that includes a greater degree of supervision and therapeutic intervention for the residents because of the degree of their dependence or the severity of their disability. The care (including room and board), that is provided, includes individualized therapeutic or rehabilitative programming designed to supplement day treatment services which are provided in another setting. This level of group living is often provided because the client's removal from his/her regular living arrangement is necessary in order to facilitate treatment.

#### **GUIDELINES:**

- (1) Day services received by individuals in residence are usually provided in another location and are to be reported according to the specific service received (i.e., ADVP, Developmental Day, Psychosocial Rehabilitation).
- (2) Group Living-Moderate Intensity must be provided in a licensed facility and may include:
  - a. Residential Treatment for Children and Adolescents;
  - b. Group Homes for Individuals with Intellectual/Developmental Disabilities;
  - c. Therapeutic Residential Camping Programs; and
  - d. Specialized Community Residential Centers for Individuals with MR or DD (including some ICF/MR facilities).

[As of April 1, 1994 some of these licensure categories are repealed and these facilities, if determined to meet the definition, will be licensed as "Supervised Living".]
- (3) The determining factor, as to whether a particular group living arrangement is to be considered low-moderate-high, is the intensity of the individual treatment/habilitation provided and the integration between day and 24-hour treatment/habilitation programming as defined.
- (4) Documentation in the client record is required.

### **Therapeutic Relationship and Interventions**

There should be a supportive, therapeutic relationship between the provider, recipient, and family in the home environment where the primary purpose of the service is care, habilitation, or rehabilitation of the individuals who have a mental illness, developmental disability or a substance abuse disorder, and who require supervision when in the residence.

### **Structure of Daily Living**

Group Living – Moderate Intensity provides support and supervision in a home environment to enable the resident to participate in community activities, social interactions in the home, and participate in treatment/habilitation/rehabilitation services.

### **Cognitive and Behavioral Skill Acquisition**

Treatment interventions are provided to ensure that the consumer acquires skills necessary to compensate for or remediate functional problems. Interventions are targeted to functional problems and based on services plan requirements and specific strategies developed during supervision.

### **Service Type**

Group Living - Moderate Intensity is a residential service licensed under 10A NCAC 27G .5600. Payment unit is client day, to be counted in a midnight occupied bed count. Allowance will be made for individual client's Therapeutic Leave in accordance with Funding requirements, and must be documented in the client record. This service is not Medicaid billable.

### **Resiliency/Environmental Intervention**

This service may provide a transition to a more independent living environment or may provide housing and supports for the long term.

<b>Service Delivery Setting</b>
This service is provided in 24-hour facilities including group homes, alternate family living and host homes.
<b>Medical Necessity</b>
<p>A. .There is a mental health or substance use diagnosis or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3(12a)</p> <p style="text-align: center;"><b>AND</b></p> <p>B. NCSNAP or Supports Intensity Scale or ASAM Level 3.5</p> <p style="text-align: center;"><b>AND</b></p> <p>C. The recipient is experiencing difficulties in at least one of the following areas:</p> <ol style="list-style-type: none"> <li>1. functional impairment</li> <li>2. crisis intervention/diversion/aftercare needs, and/or</li> <li>3. at risk of placement outside the natural home setting.</li> </ol> <p style="text-align: center;"><b>AND</b></p> <p>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:</p> <ol style="list-style-type: none"> <li>1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.</li> <li>2. 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.</li> <li>3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.</li> <li>4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.</li> </ol> <p style="text-align: center;"><b>OR</b></p> <p>E. The individual’s current residential placement meets any one of the following:</p> <ol style="list-style-type: none"> <li>1. The individual has no residence.</li> <li>2. Current placement does not provide adequate structure and supervision to ensure safety and participation in treatment.</li> <li>3. Current placement</li> <li>4. Involves relationships which undermine the stability of treatment.</li> <li>5. Current placement limits opportunity for recovery, community integration and maximizing personal independence.</li> </ol>
<b>Service Order Requirement</b>
N/A
<b>Continuation/Utilization Review Criteria</b>
<p>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:</p> <ol style="list-style-type: none"> <li>A. Consumer has achieved initial service plan goals and additional goals are indicated.</li> <li>B. Consumer is making satisfactory progress toward meeting goals.</li> <li>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.</li> <li>D. Consumer is not making progress; the service plan must be modified to identify more effective interventions.</li> <li>E. Consumer is regressing; the service plan must be modified to identify more effective interventions.</li> </ol>
<b>Discharge Criteria</b>
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:

1. Consumer has achieved service plan goals; discharge to a lower level of care is indicated.
2. 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, the 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 group living moderate is documented in the service record.

**OR**

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**

Group Living- Moderate Intensity must be provided in a licensed facility and may include:

- a. Halfway House Services for Individual with a Substance Use Disorder;
- b. Group Homes for Individuals with an I/DD;
- c. Group Homes for Individuals with a Mental Health Disorder; and
- d. Therapeutic Camping Programs for ED Children.

[As of April 1, 1994 some of these licensure categories are repealed and these facilities, if determined to meet the definition, will be licensed as "Supervised Living".]

**Documentation Requirements**

This service requires documentation as specified in the Records Management and Documentation Manual.

**Appropriate Service Codes**

<b>Medicaid</b>	<b>NC TRACKS</b>
<b>Not Billable</b>	<b>YP770</b>

## **Group Living-High Intensity**

Group Living-High Intensity is a 24-Hour service (including room and board) that includes a significant amount of individualized therapeutic or rehabilitative programming as a part of the residential placement. The clients can receive day treatment services either on-site or off-site; but, the day and residential programming is highly integrated. The clients who receive this level of 24-Hour care are significantly disabled and dependent and would need to be served in an institutional setting. Staff are trained and receive regular professional support and supervision.

### **GUIDELINES:**

- (1) The costs related to day programming are often a part of the day rate for this service. If the day service is costed and reported separately, Group Living-Moderate Intensity should be considered as an alternative for this type of service.
- (2) Group Living-High Intensity must be provided in a licensed facility and may include:
  - a. Residential Treatment Centers for Children and Adolescents;
  - b. Residential Treatment for Individual with a Substance Use Disorder; and
  - c. Specialized Community Residential Centers for Individuals with MR or DD (including some ICF/MR facilities).
- (3) The determining factor, as to whether a particular group living arrangement is to be considered low-moderate-high, is the intensity of the individual treatment/habilitation provided and the integration between day and 24-hour treatment/habilitation programming as defined.

### **Therapeutic Relationship and Interventions**

There should be a supportive, therapeutic relationship between the provider, recipient, and family in the home environment where the primary purpose of the service is care, habilitation, or rehabilitation of the individuals who have a mental illness, developmental disability or a substance abuse disorder, and who require supervision when in the residence.

### **Structure of Daily Living**

Group Living - High intensity provides support and supervision in a home environment to enable the resident to participate in community activities, social interactions in the home, and participate in treatment/habilitation/rehabilitation services.

### **Cognitive and Behavioral Skill Acquisition**

Treatment interventions are provided to ensure that the consumer acquires skills necessary to compensate for or remediate functional problems. Interventions are targeted to functional problems and based on services plan requirements and specific strategies developed during supervision.

### **Service Type**

Group living high is a residential service licensed under 10A NCAC 27G .5600, except for those facilities that provide Substance Abuse Services which are licensed under 10A NCAC 27G .3400. Payment unit is client day, to be counted in a midnight occupied bed count. Allowance will be made for individual client's Therapeutic Leave in accordance with Funding requirements, and must be documented in the client record. This service is not Medicaid billable.

### **Resiliency/Environmental Intervention**

This service may provide a transition to a more independent living environment or may provide housing and supports for the long term.

### **Service Delivery Setting**

Services provided in 24-hour facilities including group homes, alternate family living and host homes.



<b>Medical Necessity</b>
<p>A. There is a mental health or substance use diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a).</p> <p style="text-align: center;"><b>AND</b></p> <p>B. NCSNAP or Supports Intensity Scale or ASAM Level 3.7</p> <p style="text-align: center;"><b>AND</b></p> <p>C. The recipient is experiencing difficulties in at least one of the following areas:</p> <ol style="list-style-type: none"> <li>1. functional impairment</li> <li>2. crisis intervention/diversion/aftercare needs, and/or</li> <li>3. at risk of placement outside the natural home setting.</li> </ol> <p style="text-align: center;"><b>AND</b></p> <p>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:</p> <ol style="list-style-type: none"> <li>1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.</li> <li>2. 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.</li> <li>3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.</li> <li>4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.</li> </ol> <p style="text-align: center;"><b>OR</b></p> <p>E. The individual's current residential placement meets any one of the following:</p> <ol style="list-style-type: none"> <li>1. The individual has no residence.</li> <li>2. Current placement does not provide adequate structure and supervision to ensure safety and participation in treatment.</li> <li>3. Current placement</li> <li>4. Involves relationships which undermine the stability of treatment.</li> <li>5. Current placement limits opportunity for recovery, community integration and maximizing personal independence.</li> </ol>
<b>Service Order Requirement</b>
N/A
<b>Continuation/Utilization Review Criteria</b>
<p>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:</p> <ol style="list-style-type: none"> <li>A. Consumer has achieved initial service plan goals and additional goals are indicated.</li> <li>B. Consumer is making satisfactory progress toward meeting goals.</li> <li>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.</li> <li>D. Consumer is not making progress; the service plan must be modified to identify more effective interventions.</li> <li>E. Consumer is regressing; the service plan must be modified to identify more effective interventions.</li> </ol>
<b>Discharge Criteria</b>
<p>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:</p> <ol style="list-style-type: none"> <li>1. Consumer has achieved service plan goals; discharge to a lower level of care is indicated.</li> <li>2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.</li> </ol>

**Service Maintenance Criteria**

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Group Living High 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 group living high is documented in the service record.

OR

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**

Group Living-High Intensity must be provided in a licensed facility and may include:

- a. Residential Treatment Services for Individuals with a Substance Use Disorder;
- b. Group Homes for Individuals with an I/DD;
- c. Group Homes for Individuals with a Mental Health Disorder; and
- d. Therapeutic Camping Programs for ED Children.

[As of April 1, 1994 some of these licensure categories are repealed and these facilities, if determined to meet the definition, will be licensed as "Supervised Living".]

**Documentation Requirements**

This service requires documentation as specified in the Records Management and Documentation Manual.

**Appropriate Service Codes**

<b>Medicaid</b>	<b>NC TRACKS</b>
<b>Not Billable</b>	<b>YP780</b>

## **Independent Living**

Independent Living is designed as a service code to accommodate billing for the room and board portion of a client's service plan. Persons living in residential settings supported by independent living may or may not need other periodic supports, but any periodic supports which persons who reside in independent living arrangements may need must be billed separately.

### **GUIDELINES:**

1. Independent Living should be applied only when some (or all) of the rent subsidy of the client, or other operating expenses of the household, is paid for out of the area program operating budget.
2. Revenue adjustment does not apply to this service.
3. Supervision of individuals living independently without area program subsidy should be reported as the specific type of service provided, e.g. Outpatient Treatment/Habilitation as defined, etc.
4. Training, counseling, and various levels of supervision are provided as needed and should be reported separately.
5. Preparation, documentation and staff travel time are NOT to be reported.
6. Documentation in the client record for this service will be reflected in service notes.
7. In all cases, a service should be reported as it is licensed/certified.

## **Therapeutic Relationship and Interventions**

There should be a supportive therapeutic relationship between the provider and the client which addresses and/or implements interventions outlined in the service plan.

## **Structure of Daily Living**

This service is focused on the implementation of strategies and activities in the person's service plan that support personal interaction, enhanced social roles and community membership.

## **Cognitive and Behavioral Skill Acquisition**

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

## **Service Type**

Independent living is a monthly service. This service is not Medicaid billable.

## **Resiliency/Environmental Intervention**

This service focuses on assisting 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**

This service can be provided in any location.

## **Medical Necessity**

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

**AND**

B. NC SNAP or Supports Intensity Scale

**AND**

C. The recipient is experiencing difficulties in at least one of the following areas:

1. Functional impairment
2. Crisis intervention/diversion/aftercare needs, and/or
3. At risk of placement outside the natural home setting.

<b>AND</b>	
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:	
<ol style="list-style-type: none"> <li>1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.</li> <li>2. 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.</li> <li>3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.</li> <li>4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.</li> </ol>	
<b>Service Order Requirement</b>	
N/A	
<b>Continuation/Utilization Review Criteria</b>	
The client continues to have needs that are met by this service definition.	
<b>Discharge Criteria</b>	
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:	
<ol style="list-style-type: none"> <li>1. Consumer has achieved service plan goals; discharge to a lower level of care is indicated.</li> <li>2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.</li> </ol>	
<b>Service Maintenance Criteria</b>	
If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Independent Living 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:	
<ol style="list-style-type: none"> <li>1. Evidence that gains will be lost in the absence of Independent Living is documented in the service record.</li> </ol>	
<b>OR</b>	
<ol style="list-style-type: none"> <li>2. 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.</li> </ol>	
<i>*Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.</i>	
<b>Provider Requirement and Supervision</b>	
Direct care providers shall meet the competencies and supervision requirements as specified in 10A NCAC 27G .0202 and .0204.	
<b>Documentation Requirements</b>	
Documentation is required as specified in the Records Management and Documentation Manual.	
<b>Appropriate Service Codes</b>	
<b>Medicaid</b>	<b>IPRS</b>
<b>Not Billable</b>	<b>YM700</b>

### **Individual Supports**

Individual Supports is a service that enables a limited amount of funding to be used by an individual with maximum personal control and flexibility. It is based on research and experience which indicates that when a person and his/her circle of supports are provided with flexible funding over which they exercise primary control, they use that funding in ways that best meet their needs, not necessarily on the traditional services more normally chosen by an interdisciplinary team. With limited funds they are able to make adjustments in their lives which reduce or eliminate their dependence on traditional facility-based programs.

In order to qualify for utilization of Individual Supports, the following components of the service planning and implementation process must be in place:

1. A person-centered plan and a personal budget to support that plan are created by the individual and those friends, family and persons who know and care about the individual;
2. The individual maintains control of the expenditure of the funds;
3. The individual maintains monthly updates over the expenditures through the personal budget;
4. The personal budget is not managed by the primary service provider;
5. The utilization of Individual Supports result in a documentable increase in the degree to which the individual exercises choice and control over his/her life.

#### **GUIDELINES**

1. Any savings over previous costs associated with the individual's supports and services are utilized for services and supports for others waiting for services and supports.
2. Documentation for Individual Supports is expected to be a monthly record of supports received or acquired for the month.
3. In keeping with the emphasis on the provision of a limited amount of money while maximizing participant control and flexibility, the monthly rate for this support is set at \$1,000. This monthly reimbursement creates a flexible pot of money at the area program. The exact amount apportioned to each individual is based upon needs and preferences identified in a personal budget.
4. This service is generally provided alone or in conjunction with non-residential services and supports, except it may be provided in conjunction with Residential Living.

### **Therapeutic Relationship and Interventions**

There should be a supportive therapeutic relationship between the provider and the client which addresses and/or implements interventions outlined in the service plan.

### **Structure of Daily Living**

This service is focused on the implementation of strategies and activities in the person's service plan that support personal interaction, enhanced social roles and community membership.

### **Cognitive and Behavioral Skill Acquisition**

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

### **Service Type**

Individual Supports is a monthly service. This service is not Medicaid billable.

### **Resiliency/Environmental Intervention**

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

<b>Service Delivery Setting</b>
This service can be provided in any location.
<b>Medical Necessity</b>
<p>A. There is a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a).</p> <p style="text-align: center;"><b>AND</b></p> <p>B. NCSNAP or Supports Intensity Scale</p> <p style="text-align: center;"><b>AND</b></p> <p>C. The recipient is experiencing difficulties in at least one of the following areas:</p> <ol style="list-style-type: none"> <li>1. functional impairment</li> <li>2. crisis intervention/diversion/aftercare needs, and/or</li> <li>3. at risk of placement outside the natural home setting.</li> </ol> <p style="text-align: center;"><b>AND</b></p> <p>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:</p> <ol style="list-style-type: none"> <li>1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.</li> <li>2. 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.</li> <li>3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.</li> <li>4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.</li> </ol>
<b>Service Order Requirement</b>
N/A
<b>Continuation/Utilization Review Criteria</b>
The client continues to have needs that are met by this service definition.
<b>Discharge Criteria</b>
<p>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:</p> <ol style="list-style-type: none"> <li>1. Consumer has achieved service plan goals; discharge to a lower level of care is indicated.</li> <li>2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.</li> </ol>
<b>Service Maintenance Criteria</b>
<p>If the recipient is functioning effectively with this service and discharge would otherwise be indicated, personal assistance 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:</p> <p>A. Evidence that gains will be lost in the absence of personal assistance is documented in the service record.</p> <p style="text-align: center;"><b>OR</b></p> <p>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.</p> <p><i>*Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.</i></p>

<b>Provider Requirement and Supervision</b>	
Direct care providers shall meet the competencies and supervision requirements as specified in 10A NCAC 27G .0202 and .0204.	
<b>Documentation Requirements</b>	
Documentation is required as specified in the Records Management and Documentation Manual.	
<b>Appropriate Service Codes</b>	
<b>Medicaid</b>	<b>IPRS</b>
<b>Not Billable</b>	<b>YM716</b>

### **Long-Term Vocational Support Services (Extended Services- IDD)**

Long Term Vocational Support Services (Extended Services- IDD) begins after the intensive phase of job coaching funded through the Division of Vocational Rehabilitation ends. Long Term Vocational Support includes services provided to or on behalf of the individual both on and off the job site to ensure ongoing employment success and career growth. The individual participates in choosing the type of Long Term Vocational Support Services, the manner of its delivery, and the people who will provide it, both on and off the job site. The individual has the right to decline this service at any time; however, this must be thoroughly documented in the service record.

#### **GUIDELINES:**

- (1) The individual controls long-term vocational support through decision-making based on informed choice, either through the Individualized Plan for Employment (IPE) or other accepted annual planning procedures.
- (2) Activities must include, at a minimum, twice-monthly monitoring at the work site of each individual in supported employment to assess employment stability. Under special circumstances, especially at the request of the individual, the IPE may provide for off-site monitoring and/or a reduced amount of monitoring. If off-site monitoring is determined to be appropriate, in most circumstances it must at a minimum consist of two meetings with the individual and one contact with the employer each month, unless otherwise specified within the IPE.
- (3) Staff Travel Time to be reported separately.
- (4) Preparation/documentation time is NOT reported.

#### **Therapeutic Relationship and Interventions**

There should be a supportive relationship between the provider and the recipient through which a variety of services may be implemented according to the employment needs of the individual as identified in the service plan. These services include social skills training necessary to maintain employment, coordination of networks of support to reinforce and enhance employment stability, benefits counseling, and guidance in career advancement.

#### **Structure of Daily Living**

This service focuses on assisting the individual to identify work related strengths and to manage functional deficits in order to maintain employment and facilitate progress towards long-term career goals.

#### **Cognitive and Behavioral Skill Acquisition**

This service includes a structured approach to assisting individuals maintain employment once they have successfully completed the intensive training phase of VR sponsored job coaching. This service assists the individual in acquiring and maintaining the necessary generic work skills that leads to a satisfactory employment relationship, such as communication and social skills, time management, benefits management, and other issues that may impact long term career success.

#### **Service Type**

Long Term Vocational Support (Extended Services) is a day/night service. This is day/night type of service under NC Administrative Code 10A 27G .5800. This service is not Medicaid billable. Payment unit equals one unit for each 15 minutes.

#### **Resiliency/Environmental Intervention**

This service provides ongoing long term support to ensure employment success and career growth and may also include work related supportive interventions outside of the work environment.



<b>Service Delivery Setting</b>
Unless otherwise specified by the individual, service must occur twice-monthly at the work site. If off-site monitoring is established, it must include one contact with the employer each month.
<b>Medical Necessity</b>
Per 10A NCAC 27G .2306 (b) (3), a qualified professional or an associate professional shall certify the eligibility of each client for this service according to the following criteria:
A. There is a condition that may be defined as a developmental disability as defined in G.S. 122C-3 (12a).
<b>AND</b>
B. NCSNAP or Supports Intensity Scale
<b>AND</b>
C. Individual verbalizes desire to work and currently expresses a preference for ongoing support.
<b>AND</b>
D. Individual requires assistance in addition to what is typically available from the employer to maintain competitive employment because of functional deficits and behaviors associated with diagnosis.
<b>Service Order Requirement</b>
N/A
<b>Continuation/Utilization Review Criteria</b>
Consumer requires this service to maintain their function for employment within the community and progress towards meaningful long-term career goals.
<b>Discharge Criteria</b>
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:
1. Consumer is successfully employed and no longer needs these support services.
2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.
3. Consumer has requested the discontinuance of long-term vocational support services.
<b>Service Maintenance Criteria</b>
If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Long-Term Vocational Support Services 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 Long-Term Vocational Support Services is documented in the service record.
<b>OR</b>
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.
<i>*Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.</i>

**Provider Requirement and Supervision**

Each provider of Long-Term Vocational Support Services (Extended Services) must have a designated program director who is at least a high school graduate or equivalent with 3 years of experience in the appropriate disabilities programs. Any person providing evaluation of job performance services shall have a high school diploma.

**Documentation Requirements**

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

**Appropriate Service Codes**

<b>Medicaid</b>	<b>NC TRACKS</b>
<b>Not Billable</b>	<b>YA 389</b>

## Outpatient Treatment (SA YP Codes)

Outpatient Treatment is a service designed to meet the clinically significant behavioral or psychological symptoms or patterns that have been identified as treatment needs of the recipient. This service is provided through scheduled therapeutic treatment sessions. The service may be provided to an individual, families, or groups. This service includes: assessment, individual, group and/or family counseling with and without the consumer.

### Therapeutic Relationship and Interventions

There should be a supportive and therapeutic relationship between the provider and service recipient or primary caregiver which addresses and/or implements the substance use disorder interventions outlined in the service plan in any one of the following:

- A. behavioral health assessment,
- B. individual counseling,
- C. group counseling,
- D. family therapy with consumer and
- E. family counseling without consumer.

### Structure of Daily Living

This service is designed as a structured face-to-face therapeutic intervention to provide support and guidance in preventing, overcoming, or managing identified needs on the service plan to aid with improving level of functioning, increasing coping abilities or skills, or sustaining a successful level of functioning on an outpatient basis.

### Cognitive and Behavioral Skill Acquisition

This service includes interventions that:

- A. address functional problems associated with affective or cognitive problems and/or the recipient's diagnostic conditions;
- B. are strength-based and focused on improving the quality of the recipient's life and/or providing assistance to the caregiver in better meeting the needs of the recipient in the most natural environment;
- C. prescribe to alleviating the identified need(s) as well as assistance with skill acquisition/or enhancement and support of functional gains.

### Service Type

This is a periodic service that may be offered on an individual, group or family basis. This service is not a Medicaid billable service. (See DMA Clinical Coverage Policy 8C Outpatient Behavioral Health Services Provided by Direct Enrolled Providers (for Licensed and Associate Level professionals)).

### Resiliency/Environmental Intervention

This service may focus on assisting the individual, family or group to meet the substance use disorder treatment needs of the recipient in any location. This structured treatment modality targets developing, improving, or maintaining naturally occurring supports and relationships in the recipient's natural environment, both formal and informal.

### Service Delivery Setting

This service provides direct, face-to-face contact with the individual, the family or group in any location.

### Medical Necessity

The recipient is eligible for this service when:

- A. A substance use disorder diagnosis is present.

**AND**

- B. ASAM Level 1.0

<b>Service Order Requirement</b>
Service order is recommended.
<b>Continuation/Utilization Review Criteria</b>
The desired outcome or level of functioning has not been restored, improved, or sustained over the time frame outlined in the recipient's service plan, or the recipient 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. Recipient has achieved initial service plan goals and additional goals are indicated. B. Recipient is making satisfactory progress toward meeting goals. C. Recipient is making some progress, but the service plan (specific interventions) needs to be modified so that greater gains, which are consistent with the recipient's premorbid level of functioning, are possible or can be achieved. D. Recipient is not making progress; the service plan must be modified to identify more effective interventions. E. Recipient is regressing; the service plan must be modified to identify more effective interventions.
<b>Discharge Criteria</b>
Recipient's level of functioning has improved with respect to the goals outlined in the service plan, inclusive of a transition plan to step down; or no longer benefits; or has the ability to function at this level of care and any of the following apply: A. Recipient has achieved goals; discharge to a lower level of care is indicated. B. Recipient is not making progress, or is regressing and all realistic treatment options have been exhausted.  <i>*Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.</i>
<b>Service Maintenance Criteria</b>
If the recipient is functioning effectively with this service and discharge would otherwise be indicated, outpatient services 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. Past history of regression in the absence of outpatient services is documented in the service record.  <p style="text-align: center;"><b>OR</b></p> 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.  <i>*Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.</i>
<b>Provider Requirement and Supervision</b>
Please see Addendum B for approved qualifications of designated non-licensed substance abuse counseling professionals.
<b>Documentation Requirements</b>
Minimum standard is a full service note per intervention that includes the purpose of contact, describes the provider's intervention(s), and the effectiveness of the intervention.

<b>Appropriate Service Codes</b>	
<b>Medicaid</b>	<b>NC TRACKS</b>
<b>This is not a Medicaid Billable Service.</b>	<b>YP830</b> <b>YP831</b> <b>YP832</b> <b>YP833</b> <b>YP834</b> <b>YP835</b> <b>YP836</b>

### **Personal Assistance**

Personal Assistance is a support service which provides aid to a client so that the client can engage in activities and interactions from which the client would otherwise be limited or excluded because of his disability or disabilities. The assistance includes: (1) assistance in personal or regular living activities in the client's home, (2) support in skill development, or (3) support and accompaniment of the client in regular community activities or in specialized treatment, habilitation or rehabilitation service programs.

#### **GUIDELINES:**

- 1) Include face-to-face time providing assistance to the client and time spent transporting the individual to or from services.
- 2) Homemaker and Personal Care which are not directed at training new client skills and other similar services are to be reported in this category.
- 3) This service is usually provided by non-professionals--with the single goal of providing assistance to the client so s/he can function in more normal environments. When professionals provide this service in addition to habilitation or treatment during the same time period, the outpatient treatment (or other relevant code) should be given precedence for reporting and those documentation requirements shall be met.
- 4) Staff Travel Time to be reported separately.
- 5) Preparation/documentation time NOT reported.

### **Therapeutic Relationship and Interventions**

There should be a supportive therapeutic relationship between the provider and the client which addresses and/or implements interventions outlined in the service plan. These may include 1) assistance in personal or regular living activities in the client's home, (2) support in skill development, or 3) support and accompaniment of the client in regular community activities or in specialized treatment, habilitation or rehabilitation service programs.

### **Structure of Daily Living**

This service focuses on providing or assisting individuals in homemaking and personal care activities to enable the individual to remain in the least restrictive environment.

### **Cognitive and Behavioral Skill Acquisition**

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

### **Service Type**

Personal Assistance is a periodic service. This service is not Medicaid billable.

### **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**

This service can be provided - in any location.

### **Medical Necessity**

- A. There is a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a).  
**AND**  
B. NCSNAP or Supports Intensity Scale  
**AND**

<p>C. The recipient is experiencing difficulties in at least one of the following areas:</p> <ol style="list-style-type: none"> <li>1. Functional impairment</li> <li>2. Crisis intervention/diversion/aftercare needs, and/or</li> <li>3. At risk of placement outside the natural home setting.</li> </ol> <p style="text-align: center;"><b>AND</b></p> <p>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:</p> <ol style="list-style-type: none"> <li>1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.</li> <li>2. 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.</li> <li>3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.</li> <li>4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.</li> </ol>
<b>Service Order Requirement</b>
N/A
<b>Continuation/Utilization Review Criteria</b>
The client continues to have needs that are met by this service definition.
<b>Discharge Criteria</b>
<p>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:</p> <ol style="list-style-type: none"> <li>1. Consumer has achieved service plan goals; discharge to a lower level of care is indicated.</li> <li>2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.</li> </ol>
<b>Service Maintenance Criteria</b>
<p>If the recipient is functioning effectively with this service and discharge would otherwise be indicated, personal assistance 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:</p> <p>A. Evidence that gains will be lost in the absence of personal assistance is documented in the service record.</p> <p style="text-align: center;"><b>OR</b></p> <p>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.</p> <p><i>*Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.</i></p>
<b>Provider Requirement and Supervision</b>
Direct care providers shall meet the competencies and supervision requirements as specified in 10A NCAC 27G .0202 and .0204.
<b>Documentation Requirements</b>
Documentation is required as specified in the Records Management and Documentation Manual.
<b>Appropriate Service Codes</b>

<b>Medicaid</b>	<b>NC TRACKS</b>
<b>Not Billable</b>	<b>Group - YP021</b> <b>Individual - YP020</b>



## Personal Care Services

Personal care services delivered to individuals who are not inpatients or residents of a hospital, nursing facility, intermediate care facility for the mentally retarded (ICF-MR), or institution for mental disease (IMD). These services are provided to assist with an individual's activities of daily living, such as assistance with eating, bathing, dressing, personal hygiene, bladder and bowel requirements, and taking medications.

### GUIDELINES:

1. May be provided at any location.
2. Include face-to-face time providing assistance to the client and time spent transporting the individual to or from services.
3. Authorized for an individual by a qualified case manager in accordance with a service plan approved by the State;
4. Provided by a qualified individual who is not a member of the individual's family; and
5. Furnished in a home or other location.
6. Staff Travel Time to be reported separately.
7. Preparation/documentation time NOT reported.
8. Documentation is required in the client's regular treatment/habilitation records.

### Therapeutic Relationship and Interventions

There should be a supportive therapeutic relationship between the provider and the client which addresses and/or implements interventions outlined in the service plan.

### Structure of Daily Living

This service is focused on the implementation of strategies and activities in the person's service plan that support personal interaction, enhanced social roles and community membership.

### Cognitive and Behavioral Skill Acquisition

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

### Service Type

Personal Care is a periodic service. This service is not Medicaid billable.

### Resiliency/Environmental Intervention

This service focuses on assisting 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

This service can be provided in any location.

### Medical Necessity

- A. There is a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)  
**AND**
- B. NCSNAP or Supports Intensity Scale  
**AND**
- C. The recipient is experiencing difficulties in at least one of the following areas:
  1. functional impairment
  2. 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:

1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.
2. 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.
3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.
4. 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 client continues to have needs that are met by this service definition.

**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:

1. Consumer has achieved service plan goals: discharge to a lower level of care is indicated.
2. 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, Personal Care 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:

1. Evidence that gains will be lost in the absence of Personal Care is documented in the service record.
- OR**
2. 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**

Direct care providers shall meet the competencies and supervision requirements as specified in 10A NCAC 27G .0202 and .0204.

**Documentation Requirements**

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

**Appropriate Service Codes**

<b>Medicaid</b>	<b>NC TRACKS</b>
<b>Not Billable</b>	<b>Individual – YM050</b>

**Professional Treatment Services in Facility-Based Crisis Program (YP485)**

This service provides an alternative to hospitalization for recipients who have a mental illness, developmental disability or substance use disorder. This is a 24-hour residential facility that provides support and crisis services in a community setting. This can be provided in a non-hospital setting for recipients in crisis who need short-term intensive evaluation, treatment intervention, or behavioral management to stabilize acute or crisis situations.

**Therapeutic Relationship and Interventions**

This service offers therapeutic interventions designed to support a recipient remaining in the community and alleviate acute or crisis situations that are provided under the direction of a physician, although the program does not have to be hospital based. Interventions are implemented by other staff under the direction of the physician. These supportive interventions assist the recipient with coping and functioning on a day-to-day basis to prevent hospitalization.

**Structure of Daily Living**

This service is an intensive, short-term, medically supervised service that is provided in certain 24-hour service sites. The objectives of the service include assessment and evaluation of the condition(s) that have resulted in acute psychiatric symptoms, disruptive or dangerous behaviors, or intoxication from alcohol or drugs; to implement intensive treatment, behavioral management interventions, or detoxification protocols; to stabilize the immediate problems that have resulted in the need for crisis intervention or detoxification; to ensure the safety of the individual by closely monitoring his/her medical condition and response to the treatment protocol; and to arrange for linkage to services that will provide further treatment and/or rehabilitation upon discharge from the Facility Based Crisis Service.

**Cognitive and Behavioral Skill Acquisition**

This service is designed to provide support and treatment in preventing, overcoming, or managing the identified crisis or acute situations on the service plan to assist with improving the recipient's level of functioning in all documented domains, increasing coping abilities or skills, or sustaining the achieved level of functioning.

**Service Type**

This is a 24-hour service that is offered seven days a week.

**Resiliency/Environmental Intervention**

This service assists the recipient with remaining in the community and receiving treatment interventions at an intensive level without the structure of an inpatient setting. This structured program assesses, monitors, and stabilizes acute symptoms 24 hours a day.

**Service Delivery Setting**

This service must be provided in a licensed facility that meets 10A NCAC 27G .5000 licensure standards.

**Medical Necessity**

The recipient is eligible for this service when:

A. There is mental health and/or substance use disorder diagnosis present or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a).

**AND**

B. NC-SNAP or Supports Intensity Scale or ASAM Level 3.7

**AND**

- C. The recipient is experiencing difficulties in at least one of the following areas:
1. functional impairment,
  2. crisis intervention/diversion/aftercare needs, and/or
  3. at risk for placement outside of 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 one of the following apply:
1. Unable to remain in family or community setting due to symptoms associated with diagnosis, therefore being at risk for out of home placement, hospitalization, and/or institutionalization.
  2. Intensive, verbal and limited physical aggression due to symptoms associated with diagnosis, which are sufficient to create functional problems in a community setting.
  3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with diagnosis.

**Service Order Requirement**

Service order is recommended.

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

**AND**

Utilization review must be conducted after the first 72 hours (on the fourth day), may be authorized in increments of 7 days thereafter and is so documented in the service record.

**Discharge Criteria**

Recipient's level of functioning has improved with respect to the goals outlined in the service plan, inclusive of a transition plan to step down, or no longer benefits, or has the ability to function at this level of care and any of the following apply:

- A. Recipient has achieved goals; discharge to a lower level of care is indicated.
- B. Recipient is not making progress, or is regressing and all realistic treatment options with this modality have been exhausted.

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

**Service Maintenance Criteria**

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Facility Based Crisis 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. Past history of regression in the absence of facility based crisis service is documented in the service record

**OR**

- 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**

This is a 24-hour service that is offered seven days a week, with a staff to recipient ratio that ensures the health and safety of clients served in the community and compliance with 10 NCAC 14R.0104 Seclusion, Restraint and Isolation Time Out. At no time will staff to recipient ratio be less than 1:6 for adult mental health recipients, 1:9 for adult substance abuse recipients, and 1:3 for child mental health recipients.

**Documentation Requirements**

Minimum documentation is a daily service note per shift.

**Appropriate Service Codes**

Medicaid	NCTRACKS
See DMA Clinical Coverage Policy 8A for Medicaid Billable Service	YP485 (For S9484, see State-Funded Enhanced MH/SA Services)

## Residential Supports

Residential Supports is a service definition that allows for all habilitation/support services provided on behalf of an individual in a residential setting to be delivered under one service heading and reported in an aggregate daily record.

Individual services and supports which may be included in this service are those generally understood as support or habilitation services: Such services and supports may include assistance with acquisition, retention, or improvement in skills related to activities of daily living, such as

- Personal grooming and cleanliness,
- Bed making and household chores,
- Eating and the preparation of food, and
- The social and adaptive skills necessary to enable the individual to reside in the least restrictive and most normalized community-based residential setting possible.

Services otherwise provided under the following periodic services may be provided under this code:

Personal Assistance
Personal Care Services-Individual
Therapeutic Intervention/Crisis Prevention
Professional Treatment Services in Facility-Based Crisis Program

### GUIDELINES

1. Payments for Residential Supports are not made for room and board, the cost of facility maintenance, upkeep and improvement, other than such costs for modifications or adaptations to a facility required to assure the health and safety of residents, or to meet the requirements of the applicable life safety code;
2. Payment for residential habilitation does not include payments made to members of the individual's immediate family;
3. Payments will not be made for the routine care and supervision which would be expected to be provided by a family or group home provider;
4. Whereas the completion of a daily record is sufficient for the purposes of billing this service definition, records of individual services provided to the individual must be maintain for the purposes of an audit accountability.

### Therapeutic Relationship and Interventions

There should be a supportive therapeutic relationship between the provider and the client which addresses and/or implements interventions outlined in the service plan.

### Structure of Daily Living

This service is focused on the implementation of strategies and activities in the person's service plan that support personal interaction, enhanced social roles and community membership.

### Cognitive and Behavioral Skill Acquisition

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

### Service Type

Social Inclusion is a periodic service. This service is not billable to Medicaid.

### Resiliency/Environmental Intervention

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

<b>Service Delivery Setting</b>
This service can be provided in any location.
<b>Medical Necessity</b>
A. There is a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)
<b>AND</b>
B. NCSNAP or Supports Intensity Scale
AND
C. The recipient is experiencing difficulties in at least one of the following areas: <ul style="list-style-type: none"> <li>1. functional impairment</li> <li>2. crisis intervention/diversion/aftercare needs, and/or</li> <li>3. at risk of placement outside the natural home setting.</li> </ul>
<b>AND</b>
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: <ul style="list-style-type: none"> <li>1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.</li> <li>2. 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.</li> <li>3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.</li> <li>4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.</li> </ul>
<b>Service Order Requirement</b>
N/A
<b>Continuation/Utilization Review Criteria</b>
The client continues to have needs that are met by this service definition.
<b>Discharge Criteria</b>
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: <ul style="list-style-type: none"> <li>1. Consumer has achieved service plan goals; discharge to a lower level of care is indicated.</li> <li>2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.</li> </ul>
<b>Service Maintenance Criteria</b>
If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Residential Supports 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: <ul style="list-style-type: none"> <li>1. Evidence that gains will be lost in the absence of Residential Supports is documented in the service record.</li> </ul>
<b>OR</b>
2. 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**

Direct care providers shall meet the competencies and supervision requirements as specified in 10A NCAC 27G .0202 and .0204.

**Documentation Requirements**

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

**Appropriate Service Codes**

<b>Medicaid</b>	<b>NC TRACKS</b>
<b>Not Billable</b>	<b>YM850</b>



<b>Respite – Community – CMSED (YA213)</b>
This service is provided to youths’ families or custodians who need periodic relief from the constant and often stressful care of the youth. Respite/short-term residential services may be provided in either a planned or an emergency basis. While in respite/short-term residential care, a youth receives care that addresses the health, nutrition and daily living needs of the child. Respite/short-term residential services may be provided according to a variety of models. These may include, weekend care, emergency care, or continuous care up to 30 days.
<b>Therapeutic Relationship and Interventions</b>
The respite provider addresses the health, nutrition, and daily living needs of the child.
<b>Structure of Daily Living</b>
Community Respite provides for the health, nutrition, and daily living needs of the child.
<b>Cognitive and Behavioral Skill Acquisition</b>
N/A
<b>Service Type</b>
This is a 24-hour service. This service is not Medicaid billable.
<b>Resiliency/Environmental Intervention</b>
This service is to support the youth and the family in their residential placement.
<b>Service Delivery Setting</b>
This service may be provided in a variety of locations, including homes or facilities, according to licensure requirements noted under Provider Requirements.
<b>Medical Necessity</b>
A recipient is eligible for this service when there is a mental health or substance use diagnosis or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a).
<b>Service Order Requirement</b>
N/A
<b>Continuation/Utilization Review Criteria</b>
N/A
<b>Discharge Criteria</b>
Service plan goals achieved.
<b>Service Maintenance Criteria</b>
N/A
<b>Provider Requirement and Supervision</b>
Providers must meet standards of 10A NCAC 27G .5100 Community Respite Services for All Disability Groups <i>or</i> standards of their 131d or 122c residential license. Respite services may be provided by: (a) homes/facilities licensed to provide therapeutic residential services under 122c or 131D, (b) homes licensed to provide respite under .5100, and (c) homes not licensed, but allowed to provide respite under the constraints outlined in the NC Administrative Rule 10A NCAC 27G .5101: 10A NCAC 27G .5101(b): Private home respite services serving individuals are subject to licensure under G.S. 122C, Article 2 when: (1) <i>more than two individuals are served concurrently;</i> <i>or</i> (2) either one or two children, two adults, or any combination thereof are served for a cumulative period of time exceeding 240 hours per calendar month.

<b>Documentation Requirements</b>	
Minimum documentation is a daily service note that describes the purpose of contact, and any provider interventions.	
<b>Appropriate Service Codes</b>	
<b>Medicaid</b>	<b>NC TRACKS</b>
<b>Not Billable</b>	<b>YA213</b>

<b>Respite – Community (YP730)</b>	
Community Respite is a 24-hour service which provides periodic relief for a family or family substitute on a temporary basis. Community Respite <i>may</i> include relief service for some clients for less than 24 hours in the same facility in which 24-hour respite is provided.	
A respite service is to be counted as Community Respite if the service is provided on an overnight basis. Respite provided for less than 24-hours, when provided in a 24-hour facility, is to be reported as fractions of a 24-hour period. Hourly respite should be reported when a partial day respite service is provided in a non-24-Hour facility.	
<b>Therapeutic Relationship and Interventions</b>	
The respite provider addresses the health, nutrition, and daily living needs of the client.	
<b>Structure of Daily Living</b>	
N/A	
<b>Cognitive and Behavioral Skill Acquisition</b>	
N/A	
<b>Service Type</b>	
This a 24-hour service. This service is not Medicaid billable.	
<b>Resiliency/Environmental Intervention</b>	
This service provides periodic relief for a family or family substitute on a temporary basis.	
<b>Service Delivery Setting</b>	
Community Respite may be provided in a variety of locations, including a licensed residential facility or in a private home.	
<b>Medical Necessity</b>	
N/A	
<b>Service Order Requirement</b>	
N/A	
<b>Continuation/Utilization Review Criteria</b>	
Caregiver continues to needs this service to provide periodic relieve.	
<b>Discharge Criteria</b>	
N/A	
<b>Service Maintenance Criteria</b>	
N/A	
<b>Provider Requirement and Supervision</b>	
Paraprofessional level person who meets the requirements specified for paraprofessional status according to 10A NCAC 27G. Supervision of paraprofessionals is also to be carried out according to 10A NCAC 27G. Licensed facilities must meet the requirements as cited in 10A NCAC 27G .5100.	
<b>Documentation Requirements</b>	
Documentation in the client record is required.	
<b>Appropriate Service Codes</b>	
<b>Medicaid</b>	<b>NC TRACKS</b>
<b>Not Billable</b>	<b>YP730</b>

<b>Respite - Hourly – CMSED (YA125)</b>
This service is to give youths’ families or custodians periodic short-term relief from the constant and often stressful care of the youth. Respite/hourly services may be provided in either a planned or an emergency basis. The respite provider provides care that addresses the health, nutrition and daily living needs of the child. Hourly respite may be used up to eight hours. When more than 8 hours is used for Respite, the entire service must be billed to the Community Respite (213).
<b>Therapeutic Relationship and Interventions</b>
The respite provider addresses the health, nutrition, and daily living needs of the child.
<b>Structure of Daily Living</b>
Hourly respite may be provided in or out of the therapeutic home setting.
<b>Cognitive and Behavioral Skill Acquisition</b>
N/A
<b>Service Type</b>
This is an hourly service that may be used up to eight hours, after which Community Respite is to be billed for the entire service. This service is not Medicaid billable.
<b>Resiliency/Environmental Intervention</b>
This service is to support the youth and the family in their residential placement.
<b>Service Delivery Setting</b>
This service may be provided in a variety of locations, including homes or facilities, according to licensure requirements noted under Provider Requirements.
<b>Medical Necessity</b>
A recipient is eligible for this service when: A. There is a mental health or substance use diagnosis or the person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a) <p style="text-align: center;"><b>AND</b></p> B. Level of Care Criteria Level D is met.
<b>Service Order Requirement</b>
N/A
<b>Continuation/Utilization Review Criteria</b>
N/A
<b>Discharge Criteria</b>
Service Plan goals are achieved.
<b>Service Maintenance Criteria</b>
N/A
<b>Provider Requirement and Supervision</b>
Providers must meet standards of 10A NCAC 27G.5100 Community Respite Services for All Disability Groups or standards of their 131d or 122c residential license. Respite services may be provided by: (a) homes/facilities licensed to provide therapeutic residential services under 122c or 131d, (b) homes licensed to provide respite under .5100, and (c) homes not licensed, but allowed to provide respite under the constraints outlined in the NC Administrative Rule 10A 27G .5101:  10A NCAC 27G .5101(b): Private home respite services serving individuals are subject to licensure under G.S. 122C, Article 2 when: <ol style="list-style-type: none"> <li>1. more than two individuals are served concurrently; or</li> <li>2. either one or two children, two adults, or any combination thereof are served for a cumulative period of time exceeding 240 hours per calendar month.</li> </ol>

<b>Documentation Requirements</b>	
Minimum documentation is a daily service note that describes the purpose of contact, and any provider interventions.	
<b>Appropriate Service Codes</b>	
<b>Medicaid</b>	<b>NC TRACKS</b>
<b>Not Billable</b>	<b>YA125</b>

**Respite – Hourly (YP010/011)**

Hourly Respite service includes non-treatment, non-habilitation support services provided to a client in order to provide temporary or occasional relief for regular caregivers.

**GUIDELINES:**

- (1) Include face-to-face time providing care to the client and time spent transporting the individual to or from services.
- (2) The services most commonly included in this category include, but are not limited to:
  - a. Hourly respite or
  - b. Companion Sitter.
- (3) Respite provided on an over-night basis should be reported to Community Respite. When Hourly Respite is provided in a 24-hour respite facility (and costed) as a part of Community Respite it may be reported as Community Respite.
- (4) Staff Travel Time to be reported separately.
- (5) Preparation/documentation time NOT reported.

**Therapeutic Relationship and Interventions**

The respite provider addresses the health, nutrition, and daily living needs of the client.

**Structure of Daily Living**

N/A

**Cognitive and Behavioral Skill Acquisition**

N/A

**Service Type**

This is a periodic (hourly) service. This service is not Medicaid billable.

**Resiliency/Environmental Intervention**

This service provides periodic relief for a family or family substitute on a temporary basis.

**Service Delivery Setting**

May be provided in a variety of settings, including the individual’s own home or other location not subject to licensure.

**Medical Necessity**

N/A

**Service Order Requirement**

N/A

**Continuation/Utilization Review Criteria**

The family or family substitute continues to need temporary relief from caregiving responsibilities.

**Discharge Criteria**

N/A

**Service Maintenance Criteria**

The service may continue as long as the family continues to need periodic relief from the responsibility to provide care for the client.

<b>Provider Requirement and Supervision</b>	
Paraprofessional level person who meets the requirements specified for paraprofessional status according to 10A NCAC 27G. Supervision of paraprofessionals is also to be carried out according to 10A NCAC 27G. Licensed facilities must meet the requirements as cited in 10A NCAC 27G .5100.	
<b>Documentation Requirements</b>	
Documentation is required in the client's regular treatment/habilitation record.	
<b>Appropriate Service Codes</b>	
<b>Medicaid</b>	<b>NC TRACKS</b>
<b>Not Billable</b>	<b>Individual: YP010</b> <b>Group: YP011</b>

### **Supervised Living—Low**

"Supervised Living" is typically provided in individual apartments, sometimes clustered in small developments that may, or may not have an apartment manager on site during regularly scheduled hours. This is the least restrictive residential service which includes room and periodic support care. These apartments are the individual's home, and they are not licensed facilities. In limited cases residents may receive an amount of rental assistance from the area program, but no mental health services are attached to the apartment. The individual may receive periodic mental health services such as outpatient treatment, structured day programming, etc., independent of the "supervised living" apartment, and may also be eligible for a subsidy from an additional funding source. Community based mental health services such as ACTT may be provided to the individual in the home, but the service is not programmatically linked to the home.

The costs reimbursed under this service vary according to setting and may include rental assistance on behalf of the tenant, or other operating expenses of the household including the salary of the onsite manager, if applicable, that is paid for out of the area program operating budget.

**GUIDELINES:**

- (1) A service should be considered as Supervised Living when some (or all) of the rent or other household expenses are paid for as part of this service rate. [Supervision of individuals living independently should be reported as the specific type of service provided (i.e. Personal Assistance, Outpatient Treatment as defined, etc.)]
- (2) Supervised Living--Low may include different frequencies of supervision by employed professional or paraprofessional staff whose related expenses are cost found and whose time is reported as *Personal Assistance*.
- (3) Preparation and documentation time are NOT to be reported.
- (4) Documentation in the client record is required.

**PAYMENT UNIT:** Client bed day. Staff that support a client in this service are to report a bed day for each client who is occupying a bed or for whom a bed is reserved. If a client is temporarily in a respite or other 24-hour placement which will be billed to the Division, staff are to assure that there is no double billing. Therapeutic leave does not apply to this service.

#### **Therapeutic Relationship and Interventions**

N/A

#### **Structure of Daily Living**

N/A

#### **Cognitive and Behavioral Skill Acquisition**

Assistance with cognitive and behavioral skills the individuals needs to remain in this independent living option may be provided by the area program and private providers, but is not required for the individual to reside in a supported living apartment.

#### **Service Type**

Client bed day. Staff who support a client in this service are to report a bed day for each client who is occupying a bed or for whom a bed is reserved. If a client is temporarily in a respite or other 24-hour placement which will be billed to the Division, staff are to assure that there is no double billing. Therapeutic Leave does not apply to this service. This service is not Medicaid billable.

#### **Resiliency/Environmental Intervention**

N/A

#### **Service Delivery Setting**

N/A



<b>Medical Necessity</b>	
Must have a mental health or substance use disorder diagnosis or the person has a condition that may be identified as a developmental disability as defined in G.S. 122-C-3(12a).	
<b>Service Order Requirement</b>	
N/A	
<b>Continuation/Utilization Review Criteria</b>	
N/A	
<b>Discharge Criteria</b>	
There is no discharge criteria for the service currently defined as "supervised living" service. North Carolina landlord/tenant laws and conditions of the signed lease apply.	
<b>Service Maintenance Criteria</b>	
N/A	
<b>Provider Requirement and Supervision</b>	
N/A	
<b>Documentation Requirements</b>	
Documentation in the service record is required.	
<b>Appropriate Service Codes</b>	
<b>Medicaid</b>	<b>NC TRACKS</b>
<b>Not Billable</b>	<b>YP710</b>

## Supervised Living--Moderate

Supervised Living--Moderate is a residential service, typically in an apartment which includes room and periodic support care to one or more individuals who do not need 24-hour supervision; or, for whom care in a group setting is considered inappropriate. Supervision includes routine or spontaneous visits, on-call support and sometimes more intense one-on-one contact for several consecutive hours, to the individual. It includes assistance in daily living skills, supportive counseling, and monitoring of the client's well-being. It may also include the employment of an individual to live with the client(s) in order to provide the appropriate level of supervision. The client may also be eligible for a subsidy from an additional funding source.

### GUIDELINES:

- (1) A service should be considered as Supervised Living—Moderate when some (or all) of the rent or other household expenses are paid for as part of this service rate. [Supervision of individuals living independently should be reported as the specific type of service provided (i.e., Evaluation, Outpatient Treatment as defined, etc.)]
- (2) Supervised Living--Moderate usually includes a more intense (than Supervised Living--Low) frequency of supervision by employed professional or paraprofessional staff whose related expenses are cost found and whose time is reported as *Personal Assistance*.
- (3) Preparation and documentation time are NOT to be reported.
- (4) Documentation in the client record is required.

**PAYMENT UNIT:** Client bed day. Staff who support a client in this service are to report a bed day for each client who is occupying a bed or for whom a bed is reserved. If a client is temporarily in a respite or other 24-hour placement which will be billed to Funding, staff are to assure that there is no double billing. Therapeutic Leave does not apply to this service.

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### Therapeutic Relationship and Interventions

If the program employs an individual to live with the client(s) in order to provide the appropriate level of supervision, the services to be provided by the employee must be related to documented needs of the resident.

### Structure of Daily Living

Provides support and supervision, if clinically indicated, in the client's residence.

### Cognitive and Behavioral Skill Acquisition

Primary treatment and rehabilitation services are provided off-site and are accounted for and reported where appropriate (i.e. Outpatient treatment/habilitation).

### Service Type

Supervised living moderate would be licensed under 10A NCAC 27G .5600 only if 2 or more clients share the living arrangement and the clients are not the holders of the lease. This service is not Medicaid billable.

### Resiliency/Environmental Intervention

This service may provide a transition to greater independence or may provide housing and supports for the long term.

### Service Delivery Setting

Services are provided in the residential setting

### Medical Necessity

Applicable only if the program employs an individual to live with the client(s) in order to provide the appropriate level of supervision:

- A. There is a mental health or substance use disorder diagnosis present or the person has a condition that may be identified as a developmental disability as defined in G.S. 122-C-3(12a).

**ANDB, NCSNAP or Supports Intensity Scale or ASAM Level**

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**AND**

C. The recipient is experiencing difficulties in at least one of the following areas:

1. functional impairment
2. 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:

1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.
2. 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.
3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.
4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.

**OR**

E. The individual's current residential placement meets any one of the following:

1. The individual has no residence.
2. Current placement does not provide adequate structure and supervision to ensure safety and participation in treatment.
3. Current placement involves relationships which undermine the stability of treatment.
4. Current placement limits opportunity for recovery, community integration and maximizing personal independence.

**Service Order Requirement**

A service order is necessary only if the program employs an individual to live with the client(s) in order to provide the appropriate level of supervision. Service orders must be completed by a physician or licensed psychologist prior to or on the day services are to be provided.

**Continuation/Utilization Review Criteria**

Required only if the program employs an individual to live with the client(s) in order to provide the appropriate level of supervision, the services to be provided by the employee must be related to documented needs of the resident. Continuation of live in staff must be reviewed whenever there is a significant and sustained reduction in the client's need for this level of supervision.

**Discharge Criteria**

Discharge Criteria is only relevant if the program employs an individual to live with the consumer(s) in order to provide the appropriate level of supervision:

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:

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

**Service Maintenance Criteria**

Service Maintenance Criteria is only relevant if the program employs an individual to live with the consumer(s) in order to provide the appropriate level of supervision:

If the recipient is functioning effectively with this service and discharge would otherwise be indicated, the 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 group living moderate is documented in the service record.

**OR**

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) or its successor 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**

Must be licensed under 10A NCAC 27G .5600 if 2 or more adults are served in the supervised living setting and the program employs an individual to live with the consumer(s) in order to provide the appropriate level of supervision.

**Documentation Requirements**

This service requires documentation as specified in the Records Management and Documentation Manual.

**Appropriate Service Codes**

<b>Medicaid</b>	<b>NC TRACKS</b>
<b>Not Billable</b>	<b>YP720</b>

### **Supervised Living - I-VI Residents**

Supervised Living is a residential service which includes room and support care for one individual who needs 24-hour supervision; and, for whom care in a more intensive treatment setting is considered unnecessary on a daily basis. A minimum of one staff member shall be present at all times when the client is on the premises except when the client has been deemed capable of remaining in the home without supervision for a specified time by a Qualified Professional or Associate Professional of the operating agency or area program. Supervision includes the employment of an individual to live with the client or provide staff coverage on an overnight basis in order to provide the appropriate level of care and supervision. Other support services which serve the habilitation or treatment needs of the individual may be provided in the Supervised Living setting, but are to be documented and billed separately as periodic services. The client's family shall be provided the opportunity to maintain an ongoing relationship, which includes visits at the facility as well as trips to visit relatives. The client may also be eligible for a subsidy from an additional funding source.

#### **GUIDELINES:**

1. A service should be considered as Supervised Living -- when some (or all) of the rent or other household expenses are paid for as part of this service rate. [Supervision of individuals living independently without area program subsidy, should be reported as the specific type of service provided (i.e., Evaluation, Outpatient Treatment/Habilitation as defined, etc.)]
2. Training, counseling, and various levels of supervision are provided as needed by a maximum of three (3) Full-Timer-Equivalencies (FTE's). Any additional staff should be cost found to a periodic expense center (e.g., Personal Care), and services documented accordingly.
3. This service is not required to be licensed through the Department of Facilities Services.
4. This service may be billed if only when specific number of individuals are presently residing in a setting, even if the setting is established for more than one person (i.e., has more than one [1] residential bed), if other beds are not presently filled;
5. Preparation, documentation and staff travel time are NOT to be reported.
6. Documentation in the client record is required.
7. In all cases, a service should be reported as it is licensed/certified.

#### **Therapeutic Relationship and Interventions**

There should be a supportive therapeutic relationship between the provider and the client which addresses and/or implements interventions outlined in the service plan.

#### **Structure of Daily Living**

This service is focused on the implementation of strategies and activities in the person's service plan that support personal interaction, enhanced social roles and community membership.

#### **Cognitive and Behavioral Skill Acquisition**

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

#### **Service Type**

Supervised Living is a daily service. This service is not Medicaid billable.

#### **Resiliency/Environmental Intervention**

This service focuses on assisting 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**

This service can be provided in any location.

<b>Medical Necessity</b>
<p>A. The person has a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)</p> <p style="text-align: center;"><b>AND</b></p> <p>B. NCSNAP or Supports Intensity Scale</p> <p style="text-align: center;"><b>AND</b></p> <p>C. The recipient is experiencing difficulties in at least one of the following areas:</p> <ol style="list-style-type: none"> <li>1. functional impairment</li> <li>2. crisis intervention/diversion/aftercare needs, and/or</li> <li>3. at risk of placement outside the natural home setting.</li> </ol> <p style="text-align: center;"><b>AND</b></p> <p>C. 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:</p> <ol style="list-style-type: none"> <li>1. At risk for out of home placement, hospitalization, and/or institutionalization due to symptoms associated with diagnosis.</li> <li>2. 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.</li> <li>3. At risk of exclusion from services, placement or significant community support systems as a result of functional behavioral problems associated with the diagnosis.</li> <li>4. Requires a structured setting to foster successful integration into the community through individualized interventions and activities.</li> </ol>
<b>Service Order Requirement</b>
N/A
<b>Continuation/Utilization Review Criteria</b>
The client continues to have needs that are met by this service definition.
<b>Discharge Criteria</b>
<p>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:</p> <ol style="list-style-type: none"> <li>1. Consumer has achieved service plan goals; discharge to a lower level of care is indicated.</li> <li>2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.</li> </ol>
<b>Service Maintenance Criteria</b>
<p>If the recipient is functioning effectively with this service and discharge would otherwise be indicated, personal assistance 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:</p> <p>A. Evidence that gains will be lost in the absence of personal assistance is documented in the service record.</p> <p style="text-align: center;"><b>OR</b></p> <p>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 to this reference material) would necessitate a disability management approach.</p> <p><i>*Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.</i></p>

<b>Provider Requirement and Supervision</b>	
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Direct care providers shall meet the competencies and supervision requirements as specified in 10A NCAC 27G .0202 and .0204.	
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<b>Documentation Requirements</b>	
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Documentation is required as specified in the Records Management and Documentation Manual.	
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<b>Appropriate Service Codes</b>	
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<b>Medicaid</b>	<b>NC TRACKS</b>
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<b>Not Billable</b>	<b>YM811 – YM816</b>
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## Supported Employment-IDD

Supported Employment—IDD--Individual is a service which involves arranging for and supporting paid work for an individual, age 16 or older, in a job which would otherwise be done by a nondisabled worker. The service includes intensive involvement of staff working with the individual in the work setting or in support of the individual so that the individual's employment can be maintained in a normal community environment.

### GUIDELINES:

- (1) Supported Employment--Individual services may be either temporary or permanent. Specific versions of this model include:
  - a. Job Coach services.
- (2) Time spent arranging placements and in contact with employers, with family or other providers, and in direct contact with client(s); including, training of client(s) or transportation of client(s) is to be reported.
- (3) Staff Travel Time to be reported separately.
- (4) Preparation/documentation time NOT reported.

### Therapeutic Relationship and Interventions

There should be a supportive relationship between the provider and the recipient through which a variety of services may be implemented according to the employment needs of the individual as identified in the service plan. These services include vocational evaluation, job development, intensive training, job placement and long-term support.

### Structure of Daily Living

This service focuses on assisting the individual to identify work related strengths and to manage functional deficits in order to choose, obtain, and maintain employment.

### Cognitive and Behavioral Skill Acquisition

This service includes a structured approach to assisting individuals with job-specific skills and generic work skills including, but not limited to interviewing, traveling to/from the work site, communication and social skills, time management, benefit management, etc.

### Service Type

Support Employment is a day/night service. This is day/night type of service under NC Administrative Code 10A NCAC 27G .5800. This service is not Medicaid billable. Payment unit equals one unit for each 15 minutes.

### Resiliency/Environmental Intervention

This service provides on-going support and supervision on the job site and may also include work related supportive interventions outside of the work environment.

### Service Delivery Setting

May be provided at any location

### Medical Necessity/Clinical Appropriateness

- A. There is a condition that may be defined as a developmental disability as defined in GS 122C-3 (12a)
- B. NC SNAP or Supports Intensity Scale

### Service Order Requirement

N/A



<b>Continuation/Utilization Review Criteria</b>	
Consumer requires this service to maintain their function for employment within the community.	
<b>Discharge Criteria</b>	
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:	
<ol style="list-style-type: none"> <li>1. Consumer has achieved service plan goals; discharge to a lower level of care is indicated.</li> <li>2. Consumer is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.</li> </ol>	
<b>Service Maintenance Criteria</b>	
If the recipient is functioning effectively with this service and discharge would otherwise be indicated, Supported Employment-Individual 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 Supported Employment-Individual is documented in the service record.	
<b>OR</b>	
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.	
<i>*Note: Any denial, reduction, suspension, or termination of service requires notification to the recipient and/or legal guardian about their appeal rights.</i>	
<b>Provider Requirement and Supervision</b>	
Each supported employment program must have a designated program director who is at least a high school graduate or equivalent with 3 years of experience in the appropriate disabilities programs. Any person providing evaluation of job performance services shall have a high school diploma. Staff to client ratio in group employment setting must be a minimum of 1:8.	
<b>Documentation Requirements</b>	
Documentation in the client record as required in the Records Management and Documentation Manual.	
<b>Appropriate Service Codes</b>	
<b>Medicaid</b>	<b>NC TRACKS</b>
<b>Not Billable</b>	<b>YP390-Individual YP640-Group</b>

## Therapeutic Leave

Therapeutic Leave is a designation used to hold a consumer residential bed space while he/she is out on leave for integration back into the community.

**Guidelines:**

1. Medicaid will only reimburse providers of residential services for children and adolescents, Levels 2-4 and PRTF.
2. State dollars can be used for non-Medicaid eligible child and adolescents residential services Levels 2-4 and PRTF who fit CTSP requirements. State dollars may also be used for adults in Family and Group living residential levels when the dollars are available.

Residential providers shall be paid the daily residential reimbursement amount. A consumer is allowed up to 45 days of therapeutic leave during the fiscal year, not to exceed 15 days of therapeutic leave each quarter. The leave shall follow the consumer; therefore if the consumer changes facilities, the therapeutic leave will continue to accumulate for the calendar year.

### Therapeutic Relationship and Interventions

N/A

### Structure of Daily Living

N/A

### Cognitive and Behavioral Skill Acquisition

N/A

### Service Type

Therapeutic Leave is a placeholder for the client's bed space.

### Resiliency/Environmental Intervention

N/A

### Service Delivery Setting

N/A

### Medical Necessity

Client meets residential medical necessity and has a current Service Treatment/Habilitation Plan which incorporates therapeutic leave as a strategy in client's treatment.

### Service Order Requirement

N/A

### Continuation/Utilization Review Criteria

N/A

### Discharge Criteria

N/A

### Service Maintenance Criteria

N/A

### Provider Requirement and Supervision

N/A

### Documentation Requirements

Log sheet which records the therapeutic leave of the consumer.

<b>Appropriate Service Codes</b>	
<b>Medicaid</b>	<b>NC TRACKS</b>
Therapeutic Leave:	
<b>UB-92 Billing</b>	<b>Level II {Therapeutic Foster Care} – YA254</b> <b>Level II {Group Home}-YA255</b> <b>Level III {4 beds or less}-YA256</b> <b>Level III {5 beds or more}-YA257</b> <b>Level IV {4 beds or less}-YA258</b> <b>Level IV {5 beds or more}-YA259</b>
Room and Board:	
<b>Not Billable</b>	<b>Level II {Age 5 or less}-YA265</b> <b>Level II {Age 6-12}-YA266</b> <b>Level II {Age 13+}-YA267</b> <b>Level III {1-4 Beds}-YA263</b> <b>Level III {5+Beds}-YA264</b> <b>Level IV {1-4 Beds}-YA268</b> <b>Level IV {5+ Beds}-YA269</b>

<b>Wilderness Camp</b>
This service is available to children 6-17 years of age who have moderate to severe problems and where removal from their homes is essential for proper treatment. Treatment is provided in an emotionally healthy, structured culturally sensitive environment. Through outdoor living, clients are afforded the opportunity to develop coping skills, self-esteem and academic or vocational skills. Liaison services are provided to promote community and family interaction. (A non-residential summer/therapeutic camping experience should be coded as 370: Specialized Summer Program).
<b>Therapeutic Relationship and Interventions</b>
Facilitating and teaching relevant wilderness skills, including transfer of learning to other environments. This may be accomplished individually, in groups, and with family.
<b>Structure of Daily Living</b>
Outdoor, often camping, environment.
<b>Cognitive and Behavioral Skill Acquisition</b>
Develop coping skills, self-esteem and academic or vocational skills.
<b>Service Type</b>
This is a 24-hour residential service. This service is not Medicaid billable.
<b>Resiliency/Environmental Intervention</b>
This service is to support the youth in gaining the skills necessary to step down to family and/or a community based setting.
<b>Service Delivery Setting</b>
This service is provided in a wilderness environment.
<b>Medical Necessity</b>
A. A recipient is eligible for this service when there is a mental health diagnosis, <b>AND,</b> B. Level of Care Criteria Level D is met.
<b>Service Order Requirement</b>
N/A
<b>Continuation/Utilization Review Criteria</b>
The desired behavior or level of functioning has not been restored, improved, or sustained over the timeframe outlined in the client's service plan; or the client continues to be at risk for relapse based on history or the tenuous nature of functional gains or any one of the following apply: Client has achieved initial service plan goals and additional goals are indicated. <ol style="list-style-type: none"> <li>1. Client is making satisfactory progress toward meeting goals.</li> <li>2. Client is making some progress but the service plan (specific interventions) should be modified to determine if greater gains are possible.</li> <li>3. Client is not making progress; the service plan must be modified to identify more effective interventions.</li> <li>4. Client is regressing; the service plan must be modified to identify more effective interventions.</li> </ol> <b>AND</b> Utilization review must be conducted every 90 days and documented in the service record.
<b>Discharge Criteria</b>
The client shall be discharged from this level of care if any one of the following is true: The level of functioning has improved with respect to the goals outlined in the service plan and the client can reasonably be expected to maintain these gains at a lower level of treatment. <b>OR</b> The client no longer benefits from service as evidenced by absence of progress toward service plan goals and more appropriate service(s) is available.

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

**Service Maintenance Criteria**

If the client is functioning effectively at this level of treatment and discharge would otherwise be indicated, this level of service should be maintained when it can be reasonably anticipated that regression is likely to occur if the service were to be withdrawn. This decision should be based on at least one of the following:

- There is a past history of regression in the absence of residential treatment or at a lower level of residential treatment.
- There are current indications that the client requires this residential service to maintain level of functioning as evidenced by difficulties experienced on therapeutic visits or stays in a non-treatment setting or in a lower level of residential treatment.

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

**Provider Requirement and Supervision**

Provider must be licensed under 10A NCAC 27G .5200 Residential Therapeutic (Habilitative) Camps for Children and Adolescents of all Disability Groups.

**Documentation Requirements**

The minimum documentation standard includes a daily contact log with description of staff's interventions and activities on the standardized form. Documentation of critical events, significant events, or changes of status in the course of treatment shall be evidenced in the recipient's service record as appropriate. The documentation of interventions and activities is directly related to: Identified needs, preferences or choices, specific goals, services, and interventions, and frequency of the service which assists in restoring, improving, or maintaining, the recipient's level of functioning.

**Appropriate Service Codes**

<b>Medicaid</b>	<b>NC TRACKS</b>
<b>Not Billable</b>	<b>YA 254</b>

## ADDENDUM A: Quick Reference Guide

**Revision to July 1, 2017 Version:** December 15, 2019

**Added the following notes that are specific to all services within this manual:**

**NOTE:** DMH/DD/SAS will not reimburse for conversion therapy.

**NOTE:** Providers using the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0–5) manual shall submit claims using the ICD-10 diagnosis code that corresponds to the chosen DC:0-5 diagnosis.

### **Revisions to 2003 State Service Definitions Package**

**Green**= Remains in package  
**Yellow**= Removed from package (see Link to appropriate service definition manual or clinical coverage policy below)  
See Grid Below for End Dated Services

Adult Developmental Vocational Program (ADVP)  
Assertive Community Treatment Team (ACTT)  
Community Rehabilitation Program (Sheltered Workshop)  
Day/Evening Activity  
Day Supports  
Day Treatment  
Detox-Social Setting  
Developmental Day  
Drop-In Center  
Family Living – Low Intensity  
Family Living – Moderate Intensity  
Financial Supports  
Group Living – Low Intensity  
Group Living – Moderate Intensity  
Group Living – High Intensity  
Independent Living  
Individual Supports  
Inpatient Hospital  
Long-Term Vocational Support Services (Extended Services-IDD)  
Opioid Treatment (Formerly Narcotic Addiction Treatment)  
Outpatient Treatment (YP Codes only)  
Partial Hospitalization  
Personal Assistance  
Personal Care Services  
Professional Treatment Services in Facility-Based Crisis Program (YP 485)  
Psychiatric Residential Treatment Facility (PRTF)  
Psychosocial Rehabilitation (PSR)

#### Residential Supports

Residential Treatment – Level I / Family Type  
Residential Treatment – Level II / Family/Program Type  
Residential Treatment – Level III  
Residential Treatment – Level IV  
Respite – Community – CMSED (YA213)  
Respite – Community – (YP730)  
Respite – Hourly – CMSED (YA125)  
Respite – Hourly – (YP010/011)

#### Substance Abuse Intensive Outpatient Treatment (SAIOP)

Supervised Living – Low  
Supervised Living – Moderate  
Supervised Living – MR/MI - I-VI Residents  
Supported Employment-IDD  
Therapeutic Leave  
Wilderness Camp (CTSP – 241)

#### Links to Current Services No Longer in this Package

- I. **The following mental health and/or substance abuse service definitions/clinical polices can be found in DMH/DD/SAS State-Funded Enhanced Mental Health & Substance Abuse Services manual (<http://www.ncdhhs.gov/mhddsas/providers/servicedefs/index.htm>):**
  - o Assertive Community Treatment Team (ACTT)
  - o Day Treatment (Child & Adolescent)
  - o Detox- Social Setting
  - o Opioid Treatment
  - o Partial Hospitalization
  - o Psychosocial Rehabilitation (PSR)
  - o Substance Abuse Intensive Outpatient Treatment (SAIOP)
  
- II. **The following child residential service definitions/clinical policies can be found on the Division of Medical Assistance website at <http://www.ncdhhs.gov/dma/mp/index.htm> under “Behavioral Health Services”:**
  - Psychiatric Residential Treatment Facility (PRTF): 8D-1, Psychiatric Residential Treatment Facilities for Children under the Age of 21
  - Residential Treatment – Level I / Family Type: 8D-2, Residential Treatment Services
  - Residential Treatment – Level II / Family/Program Type: 8D-2, Residential Treatment Services
  - Residential Treatment – Level III: 8D-2, Residential Treatment Services

- **Residential Treatment – Level IV:** 8D-2, Residential Treatment Services

**III. Outpatient services (CPT codes)** clinical policies for licensed and associate level professional can be found at on the Division of Medical Assistance website at <http://www.ncdhhs.gov/dma/mp/index.htm> under “Behavioral Health Services” 8C, Outpatient Behavioral Health Services Provided by Direct-Enrolled Providers.

<b>The following state-funded service definitions were <u>eliminated</u> from the DMH/DD/SAS Service Array:</b>	
<b>Service Definitions</b>	<b>End Date</b>
Assertive Outreach (YP230)	6/30/2002
Case Consultation (Y2305)	12/31/2003
Case Management (Y2307)	12/31/2003
Case Support (YP215)	3/19/2006
Community Based Services (Y2364, Y2365, Y2366, Y367, Y2368, Y2369, Y2370, Y2371, Y2372)	12/31/2003
Consultation, Education & Primary Prevention (YP110)	6/30/2004
Day Treatment (Adult) (Y2311, Y2312)	12/31/2003
Emergency Coverage (YP500)	7/31/2013
Evaluation (Y2305)	12/31/2003
Mandated Team Evaluation & Treatment/Habilitation Planning (YP340)	3/19/2006
Quality Assurance (QA) Peer Review (YP180)	6/30/2002
Screening (Y2305)	12/31/2003
Social Inclusion (YM570, YM571)	3/19/2006
Specialized Summer Programs (YA370)	3/19/2006
Staff Travel-Professional & Paraprofessional (YP498, YP499)	6/30/2004
Therapeutic Intervention (YP450, YP451)	6/30/2003

**September 1, 2016 Revisions:**

**Supervised Living-Low-** Provided clarification of the scope of the service.  
**Supervised Living- Moderate-** Provided clarification of the scope of the service.  
**Supervised Living I-VI-** Provided clarification of the scope of the service.

**July 1, 2017 Revision:**

**Removed Inpatient Hospital from this package.** The revised service definition, entitled State-Funded Inpatient Behavioral Health Services, can be found at the following web link: <https://www.ncdhhs.gov/divisions/mhddsas/servicedefinitions>



## **ADDENDUM B: Approved Qualifications for SA YP Codes**

### **Approved Qualifications of Designated Non-Licensed Substance Abuse Counseling Professionals (For Outpatient Services –YP Codes Only)**

Effective: July 1, 2008

The Division has approved the qualifications of designated non-licensed substance abuse professionals who are eligible for reimbursement for identified state funded Y-Code services provided to IPRS substance abuse target populations, effective July 1, 2008, for the following:

- 1) A Certified Substance Abuse Counselor (CSAC) who holds a current certificate to practice counseling through the North Carolina Substance Abuse Professional Practice Board, and who practices under the required clinical supervision of a Board designated practice supervisor including a Certified Clinical Supervisor (CCS), Clinical Supervision Intern, or Licensed Clinical Addictions Specialist (LCAS); or
- 2) A graduate of a designated substance abuse specialty Master's degree program that is recognized by the North Carolina Substance Abuse Professional Practice Board, and whose course of study has included the successful completion of a minimum of 180 hours of Board approved substance abuse specific training/education and 300 hour of Board-approved supervised practical training, and who has been granted registration status with the North Carolina Substance Abuse Professional Practice Board, and who practices under the required clinical supervision of a Board designated practice supervisor including a Certified Clinical Supervisor (CCS) or Clinical Supervision Intern. The designated substance abuse specialty Master's degree programs that are currently recognized by the North Carolina Substance Abuse Professional Practice Board are:
  - a. The University of North Carolina at Chapel Hill, School of Social Work, Certificate Program in Substance Abuse Studies;
  - b. The University of North Carolina at Charlotte, College of Education , Substance Abuse Counseling Certificate Program;
  - c. East Carolina University, School of Allied Science, Certificate in Rehabilitation Counseling and Certificate in Substance Abuse Counseling;
  - d. The University of North Carolina at Wilmington, Department of Psychology, Master of Arts in Psychology with a Concentration in Substance Abuse Treatment; and
  - e. Appalachian State University, College of Education, Department of Human Development and Psychological Counseling, with a Degree in Addiction Counseling; and
  - f. Western Carolina University, College of Health and Human Services, Department of Social Work, with a Graduate Certificate in Substance Abuse Studies; and
  - g. North Carolina A & T State University, Department of Human Development and Services, with a Certificate in Rehabilitation Counseling and Behavioral Addictions.
- 3) A graduate of a college or university that has received a Master's degree with clinical application in a human services field and has been granted registration status with the North Carolina Substance Abuse Professional Practice Board, and has successfully completed a minimum of 180 hours of Board – approved substance abuse specific training/education and 300 hours of Board-approved supervised

practical training, and practices under the required clinical supervision of a Board designated practice supervisor including a Certified Clinical Supervisor (CCS) or Clinical Supervision Intern; or

4) A Substance Abuse Counselor Intern who has been granted current designation to practice counseling by the North Carolina Substance Abuse Professional Practice Board, with the Board having verified the successful completion of 300 hours of supervised practical training and the individual having successfully completed the required written examination of the Board, and who practices under the required clinical supervision of a Board designated practice supervisor including a Certified Clinical Supervisor (CCS) or Clinical Supervision Intern, and who is designated as a Qualified Professional in substance abuse within the mh/dd/sas system of care under the definition of 10 A NCAC 27 G .0104 as follows:

(a) an individual who holds a license, provisional license, certificate, registration or permit issued by the governing board regulating a human service profession, except a registered nurse who is licensed to practice in the State of North Carolina by the North Carolina Board of Nursing who also has four years of full-time accumulated experience in mh/dd/sas with the population served; or

(b) a graduate of a college or university with a Master's degree in a human service field and has one year of full-time, post-graduate degree accumulated mh/dd/sas experience with the population served, or a substance abuse professional who has one year of full-time, post-graduate degree accumulated supervised experience in alcoholism and drug abuse counseling; or

(c) a graduate of a college or university with a bachelor's degree in a human service field and has two years of full-time, post-bachelor's degree accumulated mh/dd/sas experience with the population served, or a substance abuse professional who has two years of full-time, post-bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling; or

(d) a graduate of a college or university with a bachelor's degree in a field other than human services and has four years of full-time, post bachelor's degree accumulated mh/dd/sas experience with the population served, or a substance abuse professional who has four years of full-time, post bachelor's degree accumulated supervised experience in alcoholism and drug abuse counseling.