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1.0 Description of the Service

Supported Living Periodic provides a flexible partnership that enables an individual 18 years and older to live in their own home with support from an agency that provides individualized assistance in a home that is under the control and responsibility of the individual. The service includes direct assistance as needed with activities of daily living, household chores essential to the health and safety of the individual budget management, attending appointments, and interpersonal and social skill building to enable the individual to live in a home in the community. Training activities, supervision, and assistance may be provided to allow the individual to participate in home life or community activities. Other activities include assistance with monitoring health status and physical conditions, and assistance with transferring, ambulation and use of special mobility devices.

Transportation is an inclusive component of Supported Living Periodic to achieve goals and objectives related to these activities with the exception of transportation by another funding source and to and from medical services completed by natural supports.

Supported Living Periodic levels 1 and 2 are determined by the individual’s evidence of support need, NC Support Needs Assessment Profile (SNAP) (Level 1), Supports Intensity Scale (SIS) (Level B or lower), or TBI Assessment. The SNAP level, SIS level or TBI Assessment is only one piece of evidence that may be considered.

LEVEL 1: SNAP Level 1 or SIS Level A - Minimum to low intervention and supervision: Individuals can spend up to 75%-100% of their time at home and/or community without active intervention or supervision from caregiver or staff member. A member who needs minimal support might need 2-34 hours/week of a combination of services and this service would be intermittent rather than ongoing. Members require **minimal levels** of supervision and support in most settings such as in the community, home, work, etc. Most members are diagnosed with mild intellectual disabilities and/or a related condition. They are often capable of managing many aspects of their lives independently. Needs related to teaching, monitoring, and/or supports usually reflect an intermittent nature rather than an on- going schedule. When appropriate, assistive technology should be considered to maximize the individual’s independence.

LEVEL 2: SNAP Level 1 or SIS Level B - Minimum intervention and supervision: Individuals can spend up to 60%-100% of their time at home and/or community without active intervention or supervision from caregiver or staff member. A member who needs minimal support might need 21 to 41 hours/week of a combination of services and this service could be intermittent or ongoing. Members require minimal to low levels of supervision and support in most settings such as in the community, home, work, etc. Most members are diagnosed with mild intellectual disabilities and/or a related condition. They are often capable of managing many aspects of their lives with minimal to low levels of support. Needs related to teaching, monitoring, and/or supports are usually low but may reflect an on-going schedule. However, they may fade to

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intermittent nature in one or more areas. When appropriate, assistive technology should be considered to maximize the individual's independence.

2.0 Eligibility Criteria

2.1 Provisions

2.1.1 General

An eligible individual shall be enrolled with the LME/MCO on or prior to the date of service, meet the criteria for the IDD or TBI state-funded Benefit Plan and shall meet the criteria in Section 3.0 of this policy.

2.1.2 Specific

State funds shall cover Supported Living Periodic (I/DD & TBI) for an eligible individual who is 18 years of age and older and meets the criteria in Section 3.0 of this policy.

3.0 When the Service is Covered

3.1 General Criteria Covered

State funds shall cover the service related to this policy when medically necessary, and

- a. the service is individualized, specific, and consistent with symptoms or confirmed diagnosis under treatment, and not in excess of the individual's needs; and
- b. the service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
- c. the service is furnished in a manner not primarily intended for the convenience of the individual, the individual's caretaker, or the provider.

3.2 Specific Criteria Covered

3.2.1 Specific criteria covered by State Funds

State funds shall cover Supported Living Periodic (I/DD & TBI) when ALL of the following criteria are met:

- a. 18 years of age or older and express a desire to obtain and maintain service,
- AND**
- b. The individual has a condition that is identified as a developmental disability or Traumatic Brain Injury as defined in G.S. 122-C-3(12a) or G.S. 122-C-3(38a), respectively
- AND**
- c. NC Support Needs Assessment (Level 1), Supports Intensity Scale (Level B or lower), or TBI Assessment requiring a low to moderate support level of supervision and support in most settings, such as in the community, home, work, etc.

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3.2.2 Admission Criteria

A Psychological, Neuropsychological, or Psychiatric evaluation, supported by appropriate psychological/neuropsychological testing, that denotes a DD as defined by G.S. 122C-3(12a) must be completed by a qualified licensed professional prior to the provision of this service. For individuals with a TBI, a clinical exam completed by a qualified licensed professional is required noting a diagnosis as defined by G.S. 122C-3(38a).

Relevant clinical information must be obtained and documented in the individual's Person-Centered Plan or Individual Service Plan.

Service authorization must be completed by a Qualified Professional prior to the day services are to be provided.

The individual requires this service to obtain assistance as needed with the following related activities: daily living, household chores essential to the health and safety of the individual/s, budget management, attending appointments, and interpersonal and social skill building, in conjunction with requires assistance with monitoring health status and physical condition, and assistance with transferring, ambulation, use of special mobility devices, training activities, supervision, and assistance may be provided to allow the individual to participate in home life or community activities.

Prior authorization is required for Supported Living Periodic.

3.2.3 Continued Stay Criteria

The individual continues to require this service to obtain assistance as needed with the following related activities: daily living, household chores essential to the health and safety of the individual/s, budget management, attending appointments, and interpersonal and social skill building, in conjunction with requires assistance with monitoring health status and physical condition, and assistance with transferring, ambulation, use of special mobility devices, training activities, supervision, and assistance may be provided to allow the individual to participate in home life or community activities.

Prior authorization is required for Supported Living Periodic.

Supported Living Periodic should be maintained when the individual meets criteria for continued stay if ONE of the following applies:

- a. The desired outcome or level of functioning has not been acquired, sustained, restored, or improved over the time frame documented in the individual's PCP or ISP;

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OR

- b. The individual has documentation to support it can be reasonably anticipated that regression is likely to occur if the service is withdrawn based on current clinical assessment, and history, or the tenuous nature of the functional gains;

OR

- c. Continuation of service is supported by documentation of the individual's progress toward goals within the individual's PCP or ISP.

3.2.4 Transition and Discharge Criteria

The individual's level of functioning has improved with respect to the goals outlined in the PCP or ISP, or no longer benefits from this service. The individual meets criteria for discharge if any ONE of the following applies:

- a. Individual's level of functioning has improved with respect to the goals outlined in the PCP or ISP (i.e., goals do not show a progression),
- b. Individual no longer benefits from this service.
- c. Individual has achieved PCP or ISP goals, discharge to a lower level of care is indicated
- d. Individual is not making progress, or is regressing, and all realistic treatment options within this modality have been exhausted.
- e. Individual has expressed they desire discharge from the service.

4.0 When the Service is Not Covered

4.1 General Criteria Not Covered

State funds shall not cover the service related to this policy when:

- a. the individual does not meet the eligibility requirements listed in Section 2.0;
- b. the individual does not meet the criteria listed in Section 3.0;
- c. the service duplicates another provider's service; or
- d. the service is experimental, investigational, or part of a clinical trial.

4.2 Specific Criteria Not Covered

4.2.1 Specific Criteria Not Covered by State Funds

None that apply.

5.0 Requirements for and Limitations on Coverage

5.1 Prior Approval

State funded Supported Living Periodic (I/DD & TBI) shall require prior approval. Refer to Subsection 5.3 for additional limitations.

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A service order must be signed prior to or on the first day Supported Living Periodic (IDD & TBI) are rendered. Refer to Subsection 5.4 of this policy.

LME/MCOs can offer less restrictive limitations on unmanaged units but cannot impose more restrictive limitations than the State-Funded Policy. All units beyond state-funded limitations or limitations imposed by the LME/MCO require prior approval.

Providers shall collaborate with the individual's existing provider to develop an integrated plan of care. Prior authorization is not a guarantee of claim payment.

5.2 Prior Approval Requirements

5.2.1 General

The provider(s) shall submit to the LME/MCO both of the following:

- a. the prior approval request; and
- b. all health records and any other records that support the individual has met the specific criteria in Subsection 3.2 of this policy.

5.2.2 Specific

Utilization management of covered services is a part of the assurance of medically necessary service provision. Authorization, which is an aspect of utilization management, validates approval to provide a medically necessary covered service to an eligible individual.

Initial Authorization

Services are based upon a finding of medical necessity, must be directly related to the individual's diagnostic and clinical needs, and are expected to achieve the specific habilitative goals detailed in the individual's PCP or ISP. Medical necessity is determined by North Carolina community practice standards, as verified by the LME/MCO who evaluates the request to determine if medical necessity supports intensive services. Medically necessary services are authorized in the most cost-effective modes, if the treatment that is made available is similarly efficacious as services requested by the individual's physician, therapist, or another licensed practitioner. The medically necessary service must be recognized as an accepted method of treatment.

To request an initial authorization, the psychological evaluation, service order for medical necessity, PCP or ISP, and the required LME/MCO authorization request form must be submitted to the

LME/MCO. Refer to Subsection 5.4 for Service Order requirements.

Reauthorization

Reauthorization requests must be submitted to the LME/MCO 14-days prior to the end date of the individual's active authorization. Reauthorization is based on medical necessity documented in the PCP or ISP, the authorization request form, and supporting documentation. The duration and frequency at which Supported Living Periodic (IDD & TBI) is provided must be based on medical necessity and progress made by the individual toward goals outlined in the PCP or ISP.

If medical necessity dictates the need for increased service duration and frequency, clinical consideration must be given to other services and interventions with a more intense clinical component.

Note: Any denial, reduction, suspension, or termination of service requires notification to the individual, legally responsible person or both about the individual's appeal rights pursuant to G.S. 143B-147(a)(9) and Rules 10A NCAC 27I .0601-.0609.

5.3 Additional Limitations or Requirements

- a. This service is not available at the same time of day as Community Living and Supports, Day Supports, Supported Employment or one of the State Plan Medicaid services that works directly with the individual. Individuals should not be authorized for Residential Supports at the same time.
- b. Relatives who own provider agencies may not provide Supported Living Periodic services to family members. Other staff employed by the provider agency may provide other services to the individual.
- c. The provider of Supported Living Periodic services shall not own the individual's home or have any authority to require the individual to move if the individual changes service providers.
- d. The provider shall not own, be owned by, or be affiliated with any entity that leases or rents a place of residence to an individual if such entity requires, as a condition of renting or leasing, the individual to move if the Supported Living Periodic provider changes.
- e. A Supported Living Periodic home must have no more than three (3) residents including any live-in caregiver providing supports per SL2011-202/HB509. A live-in caregiver is defined as an individual unrelated to the individual and who provides services in the

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individual's home through the Supported Living Periodic provider agency and is not on the lease.

- f. Individuals receiving this service may not be a HCBS Waiver members/beneficiaries or individuals receiving Medicaid funded residential services, inclusive of Medicaid ICF-IID In Lieu of Services (ILOS) with residential component.
- g. Supported Living Periodic services (I/DD & TBI) must not be duplicative of any other services the individual is receiving services the individual is receiving.
- h. This service may not exceed 28 hours a week.

5.4 Service Orders

Service orders are a mechanism to demonstrate medical necessity for a service and are based upon an assessment of the individual's needs. A signed service order must be completed by a qualified professional, physician, licensed psychologist, physician assistant, or nurse practitioner, per the individual's scope of practice.

ALL the following apply to a service order:

- a. Backdating of the service order is not allowed;
- b. Each service order must be signed and dated by the authorizing professional and must indicate the date on which the service was ordered;
- c. A service order must be in place prior to or on the first day that the service is initially provided to bill state funds for the service; and
- d. Service orders are valid for one calendar year. Medical necessity must be reviewed, and service must be ordered at least annually, based on the date of the original PCP or ISP service order.

5.5 Documentation Requirements

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

The service record documents the nature and course of an individual's progress in treatment. To bill state funds, providers must ensure that their documentation is consistent with the requirements contained in this policy. The staff member who provides the service is responsible for documenting the services billed to and reimbursed by state funds. The staff person who provides the service shall sign and date the written entry. The signature must include credentials for professionals or job title for associate professionals. A qualified professional (QP) shall countersign service notes written by staff who do not have QP status. The PCP and a

documented discharge plan must be discussed with the individual and documented in the PCP or ISP.

5.5.1 Contents of a Service Record

For this service, a full service note for each contact or intervention for each date of service, written and signed by the person who provided the service is required. More than one intervention, activity, or goal may be reported in one service note, if applicable. A service note must document ALL following elements:

- a. Individual's name;
- b. Service record identification number;
- c. Date of the service provision;
- d. Name of service provided;
- e. Type of contact(face-to-face, phone);
- f. Place of service;
- g. Purpose of contact as it relates to the PCP or ISP goals;
- h. Description of the intervention/prompting provided. Documentation of the intervention must accurately reflect services for the duration of time indicated;
- i. Duration of service, start and end time of intervention; total amount of time spent performing the intervention;
- j. Assessment of the effectiveness of the intervention and the individual's progress towards the individual's goals; and
- k. Date and signature and credentials or job title of the staff member who provided the service.

6.0 Provider(s) Eligible to Bill for the Service

To be eligible to bill for the service related to this policy, the provider(s) shall:

- a. meet LME/MCO qualifications for participation;
- b. have a current and signed Department of Health and Human Services (DHHS) Provider Administrative Participation Agreement; and

6.1 Provider Qualifications and Occupational Licensing Entity Regulations

Supported Living Periodic (I/DD & TBI) Services must be delivered by practitioners employed by organizations that:

- a. meet the provider qualification policies, procedures, and standards established by the NC Division of MH/DD/SAS;
- b. meet the requirements of 10A NCAC 27G;
- c. demonstrate that they meet these standards by being contracted with an LME/MCO;
- d. within one calendar year of enrollment as a provider with the LME/MCO, achieve national accreditation with at least one of the designated accrediting agencies; and

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- e. become established as a legally constituted entity capable of meeting all the requirements of the DMH/DD/SAS Bulletins and service implementation standards. These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services.

Supported Living Periodic is designed to be a supportive therapeutic relationship between the provider and the individual which addresses and/or implements interventions outlined in the person centered/individual support plan.

Supported Living Periodic providers:

- a. Help develop community involvement and relationships that promote full citizenship,
- b. Coordinate education and assistance related to finances, healthcare, and other needs,
- c. Assist with day-to-day planning and problem solving,
- d. Train and support people who assist the individual incidental to the PCP or ISP,
- e. Train and support individuals on accessing public transportation,
- f. Train and support individuals with new skill acquisition related to interpersonal skill development, independent living, community living, self-care, and self-determination.

6.2 Provider Certifications

Supported Living Periodic (I/DD & TBI) must be provided by an IDD or TBI agency contracted with the LME/MCO and must be established as a legally constituted entity capable of meeting all of the requirements of the LME/MCO.

6.2.1 Staffing Requirements

The Supported Living Periodic (I/DD & TBI) service is provided by qualified providers with the capacity and adequate workforce to offer this service to individuals meeting the IDD/TBI state-funded Benefit Plan. The service must be available during times that meet the needs of the individual which may include evening, weekends, or both. The service must have designated competent developmental disability and/or traumatic brain injury qualified professionals to provide supervision to the paraprofessional. The Supported Living Periodic (I/DD & TBI) paraprofessional must meet the requirements according to 10A NCAC 27G .0104 (15).

Paraprofessionals providing this service must be supervised by a Qualified Professional. Supervision must be provided according to

supervision requirements specified in 10A NCAC 27G.0204 (b) (c) (f) and according to licensure or certification requirements of the appropriate discipline.

The Supported Living Periodic provider shall be responsible for providing an individualized level of supports determined during the assessment process, including risk assessment, and identified and approved in the PCP or ISP and have back-up and relief staff in the event the assigned staff is unavailable and in the case of emergency or crisis. Some individuals receiving Supported Living Periodic services may be able to have unsupervised periods of time based on the assessment process. In these situations, a specific plan for addressing health and safety needs must be included in the PCP or ISP and the Supported Living Periodic provider must have staffing available in the case of emergency or crisis. Requirements for the individual's safety in the absence of a staff member shall be addressed and may include use of telehealth options.

6.2.2 Staff Training Requirements

The provider shall ensure that staff who are providing Supported Living have completed special population training based on staff experience and training needs (e.g., intellectual and developmental disabilities, geriatric, traumatic brain injury, deaf and hard of hearing, co-occurring intellectual and mental health and co-occurring intellectual and developmental disabilities and substance use disorder) as required. Such training should be completed prior to working with individuals and updated as individuals' needs change.

Agency staff that work with individuals:

- a. Are at least 18 years of age
- b. If providing transportation, have a valid North Carolina driver's license or other valid driver's license and a safe driving record and has an acceptable level of automobile liability insurance
- c. Criminal background check presents no health and safety risk to person/s
- d. Not listed in the North Carolina Health Care Personnel Registry
- e. Qualified in CPR and First Aid
- f. Staff that work with person/s must be qualified in the customized needs of the beneficiary as described in the PCP or ISP.
- g. Staff that work with individuals who are responsible for medication administration must be trained in medication administration in accordance to 10A NCAC 27G .0209, as applicable.

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- h. Staff that work with individuals must be trained in alternatives to restrictive intervention and restrictive intervention training (as appropriate).
- i. High school diploma or high school equivalency (GED).

Professional Competency

Paraprofessionals have competency in the following areas:

- A. Communication - The Paraprofessional builds trust and productive relationships with people he/she supports, co-workers and others through respectful and clear verbal and written communication.
- B. Person-Centered Practices - The Paraprofessional uses person-centered practices, assisting individuals to make choices and plan goals, and provides services to help individuals achieve their goals.
- C. Evaluation and Observation - The Paraprofessional closely monitors an individual’s physical and emotional health, gathers information about the individual, and communicates observations to guide services.
- D. Crisis Prevention and Intervention - The Paraprofessional identifies risk and behaviors that can lead to a crisis and uses effective strategies to prevent or intervene in the crisis in collaboration with others.
- E. Professionalism and Ethics - The Paraprofessional works in a professional and ethical manner, maintaining confidentiality and respecting individual and family rights.
- F. Health and Wellness - The Paraprofessional plays a vital role in helping individuals to achieve and maintain good physical and emotional health essential to their well-being.
- G. Community Inclusion and Networking - The Paraprofessional helps individuals to be a part of the community through valued roles and relationships and assists individuals with major transitions that occur in community life.
- H. Cultural Competency - The Paraprofessional respects cultural differences and provides services and supports that fit with an individual’s preferences.
- I. Education, Training and Self-Development - The Paraprofessional obtains and maintains necessary certifications and seeks opportunities to improve their skills and work practices through further education and training.

6.3 Expected Outcomes

The expected outcomes for this service are specific to recommendations resulting from clinical assessments and meeting the identified goals in the

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individual's PCP or ISP. Further, expected outcomes of Supported Living Periodic (I/DD & TBI) is the following:

1. To increase the Individual's life skills and independent living skills,
2. Maximize self-sufficiency,
3. Increase self-determination, and
4. Ensure the individual's opportunity to have full membership in their community as defined within the PCP and ISP goals.

7.0 Additional Requirements

7.1 Compliance

Provider(s) shall comply with the following in effect at the time the service is rendered:

- a. All applicable agreements, federal, state and local laws and regulations including the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part 2 and record retention requirements; and
- b. All NC Division of MH/DD/SAS's service definitions, guidelines, policies, provider manuals, implementation updates, and bulletins, DHHS, DHHS division(s) or fiscal contractor(s).

8.0 Policy Implementation and History

Original Effective Date:

History:

Date	Section or Subsection Amended	Change
	All Sections and Attachment(s)	

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Attachment A: Claims-Related Information

Provider(s) shall comply with the, NC Tracks Provider Claims and Billing Assistance Guide, DMH/DD/SAS bulletins, fee schedules, NC Division of MH/DD/SAS's service definitions and any other relevant documents for specific coverage and reimbursement for state funds:

A. Claim Type

B. International Classification of Diseases and Related Health Problems, Tenth Revisions, Clinical Modification (ICD-10-CM) and Procedural Coding System(PCS)

Provider(s) shall report the ICD-10-CM and Procedural Coding System (PCS) to the highest level of specificity that supports medical necessity. Provider(s) shall use the current ICD-10 edition and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for code description, as it is no longer documented in the policy.

C. Code(s)

Provider(s) shall report the most specific billing code that accurately and completely describes the procedure, product or service provided. Provider(s) shall use the Current Procedural Terminology(CPT), Health Care Procedure Coding System (HCPCS), and UB-04 Data Specifications Manual(for a complete listing of valid revenue codes) and any subsequent editions in effect at the time of service. Provider(s) shall refer to the applicable edition for the code description, as it is no longer documented in the policy. If no such specific CPT or HCPCS code exists, then the provider(s) shall report the procedure, product or service using the appropriate unlisted procedure or service code.

HCPCS Code(s)		Billing Unit
	Level 1: Individual	1 unit =
	Level 2: Individual	1 unit =

Unlisted Procedure or Service

CPT: The provider(s) shall refer to and comply with the Instructions for Use of the CPT Codebook, Unlisted Procedure or Service, and Special Report as documented in the current CPT in effect at the time of service.

HCPCS: The provider(s) shall refer to and comply with the Instructions for Use of HCPCS National Level II codes, Unlisted Procedure or Service and Special Report as documented in the current HCPCS edition in effect at the time of service.

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D. Modifiers

There are no modifiers for this service.

E. Billing Units

Provider(s) shall report the appropriate code(s) used which determines the billing unit(s).

Units are billed in 15-minute increments.

LME/MCOs and provider agencies shall monitor utilization of service by conducting record reviews and internal audits of units of service billed. LME/MCOs shall assess their Supported Living Periodic (I/DD & TBI) network providers' adherence to service guidelines to assure quality services for individuals served.

F. Place of Service

The service may be provided in the home or community that meet the home and community based characteristics established by Centers for Medicare & Medicaid Services and adopted by NC DHHS. This service is distinct from Residential Supports in that it provides for a variety of living arrangements for individuals who choose to live in their own home versus the home of a provider. An individual's own home is defined as the place the individual lives and in which the individual has all of the ownership or tenancy rights afforded under the law and that meet the home and community based characteristics established by Centers for Medicare & Medicaid Services and adopted by NC DHHS. This home must have a separate address from any other residence located on the same property. Individuals living in a Supported Living Periodic arrangement shall choose who lives with him/her, are involved in the selection of direct support professional and participate in the development of roles and responsibilities of staff. Individuals receiving Supported Living Periodic have the right to manage personal funds as specified in the PCP or ISP. A formal roommate agreement, separate from the landlord lease agreement, is established and signed by individuals whose name is on the lease. Homes leased under Section 8 Housing are licensed and inspected by the local housing agency and must meet the housing quality standards per 24CFR 882-109.

The provider of Supported Living Periodic services shall not:

- a. Own the individual's home or have any authority to require the individual to move if the individual changes service providers.
- b. Own, be owned by, or be affiliated with any entity that leases or rents a place of residence to an individual if such entity requires, as a condition of renting or leasing, the individual to move if the Supported Living Periodic provider changes.

To ensure the intent of the definition to support individuals to live in a home of their own and achieve independence, Supported Living Periodic shall not be provided in a home where an individual lives with family members unless such family members are an individual receiving Supported Living, a spouse, or a minor child. Family member is defined as a parent, grandparents, siblings, grandchildren, and other extended family members. In addition, it also includes step-parents, non-minor step-children and step-siblings and non-minor adoptive relationships. All individuals receiving Supported Living Periodic services who live in the same household must be on the lease unless the individual is a live-in caregiver.

This service is not Medicaid billable.

G. Co-payments

Not applicable

H. Reimbursement

Provider(s) shall bill their usual and customary charge

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