



# Non-Medicaid Intellectual/Developmental Disabilities and Traumatic Brain Injury Services

Services must be in the provider’s contract with Vaya Health (Vaya). Acronyms are defined below. For services that do not require authorization, a concurrent request must be submitted if the maximum (if it exists) is exhausted. Guardianship documentation is required as applicable for all services. One unit is equal to 15 minutes unless noted otherwise.

Non-Medicaid I/DD and TBI Services				
Effective date: 04-18-2023				
Service	Service Code(s)	Age(s)	Documentation Requirements	Guidelines
<b>Adult Developmental Vocational Program (ADVP)</b>	YP620	18+	<i>As of Nov. 13, 2019, no new Medicaid member episodes of ADVP are authorized. Please use Long-Term Community Supports for Medicaid beneficiaries. Very limited authorization for State-funded services recipients through the Specialty Needs Staffing process.</i>	N/A
<b>Community Living and Support</b>	YM851 (Individual) YM852 (Group)	16+	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR; psychological evaluation; person-centered plan (including Comprehensive Crisis Plan) or plan of care/ISP; SO; annual NC-SNAP or SIS assessment; TBI assessment for TBI-specific services</li> <li><b>Concurrent:</b> SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days or current plan of care/ISP; SO; annual NC-SNAP or SIS assessment; TBI assessment for TBI-specific services</li> </ul>	<b>Initial and concurrent:</b> <ul style="list-style-type: none"> <li>112 units per week for six months (not to exceed 32 units per day)</li> <li>Requests exceeding 112 units per week are for exceptional needs in short-term situations</li> <li>Individuals ages 16-22 cannot receive more than 12 units per day on school days unless they have graduated</li> </ul>

## Non-Medicaid I/DD and TBI Services

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<b>Day Supports</b>	YM590 (Group)	16+	<ul style="list-style-type: none"> <li>• <b>Initial:</b> SAR; psychological evaluation; person-centered plan (including Comprehensive Crisis Plan) or plan of care/ISP; SO; annual NC-SNAP or SIS assessment; TBI assessment for TBI-specific services</li> <li>• <b>Concurrent:</b> SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days or current plan of care/ISP; SO; annual NC-SNAP or SIS assessment; TBI assessment for TBI-specific services</li> </ul>	<b>Initial and concurrent:</b> <ul style="list-style-type: none"> <li>• 120 units per week for six months</li> <li>• Individuals aged 16-22 cannot receive more than 12 units per day on school days unless they have graduated</li> </ul>
<b>Residential Supports</b>	YM846 YM847 YM848	16+	<ul style="list-style-type: none"> <li>• <b>Initial:</b> SAR; psychological evaluation; person-centered plan (including Comprehensive Crisis Plan) or plan of care/ISP; SO; annual NC-SNAP or SIS assessment; TBI assessment for TBI-specific services</li> <li>• <b>Concurrent:</b> SAR; person-centered plan including Comprehensive Crisis Plan) updated within past 30 days or current plan of care/ISP; SO; annual NC SNAP or SIS assessment; TBI assessment for TBI-specific services</li> </ul>	<b>Initial and concurrent:</b> one unit per day for 365 days (one unit = one day)
<b>Supported Living Periodic (SLP)</b>	YM854	16+	<ul style="list-style-type: none"> <li>• <b>Initial:</b> SAR; psychological evaluation; person-centered plan (including Comprehensive Crisis Plan) or plan of care/ISP; SO; annual NC-SNAP or SIS assessment; TBI assessment for TBI-specific services; copy of current lease</li> <li>• <b>Concurrent:</b> SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days or current plan of care/ISP; SO; annual NC-SNAP or SIS assessment; TBI assessment for TBI-specific services; copy of current lease</li> </ul>	<b>Initial and concurrent:</b> 112 units per week per calendar year

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<b>Hourly Respite</b>	YP010 (Individual)  YP011 (Group)	3+	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR; psychological evaluation; person-centered plan (including Comprehensive Crisis Plan) or plan of care/ISP; SO; annual NC-SNAP; TBI assessment for TBI-specific services</li> <li><b>Concurrent:</b> SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days or current plan of care/ISP; SO; annual NC-SNAP; TBI assessment for TBI-specific services</li> </ul>	<b>Initial and concurrent:</b> 384 units for 90 days (128 units per month)
<b>Personal Assistance/ Individual Habilitation</b>	YP020	3+	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR; psychological evaluation; person-centered plan (including Comprehensive Crisis Plan) or plan of care/ISP; SO; annual NC-SNAP</li> <li><b>Concurrent:</b> SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days or current plan of care/ISP; SO; annual NC-SNAP</li> </ul>	<b>Initial and concurrent:</b> <ul style="list-style-type: none"> <li>36 units per week for 90 days</li> <li><b>Services for individuals under age 13 must be beyond the scope of what a parent is normally expected to provide</b></li> </ul>
<b>Paraprofessional Developmental Therapy Group</b>	H2014UI	3+	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR; psychological evaluation; person-centered plan ISP (including Comprehensive Crisis Plan) or plan of care/ISP; SO; annual NC-SNAP</li> <li><b>Concurrent:</b> SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days or current plan of care/ISP; SO; annual NC-SNAP</li> </ul>	<b>Initial and concurrent:</b> 104 units for 90 days
<b>Developmental Day</b>	YP610	Under 17	<b>Initial and concurrent:</b> SAR; psychological evaluation; person-centered plan (including Comprehensive Crisis Plan) or plan of care/ISP; SO; annual NC-SNAP; IEP	<b>Initial and concurrent:</b> 140 units per week for 180 days
<b>Supervised Living</b>	YP710 (Low)  YP720 (Moderate)	18+	<ul style="list-style-type: none"> <li><b>Initial:</b> SAR; psychological evaluation; SO; annual NC-SNAP; YP720 also requires a person-centered plan (including Comprehensive Crisis Plan) or plan of care/ISP</li> <li><b>Concurrent:</b> SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days or current plan of care/ISP; SO; annual NC-SNAP</li> </ul>	<b>Initial and concurrent:</b> one unit per day for one calendar year (one unit = one day)

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<b>Group Living</b>	YP760 (Low)  YP770 (Moderate)  YP780 (High)	18+	<ul style="list-style-type: none"> <li>• <b>Initial:</b> SAR; psychological evaluation; person-centered plan (including Comprehensive Crisis Plan) or plan of care/ISP; SO; annual NC-SNAP</li> <li>• <b>Concurrent:</b> SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days or current plan of care/ISP; SO; annual NC-SNAP</li> </ul>	<b>Initial and concurrent:</b> one unit per day for one calendar year (one unit = one day)
<b>Supervised Living Level II – VI</b>	YM811-YM816	18+	<ul style="list-style-type: none"> <li>• <b>Initial:</b> SAR; psychological evaluation; person-centered plan (including Comprehensive Crisis Plan) or plan of care/ISP; SO; annual NC-SNAP</li> <li>• <b>Concurrent:</b> SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days or current plan of care/ISP; SO; annual NC-SNAP</li> </ul>	<b>Initial and concurrent:</b> one unit per week for one calendar year (one unit = one week)
<b>Supported Employment – Individual</b>	YA390	16+	<ul style="list-style-type: none"> <li>• <b>Initial:</b> SAR; psychological evaluation; person-centered plan (including Comprehensive Crisis Plan) or plan of care/ISP; SO; annual NC-SNAP; TBI assessment for TBI-specific services</li> <li>• <b>Concurrent:</b> SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days or current plan of care/ISP; SO; annual NC-SNAP; TBI assessment for TBI-specific services</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Initial:</b> 344 units per month for 90 days</li> <li>• <b>Concurrent:</b> 172 units per month for 90 days</li> </ul>
<b>Supported Employment – Group</b>	YP640	16+	<ul style="list-style-type: none"> <li>• <b>Initial:</b> SAR; psychological evaluation; person-centered plan (including Comprehensive Crisis Plan) or plan of care/ISP; SO; annual NC-SNAP; TBI assessment for TBI-specific services</li> <li>• <b>Concurrent:</b> SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days or current plan of care/ISP; SO; annual NC-SNAP; TBI assessment for TBI-specific services</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Initial:</b> 344 units per month for 90 days</li> <li>• <b>Concurrent:</b> 172 units per month for 90 days</li> </ul>

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<b>Supported Employment Long-Term Vocational Supports</b>	YA389	16+	<ul style="list-style-type: none"><li>• <b>Initial:</b> SAR; psychological evaluation; person-centered plan (including Comprehensive Crisis Plan) or plan of care/ISP; SO; annual NC-SNAP; TBI assessment for TBI-specific services</li><li>• <b>Concurrent:</b> SAR; person-centered plan (including Comprehensive Crisis Plan) updated within past 30 days or current plan of care/ISP; SO; annual NC-SNAP; TBI assessment for TBI-specific services</li></ul>	<b>Initial and concurrent:</b> 40 units per month for 12 months

ACRONYM	DEFINITION
I/DD	Intellectual/Developmental Disabilities
IEP	Individual Education Program
ISP	Individual Support Plan
NC-SNAP	North Carolina Support Needs Assessment Profile
SAR	Service Authorization Request
SIS	Supports Intensity Scale®
SO	Service Order
TBI	Traumatic Brain Injury