



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. State-funded (non-Medicaid) service definitions are available on the [North Carolina Department of Health and Human Services website](#).

Non-Medicaid I/DD and TBI Services				
Effective date: 07/08/2026				
Service	Service Code(s)	Age(s)	Documentation Requirements	Guidelines
Adult Developmental Vocational Program (ADVP)	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 occurs through the Specialty Needs Staffing process.</i> Concurrent: SAR, person-centered plan (including Comprehensive Crisis Plan) or current plan of care/ISP, annual NC-SNAP or SIS assessment	Six-month authorization up to 30 hours per week

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Service	Service Code(s)	Age(s)	Documentation Requirements	Guidelines
Community Living and Supports	YM851 (Individual) YM852 (Group)	3+	Initial: 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) Concurrent: SAR, person-centered plan (including Comprehensive Crisis Plan) or current plan of care/ISP, SO, annual NC-SNAP or SIS assessment, TBI assessment (for TBI-specific services)	Initial and concurrent: 112 units per week for six months (not to exceed 32 units per day) - Requests exceeding 112 units per week are for exceptional needs in short-term situations - Individuals ages 3-22 cannot receive more than 12 units per day on school days unless they have graduated - NC-SNAP Level 3 or higher; SIS D or higher
Day Supports	YM590 (Group)	16+	Initial: 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) Concurrent: SAR, person-centered plan (including Comprehensive Crisis Plan) or current plan of care/ISP, SO, annual NC-SNAP or SIS assessment, TBI assessment (for TBI-specific services)	Initial and concurrent: 120 units per week for six months - Individuals aged 16-22 cannot receive more than 12 units per day on school days unless they have graduated - NC-SNAP Level 2 or higher; SIS C or higher
Residential Supports	YM846 YM847 YM848	16+	Initial: 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) Concurrent: SAR, person-centered plan (including Comprehensive Crisis Plan) or current plan of care/ISP, SO, annual NC-SNAP or SIS assessment, TBI assessment (for TBI-specific services) Non-Medicaid Residential Services Referral Profile required for all requests	Initial and concurrent: - One unit per day for 365 days (one unit = one day) - Level 1 requires NC-SNAP Level 2 or SIS C - Level 2 requires NC-SNAP Level 3 or SIS D - Level 3 requires NC-SNAP Level 4 or SIS Es

Non-Medicaid I/DD and TBI Services

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Supported Living Periodic (SLP)	YM854	18+	Initial: 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 Concurrent: SAR, person-centered plan (including Comprehensive Crisis Plan) or current plan of care/ISP, SO, annual NC-SNAP or SIS assessment, TBI assessment (for TBI-specific services), copy of current lease Non-Medicaid Residential Services Referral Profile required for all requests	Initial and concurrent: 112 units per week per calendar year - NC-SNAP Level 2 or lower; SIS B or lower
Hourly Respite	YP014 (Individual – Child) YP015 (Group – Child) YP012 (Individual – Adult) YP013 (Group – Adult)	3+	Initial: 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) Concurrent: SAR, person-centered plan (including Comprehensive Crisis Plan) or current plan of care/ISP, SO, annual NC-SNAP, TBI assessment (for TBI-specific services)	Initial and concurrent: 384 units for 90 days (128 units per month)
Developmental Day	YP610	Under 17	Initial and concurrent: SAR, psychological evaluation, person-centered plan (including Comprehensive Crisis Plan) or plan of care/ISP, SO, annual NC-SNAP, IEP	Initial and concurrent: 140 units per week for 180 days

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Supported Employment – Individual	YP642 BD (Pre-employment) YP642 BE (Care Planning) YP642 BF (Employment) YP642 BG (Long-term)	16+	• Initial: 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) • Concurrent: SAR, person-centered plan (including Comprehensive Crisis Plan) or current plan of care/ISP, SO, annual NC-SNAP, TBI assessment (for TBI-specific services)	• Initial: 344 units per month for 90 days • Concurrent: 172 units per month for 90 days • Long-term: 40 units per month for 12 months
TBI Long-term Residential Rehabilitation	YM849 (Level 1) YM853 (Level 2)	18+	• Initial: SAR; psychological, neuropsychological, or psychiatric evaluation; NC TBI Risk Support Needs Assessment and NC TBI Wellness Assessment (or comparable TBI assessment that addresses risk and wellness supports needs); CCA; physical examination completed by a physician or physician assistant within one year prior to admission; confirmed TBI condition or approved TBI diagnostic verification; person-centered plan (including Comprehensive Crisis Plan) or current plan of care/ISP • Concurrent: SAR, person-centered plan (including Comprehensive Crisis Plan) or current plan of care/ISP, annual physical examination • Non-Medicaid Residential Services Referral Profile required for all requests	Initial and concurrent: One unit per day for one calendar year (one unit = one day)

ACRONYM	DEFINITION
CCA	Comprehensive Clinical Assessment
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