



Individual and Family Guide 2010



2010 PBH Individual & Family Guide - Version 3



PBH

Individual and Family Guide

Version 3

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245 LePhillip Court
Concord, NC 28025



A Message from Area Director, Dan Coughlin

Welcome to North Carolina Innovations (NC Innovations). This Guide is designed to provide information about the NC Innovations Waiver that will help you better understand the services and supports that can be funded through the NC Innovations Home and Community Based Waiver. PBH is committed to working with the North Carolina Department of Health and Human Services (DHHS) to provide services “one person at a time” in a manner that meets your life goals.

If you have questions concerning NC Innovations, feel free to contact your Care Coordinator or any of the other PBH staff listed in this Guide. Your Care Coordinator and/or PBH will notify you if the information changes in this Guide. If you want additional information about any of the topics in this Guide, you can find it on the PBH website at

<http://www.pbhsolutions.org/Waiver/>

If you do not have access to a computer, your Care Coordinator can assist you.

I also want to let you know that we are dedicated to quality services and have high standards for our providers and ourselves. Our network of providers is committed to quality, and we believe that you will experience this in the services that you receive. However, we would like to hear from you if you do not receive quality services or encounter situations that are not characterized by excellent customer service. Whether you call us directly or use our anonymous concern line, your feedback will help us make improvements when care and services fall below our standards. Also, let us know when you are especially pleased, this helps us learn what consumers like about our system and about specific providers.

The PBH system is a successful system of care for people seeking services that are publicly funded. We strongly encourage our providers to use best practice methods that have proven to produce positive changes in a person’s life. The person receiving services is central in helping the provider understand the type of services that will provide the best help. We call this Person Centered Planning and it is all about the priorities of the person receiving services.

Whatever your goals are in seeking services, we wish you the best and we are here to support you in your efforts!

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Words to Know

- **“Add On”:** Services that are not part of the Base Budget. These services may be used based on the service definition and your needs. They must be included in your Person Centered Plan and approved by the Utilization Management Department. The total of Base Budget and non-Base Budget services may not exceed the annual waiver limit of \$135,000 per year
- **Alternative Family Living:** A home owned or rented by a family where services are provided to an individual with a disability
- **Base Budget:** A limit on the amount of funding that is available to plan within and pay for base budget waiver services. The budget limits in the Support Needs Matrix are the maximum Base Budget amount that can be authorized in your Person Centered Plan
- **Base Budget Category:** The Base Budget Category is the limit on the maximum dollar amount of NC Innovations Services contained in the Support Needs Matrix. “Base Budget Services” included in the Cost Matrix are:
 - Through March 31, 2011
 1. Community Networking Services
 2. Day Supports
 3. Home Supports
 4. Residential Supports
 5. Respite
 6. Supported Employment
 - Effective April 2011
 1. Community Networking Services
 2. Day Supports
 3. In-Home Skill Building
 4. In-Home Intensive Supports
 5. Personal Care
 6. Residential Supports
 7. Respite
 8. Supported Employment

- **Budget Limit:** The funding limit associated with the level of need assigned to you
- **Care Coordinator:** The person who helps you with developing your Person Centered Plans (PCPs), coordinates your services, and monitors to make sure you are healthy and safe
- **Care Coordination Department (CCD):** The PBH Department that employs the Care Coordinators who provide care coordination
- **Care Management:** Care Management is non-face-to-face monitoring of an individual consumer's care and services, including follow-up activities, as well as assistance to consumers in accessing care and non-plan services, including referrals to providers and other
- **Centers for Medicare and Medicaid Services (CMS):** The unit of the Federal Department of Health and Human Services that administers the Medicare and Medicaid programs
- **Community Safety Risk:** An individual who presents extreme risk to himself/herself and/or other individuals in the community. Supplemental questions to the Supports Intensity Scale assist in the identification of individuals with Community Safety Risks
- **Community Support:** Organizations that provide support to a person. Community Supports may include advocacy organizations, community service organizations, faith based organizations, civic organizations, and/or educational organizations
- **Cost Limit:** The maximum amount of all waiver services (Base Budget plus other NC Innovations services) that any you may receive annually while participating in the NC Innovations Waiver. For NC Innovations this is \$135,000 per waiver year
- **County Department of Social Services (DSS):** The local agency that determines eligibility for Medicaid benefits and for other assistance programs
- **Day Activity/Employment:** In NC Innovations this includes Day Supports, Community Networking and Supported Employment. For definitions of each service see the PBH NC Innovations Operations Manual

- **Day Supports:** Day Supports is primarily a group service that provides assistance to the participant with acquisition, retention or improvement in self-help, socialization and adaptive skills. Day Supports are furnished in a non-residential setting, separate from the home or facility where the participant resides. Day Supports focus on enabling the individual to attain or maintain his or her maximum functional level and are coordinated with any physical, occupational or speech therapies listed in the PCP. Transportation to/from the participant's home, the day supports facility and travel within the community is included. The cost of transportation to and from the day program is included in the payment rate
- **Department of Health and Human Services (DHHS):** The state agency that includes both the Division of Medical Assistance and the Division of Mental Health/Developmental Disabilities/Substance Abuse Services
- **Developmental Center:** A state operated public facility that provides health and habilitation services to individuals with mental retardation or related conditions (e.g. cerebral palsy)
- **Division of Medical Assistance Services (DMA):** The state agency responsible for Medicaid-funded services and the administration of the NC Innovations and NC MH/DD/SAS Health Plan
- **Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMA/DD/SAS):** The state agency that works with DMA in the administration of the NC Innovations and NC MH/DD/SAS Health Plan
- **HCBS Waivers:** Home and Community Based Waivers that allow states that participate in Medicaid to develop alternatives for individuals who would otherwise require care in institutions
- **Habilitation Service:** A service that assists you in learning or maintaining skills, including self-help, socialization, and adaptive skills
- **In-Home Services:** In NC Innovations this includes In-Home Skill Building, In-Home Intensive Support and Personal Care. For definitions of each service see PBH NC Innovations Operations Manual
- **Intermediate Care Facility for Persons with Mental Retardation (ICF-MR):** A licensed facility that provides care and treatment for individuals with mental retardation and certain developmental disabilities. This is the institutional placement that is "waived" when

you choose the MR Waiver which is the NC Innovations Waiver in the PBH covered counties. ICF/MR facilities have four or more beds and must provide active treatment to their residents

- **Intensive Review Committee:** A committee that reviews requests by individuals to be included in Level 8 of the Supports Needs Matrix when the individual's planning team believes that the individual's needs cannot be met by their assigned Matrix category
- **Least Restrictive Environment:** The least restrictive/intensive setting of care sufficient to effectively treat a consumer
- **Legal Guardian or Legally Responsible Person:** A person who has been appointed by a court of law to act as decision-maker for you. Parents of children under 18 are always considered their children's legally responsible person, unless those rights have been taken away by the court
- **Limits on Sets of Services:** A maximum amount of a designated group of services that you can receive under a waiver
- **Medicaid:** The joint federal and state program to assist states in furnishing medical assistance to eligible needy persons. Federal law concerning the Medicaid program is located in Title XIX of the Act. NC Innovations services are provided under the Medicaid program. All NC Innovations individuals have Medicaid coverage
- **Medically Necessary Treatment:** Medically necessary treatment is provided to you, if you have Medicaid and is:
 - Necessary and appropriate for the prevention, diagnosis, palliative, curative, or restorative treatment of a mental health or substance abuse condition;
 - Consistent with Medicaid policies and National or evidence based standards, North Carolina DHHS defined standards or verified by independent clinical experts at the time the procedures, products and services are provided;
 - Provided in the most cost effective, least restrictive environment that is consistent with clinical standards of care;
 - Not provided solely for the convenience of the you, your family, custodian or provider;
 - Not for experimental, investigational, unproven or solely cosmetic purposes;
 - Furnished by or under the supervision of a licensed professional (as relevant) under State law in the specialty for which they are providing service and in accordance with Title 42 of the Code of

Federal Regulations, the Medicaid State Plan, the North Carolina Administrative Code, Medicaid medical coverage policies, and other applicable Federal and state directives;

- Sufficient in amount, duration and scope to reasonably achieve their purpose, and
- Reasonably related to the diagnosis for which they are prescribed regarding type, intensity, and duration of service and setting of treatment

Within the scope of the above guidelines, medically necessary treatment shall be designed to:

- Be provided in accordance with your person centered service plan which is based upon a comprehensive assessment, and developed in partnership with you (or in the case of a child, the child and the child's family or legal guardian) and the community team;
 - Conform with any advanced medical directives you have prepared;
 - Respond to the unique needs of linguistic and cultural minorities and furnished in a culturally relevant manner; and
 - Prevent the need for involuntary treatment or institutionalization
- **Medicare:** Medicare is health insurance for people age 65 or older, under age 65 with certain disabilities, and any age with End-Stage Renal Disease (ESRD) (permanent kidney failure requiring dialysis or a kidney transplant). While NC Innovations services are not provided under the Medicare program, some NC Innovations individuals have Medicare coverage
 - **Most Integrated Environment:** The most integrated/intensive setting of care sufficient to effectively treat a consumer
 - **NC Innovations Level of Care:** The document used in the NC Innovations Waiver that records the specification of the minimum amount of assistance an individual must require in order to receive services in an institutional setting under the State Medicaid Plan. For the NC Innovations Waiver the institutional level of care setting that corresponds to the level of care that must be met for NC Innovations participants is the Intermediate Level of Care for individuals with Mental Retardation (intellectual disability) and related conditions
 - **NC Innovations Waiver:** The NC Innovations Waiver is a means of funding services and supports for people with mental retardation (intellectual disability) and other related developmental disabilities that are at risk for institutional care in an Intermediate Care Facility for Individuals with Mental Retardation (ICF-MR). NC Innovations is

authorized by a Medicaid Home and Community-Based Services (HCBS) Waiver granted by the Centers for Medicare and Medicaid Services (CMS) under Section 1915 (c) of the Social Security Act. Federal, State and Local dollars fund Medicaid Waivers. This waiver, approved to be effective April 1, 2008, for five years, operates concurrently with a 1915 (b) Waiver, the NC DD/MH/SAS Health Plan. PBH is the Lead Agency for both waivers. The NC DD/MH/SAS Health Plan functions as a Prepaid Inpatient Health Plan (PIHP) through which all mental health, substance abuse and developmental disabilities services are authorized for Medicaid enrollees in the five county area

CMS approves the services provided under NC Innovations, the number of individuals that may participate each year, and other aspects of the program. The waiver can be amended with the approval of CMS. CMS may exercise its authority to terminate the waiver whenever it believes the waiver is not operated properly. The Division of Medical Assistance (DMA), the State Medicaid agency, operates the NC Innovations Waiver. DMA contracts with PBH to arrange for, manage the delivery of services, and perform other waiver operational functions under the concurrent 1915 (b) (c) waivers. DMA directly oversees the NC Innovations Waiver, approves all policies and procedures governing waiver operations and ensures that the NC Innovations Waiver assurances are met

- **Natural Supports:** Individuals who provide support to a person without payment. Natural Supports may include parents, siblings, extended family members, neighbors, and/or co-workers
- **PBH:** A Local Management Entity that manages and authorizes the provision of waiver services for individuals with mental health, developmental disabilities and substance abuse needs whose Medicaid originates from Cabarrus, Davidson, Rowan, Stanly, and Union counties
- **Participant:** The person who is approved to receive services under the NC Innovations Waiver
- **Person Centered Plan:** The document that includes important information about you, the life goals that you want, and the steps that you and your planning team need to take to get there. It also outlines your support needs, and includes a combination of paid, natural supports from family and friends, and community supports
- **Private Home:** The home that an individual owns or rents in his or her own right or the home where a waiver participant resides with other

family members or friends. A private residence is not a living arrangement that is owned or leased by a service provider

- **Provider Network:** The agencies or professionals under contract by PBH that provide authorized services to you
- **Registry of Unmet Needs:** A Registry that contains a list of individuals who are waiting for NC Innovations funding for identified needs
- **Residential Supports:** Residential Supports consist of an integrated array of individually designed training activities, assistance and supervision. Residential Supports are provided in licensed/unlicensed community residential settings that include group homes, and alternative family living homes. Residential Supports include habilitation services, assistance in activities of daily living, and assistance, support, monitoring that allows the individual to participate in home life or community activities
- **Risk Support Needs Assessment:** An assessment of factors that if unaddressed, might pose a high threat to an individual's health and welfare. These include: health risk (medical conditions that require continuing care and treatment; behavioral risk (behaviors or conditions that might cause harm to the person or others; and personal safety risk, e. g., safe evacuation)
- **Service Limit:** A maximum amount of a specific service that you can receive under a waiver
- **Service Records Manual:** The DMH/DD/SAS document that provides the requirements for maintenance of client information, documentation of service provision, and confidentiality requirements
- **Slot:** The annual allocation of the number of individuals that may be served in NC Innovations. CMS allows North Carolina to serve a given number of individuals in the PBH area each waiver year on NC Innovations. This number is the number of slots available for that year
- **State Plan:** The term that refers to the State Medicaid Plan for Medicaid for the State of North Carolina that is approved by CMS
- **Supports Intensity Scale (SIS):** A nationally recognized assessment that measures the level of supports required by people with disabilities to lead normal, independent, quality lives in their home community

- **Support Need Category Allocation:** Synonymous with the Base Budget Category
- **Support Needs Matrix:** The system that is designed to standardize funding among persons who have similar support needs and reflects: assessment of your levels of need, age and budget limit
- **Support Services:** Services that help you live in the community. They include services that can provide direct assistance to you, and/or services that provide assistance to the individual's caregivers and/or staff
- **Targeted Case Management:** Optional State Plan Services that are furnished to assist Medicaid beneficiaries who have to gain access to needed medical, social, educational and other services. TCM services may be furnished to target groups specified by the state on a statewide or less than statewide basis. NC Innovations participants receive care coordination rather than TCM
- **Utilization Management Department (UM):** The PBH Department responsible for approving Person Centered Plans and authorizing services that you may receive
- **Waiver Year:** The 12-month period that CMS uses to authorize, monitor, and control waiver programs and expenditures. The waiver year begins on the effective date of the waiver approval and includes the 12 months following that date. For NC Innovations this is April 1—March 31

Introduction to Medicaid HCBS Waivers and the NC Innovations HCBS Waiver

This section of the Guide provides you with important background information about

Medicaid HCBS Waivers

It also provides a description of the

Purpose and Goals

that guide the services and supports provided by the NC Innovations Waiver

Medicaid Home and Community Based Services (HCBS) Waivers

Medicaid is a federal program originally designed to provide medical care and institutional services for people. It has many rules that control how services are delivered. Waivers allow the State to have some of the Medicaid rules "waived" so that there is more choice about how and where services are provided.

What is Waived?

These are the rules that are waived under the NC Innovations Waiver:

- Services are provided outside of institutions
- "Deeming of Income and Resources": This means that the income and resources of the individual is considered in determining Medicaid eligibility rather than considering the income of the individual's parent or spouse.

This usually means the waiver individuals are Medicaid eligible regardless of their family/spouse's income or age. There are exceptions and your local Department of Social Services (DSS) is the expert to talk to about this issue.

- Services do not have to be provided in every county of the State. NC Innovations Services are only available at this time in the PBH area, which includes Cabarrus, Davidson, Rowan, Stanly and Union counties.

NC Innovations

NC Innovations is a Home and Community-Based Services (HCBS) Waiver. NC Innovations was approved to be effective April 1, 2008 for five years to operate concurrently with a Managed Care Waiver, the **North Carolina MH/DD/SA Health Plan**. NC Innovations provides services to individuals of all ages, starting at birth.

NC Innovations operates on a waiver year that runs from **April 1** through **March 31**. If you leave NC Innovations, during the waiver year, you can re-enter the waiver if you re-enter before March 31 of the same waiver year, provided that you meet the requirements of the waiver. If you leave NC Innovations and return after the new waiver year begins, you may be unable to enter the waiver right away. If funding is not available, you could have to wait to re-enter the waiver.

Purpose and Goals

The NC Innovations Waiver is designed to provide an array of community based services and supports to promote choice, control and community membership.

Support to Achieve Your Life Goals and Personal Outcomes

NC Innovations provides you with help to develop a plan to achieve personal life goals and outcomes that are meaningful to you.

Support to Be a Member of Your Community

Many people with intellectual/other developmental disabilities receive services that separate them from the larger community. We want you to be a member of your community. We want to provide you with opportunities to live, work, and build relationships with people who do not have disabilities.

Support to Live Where You Choose

We want to support you to live in the community where you choose, and with the people you choose. This includes choosing where you want to live and who you want to live with. This can include living with your family, living with people you are not related to, or living independently in a home of your own.

Support to Work or Have Day Activities That Are Meaningful to You

Daytime activities can include attending school, participating in a community activity or working at a job that is meaningful to you. We want to support you to participate in activities and functions of community life that are also chosen by people without disabilities. We want your work or day activities to be linked to your life goals and personal outcomes.

Service Options

NC Innovations provides the opportunity to choose three different service delivery options to provide your services. NC Innovations provides you with the option to use a provider agency; to hire and supervise your own staff; or to be the co-employer of staff with an agency. We want to help you manage your services to the degree you desire.

Provide Opportunities to Develop Natural, Unpaid, and Community Support Networks

We want to provide you with educational opportunities and support to help you develop stronger natural support networks. We want you to be more independent and less reliant on formal services.

Basic Service Elements

The common service elements on this and the following pages must be included in all waiver supports and services provided through the NC Innovations Waiver.

Care Coordination

Individuals in this waiver receive Care Coordination through the PBH Care Coordination Department (CCD) and may not receive Case Management Services from another Agency/Provider. Care Coordination Services are provided by a Care Coordinator. It is important that you stay in frequent contact with your Care Coordinator, especially if your needs change. You are responsible for immediately notifying your Care Coordinator of any emergency situation that could affect your life and require a change in your Person Centered Plan. Emergency situations could include hurricanes, tornados, floods, and fires.

Emergency situations may also include the death of your primary caregiver, the need for assistance during the illness of your primary caregiver, or following your own hospital stay. You should also notify your Care Coordinator of changes to your address or phone number.



Your Care Coordinator can assist you in the following ways:

- Help you document your needs to obtain services.
- Help you with preparing your Base Budget, and in developing your Person Centered Plan (PCP)
- Help you find out about choices for services, and coordinate them for you
- When you start services, check to make sure that they meet your needs and that you are happy with them
- Check to make sure that you are healthy and safe
- Help you receive information on directing your own services
- Help you with problems or complaints about services or crisis situations, if necessary

Person Centered Planning

All individuals who receive NC Innovations funding have a Person Centered Plan (PCP). Your PCP includes important information about you, your life goals, and the steps that you and your planning team need to take to get there. Your plan outlines your support needs, and in addition to NC

Innovations Services includes a combination of Medicaid Services, natural supports from family and friends, and community supports. **You** and **your** planning team create your PCP and revise it when needed.

Your Plan is developed through a **Person Centered Planning Process**. This is a planning process that identifies your strengths, capabilities, desires, and support needs, and helps you develop a vision for your life.



The Person Centered Planning Process helps you:

- Create services and supports to meet your needs
- Be a part of your community by using natural and community supports
- Lead the planning process to the degree that you, your parent, guardian, or representative choose to lead it
- Develop action plans to address things that need to change or remain the same in your life

Base Budgets

All individuals receiving NC Innovations funding have **Base Budgets**. Your Base Budget is an important tool for you to use to make decisions regarding your needs for NC Innovations services. The “Base Budget” is the funding available to pay for base services you need. The Base Budget is the limit on the amount of funding that is available for you to plan within and pay for needed base budget waiver services. The Base Budget Limit is established by the Support Needs Matrix and is the maximum amount of base budget funds that can be authorized in your Person Centered Plan.

The Base Budget funds the following services:

- Community Networking
- Day Supports
- Home Supports
- Residential Supports
- Respite
- Supported Employment

Effective April 1, 2011, the NC Innovations Services will change and, the Base Budget will fund the following services:

- Community Networking
- Day Supports
- In-Home Intensive Supports
- In-Home Skill Building
- Personal Care Services
- Residential Supports
- Respite
- Supported Employment

Services that are not funded by the Base Budget, but are considered “Add Ons” are:

- Assistive Technology, Equipment and Supplies
- Community Guide
- Community Transition
- Crisis Services
- Financial Support Services
- Individual Goods and Services
- Home Modifications
- Natural Supports Education
- Specialized Consultation Services
- Vehicle Modifications.

These are preventative, crisis, and/or equipment and supplies that are available based on individual need. The Base Budget **services and the services “Add On” together cannot total more than the Waiver Cost Limit of \$135,000 per year**. A chart showing Base Budget Services and “Add On” Services is located in Appendix E.

At the time you are determined eligible for the NC Innovations Waiver, you will receive a letter telling you the amount of your Base Budget. **You will not receive your Base Budget until you are determined eligible**. Each year you remain on the NC Innovations Waiver you will receive another letter telling you the amount of your Base Budget. Each NC Innovations individual also receives the [NC Innovations Support Needs Matrix Guide](#). This Guide will answer your questions about the Matrix and how your Base Budget is determined. Your Care Coordinator is available to assist in answering questions about your Base Budget and to help you request needed changes to the Base Budget as well as request any services that are outside the Base Budget.

Documentation and Waiver Limitations

Nobody likes paperwork, but documentation is required in order to access and use federal waiver funds. PBH is required to assure that NC Innovations funds are used appropriately and in a way that meets federal and state requirements. For example, your direct service worker cannot transport you to and from school because this is not allowed in home and community based waivers since the school system receives federal funds to provide transportation to/from school. Federal Medicaid requires that there be adequate

documentation to support the type of service, level of service (individual or group) and amount of service (hours) that you receive. Federal Medicaid expects that the services people receive match their documented needs. **NC Innovations funds cannot be used for services and supports that are not included in the approved NC Innovations Waiver.** There are also limits on some services and groups of services.

Quality Assurance and Improvement

PBH and the state and federal government departments that monitor the use of waiver funding want to make sure that you are satisfied with the services and support you receive, and they also want to make sure that those services are helping you make progress with the goals and outcomes in your PCP. As a waiver individual, you, your family, and/or guardian, will be asked to participate in some or all of the following quality processes:

- Care Coordination Monitoring Visits to your home and to other places you receive services
- Consumer Satisfaction Surveys
- Reviews of the services you receive by the PBH Quality Management Department



How to Access and Receive Waiver Services

This section of the Guide provides an explanation of:

How to Apply for NC Innovations Funding

NC Innovations Eligibility

Level of Care Assessment

Support Needs Assessment

Risk Assessment

Applying for NC Innovations Funding

Everyone must be enrolled with PBH to receive services. Enrollment means that PBH discusses your service needs with you. You can be enrolled through many different places; it is your choice to use the location that best meets your needs.

- Call the PBH toll free number: 1-800-939-5911. This Call Center is open 24 hours per day, 7 days per week, 365 days per year with staff who can provide assessment and assist in making referral/applications for needed services. If you have an emergency need and cannot reach your Care Coordinator, you can always call this number for assistance.

OR

- You can contact a Comprehensive Community Provider (CCP/CABHA) who can assist with enrollment. You can call 1-800-939-5911 for the list of CCP/CABHA in your area.

Freedom of Choice

If you choose to apply for NC Innovations services, this means that you are choosing these services rather than placement in an ICF-MR institutional facility. You will sign the "Freedom of Choice Statement", because, as someone who meets the criteria to enter an ICF-MR facility, you are free to choose between ICF-MR Institutional services and NC Innovations Waiver services.

PBH staff who are available to assist you with entering NC Innovations are:

- **Access Call Center Staff** - offer access to information, assessment, crisis care and referral. Call **800-939-5911**
- **Developmental Disabilities Resource and Referral Coordinator** - assists you in reviewing all services and supports that you may be eligible to receive. Call **704-743-2100**
- **Utilization Management Care Managers** - are available to assist with questions about NC Innovations. Call **704-743-2100**

Participant Responsibilities

The Care Manager will assist you in reviewing and signing the Participant Responsibilities form. This form outlines the responsibilities of each NC Innovations Waiver participant and important waiver policies that the person needs to be aware of before they agree to participate in the waiver. Your Care Coordinator will discuss the form with you when you enter the waiver and each year you continue to receive waiver services. The form is signed each year that you are on the Waiver. (See Appendix A)

Qualifying for NC Innovations

A person who has mental retardation (intellectual disability) or a condition that results in the same needs as someone who has mental retardation may be eligible for NC Innovations.

NC Innovations Eligibility Criteria

You may be eligible for NC Innovations if you:

- Are eligible for Medicaid, based on assets and income of the applicant, whether he/she is a child or an adult.
- Are a resident of Cabarrus, Davidson, Rowan, Stanly or Union counties (for the purposes of Medicaid eligibility)
- Live in an ICF-MR facility or are at high risk of placement in an ICF-MR facility. "High risk" means that there is a reasonable indication that you might need such services in the near future (1 month or less) if you did not receive NC Innovations services.
- Desire to participate in NC Innovations rather than live in an institution.
- Require/use NC Innovations services, as specified in your Person Centered Plan, and use at least **one** NC Innovations service monthly.

AND

- Can health, safety, and well-being be maintained in the community under NC Innovations within the \$135,000 waiver cost limit.

AND

- Effective April 1, 2010, new NC Innovations participants must live with private families or in living arrangements with six or fewer persons unrelated to the owner of the facility.
- Meet the requirements for ICF-MR level of care.

Living Arrangements

- You cannot enter the NC Innovations Waiver if you live in a facility larger than six beds.
- If you were participating in the NC Innovations Waiver on April 1, 2008 and were living in a facility larger than six beds, you may continue to receive NC Innovations Services.
- Before you move to any facility larger than six beds, you should talk with your Care Coordinator because the move could make you ineligible to receive NC Innovations Services.

ICF-MR Level of Care

You must:

Require active treatment.

Active treatment refers to aggressive, consistent implementation of a program of specialized and generic training, treatment and health services. Active treatment does not include service to maintain generally independent persons who are able to function with little supervision or in the absence of a continuous active treatment program.

AND

Have a diagnosis of mental retardation OR a condition closely related to mental retardation defined here:

- A. Mental Retardation is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, practical and social skills. The mental retardation must occur before the age of 18.

B. Persons with closely related conditions refer to individuals who have severe, chronic disability that meets **ALL** of the following conditions:

- Is attributable to:
 - a. Cerebral palsy or epilepsy
 - Or**
 - b. Any condition, other than mental retardation found to be closely related to mental retardation because the condition results in impairment of general functioning or adaptive behavior similar to a person with mental retardation.
1. Is manifested before the person reaches the age of 22;
 2. Is likely to continue indefinitely

And

C. Results in substantial functional limitations in 3 or more of the following areas of life activity:

- Self-care
- Understanding/use of language
- Learning
- Mobility
- Self-direction
- Capacity for independent living

The Discovery Process

During the Discovery Process, assessments will be completed to make sure you are eligible for NC Innovations and to help determine your needs.

Determining ICF-MR Eligibility/Level of Care Evaluation

- If you apply for NC Innovations Waiver funding, your level of care assessment is completed by a psychologist/psychological associate or physician (MD) based on your disability. PBH will make the arrangements for your evaluation or will send these professionals a form to complete.
- If your disability is mental retardation (intellectual disability) or a disability related to mental retardation, a psychologist/

psychological associate will complete your assessment. An adaptive behavior assessment and IQ test will be completed, or if you have a current evaluation, the assessment will be reviewed and an update completed.

- If the condition is cerebral palsy, epilepsy, or a condition closely related to one of these two disabilities, a primary care physician will assess your level of care.
- Once the psychologist, psychological associate, or physician has completed your initial eligibility assessment, the PBH DD Utilization Management Department authorizes this care. Each year your level of care is reviewed by your Care Coordinator and a determination is made about your continued eligibility for the level of care required for participation in NC Innovations.

Supports Need Assessment

PBH will arrange for your **support needs** to be assessed using the **Supports Intensity Scale (SIS)**. The SIS is an important tool to assist your planning team in identifying services and supports that meet your needs, including issues with physical limitations and/or medical needs. It is one of the components used in determining your Support Needs Matrix Category which determines your Base Budget funding. The SIS is an interview that focuses on the support needs of a person with an intellectual disability. You assist in this assessment of determining the people who will be interviewed. This person can be a neighbor, friend, or provider. The SIS interviewer may also review your records to obtain additional information needed to complete the SIS. The person must have known you for at least three months. The SIS is completed at a minimum of every two years while you are on the NC Innovations Waiver. If you disagree with the results of your SIS, you can request an amendment by letting your Care Coordinator know. If you believe your support needs have changed, you should talk with your Care Coordinator.

Risk/Support Needs Assessment

A Risk/Support Needs Assessment is completed by your Care



Coordinator. Your Care Coordinator makes sure these risks/needs are addressed in your Person Centered Plan and as needed, in a Crisis Plan. Potential risks and safety considerations can include health, medical and/or behavioral areas of concern.

Applying for Medicaid

Medicaid eligibility is a separate issue from eligibility for NC Innovations. Your County Department of Social Services (DSS) is the local expert in Medicaid eligibility. If you receive Supplemental Security Income (SSI), you automatically receive Medicaid in North Carolina. Everyone who receives NC Innovations services must be determined eligible for Medicaid by the DSS in the county in which they live. Only people whose Medicaid is from Cabarrus, Davidson, Rowan, Stanly, or Union counties can currently participate in the NC Innovations Waiver. Medicaid eligibility is usually linked to the income and resources of the individual.

Tips When Applying for Medicaid

- Not everyone on Medicaid participates in NC Innovations.
- If needed, a PBH staff person will assist you in contacting DSS and making a Medicaid application. If you already have Medicaid, the PBH staff person can assist you in contacting DSS to let them know that you are applying for NC Innovations.
- It is important that you provide DSS with all of the information they need to process or update your Medicaid application and that you read and respond to all letters they send you. It is important that you keep DSS informed of any changes in your place of residence. When an individual applies for SSI, the application is also an application for Medicaid. Individuals apply for SSI at their local Social Security Administration office.
- It is important that you keep your Care Coordinator informed of any address change or change with SSI payments as these changes can disrupt the waiver indicator on your Medicaid card.

Deductibles

A Medicaid deductible (also referred to as a "spend down") is similar to a private insurance deductible. It is the amount of

medical expenses for which the individual is responsible before Medicaid will pay for covered services.

- Unlike private insurance, the Medicaid deductible is based on income; therefore, the amount is not the same for each person
- DSS will tell you if you have a deductible. If you receive an inheritance or a large sum of money, contact your Care Coordinator immediately to talk about the possibility of deductible changes)
- Medicaid will not pay for services while an individual is in deductible status
- For NC Innovations Waiver participants, the deductible is calculated over a six-month time period, and is divided into six monthly payment amounts

Meeting Your Medicaid Deductible

Your Care Coordinator can help you plan to meet your deductible each month. You will not receive Medicaid coverage until you are billed for Medicaid services in the amount of your deductible. Copies of bills that are used to meet the deductible must be received by DSS before DSS can issue your Medicaid coverage. Some individuals meet their deductible by purchasing their medications at the beginning of the month. Others choose to be billed for the first days of their NC Innovations services from a Provider Agency. If you choose this option, you should remember that you are expected to pay the Provider Agency for the services you receive before your Medicaid coverage begins. If you do not pay the bill for these services, the Provider Agency may choose to discontinue your services.



Co-Payments

Some Medicaid coverage (Medicare Part D) requires a co-payment by the Medicaid recipient. The indicator in the waiver block in the Medicaid eligibility system alerts the Provider Agency to any exemption from co-payments that may be waived if you are a NC Innovations Waiver participant and do not receive Medicare.

- Visits to physicians, dentists and optometrists, as well as prescriptions, are examples of services that may require a co-payment
- **If you receive NC Innovations and do not receive Medicare, you are exempt from these co-payments.** If you receive Medicare and do not have prescription drug coverage, you should ask your Care Coordinator for information about Medicare Prescription Drug coverage
- As a NC Innovations participant, you are also exempt from the eight-prescription limit per month, unless you also receive Medicare
- If a Provider Agency or pharmacy is not aware of the exemption, you should suggest that the Agency contact PBH or refer to the Medicaid Pharmacy Clinical Coverage Policy

Third Party Liability

Federal regulations require Medicaid to be the “payer of last resort.” This means that all third party insurance carriers, including Medicare and private health insurance carriers must pay before Medicaid pays. If the Medicaid payment for a service is more than the third party insurance carrier will cover, then Medicaid will pay the difference up to the Medicaid payment amount. If the insurance payment is more than the Medicaid payment amount, Medicaid will not pay any additional amount. Medicaid denies payments for recipients who are eligible for Medicare but do not apply for Medicare. Medicaid does not pay for services denied by private health plans if you do not meet your private health plan’s requirements. If the provider’s service would have been covered and payable by the private plan, but some requirement of the plan was not met, Medicaid will not pay for the service. You must keep DSS, your Care Coordinator, and your Provider Agency informed of any private insurance or Medicare coverage that you have. If you do not inform these individuals/agencies of

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your private insurance or if you do not cooperate in any way in meeting any private plan requirement, you may be responsible for paying for the service. **This includes NC Innovations services.**



Completing Your Person Centered Plan and Choosing the Services That Are Right for You

This section of the Guide provides an explanation of:

Completing the Person Centered Plan

Using Resources and Choosing Waiver Services

Waiver Services and Provider Qualifications

Waiver Service Options

Completing the Person Centered Plan (PCP)

After you have applied for NC Innovations Services, completed the assessments, met the eligibility requirements, and been approved for Medicaid, your Care Coordinator will:

- gather and organize information for you and your planning team
- ask you, your family, and the legally responsible person, if applicable, who you want included in your planning team and what part you want to take in leading the Planning Meeting
- document the results of your Planning Meeting after the team develops the Plan

Your PCP should:

- Have enough detail that someone new in your life can understand your plan
- Identify any natural, unpaid, and community supports that help meet your needs
- Include a schedule of when you need support and the kinds of support you need at different times of day
- Clearly demonstrate **medical necessity** for services you need
- Assist others involved in your life to understand your wants, desires, and needs
- Help identify risks that are present
- Reflect the decisions you make
- Be respectful of you and those who support you
- Be easy to read and user friendly using simple everyday language
- Assist people who support you to find information easily
- Identify how required emergency back-up services will be furnished for workers providing your services



Using Resources and Choosing Waiver Services

When developing your PCP, think about your Base Budget amount and the type of services you need to obtain within this funding to accomplish the life goals that you have identified in your PCP. Remember that NC Innovations is not intended to replace or duplicate services and resources that are already available to you. For example, if you have been visiting your grandmother one evening a month while your parents attend a meeting, you would not need to receive a service instead of your visit with your grandmother. The next pages in this Guide will provide you with information about NC Innovations Services so that you can work with your team to choose the ones that will best meet your needs.

What You Need to Know About Services

NC Innovations Services are intended for you to continue living in and participating as an active member of your home community. It is important to understand that there are a variety of special limitations and restrictions on services. It is important that you discuss each service you need to use with your Care Coordinator. Remember that the cost of base services cannot exceed your Base Budget. You also cannot exceed any limit in any service definition or exceed the Limits on Sets of Services listed in Appendix C. **The total of your Base and “Add On” Services cannot exceed the Waiver Cost Limit of \$135,000 per year.** If another Medicaid or other available service will meet your needs instead of a NC Innovations service, the other service must be used. You may not receive NC Innovations Services if you are a patient of a hospital, nursing facility, or ICF-MR facility or if you are incarcerated in a prison or jail.

Medicaid Payments to Providers

Services are not determined by the need to pay an agency or employee a particular reimbursement rate. Providers who accept Medicaid payment may not charge you or a member of your family any additional payment for services and/or equipment billed to Medicaid. This applies to all NC Innovations services and equipment, and regular Medicaid services and equipment. You or your family cannot pay part of the cost of the service or equipment. You may not be required to sign an agreement that says that you cannot change Provider Agencies as a condition of providing services to you.

Individual/Group Services

If a service has a group rate, you receive group services unless there is justification in your PCP that individual services are necessary to meet your disability specific needs. In locations such as day or after-school programs, you will usually receive group services. If Individual Services are approved, it is expected that you will change to group services as soon as group services can meet your needs. Your planning team will have to gather additional information if you are requesting individual services when you are in a situation where there is a group of other individuals.

Services for Individuals Ages 3-21

Federal regulations require that NC Innovations Services are not to be used as a replacement for educational services funded under the Individuals with Disabilities Education Act (IDEA). The following policy applies to school-aged individuals ages 3-21:

- NC Innovations Services are offered outside of school operational hours, and are defined as the documented hours of the school system for the grade the child would attend.
- The family of children who are home schooled must present a copy of the home school certificate and schedule to the Care Coordinator. If the family does not provide the home school certificate and schedule, then the local school system schedule will apply.
- The schedule in the Individual Education Plan for homebound children will apply.
- Children **can** receive services outside their documented school, home school, or homebound school schedule.
- Educational outcomes are not funded by Innovations.
- Individuals ages 3-21 can access 420 hours of service during days when school is not in session, within the limits on sets of services in Appendices C or D.



Early and Periodic Screening, Diagnosis and Treatment (EPSDT)

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is Medicaid's Comprehensive Child Health Program for individuals under 21. EPSDT is authorized under the Medicaid Act and includes periodic screening of children, including vision, dental, and hearing services. The Act requires that any medically necessary health care service that is listed in the Act be provided to an EPSDT beneficiary even if the State Medicaid Plan does not cover those services. Your Care Coordinator can provide you with additional information about EPSDT.

Equipment and Supplies

If you need equipment or supplies, you should discuss your needs with your Care Coordinator. Your Care Coordinator can assist you in obtaining the equipment and supplies you need. It is important to remember that NC Innovations funds cannot pay for equipment or supplies that are covered by your private health insurance, Medicare, or the State Medicaid Plan, even if the private insurance company, Medicare or the State Medicaid Plan (Division of Medical Assistance/DMA) deny your request for a covered item or supply. Private insurance companies, Medicare, and the DMA have specific approval processes, providers, and service limitations that must be followed. DMA also has a process to request equipment and supplies that are not on Equipment and Supply Covered Items Lists. Your Care Coordinator can assist you in requesting "Non-Covered Items" from DMA.

Requesting equipment and supplies from your insurance provider, Medicare or from the Division of Medical Assistance can take a long time. Your Care Coordinator does not have control over the approval process but will try to assist you in every way possible. It is important for you to keep good records and follow up on any requests to obtain additional information from your insurance carrier or the Division of Medical Assistance.

Some equipment and supplies are covered under specific NC Innovations service definitions. Each definition has a list of covered items and conditions for approval of those items. Because obtaining the evaluations and other information needed for approval takes time, you should let your Care Coordinator know your needs as soon as possible so that the needed items can be added to your Person Centered Plan and the supporting

documentation obtained. The request requires approval from PBH Utilization Management and once approval is obtained, PBH will order the approved equipment. PBH cannot order the equipment until the approval is obtained. **PBH cannot pay for an item that you obtained prior to approval by Utilization Management.**

Not every item or supply that you may need is covered by private insurance, the State Medicaid Plan, requests to DMA for non-covered items, or NC Innovations. If you need an item not covered by one of these funding sources, your Care Coordinator can refer you to a Community Guide to assist you in locating possible other funding sources such as private foundations, churches, civic organizations, and/or other community resources.

Steps To Obtain Equipment and Supplies

1. Discuss your needs with your Care Coordinator and planning team.
2. Through your team, Identify the specialist who needs to further assess your equipment needs.
3. Participate in the assessment.
4. Work with your Care Coordinator to obtain a statement of medical necessity from your physician for the specific equipment or supply recommended.
5. Work with your Care Coordinator to determine the potential source for funding the equipment or supply.
6. Work with your Care Coordinator to submit the request and required documentation for your insurance company, Medicare, Medicaid or NC Innovations.
7. Participate in training to learn to use your new equipment or supply.
8. You should always keep in close contact with your Care Coordinator, and work with your Care Coordinator to obtain any additional information requested from the funding source of your supply or equipment.

Location of Services

Services are provided at locations that best meet your needs. However, some services must be provided at a specific location. Refer to the service definition for specific information about any limitation on where a service can be provided.

If you determine that there is a unique reason for you to receive services in the home of a direct service employee, the Provider Agency or Employer of Record is required to complete a Health and Safety Checklist/ Justification Form. You will be asked to sign this checklist. You should consider the provision of services in the direct service employee's home very carefully. While the checklist covers basic health and safety concerns, it does not provide for an independent review or cover the same areas that formal licensure of service locations covers. You should consider the best location for learning skills when considering service location. Some types of goals cannot be trained in your direct service employee's home. For example, you may not do your direct service employee's housekeeping to learn housekeeping skills.

Effective April 1, 2011, the only services that can be provided in the home of a direct service employee are Personal Care Services and Respite Services. Sometimes your Provider's Home must be licensed for you to receive Respite Services there.

Qualifications of Staff Providing NC Innovations Services

The NC Innovations Operations Manual contains provider qualifications for each NC Innovations Service. Direct service employees must be at least 18 years old.

Services in Residential Facilities

If you are new to NC Innovations, you may only live in a residential facility that serves six or fewer people who are unrelated to the proprietor. The following information applies to you if you live in a larger facility or those who are considering moving to larger facilities:

- If you were receiving NC Innovations services as of April 1, 2008 and live in a facility greater than six beds, you may continue to receive services under this waiver in that facility.
- If you are currently living in a facility with six or fewer beds or in a private home and decide to move to a facility with more than six beds, you are no longer eligible for the waiver. You should discuss this with your Care Coordinator before you move into the larger facility.
- NC Innovations services are not provided in ICF-MR residential facilities.
- New facilities to the North Carolina Innovations Waiver may only have a capacity of three beds or less.

Service Definitions

Service descriptions are included in the following pages of this Guide. Full Service Definitions, Service Limitations, and Provider requirements can be found in the PBH NC Innovations Operations Manual that is posted on the PBH website. Your Care Coordinator can also provide additional information about any service you have questions about. If you are self-directing your services, you should use the PBH web site to obtain a copy of the complete service definition(s) that you are self-directing. You may also ask your Community Guide for a copy of the complete service definition(s) that you are self-directing.

Assistive Technology Equipment and Supplies (Equipment and Supply Service, Add on outside Base Budget): This service covers purchases, leasing, shipping costs, and as necessary, repair of equipment required to enable you to increase, maintain or improve your ability to perform daily life tasks. Equipment is recommended by a professional and your physician. You can spend up to \$15,000 over the duration of the waiver for this service (five years). The limit does not include nutritional supplements and monthly alert monitoring system charges. The list of items covered includes certain daily living aids, items to help you control your environment, some types of positioning systems, and some types of alert systems. If you need equipment or supplies, let your Care Coordinator know and they can help you determine if it can be covered by NC Innovations or Medicaid. If the item is not covered by NC Innovations or Medicaid as a covered or non-covered service, they can refer you to a Community Guide who can help you locate community resources that may be able to meet your needs.

Community Guide (Support Service, “Add On” outside the Base Budget): One of the most important roles of Community Guides is advocacy. You should request Community Guide Services if you need help locating and obtaining community resources, need advocacy services, or need help in developing natural, unpaid, and community resources. These services also support you or your representative, if you decide to direct your own waiver services. Community Guide Services help you gain community connections. Community Guides can help you find options for renting or purchasing your own home and assist you with

purchasing furnishings for that home. They can help you prepare for and participate in meetings with your planning team.

Community Networking Services (Habilitation Service, in Base Budget): Community Networking services provide activities that support you in creating a day that is personally meaningful to you, and with persons who are not disabled. Community Networking Services are not provided in your home, anyone else's home, residential programs or day programs. This service can help you develop meaningful community relationships with non-disabled individuals, and help you develop supports from people who are not paid to help you. Community Networking Services help you be more independent and take part in the community in ways that are valued by other members of your community.

Some of the things that Community Networking Services can help you do:

- Participate in classes at the community college, for example take a class in photography.
- Participate in community classes to develop hobbies, leisure, or cultural interests, for example take a class to learn to knit where you would meet other people who later decide to meet weekly at a community center where everyone could work on their own knitting project at the same time.
- Perform volunteer work such as stocking food at the Food Pantry.
- Join a group that meets on a regular basis in the community, for example, a group that meets at a coffee shop every morning to discuss community events.
- Learn to use public transportation.
- Take classes on self-determination and participating in a self-advocacy group.
- If you are a child, support you to go to an after-school program that is designed for children who do not have disabilities.
- Pay for you to attend a class or conference (but not the hotel, meals, transportation to the conference or day care fees) up to \$1,000 per year.

Community Transition (Equipment and Supply Service, “Add On” outside Base Budget): Community Transition funds are one-time, set-up expenses for adult individuals to live in homes of their own. It can help you if you are moving from a Developmental Center (institution), community ICF-MR Group Home, nursing facility or other licensed living arrangement (such as a group home, foster home, or alternative family living home) to a living arrangement where you are directly responsible for your own living expenses. The lease must be in your name or that of your legal guardian or representative or you must own the home. Community Transition Services can pay for security deposits, essential furnishings, window coverings, food preparation items, sheets, towels, and deposits for utilities, including telephone, electricity, heating, and water. Community Transition can only be used once. The lifetime limit of the waiver for this service is \$5,000.

Crisis Services: Primary Response; Behavioral Consultation; Out of Home (Support Service, “Add On” outside Base Budget): Crisis Services help you if there is a situation that presents a threat to your health and safety or the health and safety of others. This service could help you if you are at risk for losing your job, your home, or other important activity in your life, and help prevent you from needing institutional placement or hospitalization. Crisis Services are available to help you 24 hours per day, 7 days per week. There are three types of Crisis Services that can help you:

- **Primary Crisis Response:** Your current provider of Home Supports or Residential Supports, or other Provider Agencies have trained staff who are available to provide “first response” crisis services to you in the event of a crisis. They can help evaluate what type of help you need, contact other agencies to help you, help staff or caregivers work with you during the crisis.
- **Crisis Behavioral Consultation:** Psychologists or Psychological Associates are available to you if you have challenging behaviors that have resulted in a crisis situation requiring the development of a Crisis Support Plan.
- **Out of Home Crisis:** Out of Home Crisis is a short-term service that can help you if you experience a crisis and requiring a period of structured support. The service takes place in a licensed facility or licensed private home respite setting, separate from your living arrangement.

Day Supports (Habilitation Service, inside the Base Budget): Day Supports provide assistance to you with obtaining, keeping, or improving self-help, socialization and adaptive skills. Day Supports are furnished in and by licensed day programs, including sheltered workshops and developmental day after school programs. Day Supports help you attain or maintain the most skills that you can learn. If you receive Day Supports, your Day Supports provider is responsible for transporting you from your home to/from the day supports facility. Usually you receive Day Support Services in a group. One-on-one Day Support Services are available only if you have special needs that require individual support. Your need for individual group services must be justified in your PCP and the justification must be needed based on your disability. If Individual Services are approved, it is expected that you will change to group services as soon as group services can meet your needs. Your planning team will have to gather additional information if you are requesting individual services when you are in a situation where there is a group of other individuals.

Financial Support Services (Support Service for Employers of Record, “Add On” outside the Base Budget): Financial Support Services help you make sure that funds for self-directed services are managed and distributed as intended. This service is only available to you if you decide to self-direct your services and want to be the employer of your staff. Financial Support Services also bills for services that you self-direct; pays your employees and taxes; helps you obtain supplies and training needed by your employees; obtains background checks when you are hiring new employees; processes your application for Workers Compensation Insurance, and gives you a monthly report about payments for services billed and payments of expenses.

Home Modification (Equipment and Supply Service, “Add On” outside the Base Budget): Home Modifications are physical modifications to the private home owned by you or your family (natural or foster family) that are needed to ensure your health, welfare, and safety or to help you be more independent. Items that are portable may be requested if you live in a home that is rented by you or your family. This service covers purchases, installation, maintenance, and the repair of home modifications. Equipment is recommended by an appropriate professional and

your physician. The list of items covered includes ramps, grab bars, lifts, modifications to bathroom facilities, widening of doorways, and specialized accessibility/safety adaptations. The adaptations cannot add total square footage to your home, and are limited to \$20,000 over the duration of the waiver.

Home Supports (Habilitation Service, inside Base Budget): Home Supports are habilitation and support services that provide training and assistance to enable you to gain and maintain skills, which allow you to be more independent. Home Supports help you to live in the community. Home Supports do not replace your family and natural supports. Home Supports include:

- Training and supporting you to develop and maintain personal relationships
- Training and assisting you with activities of daily living
- Supporting you with community activities such as shopping and recreation
- Assisting you with monitoring your health and physical condition
- Help when your family is not at home
- Transporting you to activities when you are receiving Home Supports training in the community
- Intensive support at night if you have special needs

Home Supports will no longer be a service in the NC Innovations Waiver after March 31, 2011. At that time, your Home Supports Services will transition to In-Home Intensive Supports, In-Home Skill Building, and/or Personal Care Services.



Individual Goods and Services (Habilitation, Support, and/or Equipment and Supply Service, “Add On” outside Base Budget):

Individual Goods and Services are available to you if you self-direct one or more services. The cost cannot exceed \$2,000 each year. They include services, equipment or supplies that address an identified need in your Person Centered Plan and meet the following requirements:

- The item or service would decrease your need for other Medicaid services;

AND/OR

- Promote inclusion in your community;

AND/OR

- Increase your safety in your home environment;

AND

- You do not have the funds to purchase the item or service.

Natural Supports Education (Support Service, “Add On” outside Base Budget):

Natural Supports Education provides training to your family and your natural support network in order to educate and train them about the nature and impact of your disability, on strategies for helping you, and specialized equipment and supplies you use.

Natural Supports are **relationships with people** that include co-workers, classmates, activity individuals, neighbors, family, and others. These relationships are typically developed in the community through associations in schools, the work place, and participation in clubs, organizations, and community activities. Natural Supports are different for every person; they help you develop a sense of social belonging, dignity and self-esteem. Your natural supports are not paid to teach you skills but are people who do things with you without pay. You also contribute to the relationship as both people in the relationship support each other.

This service will also pay for up to \$1,000 for enrollment fees and materials related to attendance at conferences and classes by your primary caregiver that help your caregiver develop skills to support you in having greater access to the community. Natural Supports Education can help you gain more natural and community supports so that you are potentially less reliant on formal waiver services. For example, you might receive formal

services from a provider to help you use new equipment. Natural Supports Education could be used to train your family in learning to help you use the equipment so that they could support you in using the equipment rather than the provider.

Residential Supports (Habilitation Service, inside Base Budget):

Residential Supports consist of individually designed training activities, assistance and supervision. Residential Supports are provided in licensed/unlicensed community residential settings that include group homes, and alternative family living homes. Residential Supports include:

- Habilitation Services that assist you in obtaining, improving and retaining self-help skills, general household management; meal preparation skills; personal financial management skills; and socialization skills
- Assistance and support in activities of daily living to ensure your health and safety
- Transportation to/from your residence and community activities

Respite: Individual (Support Service, inside the Base Budget):

Respite Services provide periodic support and relief to your primary caregiver(s) from the responsibility of your care. This service enables them to meet or participate in planned or emergency events, and to have planned time for him/her and/or family members. Respite may include services in your home and services in the home of caregivers or facilities. Respite Services can include overnight, weekend care; emergency or **continuous care** up to 10 consecutive days. The primary caregiver is the person principally responsible for your care and supervision and must maintain his/her primary residence at your address. Your Respite Care Provider cannot provide care for your siblings or any other family member while providing respite services for you.

Specialized Consultation Services (Support Service, “Add On” outside the Base Budget):

Specialized Consultation Services provide training and technical assistance in a specialty area. The specialty areas are psychology, behavior intervention, speech therapy, therapeutic recreation, augmentative communication, assistive technology equipment, occupational therapy, physical therapy or nutrition. Family members and other paid/unpaid caregivers are trained by a certified, licensed, and/or registered

professional, or qualified assistive technology professionals to carry out therapeutic interventions, to increase the effectiveness of the specialized therapy, and to participate in your team meetings. This service is very important as it can help your family, caregivers, and paid service providers learn how to provide the right supports for you.

Supported Employment Services (Habilitation Service, inside the Base Budget): Supported Employment Services provide you with assistance in choosing, acquiring, and maintaining a job in settings with people who do not have disabilities. **Before you can receive Supported Employment Services funded by NC Innovations, you must first use any services that Vocational Rehabilitation offers you.**

Supported Employment Services include:

- Pre-job training to prepare you to engage in work that may include career counseling; job shadowing; assistance in the use of educational resources; training in resume preparation; job interview skills; and assistance in learning skills necessary for keeping the job.
- Training and support to obtain employment in a group such as an enclave or mobile crew. (Groups of workers with disabilities who work in a business in the community.)
- Assisting you in developing and operating a small business that you own.
- Training and support to complete job training or maintaining employment.
- Transportation between work/home or between activities related to employment.
- Consultation with your employer to address any problems or needs you may have.

Vehicle Modifications (Equipment and Supply Service, “Add On” outside the Base Budget): Vehicle Modifications are devices, service or controls that can help you increase your independence or physical safety by enabling your safe transport in and around the community. The installation, repair, maintenance, and training in the care and use of vehicle modifications are included. You or your family must own or lease the vehicle being modified. The vehicle must be covered under an automobile insurance policy that provides coverage sufficient to replace the adaptation in the event of an accident. Modifications do not include the cost of

the vehicle or lease. The modification must be recommended by an appropriate professional and by your physician. Modifications include: door handle replacements; door modifications; installing a raised roof; lifting devices; devices for securing wheelchairs or scooters; adapted steering, acceleration, signaling, and braking devices; handrail and grab bars; seating modifications; lowering of the floor of the vehicle; and safety/security modifications. Vehicle Modifications are limited to \$20,000 over the duration of the waiver (5 years).

NC Innovations Service Changes Effective April 1, 2011

Effective April 1, 2011, the NC Innovations Waiver is amended (changes approved by DMA and CMS) to **remove Home Supports** from the service array. At that time, the following **additional services** will be available to NC Innovations individuals.

- In-Home Skill Building
- In-Home Intensive Supports
- Personal Care

The following are brief descriptions of the new services:

In-Home Skill Building (Habilitation Service, inside Base Budget):

In-Home Skill Building provides training to enable you to acquire and maintain skills, which support you to be more independent. In-home skill building provides additional support to your family and natural supports and consists of an array of services that are needed to maintain your life in the community. As you gain skills and become more independent, you should need fewer hours of this service. In-home skill building consists of:

- Training and supporting you to develop and maintain personal relationships.
- Skill building to help you learn community living skills, such as shopping, recreation, personal banking, grocery shopping, and other community activities.
- Training to help you learn therapeutic exercises, supervision of self-administration of medication, and other services that are essential to your health care at home, including transferring, ambulation, and using special mobility devices
- Transporting you to activities where you are receiving In-Home Skill Building.

This service cannot be provided in the home of a direct support employee.

In-Home Intensive Supports (Support Service, inside the Base Budget):

In-Home Intensive Support is available to support you in your private home if you need extensive supervision and support. Training, support and/or supervision are provided to assist you with positioning, intensive medical needs, elopement and/or behaviors that would result in injury to you or other people. Your Person Centered Plan would include a fading plan or a plan for obtaining assistive technology to reduce the amount of In-Home Intensive Supports. You would be approved to receive this service only if you have exceptional medical or behavioral support needs on your Supports Intensity Scale (SIS) assessment. You would also need to be approved for this service every 90 days. This service can only be provided in your private home.

Personal Care Services (Support Service, inside the Base Budget):

Personal Care Services help you with eating, bathing, dressing, personal care, hygiene, and other activities of daily living. Personal care services also help you to maintain skills gained during training services. This service also includes housekeeping chores, such as bed making, dusting, and vacuuming, if these are incidental to your care and are essential to your health and welfare rather than your family's needs. Personal Care Services also include assistance with the monitoring of your health and assisting you with transferring, walking, and use of special mobility devices.

Waiver Options

In developing your Person Centered Plan and choosing your services, you can choose how you want to manage your services. You can choose to manage your services in one of three ways:

- Selecting a Provider Agency to deliver your services. This is known as **Provider Directed Services**.
- Self-directing your services and becoming the employer of the workers who deliver your services. This is known as the Individual and Family Directed Services - **Employer of Record Option**.
- Self-directing your services and becoming the co-employer of the workers with a Provider Agency. This is known as the Individual and Family Directed Services - **Agency with Choice Option**.

When it is time to develop your Person Centered Plan, your Care Coordinator will provide you with more information so that you can decide which option or combination of options works best for you.



Approval of Your Person Centered Plan and Service Authorization

This section of the Guide provides an explanation of:

**Submitting the Person Centered Plan to Utilization
Management for Approval**

Service Limitations

Utilization Criteria

Service Authorization

Submitting the Person Centered Plan to Utilization Management

When your Person Centered Plan is completed, you (or your legal responsible person, if applicable,) will be asked to sign the PCP. Your Care Coordinator requests approval of the Plan from DD Utilization Management, including approval of requested services.

Information that the Care Coordinator submits to Utilization Management includes:

- Contact information for the Care Coordinator
- Person Centered Plan, including Crisis Plan, as applicable
- Individual Budget
- Level of Care
- Risk/Support Needs Assessment
- Additional Assessments by the appropriate professional, as needed
- Positive Behavior Support Plan, if applicable
- Physician Orders, as applicable
- Service specific information such as fading plans and details about equipment being requested
- Plan for how any requested equipment will be utilized with training outcomes, as applicable

How long does it take to get the Person Centered Plan approved?

From the date the information is submitted, the DD Utilization Management Department has 14 days to review it, and approve, deny, or request additional information. If additional information is requested then up to an additional 14 days may be needed to complete the review. You will receive a letter notifying you if additional information has been requested.

Denial of Services/Appeal Rights

If any service is denied, reduced or terminated, you will be offered your appeal rights. Appeal rights are mailed to you or your guardian, if applicable. For more information on your appeal rights refer to the [Enrollee Handbook](#) for the NC MH/DD/SAS Health Plan. Watch your mailbox for your appeals explanation. Remember to notify your Care Coordinator if your mailing address

changes. Utilization Management may also authorize medically necessary services that are needed to ensure your health, safety, and well-being since your health, safety and well-being must be assured for you to participate in Innovations. Your Care Coordinator can help you with any information needed for your appeal. The North Carolina MH/DD/SAS Plan requires that you go through the local Reconsideration Process prior to the appeals process. Reconsideration is an opportunity for you to work with PBH to present additional information and/or clarify new information regarding the denied service.

Limits on Sets of Services (Appendix C)

Limits on Sets of Services are intended to be maximum amounts of services for individuals with **exceptional** disability needs. Limits on Sets of Services apply to the following NC Innovations Services:

- Community Networking Services
- Day Supports
- Home Supports
- Residential Supports
- Supported Employment

When you transition to the new service array on April 1, 2011, the Limits on Sets of Services will apply to the following NC Innovations Services.

- Community Networking Services
- Day Supports
- In-Home Skill Building
- In-Home Intensive Supports
- Personal Care
- Residential Supports
- Supported Employment



Other Types of Limitations

Each service definition has additional limitations that are listed in the NC Innovations Technical Manual. Your Care Coordinator can help you understand the limits that apply to the services you are requesting. These limits include:

- Services that cannot be provided **at the same time of day** as other services
- Services that cannot be provided **on the same day** as other services
- Services that cannot be provided **if you receive other services**
- Services that can only be provided **if you self-direct services**
- Services that have **spending limits per year or over the duration of the NC Innovations Waiver (5 years)**
- Services that **cannot be provided in certain locations**
- Services that have **other conditions** on their use

Utilization Management

PBH is allowed by contract with the Division of Medical Assistance to set Utilization Criteria for services approved by the PBH Utilization Management. DD Care Managers will review the information submitted by your Care Coordinator against a set of criteria that includes:

- Information that clearly states why the service/equipment is related to your disability
- Utilization Management Criteria
- Practice Guidelines
- Person Centered Plan approval criteria

If you have specific questions or would like to see this criteria, your Care Coordinator or someone from the DD Utilization Management Department will assist you.

Service Authorization

All NC Innovations Waiver services must be approved in the Person Centered Plan and authorized to allow the provider agency or the Financial Supports Services Agency to bill PBH. Plan approval and authorization is completed by the DD Utilization Management staff. You will receive a copy of your Person Centered Plan and the approval letter from your Care Coordinator when the Plan is approved. Your Provider Agency is

notified by Utilization Management when your Services are approved (authorized). Your services can begin once the Provider Agency or Agency With Choice receives the authorization that allows the Agency to bill PBH for services provided. If you receiving services through the Employer of Record Model of Individual and Family Directed Supports, the Employer of Record must meet all the requirements in this Model before services can begin.





Implementing Services

This section of the Guide provides an explanation of:

PBH Provider Network

Starting Your Services

PBH Provider Network

PBH maintains a provider network by contracting with qualified providers who are culturally competent, demonstrate competencies in best practices and assure that services are delivered in a timely and appropriate manner. The network is geographically and clinically diverse enough to ensure adequate access to all services covered through NC Innovations. PBH Network Providers will also ensure your health and safety as well as demonstrate ethical and responsible practices. Your satisfaction and achievement are the priority of the PBH Network Providers.

Provider Responsibilities

- Participating in the planning/coordination of services and Person Centered Plan (PCP) revisions with you, your Care Coordinator, and your family
- Recruiting appropriate staff and making sure staff are privileged, trained, and supervised in providing services
- Implementing the services authorized by the PBH Utilization Management Department
- Developing short-term goals as well as training strategies/task analysis to achieve your goals
- Monitoring services to ensure that they are consistent with your PCP
- Reviewing and maintaining documentation of services that is adequate to support progress
- Notifying the Care Coordinator of significant changes in your situation, needs and service delivery
- Billing Medicaid for services as ordered and provided
- Providing back-up staff when the scheduled direct service employee is unavailable

Selecting Service Providers

During the development of your Person Centered Plan, you need to decide which service provider best meet your needs. Your Care Coordinator provides you with a list of approved providers in your area who offer the services you need. You need to decide which one(s) will be the best for you. Some questions you might want to ask provider agencies are:

- Do you provide the services I need?
- How do you train your employees?

- Can I meet with the worker before he or she is placed in my home?
- Who do I call if I am having problems with a worker?
- What can I do to help the provider agency know what my needs are?
- What are the steps to follow if the worker does not show up for work and I need a substitute?
- Will you train your employees throughout the year as it relates to the method we are using (for example, training on how to handle a certain behavior, etc.)?
- Do you provide the supplies needed for objectives (for example, if the objective is to put together a puzzle, do you provide the puzzle)?
- Do you have people qualified to provide more than one service? Which ones?
- How frequently and by what method is the employee supervised by your agency? When will you do the home visits to observe services?
- Will the agency call me to notify me of the home visit?

Starting Your Services

Implementation of the Person Centered Plan is a shared responsibility of the members of the team. Services must be implemented within **45 days of initial PCP approval**.

Timelines

Your initial PCP must be submitted for approval within **60 days of the Level of Care Determination date**. Your annual PCP will be effective the first day of the month following your birth month. For the initial, annual and updated PCP, all plans must be approved prior to services beginning. You will be offered your appeal rights. Following any PCP or update to the PCP services should begin promptly. If services do not begin promptly, it may be necessary to revise your PCP.

After Your PCP is approved...

- The Provider Agency develops short-term goals and task analysis/strategies to assist the staff to consistently implement long-range outcomes.
- If you are the Employer of Record, you will develop short-term goals and task analysis/strategies to assist the staff to consistently implement long-range outcomes.

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- Back-up staffing will be identified in the event that a direct service employee is unable to assist the person due to staff absence.
- DSS is notified by PBH so that the NC Innovations indicator can be placed on your Medicaid record.



NC Innovations Policies and Procedures

This section of the Guide provides an explanation of:

Monitoring of Services by the Care Coordinator

Use of One Waiver Service Per Month

Out of State Services

Family Members as Providers

Other Helpful Information

Monitoring of Services by the Care Coordinator

Your Care Coordinator is responsible for monitoring the implementation of your Person Centered Plan and all other Medicaid services provided to you as well as your overall care. Monitoring will take place in all service settings and on a schedule outlined in the PCP.

Monitoring Methods

- Face-to-face contact with you and members of the PCP team
- Telephone contact with you and members of the PCP team
- Observation of services
- Review of documentation and billing

What is Monitored?

- Making sure that services are provided as outlined in your PCP
- Making sure that you have access to services
- Identification of any problems that may arise and resolving those problems
- Making sure that services meet your needs
- Making sure that back-up staffing plans are implemented
- Making sure that you are healthy and safe
- Making sure you are offered a free choice of network providers
- Making sure that your non-waiver service needs have been addressed

Care Coordinator Individual Monitoring Schedule

- If you are new to the waiver, you receive monthly face-to-face visits for the first six months and then on the schedule in your PCP, no less than quarterly.
- If your services are provided by guardians and relatives living in your home, you will receive monthly face-to-face visits.
- If you live in a residential program, you will receive monthly face-to-face visits.
- If you choose to self-direct your services, you will receive monthly face-to-face visits.

- If you are not listed in one of the above categories, you will receive face-to-face visits on the schedule in your PCP, no less than quarterly.
- If you do not receive a face-to-face visit during the month, your Care Coordinator will have contact with you by telephone.

Use of One Waiver Service Per Month

NC Innovations individuals must use one waiver service each month to remain eligible for the waiver. Your Person Centered Plan must contain at least one NC Innovations Service that can be provided each month. If you do not use a waiver service each month, you will be notified of this by the Utilization Management Department. If you do not use a waiver service within the next 30 days of the notification, you may be terminated from the waiver. PBH consults with DMA prior to terminating you for non-use of waiver services. If you are terminated from the waiver, you will be given your appeal rights. It is important for you to carefully review this information.

If you are removed from NC Innovations due to non-use of services, you may request to re-enter NC Innovations at the completion of any termination or appeal process. If the request is made within the same waiver year, a plan to bring you back on the waiver will be developed. If the request to re-enter the waiver is made in a new waiver year, you may be placed on the Registry of Unmet Needs if no waiver funding is available at the time of your application.

Out of State Services

If you decide to travel out of state and need the services of your NC Innovations staff, these guidelines are used to decide if NC Innovations services can be funded through the Waiver during your trip. Provider agencies, Agencies With Choice and Employers of Record directing their own services assume all liability for their staff when out of state. You must meet all of the following criteria:

- You must have been receiving services from direct care staff while in state and must be unable to travel without their assistance.

- You must be traveling with your caregiver.
- If you live in a residential facility, your staff cannot be paid to travel with you.
- If you live in alternative family living homes or foster homes, you may receive services when traveling with your alternative family living or foster family out of state.
- Written prior approval to request for staff to accompany individuals/families out of state must be received from the supervisor of your staff person **and** PBH.
- NC Innovations Services may not be provided outside of the United States of America.
- Your Provider Agencies must ensure staffing needs of all their individuals can be met.
- Supervision of the direct service employee and monitoring of care must continue.
- Your PCP must not be changed to increase services while out of state.
- Your services can only be reimbursed to the extent they were provided within the state's boundaries and for your benefit.
- **Respite services are not provided during out of state travel since your caregiver is present during the trip.**
- If licensed professionals are involved, Medicaid cannot waive other state's licensure laws. A NC licensed professional may or may not be licensed to practice in another state.
- Medicaid funds cannot be used to pay for room, board, or transportation costs for you, your family, or staff.

Family Members as Providers

The biological or adoptive parent of a minor child, stepparents of a minor child, or spouse of a waiver Participant **may not be paid** to provide waiver services to a waiver Participant. Per CMS policy and the NC Innovations waiver, it is not simply a choice for you or your family to have a relative or guardian provide services. There are specific criteria that must be met, based on waiver policy for a family member to be used. Remember that a relative or guardian living in your home can be employed to provide services if all of the below criteria are met. It is the responsibility of your provider agency, or the Employer of Record/Managing Employer if your services are self-directed; to make sure that the criteria are met.

The following policy applies to legal guardians, parents of adult individuals and other relatives **who live in the home of the individual:**

- The waiver services that these relatives or legal guardians may provide are Community Networking, Day Supports, Home Supports, and Residential Supports. Effective April 1, 2011, the waiver services that these relatives or legal guardians may provide are: Community Networking, Day Supports, In-Home Skill Building, In Home Intensive Supports, Personal Care Services and Residential Supports.
- The relative or legal guardian must meet the provider qualifications for the service.
- A qualified provider who is not a relative or legal guardian is (a) not available to provide the service or (b) is only willing to provide the service at an extraordinarily higher cost than the fee or charge negotiated with the qualified family member or legal guardian. Remember that your Provider Agency must document these reasons and obtain approval from PBH before you start to provide services.
- The relative or legal guardian is not paid to provide any service that they would ordinarily perform in the household for an individual of similar age who does not have a disability.
- The Employer of Record may not provide a service that is self-directed. The Managing Employer in an Agency with Choice model may not provide a service that is self-directed.
- Ordinarily, no more than 40 hours of service per week or seven daily units per week may be approved for service provision between all relatives who reside in the same household as the waiver Participant. Additional service hours furnished by a relative or legal guardian who resides in the same household as the waiver Participant may be authorized to the extent that another provider is not available or is necessary to assure the Individual's health and welfare.

- When a relative or legal guardian is the service provider, Provider Agencies, Employers of Record, and/or the Managing Employers, as appropriate, monitor the relative or legal guardian's provision of services on-site, at a minimum of one time per month.
- When a relative or legal guardian is the service provider, the Care Coordinator monitors the relative's provision of services on-site at a minimum of one time per month.
- Payments are only made for service authorized by PBH in the Person Centered Plan.
- For NC Innovations Waiver services, the same monitoring procedures apply to parents and legal guardians as apply to provider agencies to ensure that payments are made only for services rendered.
- Provider Agencies, Employers of Record and Managing Employers (through the Agency with Choice) submit documentation to the PBH Network Department to demonstrate that the relative or legal guardian meets the qualifications to provide the service along with the justification for using the relative or legal guardian as the service provider rather than an unrelated provider. The request must be approved prior to service provision by the relative or legal guardian. Requests that are not approved may be grieved by the Provider Agency, Employer of Record, or Managing Employer through the Agency with Choice. **Individual's or family members/guardians dissatisfied with the decision may file a grievance with PBH.**

If your guardian or family member is approved to provide services to you, they may only work with you on goals/activities specified in your PCP during the time Medicaid is being billed. They may not care for others during this time. You (the Individual) must be present when they are providing services.

Other Helpful Information

Absences, Movement from Catchment Area and Terminations

If you are absent from NC Innovations services, your Care Coordinator may need to take certain actions. The action needed depends on the nature of the absence. If you are hospitalized, placed in an ICF-MR, ICF, or Skilled Nursing facility, admitted to a rehabilitation facility, admitted to a state psychiatric facility, or will be absent for 30 days or more, the Department of Social Services will direct the Care Coordinator about continuing Medicaid eligibility. You should keep your Care Coordinator informed of all absences or anytime you are admitted to a hospital or institution.

Movement from NC Innovations to another Part of North Carolina

NC Innovations Waiver participants are currently legal residents (for the purpose of Medicaid eligibility) of the PBH Region, which includes the following counties: Cabarrus, Davidson, Rowan, Stanly and Union. If you move to another county in the State and become a legal resident of another area, you are no longer eligible for NC Innovations. Your Care Coordinator works with you in referring you to the Local Management Entity that you are moving to and terminates you from NC Innovations. The Care Coordinator provides the receiving LME with all requested information needed.

The receiving Local Management Entity may be able to assist you in receiving funding and participation in the State's 1915 (c) Home and Community Based Waiver Program, CAP-MR/DD. Entrance to the CAP-MR/DD waiver is dependent on funding and slot availability. PBH will make every effort to transition a person moving to another catchment area; however, PBH cannot guarantee that you will receive CAP funding when you move out of the PBH catchment area.

Movement from CAP-MR/DD to NC Innovations:

If you are participating in the CAP-MR/DD Waiver and become a legal resident (for the purpose of Medicaid eligibility) of the PBH Region, you are no longer eligible for CAP-MR/DD and are referred to PBH for services. The Local Management Entity that you were working with refers you to the NC Innovations Waiver by completing a Referral Form. The sending LME provides the PBH Medicaid Project Manager with the Referral Form and all

requested information. Entrance into the NC Innovations Waiver depends on funding and slot availability. PBH has a small amount of funding set aside for individuals transferring from CAP-MR/DD to NC Innovations. If the required funding has been utilized, you will be prioritized for funding the same way as non-transferred individuals are prioritized. Entrance into the NC Innovations Waiver depends on funding and slot availability. You are placed on the Registry of Unmet Needs if funding is not available. Before placing you on the Registry of Unmet Needs, PBH will contact DMH/DD/SAS and/or DMA to discuss your individual situation.

Terminations from NC Innovations

Terminations may be due to a variety of reasons. Keep the following in mind:

- You will be given your appeal rights in writing by the agency terminating you from NC Innovations and/or Medicaid.
- For most terminations, the effective date is the last date of the month.
- All terminations are coordinated with DSS.
- You may be terminated for one of the following reasons:
 - ✓ *DSS terminates Medicaid Eligibility*
 - ✓ *Your Person Centered Plan is not approved*
 - ✓ *You need to seek placement in an ICR-MR Facility*
 - ✓ *You move to a county outside of Cabarrus, Davidson, Rowan, Stanly, or Union*
 - ✓ *The individual dies.*
 - ✓ *Other NC Innovations Terminations as specified in the notification letter*
 - ✓ *Failure to use a Waiver service each month.*
 - ✓ *Inability to develop a Person Centered Plan within your Base Budget Level*

Other State Waivers that might meet Your Needs

The State of North Carolina has chosen to name their series of 1915(c) waivers CAP or the Community Alternatives Programs. There are currently four CAP waivers that operate in the state. People in the NC Innovations area whose Medicaid is from a non NC Innovations county but who live in this area in a group home will continue to receive services through the CAP-MR/DD Waiver through their home Local Management Entity. **People with developmental disabilities whose Medicaid is from one of our five counties must participate in NC Innovations.** Your Care

Coordinator can assist you if you have questions about any of the other state waivers.

Other waivers in North Carolina are:

CAP-C-Community Alternatives Program for Children - provides an alternative to nursing facility and hospital care for individuals up to 21 years of age who live in a private residence who have complex medical needs (medically fragile) and who have been ruled disabled by Disability Determination Services.

CAP-DA-Community Alternatives Program for Disabled Adults - provides an alternative to nursing facility care for persons with disabilities who are age 18 and older and who live in a private residence.

CAP-MR/DD-Community Alternatives Program for Persons with Mental Retardation/Developmental Disabilities (Comprehensive Waiver and Supports Waiver) - provides an alternative to care in an intermediate care facility (ICF-MR) for individuals of all ages who require ICF-MR care and whose Medicaid originates outside the PBH catchment area.

You may only receive funding from one waiver at a time. If you feel that your level of care has changed or if your county of residence has changed and that you need the services of one of the other waivers, tell your Care Coordinator who will work closely with the other waiver program to coordinate a possible transfer to the other waiver.

Other Services That Might Meet Your Needs

If you are terminated from NC Innovations you should ask your Care Coordinator about the other services that you may be eligible for that could meet your needs. The available services will vary from person to person since some individuals will no longer have Medicaid coverage when they are terminated from NC Innovations. DSS will inform you if you will continue to have Medicaid coverage.

Suggestions About Improvements to NC Innovations

Your suggestions about improvements to the NC Innovations Waiver are always welcome. Some operational procedures can

be changed by PBH; others require the approval of the State or CMS. Please tell your Care Coordinator if you have suggestions about Waiver improvements. If your Care Coordinator is unable to help you, he/she can direct you to the person who can help you. PBH will send you notices of change and updates to this Guide whenever a change is made.

For more information, go to the PBH Waiver Web site at <http://www.pbhsolutions.org/Waiver/>

And Select the link to the [PBH NC Innovations Operations Manual](#)

The [PBH NC Innovations Operations Manual](#) provides detailed information on the services, and provides information on the funding, utilization management, monitoring, and quality assurance processes. It also has complete provider qualifications for each service. If you are directing your own service, make sure you obtain a copy of the complete service definition for services you are directing.



Appendix A

PBH
CABARRUS, DAVIDSON, ROWAN, STANLY and
UNION COUNTIES

NORTH CAROLINA DIVISION OF MENTAL
HEALTH, DEVELOPMENTAL DISABILITIES
AND SUBSTANCE ABUSE SERVICES

Client:

Record Number:

PARTICIPANT RESPONSIBILITIES of NC INNOVATIONS WAIVER

I understand that enrollment in the NC Innovations Waiver is voluntary. I also understand that if enrolled I will be receiving Waiver services instead of services in an Intermediate Care Facility for the Mentally Retarded (ICF-MR). My Medicaid eligibility must continue to come from Cabarrus, Davidson, Rowan, Stanly or Union counties for me to continue to be eligible for the NC Innovations Waiver and I must continue to meet all other waiver eligibility criteria.

- I understand that by accepting NC Innovations Waiver funding that I am in need of waiver services to prevent an immediate need for ICF-MR facility services.
- I understand that to maintain my eligibility for this waiver I require the provision of **at least one waiver service monthly** and that failure to use a waiver service monthly will jeopardize my continued eligibility for the NC Innovations Waiver. The services approved in my Individual Support Plan have been determined necessary to improve/support my disability.
- I understand that participants of the NC Innovations Waiver, effective April 1, 2011, will live in private homes or in residential facilities licensed for six beds or less.
- I understand if I choose to move to a facility that is larger than six beds during my plan year, I will no longer be eligible for the waiver.
- I understand that the total of my waiver services cannot exceed \$135,000 when I enter the waiver.
- I understand that at any time during my plan year, the total of my waiver services cannot exceed \$135,000 or I will no longer be eligible for the waiver.
- I understand if I select the NC Innovations Waiver, I will have a Person Centered Plan (PCP) developed that reflects services to meet my needs. My Care Coordinator will explain the planning process and the establishment of my individual budget to me. My PCP will be re-developed annually prior to my birth month. I understand the NC Innovations Waiver will deliver services according to my PCP.
- I understand that I may be required to pay a monthly Medicaid deductible if that is part of my financial eligibility for waiver services. My Care Coordinator can assist me in obtaining information on Medicaid deductibles from my local Department of Social Services.

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- I understand that I will cooperate in the assessment process to include, but not be limited to, Supports Intensity Scale (no less frequently than every two years), Risk/Support Needs Assessment, Level of Care and Essential Lifestyle Planning Assessment.
- I understand that my PCP will be monitored and reviewed by my Care Coordinator, and that I can contact my Care Coordinator at any time if I have questions about my PCP, individual budget or the services that I receive.
- I understand that I have the right to choose a provider within the PBH Provider Network.
- I understand that I am required to meet with my Care Coordinator for care coordination activities in the home or wherever my family member lives and/or all settings where services are provided to allow my Care Coordinator **access to all settings where services are provided**. The Care Coordinator will schedule meetings as often as needed in order to ensure appropriate service implementation and that my needs are met. I may also request meetings.
- I understand that I am required to notify the Care Coordinator of any concerns regarding services provided.
- I understand that I am required to give adequate notice to the Care Coordinator of any change in address, phone number, insurance status, and/or financial situation prior to or immediately following the change.
- I understand that I am required to give adequate notice to the Care Coordinator of any behavior or medication changes as well as any change in health condition.
- I understand that I am required to attend appointments set by the Department of Social Services (DSS) to determine Medicaid renewals to ensure my continued Medicaid eligibility.
- I understand that I will be provided a copy of the **NC Innovations Participant/Family Guide** to assist with my understanding of the services available through the NC Innovations Waiver and guidelines that need to be followed to ensure continued eligibility.
- I understand that PBH is responsible for ensuring that an adequate network of provider agencies is available to promote choice for the participant.
- I understand that PBH will make a Care Coordinator available to provide care coordination supports which include:
 1. Assessment to determine service needs to include, but not be limited to, the Risk/Support Needs Assessment and Essential Lifestyle Planning Assessment.
 2. Working with the Individual Support Planning Team to coordinate and document the Person Centered Plan (PCP).

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3. Requesting all services that are determined necessary for the participant and listed in the PCP.
4. Making the individual aware of the amount of their Individual Budgets and the process used to establish this budget and make any needed changes.
5. Monitoring all authorized services to ensure that they are provided as described in the PCP and meet the individual's needs.
6. Assisting the individual with the coordination of benefits through Medicaid and other sources to include, if needed, linkage with the local Department of Social Services regarding coordination of Medicaid deductibles.
7. Responding to any complaints or concerns and reach resolution within 30 days of the complaint regarding NC Innovations services.
8. Promoting the empowerment of the participant to lead as much of his Individual Support Planning, decision-making regarding the use of waiver dollars and oversight of waiver services as he chooses.
9. Obtaining an order from the participant's physician for all needed medical supplies and specialized equipment.
10. Supporting the Individual in obtaining all needed information to make an informed choice of provider within the PBH network, inclusive of notifying the PBH Network Management Department if providers are needed outside of the current PBH Network.

Name of Individual

Date

Signature of Individual or Authorized Representative)

Date

Appendix B

Waiver Funding and Prioritization for Funding

Individuals are prioritized for funding based on the date of their referral to the NC Innovations Waiver.

If funding is not available for needed Innovations Services at the time of enrollment and the individual is potentially eligible for the NC Innovations Waiver, the person is placed on the Registry of Unmet Needs until funding is available. People with emergency needs are offered emergency reserved capacity funding, if available. A person is considered to have emergency needs when:

- The individual is at significant, imminent risk of serious harm because the primary caregiver(s) support system is/are not able to provide the level of support necessary to meet the person's basic needs.

And/or:

- The individual requires protection from confirmed abuse or exploitation;

And:

- The Support Intensity Scale shows needs that can be addressed through waiver services;

And:

- The person is in need of at least one waiver service through the NC Innovations Waiver;

And:

- The person is able to be supported in a private home or facility with six (6) beds or less;

And:

- There are no other service systems to meet the identified need.

Or:

- The individual has identified support needs to support a child or family member when that child or family member has been determined by the County Department of Social Services to be at imminent risk of coming into the custody of the agency.

There is also limited reserved capacity funding for individuals transferring from CAP/MR/DD to Innovations and individuals aging out of the CAP/C Waiver who meet the ICF-MR eligibility criteria. Limited reserved capacity is also available for children transitioning from an ICF-MR residential facility to the community.

When funding is available, funding is assigned geographically based on Medicaid per capita population in each of the counties where Innovations is operating.

Appendix C

NC Innovations Waiver Renewal 2008 Limits on Sets of Services effective through the phase out of the Homes Supports Services on 3/31/11

Participant Age/Status	Living in Residential Setting, including Alternative Family Living Homes (AFL)	Living in Private Home
Adult	No more than 40 hours per week any combination: <ul style="list-style-type: none"> • Community Networking • Day Supports <i>and/or</i> • Supported Employment Services May receive up to one daily unit of Residential Supports	No more than 84 hours/week any combination: <ul style="list-style-type: none"> • Community Networking • Day Supports • Supported Employment <i>and/or</i> • Home Supports
Child during school year	No more than 20 hours per week any combination: <ul style="list-style-type: none"> • Community Networking • Day Supports <i>and/or</i> • Supported Employment Services May receive up to one daily unit of Residential Supports	No more than 54 hours/week any combination: <ul style="list-style-type: none"> • Community Networking • Day Supports • Supported Employment <i>and/or</i> • Home Supports
Child when school is not in session	No more than 40 hours per week of any combination: <ul style="list-style-type: none"> • Community Networking • Day Supports <i>and/or</i> • Employment Services May receive up to one daily unit of Residential Supports	No more than 84 hours/week of any combination: <ul style="list-style-type: none"> • Community Networking • Day Supports • Supported Employment <i>and/or</i> • Home Supports

Services Not Subject to Limits on Sets of Services

Additional Services contained in the Individual Budget		<ul style="list-style-type: none"> • Respite
Additional Services Add On to Individual Budget	<ul style="list-style-type: none"> • Assistive Technology Equipment/Supplies • Community Guide • Community Transition Services • Crisis Services • Natural Supports Education • Specialized Consultative Services 	<ul style="list-style-type: none"> • Assistive Technology Equipment/Supplies • Community Guide • Crisis Services • Home Modifications • Natural Supports Education • Specialized Consultative Services • Vehicle Modifications
Available to participants Who Self-Direct service(s)	<ul style="list-style-type: none"> • Financial Support Services • Individual Goods and Services 	<ul style="list-style-type: none"> • Financial Support Services • Individual Goods and Services

Note: An adult or child with intensive support needs may receive Daily Residential Supports in 1 of 4 levels, based on the intensity of support needs. An adult or child living in a private home may receive up to 12 hours/day of intensive night support, a component of Home Supports.

**Appendix D
NC Innovations Waiver Amendment 2010 Limits on Sets of Services
effective April 1, 2011**

Participant Age/Status	Living in Residential Setting, including Alternative Family Living (AFL) Homes	Living in Private Home
Adult	No more than 40 hours per week any combination: <ul style="list-style-type: none"> • Community Networking • Day Supports <i>and/or</i> • Supported Employment Services May receive up to one daily unit of Residential Supports	No more than 84 hours/week any combination: <ul style="list-style-type: none"> • Community Networking • Day Supports • Supported Employment <i>and/or</i> • In-Home Skill Building • Personal Care
Child during school year	No more than 20 hours per week any combination: <ul style="list-style-type: none"> • Community Networking • Day Supports <i>and/or</i> • Supported Employment Services May receive up to one daily unit of Residential Supports	No more than 54 hours/week any combination: <ul style="list-style-type: none"> • Community Networking • Day Supports • Supported Employment <i>and/or</i> • In-Home Skill Building • Personal Care
Child when school is not in session	No more than 40 hours per week of any combination: <ul style="list-style-type: none"> • Community Networking • Day Supports <i>and/or</i> • Employment Services May receive up to one daily unit of Residential Supports	No more than 84 hours/week of any combination: <ul style="list-style-type: none"> • Community Networking • Day Supports • Supported Employment <i>and/or</i> • In-Home Skill Building • Personal Care

Services Not Subject to Limits on Sets of Services

Additional Services contained in the Individual Budget		<ul style="list-style-type: none"> • Respite
Additional Services Add On to Individual Budget	<ul style="list-style-type: none"> • Assistive Technology Equipment/Supplies • Community Guide • Community Transition Services • Crisis Services • Natural Supports Education • Specialized Consultation Services 	<ul style="list-style-type: none"> • Assistive Technology Equipment/Supplies • Community Guide • Crisis Services • Home Modifications • Natural Supports Education • Specialized Consultation Services • Vehicle Modifications
Available to participants Who Self-Direct service(s)	<ul style="list-style-type: none"> • Financial Support Services • Individual Goods and Services 	<ul style="list-style-type: none"> • Financial Support Services • Individual Goods and Services

Note: An adult or child with intensive support needs may receive Daily Residential Supports in 1 of 4 levels, based on the intensity of support needs. An adult or child living in a private home may receive up to 12 hours/day of In Home-Intensive Supports.

Appendix E

NC Innovations Waiver Base Budget Services and Services Outside the Base Budget

NC Innovations Waiver Base Budget Services	NC Innovations Base Budget Services Effective April 1, 2011
<ul style="list-style-type: none"> • Community Networking • Day Supports • Home Supports • Residential Supports • Respite • Supported Employment 	<ul style="list-style-type: none"> • Community Networking • Day Supports • In-Home Intensive Supports • In-Home Skill Building • Personal Care Services • Residential Supports • Respite • Supported Employment
NC Innovations Waiver Services Not Funded By the Base Budget	
<ul style="list-style-type: none"> • Assistive Technology Equipment and Supplies • Community Guide • Community Transition • Crisis Services • Financial Support Services • Home Modifications • Individual Goods and Services • Natural Supports Education • Specialized Consultation Services • Vehicle Modifications 	

