I/DD Stakeholder Meeting



Waiver 101

Community Guide vs. Care Coordination



1915(c) waiver

- 1915(c) is the section of the Social Security Act which allows for the HCBS waiver
- Allows States to 'waive' certain requirements
 - Income of one
 - Services not in the State Plan



1915(c) waiver

Individual must

- requires institutional level of care
- meet target group
- meet Medicaid eligibility
- require one or move waiver services
- choose waiver services in lieu of institutional services

Service Definitions

 Waiver services are supplemental to State Plan services. They may not duplicate State Plan services, but may expand upon them.

Service Definitions

- CMS includes core service definitions in its waiver instructions.
- Services must be described in concrete terms (avoid 'including but not limited to' or 'for example')
- Services may be defined as an exhaustive definition or may be described by it's purpose.



Service Definitions

- Services that are diversional or recreational in nature fall outside the scope of 1915(c)
- With few exceptions, waiver funds may not used to pay for room and board or for goods/services that are typically a household expense (i.e. cable)
- Services may not duplicate IDEA or the Rehabilitation Act



1915(b) waiver

- (b) waiver allows for managed care rules closed network, rate setting authority
- (b) waiver supports all behavioral health services included in the state plan examples: inpatient/outpatient, mobile crisis, community support team, assertive community treatment team, psychosocial rehab, PRTF, Day Treatment

1915(b) Waiver

(b)(3) services from savings – i.e.
 Supported Employment, Respite, Physician
 Consult, Innovations waiver look-alike,
 Community Guide

Care Coordination vs. Community Guide



What Are Community Guide Services?

The purpose of this service it to promote selfdetermination, increase independence and enhance the beneficiary's ability to interact with and contribute to his or her local community.



What Are Community Guide Services?

- Assists beneficiaries in developing social networks and connections within local communities
- Emphasize, promote and coordinate the use of natural and generic supports
- Supports beneficiaries, representatives, employers and managing employers who direct their own waiver services



Roles and Responsibilities

Care Coordinator

- Ensures beneficiary receives all needed assessments
- Explains the Individual Budget
- Develops the Individual Support Plan (ISP)
- Assists the beneficiary in choosing service providers and referring to providers; works directly with providers as needed to ensure that the person's needs are met

- Supports beneficiary in preparing, participating in and implementing the ISP, and other types of plans, including:
 - discuss available natural, unpaid, community supports
 - discuss potential service needs
 - assist beneficiary in preparing information to be shared during the planning meeting, as well as supporting support beneficiary during the planning meeting



Roles and Responsibilities

Care Coordinator

- Monitors Services and identifies gaps in services
- Ensures that there is linkage to healthcare systems such as primary care to ensure healthcare needs are addressed
- Refers beneficiary to and arranges group home or alternative family living placement

- Informs the Care Coordinator of beneficiary's health and safety issues or needs
- Assist in locating options for renting or purchasing a personal residence
- Assists with purchasing furnishings for the personal residence



Roles and Responsibilities

Care Coordinator

- Coordinates referrals to services as follows:
 - MH/DD/SAS providers
 - PT/OT/Speech, including linkage for services and referrals related to equipment needs
 - Obtains letters of medical necessity for equipment and supplies
 - Diapers and needed medical and waiver supplies

- Assists beneficiary in locating/accessing non-Medicaid community supports and resources.
- Attends Individual Educational Plan Meetings and assists beneficiary/ family in advocating for school services
- Assists with emergency housing issues (i.e. the beneficiary does not have heat, electricity, etc. and needs assistance with obtaining resources)
- Advocacy and collaborating with other individuals and organizations on behalf of the beneficiary



Roles and Responsibilities

Care Coordinator

 Provides Orientation for Individual and Family Directed Supports

- Providing "instruction"
 Individual/Family Directed Supports
 Option, on-going information/support if self-directing
- Assures employers/representatives understand self-direction responsibilities
- Information on recruiting, hiring, managing, training, evaluating, and changing staff
- Schedules and outlining staff duties
- Guidance with management of Individual/Family Budget
 - -Focus on use of approved services
 - -Refer requests for additional funds to Care Coordinator



N.C. DEPARTMENT OF HEALTH AND HUMAN SERVICES Community Guide Services at Work

- Community Guide gets to know the beneficiary and learns that the beneficiary would like to apply for food stamps.
- Community Guide informs the Care Coordinator
- Community Guide assist beneficiary with applying for food stamps via NC Fast.
- Community Guide educates beneficiary on how to use EBT card, if approved for food stamps.
- Community Guide educates beneficiary on food stamp recertification process.



How Services Work Together

- Community Guide learns that beneficiary wants to volunteer at the local animal shelter.
- Community Guide informs the Care Coordinator of the beneficiary's desire to volunteer.
- The Community Guide assists the beneficiary by:
 - -Locating the local animal shelter
 - -Finding out requirements for volunteering
- The Care Coordinator revises the ISP to include the beneficiary's interest in volunteering at the animal shelter as well as the services to support this interest in becoming an active member of the community.



Community Guide Focus on Community Integration

The Community Guide offers assistance in forming and sustaining a full range of relationships with natural and community supports that supports the beneficiary in developing social networks with community organizations to increase their opportunity to expand valued social relationships and build connections within their local community.