



## North Carolina Department of Health and Human Services

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### **Future of Innovations Waiver and IDD System Design**

**May 11th, 2015 1:00 PM – 4:00 PM**

#### **Meeting Minutes**

**Location: Anderson Building – Dorothea Dix Campus: Conference Room 131**

#### **Welcome**

#### **Supported Employment – draft review**

##### Important revisions since last review:

- Staff required experience no longer 3 years.
- Transportation added for LTVS when staff support not needed (has a separate modifier for billing purposes).

##### Stakeholder questions and feedback:

- Will the staff change result in a lower rate? *The rate will be reviewed for cost effectiveness, but we do not anticipate a change. LME-MCOs can continue to set their own rates.*
- What is the State rate for transportation? *Deb will find out*

#### **Supported Living – draft review**

##### Important revisions since last review:

- Allows for 2 or 3 people to live in their own home.
- Provider rates will be based on 3 levels of service

##### Stakeholder questions and feedback:

- Concerns about compliance with new DOL rule. *Deb has checked with DHHS attorneys for compliance, and will double check prior to posting for public comment.*
- Concerns that this is only appropriate for people with stable mental health diagnoses and not people with IDD.

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- Concerns that family members are excluded as providers.
- Concerns that tele-care options are not appropriate for people with IDD. *Group discussed how tele-care can be a good option depending on the individual. Tele-care is not required in the definition, but it can be considered as an option.*
- Concerns about the 12 hours per day of services limit. *Provider must have 24 hour availability.*

## **Community Networking**

### Important revisions since last review:

- Criteria for exceeding service limits and authorization period limits added.

### Stakeholder questions and feedback:

- Define “short term.” *Typically means 6 months or less. Will consider revision.*
- Direct support professional should be in lowercase if they are not certified. *Will look at wording to ensure that we aren’t implying that this is a certified professional.*

## **Community Living and Support**

### Stakeholder questions and feedback:

- Should be able to purchase more than 12 hours per day if budget allows for it. *Will look at this again.*
- 12 hour per day limit is arbitrary. *Submit for public comment.*
- Concerns about relative as provider.
- Concerns that relative can only provide up 56 hours per week.

## **Day Supports**

### Important revisions since last review:

- Only have to be on site one time per week. Can get an exception from the MCO as approved in the individual support plan.

### Stakeholder questions and feedback:

- Transportation is costly, particularly for rural providers. *MCOs will need to work with provider on rate.*

## **Break**

## **Community Navigator (formerly Community Guide) – Updates**

### Important revisions since last review:

- Added person centered planning as an activity
- Added self-direction as a component of mandatory training

### Stakeholder questions and feedback:

- The definition does not clarify the amount of time the Community Navigator is supposed to provide.
- Need to clarify that person centered planning is not the same as the Care Coordinator completing the ISP.
- Need to coordinate person centered planning and ISP timing.
- The word “navigator” can be confusing as it has a different implication for integrated care.

## **Home Modifications - Updates**

### Important revisions since last review:

- Removed exhaustive list
- May need to include more items in exclusion list

### Stakeholder questions and feedback:

- How does this work for people who have trust funds? *Will double check.*
- Why are locks prohibited? *Restrictive*
- Can this include locks with a code for emergency access? Can this include keyless locks for individuals who cannot use a key? *This will be clarified that locks used for restrictive measures are not included.*

## **Crisis Services - Updates**

### Important revisions since last review:

- No longer limits to behavioral or mental health crisis

### Stakeholder questions and feedback:

- Concerns about putting behavior plan in the crisis plan
- Competency requirements should be reviewed; need to be individualized
- Define PIHP, and make sure that PIHP and MCO are used consistently
- Can we add BCBA?

## **Community Transition - Updates**

### Important revisions since last review:

- Added unlicensed facilities
- Changed to use once per lifetime of waiver

No comments or questions

## **Respite - Updates**

### Important revisions since last review:

- Added in support for AFL provider, but cannot bill on same days as Residential Supports

No comments or questions

## **Residential Supports - Updates**

No revisions since last review

### Stakeholder questions and feedback:

- What does ‘admitted to the waiver’ mean? Need to define
- ‘Clinical description’ should be clarified

## **Community Networking - Updates**

### Important revisions since last review:

- Says the service may fade, rather than it’s expected to fade

No comments or questions

## **Assistive Technology - Updates**

### Important revisions since last review:

- Software may be covered
- Change ‘person’ to ‘beneficiary’ where applicable for clarification

No comments or questions

## **Natural Supports Education – Updates**

No changes

The final waiver document will be sent to State Stakeholder group at least one day prior to posting for public comment. Stakeholder group will meet once public comments are received and compiled.

**Next Meeting: TBD**