

# North Carolina Medicaid Special Bulletin



An Information Service of the  
Division of Medical Assistance,

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**Attention:  
CAP-I/DD Providers, N.C. Innovations Providers,  
and LME/MCOs**

## **Extension of CAP-I/DD Waiver**

(Note: This is an update to the October Special Medicaid Bulletin:  
[www.ncdhhs.gov/dma/bulletin/pdfbulletin/1012\\_Special%20Bulletin\\_IDD\\_Waiver.pdf](http://www.ncdhhs.gov/dma/bulletin/pdfbulletin/1012_Special%20Bulletin_IDD_Waiver.pdf)).

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The following Local Management Entities (LMEs), which were originally expected to begin services under the Innovations Waiver, are now expected to begin services under the Innovations Waiver on **February 1, 2013**:

- **Alliance Behavioral Health:** Cumberland, Durham, Johnston, and Wake counties
- **CenterPoint Human Services:** Davie, Forsyth, Rockingham, and Stokes counties
- **Partners Behavioral Health (PBH) Management:** Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Surry, and Yadkin counties

Beneficiaries whose Medicaid eligibility is based in these catchment areas will continue to receive the services they are currently receiving under the CAP-MR/DD waiver for the month of January, prior to transitioning to Innovations Waiver services on February 1, 2013.

The following guidelines describe the timelines and process for the case manager (or care coordinator) and beneficiary/family to request continued authorization for the current services.

- If the beneficiary has a current CAP MR/DD plan in effect the services will continue as outlined in the plan.
- If a Continued Needs Review (yearly CNR renewal) was completed to be in compliance with the transition to the Innovations Waiver and if the CNR has an effective date of **January 1, 2013** and if the CNR has been approved or is currently being reviewed by the LME/MCO, then the care coordinator needs to update the Individual Service Plan (ISP) and budget to show one month of services under the current 2008 waiver and 11 months of services in compliance with the requirements of the Innovations Waiver.

- The LME/MCO will submit a spreadsheet to the appropriate Utilization Review (UR) Vendor for authorization requests in order to continue the previously authorized services. If the requested services are different from the previously authorized services, then the complete plan packet must be submitted to the UR Vendor for review. A complete packet includes the ISP, Risk Assessment, NC-SNAP, MR-2, CTCM forms and any additional assessments or information. This updated CNR must be submitted to the appropriate UR Vendor by **December 21, 2012**.

As a reminder, a beneficiary can submit a Plan Revision request any time a change in service or supports is needed.

\*\*\* **Note:** Medicaid beneficiaries of Mecklenburg, Brunswick, Carteret, New Hanover, Onslow, Pender and Guilford counties will continue to follow the process of transitioning to the CAP I/DD waiver which was outlined in the [\*October 2012 Medicaid Special Bulletin\*](#).

\*\*\*As a reminder, Eastpointe LME/MCO will go live with the Innovations Waiver effective **January 1, 2013**.

### **IDD Targeted Case Management (IDD TCM)**

IDD Targeted Case Management continues to be a Medicaid billable service and as such will remain available to eligible recipients until the LME/MCO goes live.

### **Assisting recipients with self-administration of medications**

State administrative rules require that unlicensed personnel who administer medication be trained by registered nurses, pharmacists or physicians. The Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) endorses the instructor training offered at Area Health Education Centers (AHECs). Additional information can be found at [www.ncdhhs.gov/mhddsas/providers/trainingandconferences/medadmin.htm](http://www.ncdhhs.gov/mhddsas/providers/trainingandconferences/medadmin.htm).

The rules that govern Mental Health, Developmental Disabilities and Substance Abuse facilities and services can be found in the North Carolina Administrative Code (NCAC) 10A 27G. The rules specific to medication administration can be found in 10A NCAC 27G .0209. <http://reports.oah.state.nc.us/ncac/title%2010a%20-%20health%20and%20human%20services/chapter%2027%20-%20mental%20health,%20community%20facilities%20and%20services/subchapter%20g/10a%20ncac%2027g%20.0209.html>.

Note that licensed home care and licensed hospice agencies must comply with applicable licensure rules and requirements as outlined by the N.C. Division of Health Service Regulation (DHSR). As such, if a CAP I/DD provider or Innovations provider is also a

licensed home care or hospice provider then the administrative rules that govern mental health/developmental disabilities and substance abuse providers do **not** supersede those that govern licensed home care or hospice providers.

### **Use of N.C. Innovations Services in Compensatory Education**

Additional questions and concerns have been received by the N.C. Division of Medical Assistance (DMA) about the use of N.C. Innovations funds to support a participant who is attending Compensatory Education Classes either at a Day Supports Facility Provider or at a Community College. The original question and answer was:

***Can Day Supports be provided in a Compensatory Education Program that is housed in the Adult Developmental Vocational Program (ADVP) or Community College?***

*Participants can receive Day Supports in a Compensatory Education Program at either an ADVP or Community College if the services provided during the class are consistent with the Day Supports service definition, the participant's outcomes are consistent with the habilitation described in the ISP, and the staff providing the classes are staff of the licensed facility that meet the qualifications of the waiver.*

The following additional information is provided to address additional questions and concerns that were presented to DMA:

- Consistent with the goals of the waiver, the planning team, including the participant, should discuss all available day options that may be meaningful for the participant. For adults, working in an inclusive community setting should always be explored as a preferred option. Volunteer work and educational options in inclusive community settings should also be explored. A Community Guide can be helpful in preparation for the planning team meeting by working with the participant to assist the participant in preparing for discussions about a meaningful day for the participant which can include a mix of Supported Employment Services, Community Networking Services, Day Supports Services and/or non-waiver supports.
- N.C. Innovations Services cannot be billed for instruction provided by the Compensatory Education Instructor or other staff funded through Community College funds.
- Day Supports may be billed for habilitation training to teach skills needed for participation in the Compensatory Education classes, provided that all conditions of the N.C. Innovations Waiver are met.

- Staff providing Day Supports Services are staff of the Day Supports Provider contracted with the LME/MCO. Those staff must meet qualifications of the waiver in order for Day Supports to be provided and billed.
- Staff supervision is the responsibility of the provider agency employing the staff. The provider agency provides qualified professional supervision as required by the N.C. Innovations Waiver.
- The Day Supports Provider Agency is responsible for the health and welfare of the participant in the setting where services are provided.
- There must be justification in the ISP as to the reason waiver supports are needed in addition to Compensatory Education staff. Long-range outcome and short-range goals must be consistent with the Day Supports service definition and clearly indicate the location of the service.
- If the Compensatory Education is provided off site, the service does not need to originate from the Day Supports Program. **This is the only exception to the requirement that Day Supports services originate from the Day Supports Program.**
- Day Supports is primarily a habilitation service which requires active interventions by the Day Supports staff.
- Transportation is provided. Transportation may be billed to/from the Day Supports facility and to/from the Compensatory Education Class.
- Day Supports cannot replace services funded under IDEA or Vocational Rehabilitation.
- Participants must be at least 18 years old to receive Day Supports in a Compensatory Education Program.
- This information is not intended to replace any requirements of the North Carolina Community College System or any other regulatory agency.

### **NC Innovations Residential Supports and Alternative Family Living Homes**

An Alternative Family Living Home (AFL) is an **out-of-home setting** where the participant receives 24-hour care and lives in a private home environment with a family (or individual) where services are provided to address the care and habilitation needs of the participant.

Residential Supports may be provided to participants living in AFL homes. Residential Supports consist of an integrated array of individually designed training activities, assistance and supervision. The complete service definition (policy) is located in Chapter

13 of the North Carolina Innovations Technical Guide; Version 1, June 2012  
([www.ncdhhs.gov/dma/lme/Final\\_NC\\_Innovations\\_Manual\\_06252012.pdf](http://www.ncdhhs.gov/dma/lme/Final_NC_Innovations_Manual_06252012.pdf)).

### **Service Exclusions**

- Participants who receive Residential Supports are not eligible for the following services: Home Modifications, In-Home Intensive Supports, In-Home Skill Building, Personal Care Services, Respite, Vehicle Modifications, or State Plan Personal Care Services.
- Residential Supports are not available at the same time of day as Community Networking, Day Supports, Supported Employment or one of the State Plan Medicaid services that works directly with the person.
- Payments for Residential Supports do not include payments for room and board, the cost of facility maintenance and upkeep.

The following activities are not billable under Residential Supports:

- Transportation to/from a child's school
- Transportation to/from medical appointments

### **Provider Qualifications**

N.C. Residential Supports Provider Types include Supervised Living Families Type F (as defined by NC General Statute's 122C-3 27G .5600F) that serve no more than three minors or three adults with developmental disabilities. The number of licensed beds is included in the AFL Home License. Unlicensed Supervised Living Homes may only serve one adult based on 10A NCAC 27 G.5601 (b) (1) (2).

Other Waiver staff/facility requirements are listed in Chapter 13 the *NC Innovations Technical Guide; Version 1, June 2012* under "Other Standard." Unique to this service definition are the following requirements:

- Site must be the primary residence of the AFL provider (includes couples and single persons) who receive reimbursement for the cost of care.
- All AFL sites will be reviewed using the N.C. Innovations Unlicensed AFL Site Review Form that is located in Appendix Y of the *North Carolina Innovations Technical Guide; Version 1, June 2012*.

Additionally Chapter 13, Location of Services Section provides the following N.C. Innovations Waiver requirements for Supervised Living Type F for Children or Adults with DD (Alternative Family Living):

- Cannot exceed three beds
- To participate in the waiver, these facilities must meet the home and community characteristics.

The implementation of Home and Community Characteristics is being directed by the N.C. Department of Health and Human Services. **However, visiting in other Residential Settings for the purpose of staff relief is not considered a community activity.**

### **Relief Staff**

- Residential Supports daily rates include payments for relief staff who provide support for the participant in the AFL home.
- Relief staff is provided in the participant's residence and is not provided in a different residential setting on days that Residential Support is billed. Individuals on the Innovations Waiver who reside in AFLs are free at any time to go to another home, including another AFL if they so desire. The policy just clarifies that the "other" AFL cannot bill residential supports for the time that the individual on the waiver is at the "other" AFL. The residential supports rate that is paid to the provider agency (who employs the AFL) covers relief staff. If it is their agency policy, the provider agency is able to pay for staffing in the "other" AFL, but cannot bill for Residential Supports on those days. Licensed AFLs must always follow N.C. licensure rules.
- Relief staff should be qualified per the waiver staff qualifications in the Residential Supports Definition.
- The use of relief staff in a setting outside the participant's AFL home is not a community activity. However, community activities that are part of the participant's approved plan may be provided by relief staff. Relief staff will follow the participant's ISP and implement the short-range goals and strategies, just as the primary AFL staff would.
- The participant lives in one home. The participant does not move between two or more homes. If the participant moves to a different AFL Home or other residential setting, it is expected that the participant's planning team – including the Care Coordinator and Community Guide – will meet to update the participant's ISP. All agencies working with the participant would be notified of the change to the participant's contact information.
- Participants may not be moved between homes (with the same or different authorizations) for the purpose of staff relief.

- Individuals providing staff relief are qualified staff under the N.C. Innovations Residential Supports definition (policy).
- Residential Supports may continue to be billed because the participant's ISP continues to be followed and relief is provided by qualified staff.
- Residential Supports may not be provided/billed in different licensed facility or unlicensed AFL.
- Because the participant is receiving Residential Supports in the AFL home where he/she lives, all licensure requirements are met, including allowing one adult participant to receive services in an unlicensed home. Facility capacity per the license from the N.C. Health Service Regulation Division may not be exceeded.

### **Staff Supervision/Monitoring of the Participant's Services/Care**

Staff Supervision is the responsibility of the Qualified Professional of the Provider Agency contracting with the LME/MCO. The participant's Care Coordinator monitors services in the home of the Residential Services provider at least monthly. Supervision and monitoring visits may be announced or unannounced.

### **Additional Information**

- The participant may use Crisis Services as defined in the Crisis Services definition in Chapter 13 of the *North Carolina Innovations Technical Guide; Version 1, June 2012*.  
[www.ncdhhs.gov/dma/lme/Final\\_NC\\_Innovations\\_Manual\\_06252012.pdf](http://www.ncdhhs.gov/dma/lme/Final_NC_Innovations_Manual_06252012.pdf)
- The participant may travel out of state with the AFL family as described in Chapter 13 of the *North Carolina Innovations Technical Guide; Version 1, June 2012*.

Those with questions can contact the Behavioral Health Section of The N.C. Division of Medical Assistance, Behavioral Health Services at (919) 855-4290.