NC Innovations Waiver Changes – Frequently Asked Questions Service Definitions *Updated 5-9-16*	
Please clarify when Assistive Technology can / cannot be used by an individual receiving Residential Support Services.	From Waiver: Assistive Technology Equipment & Supplies may be accessed when the item belongs to the individual and can transition to other settings with the individual.
Items that are not of direct or remedial service to the individual are excluded. Does this include monitoring devices?	Monitoring devices may be of direct or remedial benefit to the individual. This will be covered in training with the LME-MCOs.
Crisis Services providers are required to have "access to a psychologist." Does this mean that the provider agency must employ a psychologist?	No. Access does not require the psychologist to be employed by or contracted with the provider agency.
Why is transportation included in the Day Supports definition?	Transportation was included in the rate for the previous waiver to enable individuals to attend the Day Program.
Is it really necessary for a person to physically enter the Day Supports facility once per week if the person is receiving community based services?	The LME-MCO can waive this requirement, as appropriate.
Please describe the reason why a staff that provides Residential Supports can't provide other waiver services to the beneficiary.	Primary AFL Staff who provide Residential Supports should not provide other waiver services to the beneficiary. Agencies providing Residential Supports can provide other waiver services to the beneficiary. For individuals in AFLs, the staff has a daily residential responsibility to the individual. This is also to protect the individual from isolation.
What are the documentation requirements for the new services?	Documentation requirements are outlined in the Records Management and Documentation Manual. A service grid will be required for Community Living and Support.
Can Community Living and Support be provided in the direct service professional's home?	Community Living and Support can be provided in the direct support professional's home at the discretion and agreement of the support team. When Community Living and Support is

	provided in the direct support professional's home, the annual Health and Safety Checklist will be completed every 6 months and the provider agency will continue to monitor monthly.
Why are health and wellness devices not included in the Assistive Technology, Equipment and Supplies definition? For example, a continuous blood glucose monitor for a diabetic.	The NC Innovations Waiver cannot duplicate what is already covered in the Medicaid State Plan. Many health and wellness devices are covered in the Medicaid State Plan under Durable Medical Equipment. If an item is duplicative of Durable Medical Equipment, it cannot be covered.
What are the rates for Community Living and Support / the new blended service?	The State rate is $4.71 for individual and $3.10 for group. LME-MCOs have rate setting authority and can set their own rates.
What is an example of a post-secondary service?	Beyond Academics at the University of North Carolina at Chapel Hill and the University Participation Program at Western Carolina University are examples of post-secondary programs. They enable beneficiaries to engage in post-secondary education in a college setting
Is it possible to make the rates for Respite equal to the Personal Care rate?	This will be considered in the waiver renewal.
How would special needs adjustment be paid? Will it be a room and board payment since the LME-MCO cannot pay the person who holds the lease?	Medicaid does not pay for room and board. It would cover the staff differential while a roommate is being sought.
Are there hours of Respite designated for Residential Services?	Hours have not been designated.
Day Supports are to be billed hourly with the new waiver. Services are not necessarily provided on an hourly basis. Can a provider bill quarterly units?	The unit for Day Supports is one hour. Quarterly units may not be billed.
Will providers have to request for Community Navigator and Supported Living to be added to their contract?	These services will need to be added to the provider contract.

Why are In-Home Supports and Personal Care being combined into one service?	Community Living and Supports combines In-Home Supports and Personal Care to provide a more flexible service.
In the service definition for Community Living and Support, it does not include people who are living independently in their own homes, only those people who are living in their family's home or with other natural supports. What about for people like me who live independently but need this service?	Individuals who live in their own home or apartment my access Supported Living.
Can a school age child receive Community Living and Support if home sick for the day, or only Respite?	Respite would be the most appropriate service since it is unscheduled.
What is the individual limit for classes and conferences under Community Networking?	The annual cost limit for classes and conferences is $1000.
How does the individual/team access the funding to pay for conferences and classes under Community Networking?	The cost of the class would need to be noted in the Individual Support Plan (ISP) and receive prior authorization. It would be reimbursed through the MCO.
What is the difference between Community Living and Supports and Supported Living?	Supported Living is a daily rate service for one to three individuals who co-own or co-rent together. Community Living and Supports can be provided when an individual resides at home with their family.
Why are activities that include other individuals with disabilities excluded from Community Networking?	There is an array of services available under the waiver if the individual chooses to participate in non-integrated activities. The intent of Community Networking is for individuals to be involved with activities that are integrated
Community Networking excludes volunteer activities in locations that do not typically have volunteers. Who decides what type of place typically does not have volunteers?	This would be determined during review of the service and would be determined by the LME-MCO.
Why does Crisis Supports only include behavioral crises?	From the Waiver: Crisis Intervention & Stabilization Supports: Provide direction to staff present at the crisis or provide direct intervention to de-escalate behavior or protect others living with the individual during behavioral or medical episodes. Medical crises would be covered under Medicaid State Plan / fee for service.

Please clarify if hourly Respite can be used on the same day as Residential Supports.	Respite and Residential Supports cannot be billed on the same day.
Has level 5 Residential Supports been removed?	Level 5 Residential Supports was a category used in the pilot to designate an individualized rate. It was not a separate level of service.
How many beds can be included in newly licensed homes for Residential Supports? It was 3, but the waiver document says 4.	In the technical amendment, we requested that the bed size for newly licensed homes be increased to four.
Why can't someone get Residential Supports in their own home?	Residential Supports is a service for out of home settings. Other services are available to people living in their own homes.
What are the rates for Residential Supports?	Residential Supports rates are $99.03/day for Level 1, $126.53 for Level 2, $148.54 for Level 3, $170.54 for Level 4; but MCO can set their own rates.
What procedures constitute a health and safety risk as directed by the Medical Director or Assistant Medical Director? How is that determined?	We do not want to limit this by making an exhaustive list of concerns.