

NC Department of Health and Human Services

NC Innovations Renewal A Review for Individuals on the Waiver and their families

October 16, 2019

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NC Innovations Renewal

Today we are here to discuss:

- What is a Waiver and who the Innovations Waiver Serves
- Review the Innovations Waiver Goals and Objectives
- Renewal of the NC Innovations Waiver Effective 7/1/19
- Highlight the changes that have been made to waiver since the 11/1/16 Amendment
- Waiver Questions (if time permits)

The NC Innovations waiver targets individuals who meet the ICF-IID eligibility criteria as defined in the State Medicaid Agency's Clinical Coverage Policy

ICF/IID Level of Care Criteria

In order to be Medicaid-certified at an ICF/IID level of care, a beneficiary shall meet the following criteria:

- a. Require active treatment necessitating the ICF/IID level of care; and
- b. Have a diagnosis of Intellectual Disability per the Diagnostic and Statistical Manual on Mental Disorders, fifth edition, text (DSM-5), or a condition that is closely related to mental retardation.
 1. Intellectual Disability is a disability characterized by significant limitations both in general intellectual function resulting in, or associated with, deficits or impairments in adaptive behavior. The disability manifests before age 18.
 2. Persons with closely related conditions refers to individuals who have a severe, chronic disability that meets **ALL** of the following conditions:
 - A. is attributable to:
 - I. Cerebral palsy, epilepsy; **or**
 - II. Any other condition, other than mental illness, found to be closely related to mental retardation because this condition results in impairment of general intellectual functioning or adaptive behavior similar to that of Intellectually Disabled persons, and requires treatment or services similar to those required for these persons;

ICF/IDD = Intermediate Care Facility for Individuals with Intellectual Disabilities

B. The related condition manifested before age 22;

C. Is likely to continue indefinitely; and

D. Have Intellectual Disability or a related condition resulting in substantial functional limitations in three or more of the following major life activity areas:

I. Self-Care (ability to take care of basic life needs for food, hygiene, and appearance)

II. Understanding and use of language (ability to both understand others and to express ideas or information to others either verbally or non-verbally)

III. Learning (ability to acquire new behaviors, perceptions and information, and to apply experiences to new situations)

IV. Mobility (ambulatory, semi-ambulatory, non-ambulatory)

V. Self-direction (managing one's social and personal life and ability to make decisions necessary to protect one's life)

VI. Capacity for independent living (age-appropriate ability to live without extraordinary assistance).

- Reports by physicians, psychologists, and other appropriate disciplines are evaluated to determine whether an individual has a substantial functional limitation in a major life activity.

What is a waiver?

PURPOSE OF THE HCBS WAIVER PROGRAM

- The Medicaid Home and Community-Based Services (HCBS) waiver program is authorized in §1915(c) of the Social Security Act. The program permits a state to furnish an array of home and community-based services that assist Medicaid beneficiaries to live in the community and avoid institutionalization.
- Allows states to provide services in the community
- Allows states to provide services that they would not otherwise be able to provide
- Allows states to waive 'statewideness'
 - This is optional, the Innovations Waiver is a statewide program
- Allows states to use 'family of one' when determining eligibility

To Request to be added to the Innovations Waitlist or For More Information on IDD Services and Supports Please Contact your Local LME/MCO

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Goals of the NC Innovations Waiver:

- 1) To value and support Waiver beneficiaries to be fully functioning members of their community
- 2) To promote promising practices that result in real life outcomes for beneficiaries
- 3) To offer service options that will facilitate each beneficiary's ability to live in homes of their choice, have employment or engage in a purposeful day of their choice and achieve their life goals
- 4) To provide the opportunity for all beneficiaries to direct their services to the extent they choose
- 5) To provide educational opportunities and support to foster the development of stronger natural support networks that enable beneficiaries to be less reliant on formal support systems
- 6) To ensure the wellbeing and safety of the people served
- 7) To maximize beneficiaries' self-determination, self-advocacy and self-sufficiency
- 8) To increase opportunities for community integration through work, life-long learning, recreation and socialization
- 9) To deliver person centered services that leverage natural and community supports
- 10) To provide quality services and improve outcomes

Objectives in the NC Innovations Waiver Include:

Enhancing the focus on Person Centered Planning and aligning services and supports with Person Centered Plans

- 1) Reforming residential service to facilitate smaller community congregate living situations
- 2) Facilitating living and working in the most integrated setting
- 3) Improving outcome-based quality assurance systems

Technology and Access

Assistive Technology

- **Added that ATES can be used for the Cost of Monthly Monitoring and that NON-adaptive computer desks and other furniture items are not covered.**
- **Added the following clarifying language: Medical necessity must be documented by the physician, physician assistant, nurse practitioner or Doctor of Osteopathic Medicine, for every item provided/billed regardless of any requirements for approval. A letter of medical necessity must be written and signed by the physician, physician assistant, or nurse practitioner, or other licensed professional permitted to perform those tasks and responsibilities by their NC state licensing board. When the physician, physician assistant, nurse practitioner or Doctor of Osteopathic Medicine writes the letter of Medical Necessity, a separate prescription is not needed.**

Assistive Technology

Monitoring:

Monitoring systems using video, web-cameras, or other technology are available on an individual basis, when the individual and the support team agrees it is appropriate and meets the health and safety needs of the individual. Remote support technology may only be used with full consent of the individual and his/her guardian and that consent is indicated in the individual's plan of care (including if the individual has a preference for the location of any monitoring equipment; such as where they are comfortable with a camera being located in their home). The individual/ guardian can revoke consent if they are no longer interested in monitoring systems.

Financial Supports Services

- Increased Clarity around Employer Supplies

Laptop/Computer
/Printer used to carry
out Administrative
duties of Employer
of Record

Electronic Health
Records (EHR)
Software used to
perform Employer of
Record duties

Monthly monitoring /
connectivity
(Internet) charges to
perform Employer of
Record duties

Community Living and Supports

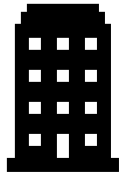
- Clarification: Individuals who live in settings where they live independently and were using Community Living Support prior to 7/1/19 can continue to use Community Living Supports to support them in their own home.
- Anyone who moves to an independent living situation moving forward is encouraged to use Supported Living
- Clarified that CLS can be used in a group setting.

Community Navigator

Community Navigator



Tenancy Supports



1. Develop an independent housing plan based on the participant's preferences and possible barriers
2. Assist with housing search process
3. Assist with housing application process, including assistance with applying for housing vouchers/applications
4. Identifying resources to cover expenses (housing/ moving expenses not covered by community transition funds).
5. Assisting the individual to create a budget to cover expenses
6. Ensure that living environment is safe and move-in ready
7. Developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized
8. Assistance with finding and establishing a relationship with a housemate
9. Assistance with obtaining and identifying resources to assist the participant with financial education and planning for housing.
10. Assistance with budgeting for housing and living expenses
11. Assistance with coordinating resources to complete the move
12. Training on how to be a good tenant

Community Navigator



EOR Support

- Provide information/coaching/technical assistance support to EOR to write short-range goals and task analysis strategies per established guidelines.
- Provide information/coaching/technical assistance for the Employer of Record to perform review of service documentation to ensure data is collected per established guidelines. Assist as needed to update/modify Short Range Goals.
- Provide information/coaching/technical assistance on maintenance of records in accordance with the Employer of Record Model
- Coordinate services with the Agency with Choice if the individual is directing services under the Agency with Choice Model
- Provide information/technical assistance to the individual on setting staff pay rates (Employer of Record).

Participant Directed Services

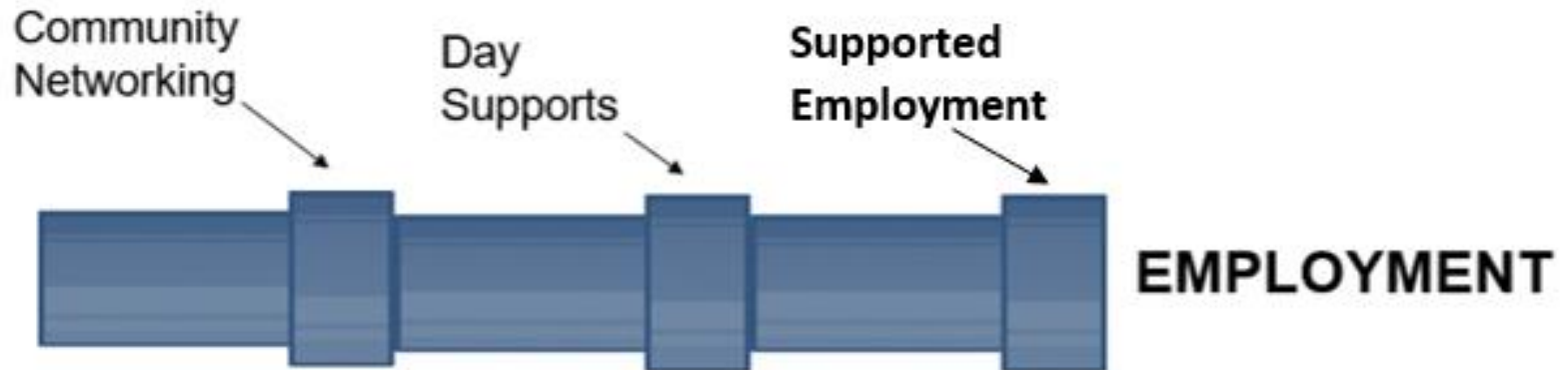


The following language was added :

“Participant Directed services are monitored on a quarterly basis by the Care Coordinator through the use of the Care Coordination Monitoring Tool. The Care Coordination Monitoring Tool reviews the following items related to self-direction: Employer Related Responsibilities, Monthly Review w/ Employer, Satisfaction with Services and Progress, Review of Monthly Financial Report, Health and Safety Review, Emergency Plan, and Involvement in Staff Selection.”

Day Supports, Community Networking and Career Exploration

Pipelines



Community Networking and Career Exploration



Day Supports

- **Accepted feedback that DS does not have to work on employment related tasks for individuals who are 16 years or older if it is not in the person's interests.**

- **Example:**

For working-age individuals (ages 16 or older) not also working in competitive integrated employment, Day Supports may include career and employment exploration through educational and experiential opportunities designed to identify a person's specific interests and aptitudes for paid work...

Day Supports

- Individuals new to the service and 16 years of age and older, will receive education on available options during the annual planning meeting and **on an on-going basis through service delivery**

Day Supports and Exploration



- For working-age individuals (ages 16 or older) not also working in competitive integrated employment, Day Supports may include:
 - career and employment exploration
 - experience and skills transferable to competitive integrated employment
 - business tours
 - informational interviews and job shadowing
 - experiences and/or skill development to explore opportunities for competitive integrated employment in the person's local area.

Residential Supports, Supported Living and Respite

Residential Supports, Supported Living, and Respite

- **Respite may be used by individuals living in a Residential or Supported Living setting when the individual is accessing a summer camp or support group. The Residential and Supported Living service will not be billed on days when an individual is utilizing respite to access an overnight summer camp.**
- **Why?**

Residential Supports and Supported Living Levels

- The level of Residential Supports or Supportive Living requested in the plan of care or approved by Utilization Management (UM) must be based on medical necessity in each participant's individual case.
- The Supports Intensity Scale (SIS) Level is only one piece of evidence that may be considered.
- The SIS score may be considered as a guideline only and should not be the sole piece of evidence in determining the level of these services.

Supported Living

Supported Living Example, cont.

Level One: *(Typically Levels A and B)*

- Level one is intended to serve persons who require minimal support to perform the activities of daily living and to remain safe and healthy. **Staffing is based on the preferences and the assessed needs of the person but typically does not require staff to be in the home or awake at night.**

Level Two: *(Typically Levels C and D)*

- Level two is intended to serve person/s that requires moderate support to perform the activities of daily living and to remain safe and healthy. Staffing is based on the preferences and the assessed needs of the person/s. **Typically, the live-in caregiver or staff must be onsite but not awake at night or appropriate technology may be used to ensure supervision.**

Level Three: *(Typically Levels E, F and G)*

- Level 3: The beneficiary requires continuous supervision including awake overnight staff in order to remain safe and healthy. **Typically, Person/s receiving Level Three supports include arrangements in which a person/s is living in his/her own home with overnight, awake staff or appropriate technology may be used to ensure supervision as identified in the ISP.**

Supported Living Clarifications

- Supported Living shall not be provided in a home where a person lives with family members unless such family members are a person receiving Supported Living, ***the family member is receiving other disability specific services, a spouse,*** or a minor child. Family member is defined as a parent, grandparents, siblings, grandchildren, and other extended family members.
- Transportation is an inclusive component of Supported Living to achieve goals and objectives related to these activities. Transportation to and from the individuals home and points of travel in the community is included to the degree that they are not reimbursed by another funding source.
- **Supported Living can be self directed**

Supported Living Transition

Purpose:

- Provide members with the support that they need to facilitate their transition to Supported Living.

Covered Transitions:

Meeting to assess support Needs	Treatment Team Meetings	Examples
<ul style="list-style-type: none">• Cook meal?• Household maintenance?• Vacuuming?• Cleaning?• Calling for help?• Appointment?• Is technology or Assistive Tech appropriate?• Transportation?• Alone time?	<ul style="list-style-type: none">• Better understand the person• Support the person• Addressing support needs	<ul style="list-style-type: none">• Help with finding housing• Help with gathering household items• Learning about community• Safety plans• Emergency plan

Supported Living Periodic

Purpose:

- Added a periodic modifier for individuals who use 4 hours or less of Supported Living per day

Respite

- Respite - Respite may be utilized during school hours for sickness, injury, or when a student is suspended or expelled.
- Clarified that Respite services can be provided periodically or scheduled

Money Follows the Person and DI Slots

MFP Slots

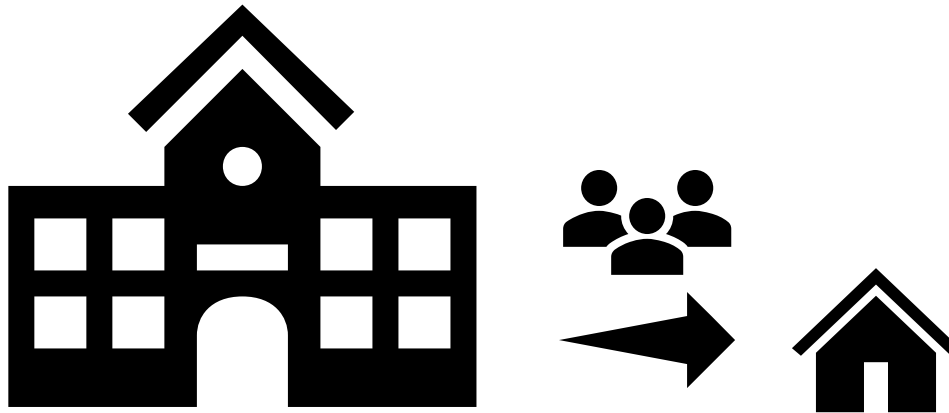
- Money Follows the Person (MFP) Slots remain in the 1915 C waiver.
- For more information on the NC MFP Program see <https://medicaid.ncdhhs.gov/programs-and-services/long-term-care/money-follows-person>

Deinstitutionalization Slots (DI)

- 1915 B3 Innovations Slots (often known as DI / Innovations look a like slots) remain in the 1915 B Waiver.

Community Transition and Pretransition

- Service necessary for the beneficiary's health and safety such as pest eradication, one-time cleaning prior to occupancy ***and coordination of care pretransition.***



Wrap-Up

- The full waiver is available at <https://medicaid.ncdhhs.gov/nc-innovations-waiver>
- We will be recording this webinar and plan to post it on the website above
- If you have any additional questions, please contact your Care Coordinator or call your local LME/MCO
- **Thank you for your time and your ongoing support of the NC Innovations Waiver and the Individuals the waiver serves**

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