



SANDHILLS CENTER

A Managed Care Organization of the NC Department of Health & Human Services

NC INNOVATIONS WAIVER HANDBOOK

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Sandhills Center provides access to services for mental health, intellectual & developmental disabilities and substance abuse in the central North Carolina counties of Anson, Guilford, Harnett, Hoke, Lee, Moore, Montgomery, Randolph and Richmond.

NC Innovations Waiver Handbook

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Overview

The North Carolina Innovations Waiver is a resource for funding services and supports for people with intellectual and other related developmental disabilities who are at risk for institutional care in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID).

NC Innovations waiver is authorized by a Medicaid Home and Community-Based Services (HCBS) Waiver granted by the Centers for Medicare and Medicaid Services (CMS) under Section 1915(c) of the Social Security Act. The NC Innovations Waiver was renewed and approved to be effective August 1, 2013 for five years. It operates concurrently with a 1915(b) Waiver, the North Carolina Mental Health/Developmental Disabilities/ Substance Abuse Services Health Plan (NC MH/DD/SAS Health Plan). The NC MH/DD/SAS Health Plan functions as a Prepaid Inpatient Health Plan (PIHP) through which all mental health, substance abuse and developmental disabilities services are authorized for Medicaid enrollees in the PIHP catchment area. Local Management Entities (LMEs) are area authorities in the State of NC which are responsible for certain management and oversight activities with respect to publicly funded MH/DD/SAS services and are PIHPs for the waiver.

The Centers for Medicare and Medicaid Services (CMS) approves the services provided under NC Innovations, the number of individuals that may participate each year, and other aspects of the program. The waiver can be amended with the approval of CMS. CMS may exercise its authority to terminate the waiver whenever it believes the waiver is not operated properly.

The Division of Medical Assistance (DMA), the State Medicaid agency, operates the NC Innovations Waiver. DMA contracts with the Prepaid Inpatient Health Plan (PIHP) to arrange for, manage the delivery of services, and perform other waiver operational functions under the concurrent 1915(b)(c) waivers. DMA directly oversees the NC Innovations Waiver, approves all policies and procedures governing waiver operations and ensures that the NC Innovations Waiver assurances are met.

Sandhills Center serves as a PIHP for Anson, Guilford, Harnett, Hoke, Lee, Moore, Montgomery, Randolph and Richmond counties.

This handbook is designed to provide information to our members with intellectual and/or developmental disabilities regarding the North Carolina Innovations Waiver. Information will include an overview of the eligibility requirements, access to care/screening process and description of service and supports offered under the NC Innovations Waiver.

Purpose and Goals of NC Innovations Waiver

The NC Innovations Waiver is designed to provide an array of community based services and supports to promote choice, control, and community membership. These services provide a community-based alternative to institutional care for persons who require an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID) level of care and meet additional eligibility criteria for this waiver.

The Goals of the NC Innovations Waiver are:

- (1) To value and support waiver participants to be fully functioning members of their community;
- (2) To promote Promising Practices that result in real life outcomes for participants;
- (3) To offer service options that will facilitate each participant'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 participants to direct their services to the extent that they choose;
- (5) To provide educational opportunities and support to foster the development of stronger natural support networks and enable participants to be less reliant on formal support systems.

Eligibility Criteria

A person with an intellectual disability and/or a related developmental disability may be considered for NC Innovations funding if all of the following criteria are met.

- a) The individual is eligible for Medicaid coverage.
- b) The individual meets the requirements for ICF-IID level of care as defined in the DMA Clinical Coverage Policy 8E.
- c) The individual resides in an ICF-IID facility or is at high risk for placement in an ICF-IID facility. High risk for ICF-IID institutional placement is defined as a reasonable indication that the individual might need such services in the near future (one month or less) but for the availability of Home and Community Based Services.
- d) The individual's health, safety, and well-being can be maintained in the community under the program.
- e) The individual requires NC Innovations services as identified through a person centered planning process.
- f) The individual, his/her family, or guardian desires participation in the NC Innovations Waiver program rather than institutional services.
- g) For the purposes of Medicaid eligibility, the person is a resident of one of the counties within the Sandhills Center catchment area to include: Anson, Guilford, Harnett, Hoke, Lee, Moore, Montgomery, Randolph and Richmond Counties.
- h) The individual shall require at least one waiver service per month as identified in the person centered planning process and indicated in the

Individual Support Plan (ISP) and Individualized budget.

Access to Care

Individuals can access the NC Innovations Waiver through the uniform portal process. If you are interested in the North Carolina Innovations Waiver and you live in and/or your Medicaid originates from Anson, Guilford, Lee, Hoke, Harnett, Moore, Montgomery, Randolph and Richmond County, you should contact Sandhills Center at 1-800-256-2452. If your Medicaid originates from a county other than the counties mentioned, Sandhills Center will refer you to the appropriate PIHP that covers your Medicaid County.

Screening, Application Process, and the Registry of Unmet Needs

Uniform portal allows for multiple entry points for the member to make application. This may be through community providers or any other interested party who assists the individual in accessing the Sandhills Center toll free number (1-800-256-2452), staffed 24 hours per day, 7 days per week, 365 days per year for telephonic assessment and assistance in making referral/application for needed services. If funding is not available for needed NC Innovations services at the time of application, the person is assessed for all other appropriate services and receives these or waits until funding becomes available.

The Sandhills Center staff screens individuals for potential eligibility for the NC Innovations Waiver, which is intended to be the preliminary determination of an individual's potential eligibility for services based on the waiver eligibility criteria and need for waiver services. The screening process consists of a comprehensive clinical review inclusive of available evaluations/assessments completed and the NC Innovations Risk/Support Needs Assessment to determine whether the waiver can meet the individual's needs. If health or welfare risks are identified, Sandhills Center staff will review the assessments and make a determination as to whether the individual needs can be met on the waiver.

Individuals who appear to meet the ICF-IID Level of Care criteria and their needs cannot be met on the waiver will be referred for ICF-IID placement. Written notification of the outcome of the assessment will be provided to the individual. Individuals who seek services funded through the NC Innovations Waiver will be served on a first come first served basis.

When Reserved Capacity is available, individuals who meet the capacity for Reserved Capacity slots will have first come first serve access to those slots. Reserved capacity is available for Emergencies, Military Transfers, Money Follows the Person, Community Transition for institutionalized children aged 17 and younger and when aging out of the CAP-C waiver and is subject to the limits on slots for reserved capacity.

If the individual is determined potentially eligible for the waiver funding and funding is not available at the time of referral, the individual will be placed on the Registry of Unmet Needs. Sandhills Center maintains a Registry of Unmet Needs (waiting list) for

individuals who are in need of NC Innovations Waiver funding. Individuals on the Registry of Unmet Needs are also referred to other resources while they are waiting for waiver funding.

Once an individual is approved for funding under the waiver they are called "Participants".

Care Coordination

Participants on the NC Innovations waiver are assigned a Care Coordinator through Sandhills Center I/DD Care Coordination Department.

The Care Coordinator performs coordination of care on behalf of the participant in the NC Innovations Waiver which allows the Care Coordinator to intervene directly in access to care, continuity of care, as well as assessment and treatment planning. The roles and responsibilities of the Care Coordinator include:

1. Assisting you with the development and completion of your Individual Support Plan (ISP) through a person centered planning process;
2. Ensure that the people you would like to participate in the Individual Support Plan meeting are invited;
3. Explain to you the different service options available and develop your Individual Support Plan based on the type of services, amount of service and length of time of the service you want to request for the plan year. Additionally, your Care Coordinator will explain the requirements in the Innovations Waiver for the services you want.
4. Review and explain to you your assigned Base Budget (Individual Budget Tool) and methodology for budget development, total dollar value of the budget, service authorization process and mechanisms available to you to modify your individual budget;
5. Review with your team all issues that were identified during the assessment processes;
6. Assess and address any identified health and safety concerns and risks;
7. Provide you with information on individual/family directed support options available under the waiver;
8. Provide you with information regarding service providers in the network so that you can make an informed choice in the selection of providers to provide you your services. This will include informing you of your rights to change providers
9. Facilitating the service delivery process including the annual re-assessment of

your level of care;

10. Submit your Individual Support Plan (ISP) annually to Sandhills Center Utilization Management Department for review of services you are requesting. This will also include any ISP updates that include changes with your service needs;

11. Monitoring your services to assure you are receiving quality care and that your health, safety, and well-being is being maintained. This also includes the monitoring of your Individual Support Plan, individual budget, coordination of care with your service providers and follow up on any issues regarding your service delivery;

12. Maintain contact with you to verify that you are satisfied with the services and supports you are receiving;

13. Ensure that you are receiving services and supports in integrated settings;

14. Identifying the need for a representative if you desire to self-direct your services under the individual/family directed supports options, and assuring that the representative meets established criteria;

15. Ensuring that your Individual Support Plan (ISP) identifies how emergency back-up services will be furnished for workers employed by you and/or your legally responsible person, and coordinating the provision of on call emergency back-up services;

16. Recognizing and reporting critical incidents;

17. Assisting you with submitting a grievance when necessary;

14. Responding if you are in a crisis. If there is an emergency, the care coordinator ensures that your needs are met and ensures that any updates to the level of care and Individual Support Plan are made and submitted to Sandhills Center Utilization Management Department based on the changes in your needs;

15. Assuring access to specialized assessments;

16. Coordinating services with Community Care of North Carolina (CCNC) medical home;

17. Arranging other Medicaid services, not duplicating the responsibilities of the Community Navigator.

18. Assist you with the forms needed to file an appeal.

Your Care Coordinator also has a role in assuring that the proper services are delivered and is responsible for monitoring the implementation of the Individual Support Plan and all other Medicaid services provided to you.

Your Individual Support Plan (ISP)

The Individual Support Plan (ISP) is a person centered planning document that will outline the services and supports that you want to request and for the length of time that you want to request. The ISP is used to plan for your services and supports for the entire year, and services that you expect to need at any point during that plan year. You must have a signed ISP in order to receive services through the NC Innovations Waiver. This means that you need to sign an ISP containing the level of services that you want to request, which may be different than the level of services that will be approved. You should review your ISP before you sign it to make sure what you are requesting is included. Your Care Coordinator will answer any questions you have, and will make any changes to the ISP that you request before you sign it. **Important: You will not be asked to sign a plan that does not request the services you want for the entire plan year.**

If you wish to change or add services during the plan year, you may ask your care coordinator to help you request the change by writing an update to your ISP at any time.

Sandhills Center Utilization Management Department will determine whether or not the services you request are medically necessary, not the Care Coordinator. A decision on the request for services in you ISP will be made within 14 days unless more information is needed.

If any service requested in your ISP is denied or approved for fewer hours or for the length of time that you requested, you will receive a written explanation of that decision and information about how you can appeal the decision. Appeal rights are not given for adult participants (age 21 and older) if services have been approved up to the maximum benefit set forth in the waiver.

If some of your requested services were approved and some were denied, you can receive the services that were approved while you appeal the services that were denied. Additionally, you may make a new request for different services while the appeal is pending, if you wish to do so.

If you have services in your ISP that have been approved and then later reduced, suspended, or terminated before the approval period has ended, and you appeal that decision, you may be able to continue to receive services during an appeal. You will receive written notice about that process before services are reduced, suspended, or terminated.

Supports Intensity Scale (SIS)

All participants receiving services under the NC Innovations waiver will be required to have a Supports Intensity Scale completed. The Supports Intensity Scale is a nationally recognized assessment administered by AAIDD (American Association of Intellectual and Developmental Disabilities) trained interviewers. The SIS measures the level of supports an individual needs in the following areas: Home Living, Community Living, Lifelong Learning, Employment, Health and Safety, Social Activities, Protection and advocacy, Medical and Behavioral support needs. The SIS assessment is completed every two years for children age 15 and under and every three years for adults age 16 and older. (The SIS considers an adult as age 16 and older).

Individual Budget Tool and Supports Intensity Scale (SIS)

The Individual Budget Tool (IBT) and Supports Intensity Scale (SIS) are tools that may be used in the planning process. You may have an assigned Base Budget amount listed on your Individual Budget Tool. This amount is not a limit on the amount of services you can request or have approved, but along with the SIS is used as information and as a guideline for base budget services. Your Care Coordinator will not ask you to submit or update your ISP to request services to fit within your assigned Base Budget if you do not wish to do so. Services could be approved above your assigned Base Budget amount if Sandhills Center Utilization Management Department determines that services are medically necessary. If any of the services that you requested are denied, you will receive written notice with information about how you can appeal that decision.

North Carolina Innovations Services

The home and community based services provided through this waiver are intended to provide services and supports that are essential for individuals to reside in and participate as members of their communities.

General Information on Use of Services

Services and supports will be determined through a person centered planning process and written in the Individual Support Plan (ISP). The use of NC Innovations Services is based on the needs of the participant, the preferences of the participant, the availability of other formal and informal personal resources and supports, and waiver regulations. The ISP is written from the participant's perspective rather than in terms of the availability of services in the waiver. Paid services that are needed in addition to natural and/or community supports are selected based on the participant's needs, and are not determined by the need to pay an agency or an employee a particular reimbursement rate. How much of each service a participant receives, how often it is being provided and how long it is provided must be included in the participant's ISP and approved by Sandhills Center Care Management/Utilization Management Department.

The following information applies to the use of the NC Innovations Services:

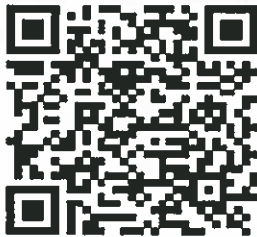
- a) NC Innovations may only cover the services defined in Clinical Coverage Policy No. 8-P and may be used to provide services, supports, equipment and supplies in the service definitions approved by the Centers for Medicare and Medicaid Services (CMS). Information regarding Clinical Coverage Policy 8-P can be found at:

https://ncdma.s3.amazonaws.com/s3fs-public/documents/files/8P_1.pdf

or

<http://tinyurl.com/ntax9cr>

or by scanning a QR code:



Note: A QR code scanner is required to scan this QR code, and can be downloaded from the App Store on your device.

- b) Payment will not be made for services, supplies and equipment received prior to the authorization by Sandhills Center Care Management/Utilization Management Department.
- c) Participants, legal guardians, and family members **may not receive NC Innovations funds** unless the legal guardian or family member is receiving reimbursement as an employee of an agency or Agency With Choice.
- d) The services defined in this section do not address any named technique or therapy. These definitions have been written to meet general best practice habilitation and support principles and not to approve/deny any type of training and/or support. The decisions regarding techniques should be based on the needs/preferences of the participant, the development of the ISP, Sandhills Center Intellectual/Developmental Disability (I/DD) Practice Guidelines, the approval of the ISP, and in the end, the conditions of waiver participation. The DMH/DD/SAS Client Rights Rules must be followed. Experimental techniques and therapies are not reimbursed under these definitions.

- e) For services that have a group rate where a potential group exists, the expectation is the participant receives group services unless there is justification in the participant's ISP that individual services are necessary to meet the disability specific needs of the participant. When the group rate is authorized, then that rate is billed regardless of the attendance of other individuals in the group. Individual services are always moved to group, as appropriate for the participant, for services that have a group rate.
- f) Providers (both agencies and direct service employees) who accept Medicaid payment may not charge participants or their families any additional payment for services, supports, and/or equipment billed to Medicaid. This applies to all NC Innovations and Medicaid services/supports and equipment. Participants and their families cannot pay part of the cost of the service or equipment.

Service Definitions

The following are general service descriptions. Information on the complete service definitions is located in Clinical Coverage Policy No: 8-P at:

https://ncdma.s3.amazonaws.com/s3fs-public/documents/files/8P_1.pdf

or

<http://tinyurl.com/ntax9cr>

or by scanning a QR code:



Note: A QR code scanner is required to scan this QR code, and can be downloaded from the App Store on your device.

The total cost of both Base Budget Services and Add-On Services cannot exceed the waiver maximum of \$135,000.00.

Assistive Technology Equipment (Add-On Service)

Assistive Technology Equipment and Supplies (ATES) are necessary for the proper functioning of items and systems, whether acquired commercially, modified, or customized, that are used to increase, maintain, or improve functional capabilities of participants. This service covers purchases, leasing, shipping costs, and as necessary, repair/modification of equipment required to enable participants to increase, maintain or

improve their functional capacity to perform daily life tasks that would not be possible otherwise. Monthly monitoring/connectivity charges may be covered when it is required for the functioning of the item/system. Service contracts and extended warranties may be covered for a one year time frame. All items must meet applicable standards of manufacture, design, and installation. The Individual Support Plan clearly indicates a plan for training the participant, the natural support system and paid caregivers on the use of the requested equipment and supplies. A written recommendation by an appropriate professional is obtained to ensure that the equipment will meet the needs of the participant. Medical necessity must be documented by the physician, physician assistant or nurse practitioner for every item provided/billed regardless of any requirements for approval. The service is limited to expenditures of \$50,000.00 (ATES and Home Modifications combined) over the life of the waiver period.

Community Living and Supports (Base Budget)

Community Living and Supports is an individualized service that enables the waiver participant to live successfully in his/her own home, the home of his/her family or natural supports and be an active member in his/her community. A paraprofessional assists the person to learn new skills and/or supports the person in activities that are individualized and aligned with the person's preferences. The intended outcome of the service is to increase or maintain the person's life skills or provide the supervision needed to empower the person to live in the home of his/her family or natural supports, maximize his or her self-sufficiency, increase self-determination and enhance the person's opportunity to have full membership in his/her community.

Community Navigator (Add-On Service)

A Community Navigator provides support to the participant by promoting self-determination, support the participant in making life choices, provide advocacy and identify opportunities to become a part of their community. Community Navigator provides support to participants and their planning teams in developing social networks and connections with local communities. They promote and coordinate the use of generic resources to address the participant's needs in addition to paid services. The Community Navigator provides annual informational session on self-determination and self-direction. This service also supports participants who chose to self-direct their own services.

Community Networking (Base Budget)

Community Networking services provide individualized day activities that support the participant's definition of a meaningful day in an integrated community setting, with persons who are not disabled. If the participant requires paid supports to participate/engage once connected with the activity, Community Networking can be used to refer and link the participant. This service is provided separate and apart from the participant's primary private residence, other residential living arrangement, and/or the home of a service provider. This service does not take place in licensed facilities (i.e. group homes or licensed residential setting with two or more individuals) and are intended to offer the participant the opportunity to develop meaningful community relationships with non-disabled individuals. Services are designed to promote maximum participation in community life while developing natural supports within integrated

settings. Community Networking services enable the participant to increase or maintain their capacity for independence and develop social roles valued by non-disabled members of the community. As the participant gain skills and increase community connections, service hours should fade. Payment for attendance at classes and conferences is also included. Community Networking for example could support a participant in participation in adult education and volunteer work.

Community Transition (Add-On Service)

Community Transition provides initial set-up expenses for adults to facilitate their transition from a Developmental Center (institution), community ICF-IID Group Home, nursing facility or another licensed living arrangement (group home, foster home, Psychiatric Residential Treatment Facility or alternative family living arrangement) to a living arrangement where the participant is directly responsible for his or her own living expenses. This service may be provided only in a private home or apartment with a lease in the participant's/legal guardian's/representative's name or a home owned by the participant. In situations where the individual lives with a roommate, Community Transition cannot duplicate items that are currently available. The cost of Community Transition has a life of the waiver limit of \$5,000 per participant.

Crisis Services: Primary Response; Behavioral Consultation and Out of Home (Add-On Service)

Crisis Services provide intervention and stabilization for participants experiencing a crisis. Crisis supports are for participants who experience acute crisis and who present a threat to the person's health and safety or the health and safety of others. Crisis Supports promote prevention of crises as well as assistance in stabilizing the participant when a behavioral crisis occurs. Crisis Supports are an immediate intervention available 24 hours per day, 7 days per week, to support the participant.

Crisis Intervention and Stabilization Supports: Staff trained in Crisis Services competencies is available to provide "first responder" crisis services to the participant they support, in the event of a crisis.

Crisis Consultation: Crisis Consultation is used to facilitate treatment team meetings, train, educate and provide ongoing technical assistance to the natural supports and direct support professional on crisis interventions and strategies to mitigate issues that resulted in the crisis, and on implementation of the crisis plan, develop and implement strategies to aid the participant in returning home after an out of home crisis stay or hospitalization and referral for medication evaluation if appropriate.

Out of Home Crisis Supports: Out of Home Crisis is a short-term service for a participant experiencing a crisis and requiring a period of structured support and/or programming. The service takes place in a licensed facility. Out of Home crisis may be used when a participant cannot be safely supported in the home, due to his/her behavior and implementation of formal behavior interventions have failed to stabilize the behaviors and/or all other approaches to insure health and safety have failed. In addition, the service may be used as a planned respite stay for waiver participants who have heightened behavioral needs.

Day Supports (Base Budget)

Day Supports are furnished in a non-residential setting, separate from the home or residential setting where the participant resides. Participants may receive Day Supports outside of the facility as long as outcomes are consistent with the goals described in their Individual Support Plan. Transportation to/from the participant's home, the day supports facility and travel within the community is included in the service.

Home Modifications (Add-On Service)

Home Modifications are physical modifications to a private residence that are necessary to ensure the health, welfare, and safety of the participant or to enhance the participant's level of independence. Home modifications are intended to increase the individual's capability to access his/her environment and are of direct or remedial benefit to the participant or in some way related to the participant's disability. A private residence is a home owned by the participant or his/her family (natural, adoptive, or foster family). Items that are portable may be purchased for use by a participant who lives in a residence rented by the participant or his/her family. This service covers purchases, installation, maintenance, and as necessary, the repair of home modifications required to enable participants to increase, maintain or improve their functional capacity to perform daily life tasks that would not be possible otherwise. The service is limited to expenditures of \$50,000.00 of supports (Assistive Technology and Home Modifications) over the life of the waiver.

Individual Goods and Services (Add-On Service)

Individual Goods and Services are services, equipment or supplies not otherwise provided through this waiver or through the Medicaid State Plan that address an identified need in the Individual Support Plan (including improving and maintaining the individual's opportunities for full membership in the community) and meet the following requirements:

- (1) the item or service would decrease the need for other Medicaid services;
AND/OR
- (2) promote inclusion in the community;
AND/OR
- (3) increase the person's safety in the home environment;
AND
- (4) the individual does not have the funds to purchase the item or service.

The cost cannot exceed \$2,000 per participant plan year annually.

Natural Supports Education (Add-On Service)

Natural Supports Education provides training to families and the participant's natural support network in order to enhance the decision making capacity of the natural support network, provide orientation regarding the nature and impact of the intellectual and other developmental disabilities upon the participant, provide education and training on intervention/strategies, and provide education and training in the use of specialized equipment and supplies. The requested education and training must have outcomes directly related to the needs of the participant or the natural support network's ability to provide care and support to the participant. In addition to individualized natural support

education, reimbursement will be made for enrollment fees and materials related to attendance at conferences and classes by the primary caregiver. The expected outcome of this training is to develop and support greater access to the community by the participant by strengthening his or her natural support network. Reimbursement for conference and class attendance is limited to \$1,000 per year.

Financial Support Services (Add-On Service)

Financial Support services are provided to assure that funds for self-directed services are managed and distributed as intended. This service is available for those participants who want to self-direct their services under Individual/Family Direction.

Residential Supports (Add-On Service)

Residential Supports provides individualized services and supports to enable a participant to live successfully in a group home or alternative family living (AFL) setting of their choice and be an active participant in his/her community. The intended outcome of this service is to increase or maintain the participant's life skills, provide supervision needed, maximize his/her self-sufficiency, increase self-determination and ensure the person's opportunity to have full membership in his/her community. Residential Supports includes learning new skills, practice and/or improvement of existing skills, and retaining skills to assist the person to complete an activity to his/her level of independence. Residential Supports includes supervision and assistance in activities of daily living when the individual is dependent on others to ensure health and safety.

Supported Living (Add-One Service)

Supported Living provides flexible partnership that enables a person(s) to live in their own home with support from an agency that provides individualized assistance in a home that is under the control and responsibility of the person(s). This service includes direct assistance as needed with activities of daily living, household chores essential to the health and safety of the individual(s), budget management, attending appointments, and interpersonal and social skills building to enable the person(s) to live in a home in the community. This service is distinct from Residential Supports in that it provides for a variety of living arrangements for individuals who choose to live in their own home versus the home of a provider.

Respite (Base Budget)

Respite services provide periodic or scheduled support and relief to the primary caregiver(s) from the responsibility and stress of caring for the participant. This service may also be used to provide temporary relief to individuals who reside in Licensed or Unlicensed Alternative Family Living (AFL) arrangements, but may not be billed on the same day as Residential Supports. This service enables the primary caregiver to meet or participate in planned or emergency events, and to have planned time for him/her and/or family members. This service also enables the participant to receive periodic support and relief from the primary caregivers at his/her choice. Respite may include in and out of home services, inclusive of overnight, weekend care, or emergency care (family emergency based, not to include out of home crisis).

Specialized Consultation Services (Add-On Service)

Specialized Consultative Services provide expertise, training and technical assistance in a specialty area (psychology, behavior intervention, speech therapy, therapeutic recreation, augmentative communication, assistive technology equipment, occupational therapy, physical therapy, nutrition and other licensed professionals who possess experience with individuals with Intellectual/Developmental Disabilities) to assist family members, support staff and other natural supports in assisting participants with developmental disabilities. Under this model, family members and other paid/unpaid caregivers are trained by certified, licensed, and/or registered professional, or qualified assistive technology professional to carry out therapeutic interventions, consistent with the Individual Support Plan.

Supported Employment (Base Budget)

Supported Employment Services provide assistance with choosing, acquiring, and maintaining a job for participants ages 16 and older for whom competitive employment has not been achieved and /or has been interrupted or intermittent. Initial Supported Employment services include:

1. Pre-job training/education and development activities to prepare a person to engage in meaningful work-related activities which may include career/educational counseling, job shadowing, assistance in the use of educational resources, training in resume preparation, job interview skills, study skills, assistance in learning skills necessary for job retention;
2. Assisting an individual to develop and operate a micro-enterprise. This assistance consists of:
 - (a) Aiding the individual to identify potential business opportunities;
 - (b) Assistance in the development of a business plan, including potential sources of business financing and other assistance; and
 - (c) identification of the supports that are necessary in order for the individual to operate the business
3. Coaching and employment support activities that enable an individual to complete initial job training or maintain employment such as monitoring, supervision, assistance in job tasks, work adjustment training and counseling; and provide technical support to potential employers regarding Federal ADA accommodations and requirements.

Long Term Follow-Up Supports include:

1. Coaching and employment support activities that enable a participant to maintain employment
2. Ongoing assistance, counseling and guidance for a participant who operates a microenterprise once the business has launched;
3. Employer consultation with the objective of identifying work related needs of the participant and proactively engaging in supportive activities to address the problem or need.
4. Providing ongoing technical support to potential employers regarding Federal ADA accommodations and requirements.

5. Transportation when the participant job does not include staffing support.

Vehicle Modifications (Add-On)

Vehicle Modifications are devices, service or controls that enable participants to increase their independence or physical safety by enabling their safe transport in and around the community. The installation, repair, maintenance, and training in the care and use of these items are included. The waiver participant or his/her family must own or lease the vehicle. The vehicle must be covered under an automobile insurance policy that provides coverage sufficient to replace the adaptation in the event of an accident. Modifications do not include the cost of the vehicle or lease. There must be a written recommendation by an appropriate professional that the modification will meet the needs of the participant. The recommendation must contain information regarding the rationale for the selected modification. All items must meet applicable standards of manufacture, design, and installation. Installation must be performed by the adaptive equipment manufacturer's authorized dealer according to the manufacturer's installation instructions, National Mobility Equipment Dealer's Association, Society of Automotive Engineers, National Highway and/or Traffic Safety Administration guidelines. A physician's signature certifying medical necessity shall be included with the written request for Vehicle Modifications. The service is limited to expenditures of \$20,000 over the life of the waiver.

Individual and Family Directed Supports Options

The NC Innovations Waiver allows participants to play an essential role in deciding how to plan, obtain and sustain community-based services for themselves, and will help persons with disabilities live fuller, more independent lives. NC Innovations contains the framework for participants to self-direct services and supports, and offers the option for participants to choose to utilize provider agency services.

Self-direction represents a divergence from the traditional provider agency approach to service provision in that many of the responsibilities assumed by provider agencies are transferred to the individual or family. In NC Innovations, the Self-Directed Service Option is known as *Individual and Family Directed Supports*.

The NC Innovations waiver offers three levels of control and responsibility for services from which the individual and his or her family choose. They are:

- ❖ **Provider Directed-**The provider agency has responsibility over direct care workers (employees).
- ❖ **Agency with Choice-** The Agency with Choice Model allow the participant or legally responsible person for the participant to work with an agency that agrees to hire employees referred by them. The agency approves/disapproves the hiring of the referred individuals and ultimately retains the responsibility of being the employer while allowing the participant or legally responsible person to

partner in managing the employees training and supervision. The participant or the legally responsible person is known as the Managing Employer.

- ❖ **Employer of Record-** The Employer of Record Model allows the participant or the legally responsible person for the participant to be the individual who legally can exercise authority over direct care workers (employees) and assume the other responsibilities associated with participant direction of services. The participant or legally responsible person is known as the Employer of Record.

If you are interested in self-directing your services and supports, please let your care coordinator know.

Glossary of Terms & Acronyms

Add-On Services- Add-On services, also known as Non-Base Budget services are preventative services and equipment that is outside of the base budget. Add-On services increase health and safety and/or promote independence.

Base Budget Services- Base Budget services are day to day living services (the core habilitation and support services in the waiver).

Care Coordination- The Sandhills Center department that employs Care Coordinators who deliver Treatment Planning Case Management services.

Care Coordinator-The individual who provides Treatment Planning Case Management Services in the NC Innovations Waiver.

DMA-The acronym for the North Carolina Division of Medical Assistance located in the Department of Health and Human Services. This is the agency that operates the Medicaid program for North Carolina. DMA administers the NC Innovations Waiver and the NC MH/DD/SAS Health Plan.

ICF-IID- The acronym for Intermediate Care Facility for Individuals with Intellectual Disabilities; a licensed facility that provides care and treatment for individuals with intellectual disabilities and certain developmental disabilities.

Individual/Family Direction-The name for Participant Directed Services in the NC Innovations Waiver Provision of the opportunity for a waiver individual to exercise choice and control in identifying, accessing, and managing waiver services and other supports in accordance with their needs and personal preferences.

Individual Support Plan (ISP)-The name of the person centered plan used in the NC Innovations Waiver to describe the participant's strengths, preferences, needs and desired outcomes.

Individual Budget- The Individual Budget is the total cost of services and supports as specified in the Individual Support Plan.

Individual Budget Tool (IBT)- The Individual Budget Tool indicates the amount of Base Budget services a participant will need based on their assessed level of need, age and residential situation. The IBT is used as a guide when planning your services for the year.

Life of the waiver- The NC Innovations waiver operates over a five year period and is renewed every five years

Natural Supports- Supportive relationships that already exist in your life (friend, neighbor, church, etc.). These identified relationships are not paid to provide you with support.

North Carolina Innovations Waiver-The 1915 (c) Home and Community Based Waiver that provides support and care for people with intellectual and other related developmental disabilities who are at risk for institutional care in an Intermediate Care Facility for Individuals with Mental Retardation (ICF-IID) who are legal residents of the counties that are a part of the Sandhills Center catchment area. NC Innovations can also provide funding for people to return to their home and communities from ICF-IID's.

Participant- A person who is approved to receive services under the NC Innovations Waiver.

Participant Directed Service-A waiver that the state specifies may be directed by the participant using the Employer Authority, the Budget Authority or both.

Participant Direction- Provision of the opportunity for a waiver participant to exercise choice and control in identifying, accessing, and managing waiver services and other supports in accordance with their needs and personal preferences.

Person-Centered Planning- A process for planning and supporting the participant receiving services that builds upon the participant's capacity to engage in activities that promote community life and that honor the participant's preferences, choices and abilities. The person-centered planning process involves the family, friends and professionals as the participant desires or requires. The resulting treatment document is the Person-Centered Plan.

PIHP- Prepaid Inpatient Health Plan. An entity that provides medical services to participants under contract with the State agency, and on the basis of prepaid capitation payments, or other payment arrangements that do not use State plan payment rates; provides, arranges for, or otherwise has responsibility for the provision of any inpatient hospital or institutional services for its participants; and does not have a comprehensive risk contract. Sandhills Center serves as a PIHP for Anson, Guilford, Harnett, Hoke, Lee, Moore, Montgomery, Randolph and Richmond Counties.

Contact Information

If you would like to apply for NC Innovations services or if you have questions or would like additional information about NC Innovations, please contact Sandhills Center 24 hour Access Line:

1-800-256-2452

