

*“Cardinal Innovations has opened
so many doors for both me and Dani.
They continue to show us
what the future holds.”*

*Jodi and Dani Greenwood,
Parent and Member*



INDIVIDUAL AND FAMILY
— guide

FOR NC INNOVATIONS WAIVER

Cardinal
Innovations
HEALTHCARE

Individual and Family Guide

Version 9 revised November 1, 2016

© 2016 Cardinal Innovations Healthcare
4855 Milestone Avenue
Kannapolis, NC 28081

Table of Contents

Section 1: Introduction	3
The NC Innovations Waiver	
Waiver Goals	
Waiver Eligibility	
Key Waiver Elements	
Who Is Available to Help Me	
Section 2: How to Request Waiver Services	9
Requesting NC Innovations Services	
Availability of Waiver Funding	
Waiver Assessments	
Section 3: Planning and Choosing Waiver Services	12
Planning Your Services	
List of Waiver Services	
Starting Your Services	
Your Right to Appeal	
Section 4: NC Innovations Service Limits and Other Waiver Restrictions	19
Limits on Services	
Location of Services	
Other Limits that May Apply to Waiver Services	
Family Members as Employees	
Section 5: Appendices	22
Appendix A: Member Responsibilities	
Appendix B: NC Innovations Service Definitions	
Appendix C: NC Innovations Waiver Limits on Sets of Services	

This handbook is available in Spanish and in alternative formats. If you need a larger print version, or have limited reading ability, call the Access Call Center at 1.800.939.5911.

Si necesita información en español, llámenos al 1.800.939.5911.

Introduction

This section of the Guide provides an explanation of

The NC Innovations Waiver

Waiver Goals

Waiver Eligibility

Key Waiver Elements

Who Is Available to Help Me

The NC Innovations Waiver

We believe that people with disabilities and their families have the right to live, love, work and have the lives of their choice in their communities.

NC Innovations is for people with intellectual disabilities or developmental disabilities who want to get their services and supports in their own homes and communities instead of in an institution. NC Innovations is called a waiver program because certain Medicaid rules are set aside through an agreement with the federal government. Waiver programs give people more choices about what kinds of Medicaid-funded services they get and where they can receive them.

In addition to NC Innovations, North Carolina has other waiver programs for adults and children with physical disabilities. These waivers are known as Community Alternative Programs (CAP).

To view the NC Innovations Waiver document, go to this page on the Division of Medical Assistance (DMA) website: <https://www2.ncdhhs.gov/ncinnovations>. You will find a brief description of the waiver and a link to the waiver document.

Waiver Goals

Through the NC Innovations Waiver, we want to help you become as independent as possible and be connected to your community. NC Innovations supports you in

- Living in the home of your choice, whether that is a private home or a facility in your community (such as a small group home);
- Discovering your talents, skills, ambitions and establishing life goals;
- Taking part in activities that you are interested in;
- Taking part in community activities;
- Finding natural supports to help you become more independent and rely less on formal or paid supports; and
- Managing and directing your services, supports and funding.

Waiver Eligibility

To be eligible for NC Innovations, a person must

- Have a diagnosis of an intellectual disability or a significant developmental disability (ID/DD), the same as people living in an Intermediate Care Facility for People with Intellectual and Developmental Disabilities (ICF/IID) and substantial limitations in three of six major life activity areas (self-care, understanding and use of language, learning, mobility, self-direction, capacity for independent living);
- Need waiver services in order to keep living at home or to move out of an ICF/IID group home or developmental center;
- Be eligible for Medicaid upon approval for the waiver; and

- Live in a private living arrangement or a small residential facility (no more than six residents) where health and safety can be maintained with waiver services and natural supports.

Key Waiver Elements

The following important features of the waiver apply to every person who receives waiver services.

- **Managing your services** – The NC Innovations Waiver gives you the chance to take part in the **Individual and Family Directed option** and manage your services and budget. There are different models from which to choose. You can be the actual employer of your staff or share responsibility for supervising your staff with your provider agency. For more information, we encourage you to review the Individual and Family Directed Supports booklet at <https://www.cardinalinnovations.org/nc-innovations-waiver/individual-family-directed-services/additional-documentation>.
- **Medicaid** – **Everyone who gets waiver services must receive Medicaid.** If you are not on Medicaid when you request waiver services, you will need to apply at your local Department of Social Services (DSS). It is very important that you work with your Care Coordinator and the DSS office in your county to complete your Medicaid application due to waiver-related timelines. For more information about Medicaid eligibility, deductibles and other important information about Medicaid, go to the Medicaid website at <http://www.ncdhs.gov/dma/medicaid/index.htm>.
- **Care Coordinator** – **Everyone who gets waiver services is assigned a Care Coordinator.** Your Care Coordinator assists you in the waiver enrollment process and is your “go-to person” for waiver and other Medicaid services.
- **The Innovations waiver requires that a service be used at least monthly.** The exception to monthly service use requirements is if you are under the age of 21 with a diagnosis of Autism Spectrum Disorder (ASD) and are actively engaged in a research-based intervention for the treatment of ASD.
- **Waiver participants may not spend more than the annual waiver cost limit of \$135,000.** This means that a person cannot take part in the waiver if their NC Innovations service needs are more than the cost limit. All waiver participants also have a base budget as a guideline for certain services, which is discussed in Chapter 3.

Who Is Available to Help Me

There are two very important people available to help and guide you with your waiver goals: the **Community Navigator** and the **Care Coordinator**. The Care Coordinator oversees the waiver process and makes sure you get the waiver services and any related health care services you need. The Community Navigator helps you take part in the community and manage your everyday activities. Although not all members choose to have a Community Navigator, we encourage you to consider this service. Community Navigators advocate for you and help you find community resources. The table below has more information on how each can help you.

	New November 1, 2016	Currently Covered
Person-Centered Planning supports	<ul style="list-style-type: none"> • Encourages you to develop life goals based on your strengths and interests • Assists you in determining steps to meet life goals • Assists you in developing the Individual Support Plan (ISP) in partnership with the Care Coordinator who creates and facilitates the ISP 	<ul style="list-style-type: none"> • Promotes advocacy and collaborates with other people and organizations on your behalf • Supports you in preparing, participating in and implementing plans of any type
Self-Determination supports	<ul style="list-style-type: none"> • Provides informational sessions annually on rights and self-determination • Supports you in making decisions that are important to you • Promotes education on decision making, risk-taking and natural consequences • Provides education, which guides you in problem solving, decision making, and navigating multiple state systems • Assists with linkage to resources for guardianship or establishing alternatives to guardianship, restoration of rights, Supplemental Security Income (SSI) issues, disability determination issues, financial/legal planning • Provides education about appropriate accommodation needs 	<ul style="list-style-type: none"> • Provides guidance with managing your individual budget

<p>New Self-Direction supports</p>	<ul style="list-style-type: none"> • Provides annual information session on self-direction (both Employer of Record and Agency with Choice) 	<ul style="list-style-type: none"> • Supports and educates you in preparing and participating in staff interviews • Provides training on the Individual Family Directed Supports Option, if you are considering directing services and supports • Coordinates services with the Financial Supports Services provider, including guidance on use of the Individual and Family Directed Budget • Provides information/coaching/technical help on recruiting, hiring, managing, training, evaluating and changing support staff • Provides information/coaching/technical help with the developing schedules and outlining staff duties • Provides information/coaching/technical help to understand staff financial forms, staff qualifications, and employee record keeping requirements • Provides information/coaching/technical help on maintenance of records in accordance with the Employer of Record Model • Provides information/coaching/technical help on setting staff rates of pay • Coordinates with the Agency with Choice
---	--	--

<p>New Community Integration supports</p>	<ul style="list-style-type: none"> • Educates about appropriate accommodation needs • Assists you with developing and negotiating roommate agreements • Assists you in developing life related emergency plans 	<ul style="list-style-type: none"> • Supports you in identifying resources in your community and determining steps to increase opportunities to expand valued social relationships and build connections within your local community through unpaid supports • Assists in locating non-Medicaid community supports and resources that are related to achieving your life goals • Assists in locating options for renting and purchasing a personal residence; assists with purchasing furnishings for the personal residence
--	---	---

How to Request Waiver Services

This section of the Guide provides an explanation of

Requesting NC Innovations Services

Availability of Waiver Funding

Waiver Assessments

Requesting NC Innovations Services

To begin the waiver application process, you may call the Cardinal Innovations Registry Department at 704.939.7980. This voicemail is checked periodically throughout the day and assigned to the appropriate Registry Coordinator. It is important to leave the name, date of birth, contact information and the county of residence for the person seeking services to speed up this process. Please allow two to three business days for a return call.

You will need to provide detailed information about the person who is applying for the waiver, including

- Information and any documentation you have about the person’s intellectual disability or developmental disability diagnoses;
- Age of the person, including date of birth;
- The person’s living arrangement;
- Contact information, including address and phone number;
- The person’s Medicaid identification number;
- The person’s natural supports (people who provide unpaid help);
- Other waiver services that the person is receiving and
- Any other services the person is receiving.

All of the information you provide will be reviewed to see if the person is potentially eligible for waiver services. If you choose to apply for Innovations, you will be required to sign the “Beneficiary Responsibilities” form documenting that you will comply with all the waiver requirements. This form is included in this Guide as Appendix A.

Availability of Waiver Funding

The person may have to be placed on the Registry of Unmet Needs (waiting list) if funding is not available at the time of the request. The first-come, first-served waiver application process is based on the date you make your request for waiver funding with Cardinal Innovations.

A small amount of waiver funding is set aside every year for certain situations:

- Emergencies
- People aging out of the Community Alternatives Program for Children (CAP/C) waiver who are eligible for NC Innovations
- Dependents of military families who (1) were on a comparable waiver program transferring from another state or (2) received Innovations services prior to the family transferring to another state and are returning to North Carolina
- Money Follows the Person participants—funding to assist people to move from ICF/IIDs to the community

The Registry Team will let you know if any of these situations apply to you.

Waiver Assessments

When funding is available, the following assessments and evaluations will be done or updated to help determine if you qualify for waiver funding, and to learn more about you and your support needs. Additional assessments may be done if needed.

- **A level of care evaluation** is done to see if you meet the intellectual disability or developmental disability requirements of the waiver. The evaluation must be done by a psychologist or a medical doctor and must include cognitive and adaptive testing, as well as your diagnosis (note that a school evaluation is not sufficient). Your Care Coordinator will review your level of care every year to make sure you still qualify for the waiver.
- **A Supports Intensity Scale® (SIS®) assessment** is done to find out what kinds of supports and services you need. The SIS® is not a test. It is very important to be accurate and honest during this assessment. It provides important information for the planning process. Your records may be reviewed and people in your life will be interviewed to gather information. You help to choose the people who know you best for the interviews. The SIS® will be done at least every three years for adults and every two years for children on the waiver. The SIS® also may be done sooner if you have significant changes in your medical or behavioral support needs. If you have questions or concerns about your SIS® results, talk to your Care Coordinator.
- **The NC Innovations Risk/Support Needs Assessment also** is done to make sure that all risks and safety needs are addressed in your Individual Support Plan (ISP). These may include physical health and/or behavioral health concerns.

These assessments are used to help inform what supports you need. You and your planning team will determine the services that you need. The planning process will be explained in more detail in the next section.

Planning and Choosing Waiver Services

This section of the Guide provides an explanation of

Planning Your Services

List of Waiver Services

Starting Your Services

Your Right to Appeal

Planning Your Services

The next step is planning your services and supports. Planning for your life requires tools to help you make decisions about the services and supports you need and the resources required to meet those needs. Two tools that are part of the planning process are the **Individual Support Plan (ISP)** and the **Individual Budget**. You lead your planning process with others you choose for your planning team. Planning your services is a chance to share your strengths, capabilities, desires and support needs.

The planning process helps you

- Build a roadmap to reach your life goals,
- Find out what is working and not working in your life and identify steps to change things if needed,
- Identify and address any risks that affect your health and safety and
- Identify the paid and unpaid supports that will help meet your needs.

You (or your legally responsible person) lead the planning process with the help of your Care Coordinator. Your Community Navigator can help you learn to lead the process.

The planning process combines information from assessments (for example, the SIS[®], NC Innovations Risk/Support Needs Assessment, Personal Outcome Measures and any other assessments), as well as information obtained from you, the people who support you and your planning team. The plan is about you and your needs and life goals. Once your needs and life goals have been identified, the planning team and your Care Coordinator can help identify supports that are available to meet those needs – whether through family, friends, other community resources or NC Innovations Waiver services. Your Care Coordinator can help you identify services available under Medicaid to help meet your needs.

During the planning process, your Care Coordinator will explain the different waiver services available to you and work with you to develop your ISP. Your Care Coordinator also will explain the requirements in the NC Innovations Waiver around those services.

If you have a Community Navigator, he or she can help identify other community resources to address needs that may not be addressed through Medicaid.

Your ISP should include the services that you want to request, as well as the length of time you want to receive them. Your ISP is a plan for the entire year, and it includes services you have requested for the year. If you foresee needing certain services for the entire plan year, your Care Coordinator will ensure your ISP reflects that information. Your Care Coordinator will also explain the options available if your needs change.

Once the plan has been developed, your Care Coordinator will review the ISP with you before you sign it and make any changes that you request. Your providers will sign the plan as their promise to provide the services you have chosen. If you wish to add or change your services during your plan year, you can update your ISP at any time by contacting your Care Coordinator.

The **Individual Budgeting Tool** provides important information used in the planning process. It is used as a guideline for **Base Budget services**. The Base includes an array of services that would typically meet the needs of people with clinical needs similar to yours. Only Base Budget services are included in this amount. The waiver service list on page 17 shows whether they are Base or Non-Base Budget services.

- **What is an individual budget?**

An individual budget is an amount of waiver funding designed to support someone with needs like yours. It is not a limit on the amount of services you can request or have approved, but it is used as a guideline in the planning process. It is important to know that the individual budget does not guide the planning for all services. Only certain services, called “Base Budget” services, are included in the individual budget: Community Living and Support, Community Networking, Day Supports, In-Home Skill Building*, In-Home Intensive Supports*, Personal Care Services*, Respite and Supported Employment. All other services are considered “Non-Base Budget” services. The individual budget is used to help guide the planning for those services, but those services are still available based on your needs, wants and life goals up to the waiver limit.

*Note: In-Home Skill Building, In-Home Intensive Supports and Personal Care Services are being replaced by a blended service called Community Living and Support.

- **How does the Individual Budgeting Tool work with the planning process?**

- You will take part in a Supports Intensity Scale® interview to assess your support needs.
- You will receive an individual budget as a guideline to help inform the planning process. The individual budget is based on an array of services that would typically meet the needs of someone with support needs similar to yours.
- You choose your life goals, based on your needs and wants. You choose the services that you want to include in your plan, using all of the tools in your toolkit: assessments; the individual budget; information from your friends, family and providers; and any other information you want to include to help guide the planning process. You meet with your Care Coordinator and planning team to develop your Individual Support Plan.
- Your Individual Support Plan will be submitted and reviewed. Once approved, services will begin.

- **How does the Individual Budgeting Tool work?**

You will be assigned a level based on your support needs. The level is developed using information from the SIS® and other assessments and it helps to identify people who have similar support needs. There are seven levels in the Individual Budgeting Tool, ranging from A through G. Each level has a different description of what a person’s support needs typically look like in that level.

You will be assigned a category based on your age and living arrangement. There are four different categories, based on whether you are a child or adult and whether you live in a non-residential setting (for example, a private home with natural supports) or a residential setting (for example, a group home or Alternative Family Living setting).

Each category has seven levels, which represent the funding needed for people with similar needs. Each combination has an individual budget assigned to it. The individual budget is based on an array of services that would typically be expected to meet the needs of someone with support needs, age and living arrangement similar to yours. The individual budget is used to help inform and guide the planning process.

There may be times when you need more services included in the individual budget than other similar people may typically need. For example, you may have had an unexpected circumstance arise, such as the loss of a primary caregiver.

You may simply have needs that cannot be met with your individual budget; for instance, a significant medical issue not typical of people with otherwise similar support needs. Regardless of your individual budget, if you need certain services, you will receive those services. There are safety nets that can help you receive the services you need. You may hear your Care Coordinator use the terms Temporary Change, Permanent Change or Intensive Review. Your Care Coordinator can explain more about what these terms mean, but it is important for you to know that if you have needs that cannot be met within your individual budget, you will be able to receive services to meet those needs.

- **How do I use the Individual Budget to plan?**

The purpose of planning is to focus on you – what you want your life to look like. The Individual Budgeting Tool recognizes that people with similar support needs can have very different wants, needs and life goals. Consider the following important things during the planning process.

- Think about your typical day. Consider your community of support (school, work, friends, church, clubs, etc.), and what resources and supports are currently in place. Think about situations in which services available under the Innovations Waiver (or other Medicaid-funded and other community resources) may be able to assist in meeting your wants/needs and help you reach your life goals.
- There are a variety of assessments done by professionals that can help inform the planning process. These can help clarify your needs and provide information about how to best meet them. Some assessments commonly used during the planning process include the SIS[®] and the NC Innovations Risk/Support Needs Assessment.
- Review the individual budget. The individual budget, in combination with assessments and what you want your typical day to look like, can help provide a starting point as to what services may be able to meet your needs.
- While there are similarities between people who have similar support needs, every person has different wants, needs and life goals. Your Care Coordinator can help explain the different services available and make recommendations about what services may be most appropriate for you. The planning team – which consists of you, your Care Coordinator, your provider, family, friends and anyone else you would like to invite – will discuss all of the service options. The Planning Calculator is another tool to guide the planning process. You decide which services you want to request in your plan.
- You can request an update to your plan at any time. If your needs change and you want to request additional services or a different array of services, you should contact your

Care Coordinator right away to begin the discussion about how you can best be supported.

During the planning process, your Care Coordinator will review your Base Budget with you. Your Base Budget is not a limit on the amount of services you can request or receive, but a guideline to assist in the planning process. It can be used as a “starting point” to help develop an array of services based on your needs and life goals. You may be able to receive NC Innovations services up to the Individual Cost Limit of \$135,000 per year based on your disability-specific individualized needs, regardless of your Base Budget.

If you have needs that you feel cannot be met within your Base Budget, your Care Coordinator will help you look at ways to address those needs, including requesting additional NC Innovations services if you wish to do so. The planning calculator is a tool you might find helpful when planning your services.

After you and your team complete the ISP, the following steps must occur.

- You (or your legally responsible representative, if applicable) will need to sign the ISP to show that you agree with the plan. Your Care Coordinator will review the ISP with you before you sign it and make any changes to your ISP that you request. You will not be asked to sign a plan that does not contain the services you want to request or for the length of time you want to request them. You will also not be asked to sign a plan that contains services within your Base Budget if you wish to request additional services in excess of your Base Budget. You must have a signed ISP in order to receive services through the NC Innovations Waiver, but the plan should contain the services you want to request, even if Cardinal Innovations ultimately approves different services. You should not sign a plan that you disagree with or that does not contain the services, duration or frequency of services you want to request.
- The ISP and the information used to develop the ISP are sent to the Cardinal Innovations Utilization Management Department. Utilization Management is the department within Cardinal Innovations that decides whether requested services are medically necessary to meet your disability-specific individualized needs. If Utilization Management decides that the array of requested services is necessary to meet your needs, they will be approved.
- The Utilization Management Department has 14 days to review the request and approve it, deny it or ask for more information.
- If more information is requested, another 14 days may be needed to finish the review. (You will receive a letter if more information is requested.)
- If you have questions about the review process, your Care Coordinator will be able to help you.

List of Waiver Services

The services listed below are available through the NC Innovations Waiver. They are divided into two lists depending on whether they are base services or non-base services. Only base services are included in the Base Budget.

Base Budget Services

- Community Living and Support
- Community Networking
- Day Supports
- In-Home Skill Building*
- In-Home Intensive Supports*
- Personal Care Services*
- Respite
- Supported Employment Services

*Note: In-Home Skill Building, In-Home Intensive Supports and Personal Care Services are being replaced by a blended service called Community Living and Support.

Non-Base Services (also known as Add-on Services)

These services are not included in your Base Budget; however, your total budget cannot exceed \$135,000 per year for you to receive NC Innovations waiver services.

- Assistive Technology Equipment and Supplies
- Community Navigator
- Community Transition
- Crisis Services
- Financial Support Services
- Home Modifications
- Individual Goods and Services (for people who self-direct)
- Natural Supports Education
- Residential Supports
- Specialized Consultation Services
- Supported Living
- Vehicle Modifications

Service descriptions are located in Appendix B of this Guide. Full service definitions, service limitations and provider requirements can be found in the [NC Innovations Waiver](https://www2.ncdhhs.gov/ncinnovations) on the Medicaid website at <https://www2.ncdhhs.gov/ncinnovations>.

Your Care Coordinator also will explain to you the purpose of each of these services and can help identify which services may address your identified needs.

Starting Your Services

After the ISP has been approved, Cardinal Innovations will send you a copy of your ISP and the approval letter. Cardinal Innovations will also notify the provider agencies you chose that services may begin. Your providers are responsible for the following tasks:

- Developing short-term goals and training strategies to meet the goals in your ISP; **if you are the Employer of Record, you will be responsible for developing short-term goals and strategies for your staff**
- Providing staff who meet the qualifications in the waiver service definition; the waiver service definitions are in the NC Innovations Waiver at <https://www2.ncdhhs.gov/ncinnovations>
- Providing back-up staff when needed
- Providing services as shown in your ISP
- Participating with you and your planning team in ISP revisions and coordination of services
- Maintaining documentation of services to support your progress toward your goals
- Letting the Care Coordinator know of significant changes in your situation, needs and service delivery

Your Right to Appeal

If any service in your ISP is not fully approved (for example, a service is denied or is approved for a shorter length of time than you requested) or if an existing approval is reduced, suspended or terminated, you will receive a written explanation and information about how to request an appeal. For more information on your appeal rights, refer to the Cardinal Innovations Healthcare Member & Family Handbook at <https://www.cardinalinnovations.org/resources/handbooks-manuals>. Cardinal Innovations will work with you as appropriate during an appeal and will not retaliate against you in any way if you appeal.

If some services you requested are approved and some are denied, you can receive the services that were approved while you appeal the services that were denied. If an approval is reduced, suspended or terminated, you may be able to receive the services that were previously approved during your appeal. If this occurs, you will receive a written notice that will explain more information about that process.

Your Care Coordinator can help you with any information needed for your appeal.

NC Innovations Service Limits and Other Waiver Restrictions

This section of the Guide provides an explanation of

Limits on Services

Location of Services

Other Limits that May Apply to Waiver Services

Family Members as Employees

Limits on Services

There are limits on some waiver services that are written into the service definitions.

To find out if a particular service has limits, visit the [NC Innovations Waiver](https://www2.ncdhhs.gov/ncinnovations) at <https://www2.ncdhhs.gov/ncinnovations>. There are also limits on some sets (groups) of services. If an adult receives Residential Supports, he/she may have no more than 40 hours per week of Community Networking, Day Supports and/or Supported Employment. These limits are provided in a table in Appendix C of this guide.

Location of Services

Services are provided at locations that best meet your needs with the following exceptions.

- **Services in the Home of a Direct Support Employee** – The only service that can be provided in the home of a direct support employee is Community Living and Support. If your planning team decides that there is a unique reason for you to receive services in the home of a direct service employee, the Provider Agency or Employer of Record must complete a Health and Safety Checklist/ Justification Form. You will be asked to sign this form.
- **Services in Institutions** – You cannot get NC Innovations services if you are a patient of a hospital, nursing facility or ICF/IID facility or if you are in a prison or jail.
- **Services out of State** – If you travel out of state and need the services of your NC Innovations Waiver staff, there are certain restrictions. Consult with your Care Coordinator well in advance of making out-of-state travel plans, so that you understand how any restrictions may affect such plans. **Provider agencies, Agencies with Choice and Employers of Record directing their own services assume all liability for their staff when out of state.**

Other Limits that May Apply to Waiver Services

- **Individual and Group Services** – If a service is offered as both a group and an individual service, you will receive the group service unless there is justification in your ISP (such as a letter from your doctor) that individual services are necessary to meet your disability-specific needs.
- **School Policy** – The following policy applies to children ages three through 17 and to people ages 18 through 22 who are enrolled in school.
 - In most cases, NC Innovations Waiver Services can only be provided outside of school operational hours.
 - The family of home-schooled children must present documentation that the Department of Public Instruction has received the notice that the family intends to operate a home school. Otherwise, the local school system schedule will apply.
 - The schedule in the Individual Education Plan (IEP) for homebound children will apply.
 - When the school day is in session for part of a week, the limits on sets of services are prorated to accommodate the school closure for part of the week.

Family Members as Employees

The biological or adoptive parent of a minor child, stepparent of a minor child or spouse of a waiver participant may not be paid to provide waiver services to the member/waiver participant.

For members who are adults (18 or older), a parent, relative (people related by blood or marriage) or guardian living in your home can be employed to provide Community Living and Support if all of the following criteria are met.

- The relative or guardian meets the provider qualifications and is the most qualified staff the provider has available.
- A qualified provider who is not a relative or legal guardian is (1) not available to provide the service or (2) only willing to provide the service at an extraordinarily higher cost than the fee or charge negotiated with the qualified relative or legal guardian.
- The relative or legal guardian is not paid to provide any service that they would ordinarily perform in the household for someone of similar age who does not have a disability.
- The Employer of Record and Managing Employer may not provide a service that is self-directed.
- It is recommended that a relative living in the member's home provide no more 40 hours per week of service. Cardinal Innovations must approve requests for relatives living the home to provide more than 40 hours per week. In exceptional situations, up to 56 hours per week may be approved.
- When a relative or legal guardian is the service provider, they must be monitored on-site at least monthly by the provider agency (or Employer of Record) and by the Care Coordinator.
- All waiver documentation and monitoring requirements apply to relatives and legal guardians.
- Provider Agencies, Employers of Record and Managing Employers must submit documentation to Cardinal Innovations to show that the relative or legal guardian meets the provider qualifications, along with the justification for using the relative or legal guardian as the provider. The request for a relative or legal guardian to provide 41 to 56 hours of service per week must be approved by Cardinal Innovations prior to service delivery. A grievance may be submitted if the request is not approved.

Appendix

This section of the Guide provides an explanation of

Member Responsibilities

NC Innovations Service Definitions

NC Innovations Waiver Limits on Sets of Services

Appendix A

CARDINAL INNOVATIONS REGION

NORTH CAROLINA DIVISION OF MENTAL
HEALTH DEVELOPMENTAL DISABILITIES
AND SUBSTANCE ABUSE SERVICES

Client:

Record Number:

BENEFICIARY RESPONSIBILITIES of NC INNOVATIONS WAIVER

I understand that enrollment in the NC Innovations Waiver is voluntary. I also understand that if enrolled, I will be receiving Waiver services instead of services in an Intermediate Care Facility for People with Intellectual Disabilities (ICF/IID). My Medicaid eligibility must continue to come from the Cardinal Innovations Region for me to continue to be eligible for the NC Innovations Waiver through Cardinal Innovations and its provider agencies, and I must continue to meet all other waiver eligibility criteria.

- I understand that by accepting NC Innovations Waiver funding that I am in need of waiver services to prevent an immediate need for ICF/IID facility services.
- I understand that to maintain my eligibility for this waiver, I require the provision of **at least one of a specific subset of waiver services monthly** and that failure to use such a waiver service monthly will jeopardize my continued eligibility for the NC Innovations Waiver. The services approved in my Individual Support Plan (ISP) have been determined necessary help me reach my goals.
- I understand that participants of the NC Innovations Waiver live in private homes or in residential facilities licensed for four or fewer beds and, if living in a facility, the facility must also meet the home and community characteristics defined in the waiver. If I am currently a participant in NC Innovations Waiver, my Care Coordinator has explained to me how these requirements apply to my current living arrangement.
- I understand if I choose to move to a facility during my participation in the waiver that is larger than four beds or does not meet the home and community characteristics defined in the waiver, I will no longer be eligible for the waiver.
- I understand that the total of my waiver services cannot exceed \$135,000 when I enter the waiver.
- I understand that at any time during my plan year, the total of my waiver services cannot exceed \$135,000, or I will no longer be eligible for the waiver.
- I understand if I select the NC Innovations Waiver, I will have an ISP developed that reflects services to meet my needs. My Care Coordinator will explain the planning process and the establishment of my individual budget to me. My ISP will be re-developed annually prior to my birth month. I understand that Cardinal Innovations' providers will deliver the NC Innovations Waiver services according to my ISP.
- I understand that I may be required to pay a monthly Medicaid deductible if that is part of my financial eligibility for waiver services. My Care Coordinator can assist me in obtaining information on Medicaid deductibles from my local Department of Social Services (DSS).
- I understand that I will cooperate in the assessment process to include, but not be limited to, the SIS® (no less frequently than every three years for adults and two years for children), NC Innovations Risk/Support Needs Assessment and Level of Care.
- I understand that my ISP will be monitored and reviewed by my Care Coordinator, and that I can contact my Care Coordinator at any time if I have questions about my ISP, individual budget or the services that I receive.

- I understand that I have the right to choose a provider within the Cardinal Innovations Provider Network.
- I understand that I am required to meet with my Care Coordinator for care coordination activities in my home, my family member's home and/or **all settings where services are provided**. The Care Coordinator will schedule meetings as often as needed in order to ensure appropriate service implementation and that my needs are met. I also may request meetings.
- I understand that I am required to notify the Care Coordinator of any concerns regarding services provided.
- I understand that I am required to give adequate notice to the Care Coordinator of any change in address, phone number, insurance status and/or financial situation prior to or immediately following the change.
- I understand that I am required to give adequate notice to the Care Coordinator of any behavior or medication changes, as well as any change in health condition.
- I understand that I am required to attend appointments set by DSS to determine Medicaid renewals to ensure my continued Medicaid eligibility.
- I understand that I will be provided a copy of educational information about the NC Innovations Waiver to assist with my understanding the services available through the NC Innovations Waiver and guidelines that need to be followed to ensure continued eligibility.
- I understand that Cardinal Innovations is responsible for ensuring choice of providers in the network.
- I understand that Cardinal Innovations will make a Care Coordinator available to provide the following care coordination supports.
 1. Assessment to determine service needs to include, but not be limited to, the NC Innovations Risk/Support Needs Assessment
 2. Working with the Individual Support Planning Team to coordinate and document the ISP
 3. Requesting all services that are determined necessary for the member and listed in the ISP
 4. Making members aware of the amount of their individual budgets and the process used to establish these budgets/make any needed changes
 5. Monitoring all approved services to ensure that they are provided as described in the ISP and evaluate those services as they are related to the member's needs
 6. Assisting the member with the coordination of benefits through Medicaid and other sources to include, if needed, linkage with the local DSS regarding coordination of Medicaid deductibles
 7. Responding to any complaints or concerns and reach resolution within 30 days of the complaint regarding NC Innovations Waiver services
 8. Promoting the empowerment of the member to lead as much of his/her Individual Support Planning, decision making regarding the use of waiver funding and oversight of waiver services he/she chooses
 9. Obtaining an order from the member's physician for all needed medical supplies and specialized equipment
 10. Supporting the member in obtaining all needed information to make an informed choice of provider within the Cardinal Innovations Provider Network, inclusive of notifying the Network

Management Department if providers are needed outside of the current Cardinal Innovations Network.

Name of Member

Date

Signature of Member or Authorized Representative

Date

Appendix B Service Definitions

Assistive Technology Equipment and Supplies (Non-Base Service): This service covers purchases, leasing, shipping costs, and as necessary, repair of equipment required to enable you to increase, maintain or improve your ability to perform daily life tasks. Examples of covered items are certain daily living aids, items to help you control your environment, positioning systems and alert systems. You can spend up to \$50,000 on Assistive Technology and Home Modifications combined over the duration of the waiver. The \$50,000 limit does not include nutritional supplements and monthly alert monitoring system charges.

Community Living and Support (Base Service): Community Living and Support is an individualized service that enables you to live successfully in the home of your family or natural supports and be an active member of your community. A direct support professional assists you in learning new skills and/or supports you in activities that are individualized and aligned with your preferences. The involvement of unpaid supports is an important aspect to ensure that achieved goals are practiced and maintained.

- Areas of skill acquisition may include interpersonal, independent living, community living, self-care and self-determination.
- Areas of support include help in monitoring a health condition, nutrition or physical condition; incidental supervision; daily living skills; community participation; interpersonal skills and technical help to unpaid supports who live with you home to assist you in to maintaining skills you have learned.
- Exceptional Needs: Community Living and Supports Exceptional Needs may be used to meet exceptional, short-term situations that require services beyond 12 hours per day.

The service may be provided in your home or in the community. This service includes transportation to/from your home or any community location where you are receiving services.

Community Navigator (Non-Base Service): One of the most important supports in the NC Innovations Waiver is Community Navigator. This service helps you discover and express your interests and talents, look at and become an active member of your community and locate community resources. You should request Community Navigator Services if you would like help in the following areas: directing your waiver services, building community connections, locating and obtaining community resources, getting advocacy services, renting or purchasing your own home and/or help and support with your planning team meetings.

Community Networking Services (Base Service): Community Networking Services support you in creating a day that is personally meaningful to you and with people who are not disabled. Community Networking Services help you be more independent and take part in the community in ways that are valued by other members of your community. Community Networking Services are not provided in your home, anyone else's home, residential programs or day programs. Some of the things that Community Networking Services can help you do are listed below.

- Take part in classes
- Do volunteer work
- Join a group
- Learn to use public transportation
- Take classes on self-determination and take part in a self-advocacy group
- If you are a child, provide staffing support for you to go to an after-school program that is designed for children who do not have disabilities
- Pay for you to attend a class or conference (excluding hotel, meals, transportation and day care fees) up to \$1,000 per year

- Pay for transportation to a community activity that is covered under this definition when you do not need staff to support you

Community Transition (Non-Base Service): Community Transition funds provide one-time, set-up costs for adults to live in homes of their own. These funds can help you if you are moving from a Developmental Center (institution); community ICF/IID Group Home; nursing facility; psychiatric residential treatment facility (PRTF) for children or other licensed living arrangement (such as a group home, foster home or alternative family living home) to a living arrangement where you are directly responsible for your own living expenses. Community Transition Services can pay for security deposits, essential furnishings, window coverings, food preparation items, sheets, towels and deposits for certain utilities. Community Transition can be used only once during the life of the waiver. The limit for this service is \$5,000

Crisis Services (Non-Base Service): Crisis Services help you if there is a situation that presents a threat to your health and safety or the health and safety of others. This service could help you if you are at risk of losing your job, your home or other important activity in your life, and help prevent you from needing institutional placement or hospitalization. Crisis Services are available to help you 24 hours per day, 7 days per week. There are three types of Crisis Services.

- **Primary Crisis Response:** Your current provider of Community Living and Support, Residential Supports, or other Provider Agencies have trained staff that are available to provide “first response” services to you in the event of a crisis. They can help evaluate what type of help you need, contact other agencies to help you and help staff or caregivers work with you during the crisis.
- **Crisis Behavioral Consultation:** Qualified Professionals with crisis experience are available to you if you have significant, intensive or challenging behaviors that have resulted in a crisis requiring the development of a Crisis Support Plan.
- **Out of Home Crisis:** Out of Home Crisis is a short-term service that can help you if you need a period of structured support due to a crisis. The service takes place in a licensed facility or licensed private home respite setting, separate from your living arrangement.

Day Supports (Base Service): Day Supports assist you with obtaining, keeping or improving self-help; socialization and adaptive skills. Day Supports are furnished in and by licensed day programs, including sheltered workshops and developmental day after school programs. If you receive Day Supports, your Day Supports provider is responsible for transporting you from your home to/from the Day Supports facility. Usually you receive Day Support Services in a group. One-on-one Day Support Services are available only if you have special needs that require individual support.

Financial Support Services (Non-Base Service): Financial Support Services help you make sure that funds for self-directed services are managed and distributed as intended. This service is only available to you if you decide to self-direct your services and want to be the Employer of Record. Financial Support Services help with the following tasks.

- Bill for services that you self-direct
- Pay your employees and required employment taxes
- Help you obtain supplies and facilitate/provide training needed by your employees
- Obtain background checks when you are hiring new employees, process your application for Workers Compensation Insurance
- Give you a monthly report about payments for services billed and payments of waiver expenses

Home Modifications (Non-Base Service): Home Modifications are physical modifications to the private home owned by you or your family (natural or foster family) that are needed to ensure your health, welfare and safety or to help you be more independent. Portable items may be requested if you live in a home that is rented by you

or your family. This service covers purchases, installation, maintenance and the repair of home modifications. Equipment must be recommended by an appropriate professional and your physician. Examples of covered items include ramps, grab bars, lifts, modifications to bathroom facilities, widening of doorways and specialized accessibility/safety adaptations. The adaptations cannot add total square footage to your home. This service only includes modifications to existing rooms; it cannot be used to convert a room into a different type of room. For example, this service cannot pay for the conversion of a spare room into a bathroom. Members living in alternative family living (AFL) homes and other residential settings where Residential Supports are provided do not qualify for Home Modifications. You can spend up to \$50,000 on Assistive Technology and Home Modifications combined over the duration of the waiver.

Individual Goods and Services (Non-Base Service): Individual Goods and Services are available to you if you self-direct one or more services. The cost cannot exceed \$2,000 each year. They include services, equipment or supplies that address an identified need in your Individual Support Plan and meet the following requirements.

- The item or service would decrease your need for other Medicaid services
AND/OR
- Promote inclusion in your community
AND/OR
- Increase your safety in your home environment
AND
- You do not have the funds to purchase the item or service

In-Home Skill Building (Base Service): In-Home Skill Building provides training to enable you to acquire skills to become more independent. As you gain skills and become more independent, you should need fewer hours of this service. In-Home Skill Building includes

- Training you to develop and maintain personal relationships;
- Skill building to help you learn community living skills, such as shopping, recreation, personal banking and other community activities;
- Training to help you learn therapeutic exercises, supervision of self-administration of medication and other services that are essential to your health care at home; and
- Transporting you to activities where you are receiving In-Home Skill Building.

Note: In-Home Skill Building will be replaced by Community Living and Support. The transition will occur when your current authorization expires or when you choose to update your Individual Support Plan.

In-Home Intensive Supports (Base Service): In-Home Intensive Supports are available in your private home if you need extensive supervision, training and support to assist you with positioning, intensive medical needs, elopement (running away) and/or behaviors that would result in injury to you or other people. Your Individual Support Plan will include a plan to reduce the need for this service or a plan for obtaining assistive technology to reduce the amount of In-Home Intensive Supports. You will be approved to receive this service only if you have exceptional medical or behavioral support needs. This service can only be provided in your private home.

Note: In-Home Intensive Supports will be replaced by Community Living and Support. The transition will occur when your current authorization expires or when you choose to update your Individual Support Plan.

Natural Supports Education (Non-Base Service): Natural Supports Education provides training and education to your family and your natural support network about the nature and impact of your disability, strategies for helping you and specialized equipment/supplies you use. Natural Supports are different for every person; they help you develop a sense of social belonging, dignity and self-esteem. Your natural supports are people who do things with you without pay. You also contribute to the relationship as both people in the relationship support each other.

This service will also pay for up to \$1,000 for enrollment fees and materials related to attendance at conferences and classes by your primary caregiver and other people in your natural support network, which help them develop skills to support you in having greater access to the community. Natural Supports Education can help you gain more natural and community supports so that you are potentially less reliant on formal waiver services.

Personal Care Services (Base Service): Personal Care Services help you with eating, bathing, dressing, personal care, hygiene and other activities of daily living. Personal care services also help you to maintain skills gained during training services. This service also includes housekeeping chores (such as bed making, dusting, and vacuuming), if these are related to your care and are essential to your health and welfare, rather than your family's needs. Personal Care Services also include help with the monitoring of your health and assisting you with transferring, walking and use of special mobility devices.

Note: Personal Care Services will be replaced by Community Living and Support. The transition will occur when your current authorization expires or when you choose to update your Individual Support Plan.

Residential Supports (Non-Base Service): Residential Supports consist of individually designed training activities, help and supervision. Residential Supports are provided in licensed/unlicensed community residential settings, including group homes and Alternative Family Living settings (AFLs). Residential Supports include the following supports.

- Habilitation services that assist you in obtaining, improving and retaining self-help skills; general household management; meal preparation skills; personal financial management skills and socialization skills
- Help in increasing independence in the home and community
- Help and support in activities of daily living to ensure your health and safety
- Transportation to/from your residence and community activities/licensed day program

Respite: (Base Service): Respite Services provide periodic support and relief to your primary caregiver(s) from the responsibility of your care. The primary caregiver(s) is the person principally responsible for your care and supervision and must maintain his/her primary residence at your address. This service enables them to take part in planned or emergency events and to have planned relief time off. Respite Services also may be used to provide temporary relief to people living in certain types of residential settings, such as AFLs. Respite may include services in your home, in the homes of direct support professionals or in facilities. Respite also may be provided in the community. Respite Services can include overnight, weekend and emergency care. Your Respite provider cannot provide care for your siblings or any other family member while providing respite services for you.

Specialized Consultation Services (Non-Base Service): Specialized Consultation Services provide training and technical help in a specialty area. The specialty areas are psychology, behavior intervention, speech therapy, therapeutic recreation, augmentative communication, assistive technology equipment, occupational therapy, physical therapy and nutrition. Family members and other paid/unpaid caregivers are trained by a certified, licensed and/or registered professional, or qualified assistive technology professionals to (1) carry out therapeutic interventions, (2) increase the effectiveness of the specialized therapy and (3) take part in your team meetings. Specialized Consultation may include recommendations for assistive technology, home modifications and vehicle modifications.

Supported Employment Services (Base Service): Supported Employment Services provide you with help in choosing, acquiring and maintaining a job in settings with people who do not have disabilities. **Before you can receive Supported Employment Services funded by NC Innovations Waiver, you must first use any services that Vocational Rehabilitation offers you.**

Initial Supported Employment Services include the following supports.

- Pre-job training before you engage in work – such as career counseling, job shadowing, help in the use of educational resources, training in resume preparation, job interview skills and help in learning skills necessary for keeping the job
- Assisting you in developing a micro-enterprise (your own business)
- Transportation between work/home or between activities related to employment

Long Term Follow-Up Supports include the following.

- Coaching and support to maintain employment in a group – such as an enclave or mobile crew (groups of workers with disabilities who work in a business in the community)
- On-going help to maintain a micro-enterprise
- Assisting you with maintaining employment
- Consultation with your employer to address any problems or needs you may have
- Transportation between work/home or between activities related to employment

Supported Living (Non-Base Service): Supported Living provides a flexible partnership that enables people ages 18 and older to live in their own homes with individualized help from an agency. Supported Living is not provided in a home where you live with family members, unless such family members are also receiving Supported Living or are a spouse or minor child. A person’s own home is defined as the place you live and in which you have all of the ownership or tenancy rights and responsibilities under the law. A Supported Living home may have no more than three residents, including any live-in caregiver who is providing supports.

Supported Living includes

- Help with activities of daily living and other activities essential to the your health and safety
- Training activities and supervision to allow participation in home life or community activities
- Help with monitoring health status and physical condition
- Non-medical transportation related to goals and objectives

Vehicle Modifications (Non-Base Service): Vehicle Modifications are devices, service or controls that can help increase your independence or physical safety by enabling your safe transport in and around the community. The installation, repair, maintenance and training in the care and use of vehicle modifications are included. You or your family must own or lease the vehicle being modified. 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. The modification must be recommended by an appropriate professional and by your physician.

Modifications include door handle replacements; door modifications; installing a raised roof; lifting devices; lowering devices; devices for securing wheelchairs or scooters; adapted steering, acceleration, signaling, and breaking devices; handrail and grab bars; seating modifications; lowering of the floor of the vehicle and safety/security modifications. Vehicle Modifications are limited to \$20,000 over the duration of the waiver.

Appendix C
NC Innovations Waiver Limits on Sets of Services

Participant Age/Status	Living in Residential Setting, including Alternative Family Living (AFL) Homes	Living in Private Home
Adult	<p>No more than 40 hours per week of any combination:</p> <ul style="list-style-type: none"> • Community Networking • Day Supports • Supported Employment <p>May receive up to one daily unit of Residential Supports</p>	<p>No more than 84 hours/week of any combination:</p> <ul style="list-style-type: none"> • Community Networking • Day Supports • Supported Employment • Community Living and Support* <p>*Note: Community Living and Support is a blended service that replaces In-Home Skill Building, In-Home Intensive Supports and Personal Care Services.</p>
Child during school year	<p>No more than 20 hours per week of any combination:</p> <ul style="list-style-type: none"> • Community Networking • Day Supports • Supported Employment <p>May receive up to one daily unit of Residential Supports</p>	<p>No more than 54 hours/week of any combination:</p> <ul style="list-style-type: none"> • Community Networking • Day Supports • Supported Employment • Community Living and Support*
Child when school is not in session	<p>No more than 40 hours per week of any combination:</p> <ul style="list-style-type: none"> • Community Networking • Day Supports • Supported Employment <p>May receive up to one daily unit of Residential Supports</p>	<p>No more than 84 hours/week of any combination:</p> <ul style="list-style-type: none"> • Community Networking • Day Supports • Supported Employment • Community Living and Support*

Note: An adult or child with intensive support needs may receive daily Residential Supports in one of four levels, based on the intensity of support needs. An adult or child living in a private home may receive up to 12 additional hours of Community Living and Support or In Home-Intensive Supports per day based on the authorization guidelines outlined in the service definitions.

