

NC Innovations Waiver Changes – Frequently Asked Questions
General Information
Updated 5-9-16

Question	Answer
What is the start date for the NC Innovations Waiver amendment / NC Innovations Waiver changes?	NC has submitted a request to the Centers for Medicare and Medicaid Services (CMS) to implement the NC Innovations Waiver amendment effective November 1, 2016.
Are “direct support professional” and “paraprofessional” the same thing?	Yes
Is there a minimum age for participation on the waiver?	There is no lower limit on age for the waiver.
Are independent practitioners required to obtain national accreditation?	No.
Will quarterly progress summaries be discontinued?	The requirements for quarterly progress summaries are outlined in Clinical Coverage Policy 8P and will be removed when the waiver changes are made.
New rates make it harder to find quality providers. Who sets the rates? Can the rates be changed?	The LME-MCOs have rate setting authority under the 1915(b) waiver.
What are the rates for <u>Supported Living</u> and <u>Residential Supports</u> ?	Supported Living rate is \$152.47/day for level 1, \$184.09/day for level 2, and 215.17/day for level 3; but MCO can set their own rates. Residential Supports \$99.03/day for Level 1, \$126.53 for Level 2, \$148.54 for Level 3, \$170.54 for Level 4; but MCO can set their own rates.

<p>How does combining In-Home Skill Building and Personal Care effect the rate? Reducing the rate will make it hard to find quality providers.</p>	<p>Intent was to make the service more flexible. Rate is \$4.71/unit for individual and 3.10/unit for group; but MCO can set their own rates.</p>
<p>What is being done to address the waitlist for the NC Innovations Waiver.</p>	<p>We acknowledge this is an issue and we are working towards a solution. One of the goals of Resource Allocation is budget predictability which will help in requesting funding for additional waiver slots.</p>
<p>Why can't someone get residential supports if they live in an unlicensed setting in their own home, but need more support? This sentences people to group homes or AFLs. Why the distinction about who "owns" or "rents" the home?</p>	<p>Residential Supports is a service for out of home settings. There are other services that can be accessed by individuals who reside at home with their families or live in their own homes.</p>
<p>How often will the Health and Safety Checklist be reviewed for unlicensed AFLs?</p>	<p>The health and safety checklist is completed annually.</p>
<p>Who will train the Care Coordinator's to monitor providers consistently? The MCO's failed in this with this waiver. Will the state train them?</p>	<p>This will be included in the waiver training provided to care coordinators.</p>
<p>Where can the standard monitoring checklist be found?</p>	<p>http://www2.ncdhhs.gov/dma/lme/NC_Innovation_Forms.html</p>
<p>Supports Intensity Scale / SIS</p>	
<p>How does the SIS score factor in to the individual budget levels?</p>	<p>The SIS Profile is one piece of the Individual Budget Tool.</p>
<p>If an Innovations Waiver participant has a life change that allows them to move to another category of service, with the SIS need to be redone?</p>	<p>Life changes such as moving from one residential setting to another, or turning 22 and moving into the adult category would not result in the need for a new SIS.</p>

Self Direction – Employer of Record Model	
Does the Qualified Professional (QP) need to come out and see me once a month now that I am self directing my services? How many times do they need to come out?	There is no Qualified Professional (QP) under the Employer of Record (EOR) model for Self-Direction. The EOR is responsible for supervising the staff. The Care Coordinator should provide monthly monitoring.
Other	
The Records Management and Documentation Manual (ASPM 45-2) is in draft version. Are the waiver updates being added to the draft version to incorporate new services under the NC Innovations Waiver?	Waiver updates will be added as needed.
Please define family members that are excluded from providing 1915(b)(3) Respite services.	1915(b)(3) Respite must be provided per the definition outlined in the NC Innovations Waiver. Family members residing in the home of the individual may not provide Respite.
Can we eliminate back-up staffing incident reports? These are unnecessary and time consuming.	Clinical Coverage Policy 8P will clarify that providers may submit a biweekly spreadsheet in lieu of individual back-up staffing incident reports.
Why are volunteers not required to have criminal background checks, nor required to have CPR/1 st Aid certification?	The waiver outlines background checks and other requirements for individuals providing waiver services. Volunteers do not provide waiver services.
What is the rationale for allowing a group home to have 4 individuals but a supporting living home to have only 3, including the live-in caregiver?	NC GS 122C-22 exempts from licensure a home in which up to 3 individuals, two or more with a disability, co-own or co-rent.

<p>Is Care Coordination going to be conflict free, or only Case Management? Will providers be paid for any Care Coordination functions they provide?</p>	<p>Care Coordination is expected to be conflict free. Care Coordination is an administrative function of the LME-MCO. It is not a provider function.</p>