

**NC Innovations Waiver**  
***Supported Living* Definition**  
**Frequently Asked Questions: Part II**  
**Posted October 2017**

The following are additional Frequently Asked Questions (FAQs) that have been raised since the original FAQs were posted in [Supported Living: A Guide to the Supported Living concept and the NC Innovations Waiver Supported Living Service Definition](#). This document does not replace the original FAQs.

The NC Innovations waiver now includes a service definition, Supported Living. To assist Innovations waiver recipients, their supports and provider organizations, NC DHHS continues to develop guidance related to this definition. Readers not familiar with the Supported Living definition and related activities are encouraged to visit the Supported Living section of the [NC Innovations webpage](#) for additional information (<https://www2.ncdhhs.gov/ncinnovations/>).

<b>Question</b>	<b>Response</b>
<b><u>Support Arrangements</u></b>	
1. If the ISP states that a schedule is "typical" or something similar, can staff deviate from that schedule if the individual's needs dictate the need for it? Flexibility is often needed.	Yes. The provider must develop an individualized staffing plan and schedule. The staffing plan is based on the person/s preference and on the assessment and ISP process, including risk assessment. The plan must ensure staffing is adequate to protect the health and safety of the person and to carry out all activities required to meet the outcomes and goals identified in the ISP. The plan must address staff coverage for back-up and relief staff.
2. Are providers required to provide "Level 3" services under the Supported Living definition?	A provider can decide on an individual basis if it is able to support a member, based on individual needs and circumstances. A provider shall not summarily exclude the member population that requires Level 3 services.
<b><u>Living Arrangements</u></b>	
3. If two members are living in the same home can each receive services from different providers?	Yes.
4. If two members (both are Innovations beneficiaries) share a home, would they both required to have Supported Living or could one member have traditional "meaningful day" services (Community Networking, Supported Employment, Day Supports) only?	Each member could choose the service delivery option that best meets their needs since the service is not linked to the home.
5. Can a waiver beneficiary use Supported Living services if a family gives a home to a waiver beneficiary?	Yes. However, in developing any person-specific arrangement, beneficiaries and their

		supports are strongly encouraged to consult with the beneficiary's care coordinator and local Medicaid eligibility worker to ensure the arrangement comports with the Supported Living service definition and does not negatively impact the beneficiary's Medicaid eligibility.
<b><u>Transportation</u></b>		
	6. Does transportation cover driving to doctor's appointments?	Supported Living is a per diem rate. This would be based on person's needs. The beneficiary would still be eligible for Non Emergency Medical Transportation (NEMT).
	7. Who pays for the staff's mileage/driving expenses?	This is part of the per diem rate.
<b><u>Family Members Providing Supported Living Services</u></b>		
	8. Can a brother, sister, or cousin provide Supported Living?	No. Reimbursement for Supported Living shall not include payment for services provided by the spouse of a person or to family members as defined in this service definition or legal guardian.
	9. The Supported Living definition reads "Reimbursement for Supported Living shall not include payment for services provided by the spouse of a person or to family members as defined in this service definition or legal guardian." And then under the limits of sets of services both Relative and Legal Guardian are checked as people who may provide the service. Which is it? Can a legal guardian provide Supported Living services or not?	The Relative and Legal Guardian boxes were checked in error and will be corrected during 2018 Innovations waiver renewal. Relatives and legal guardians may not provide Supported Living services.
	10. Supported Living is only "agency directed" not "self-directed", correct? If so, why?	At this time, the Supported Living service is agency-directed. Based on stakeholder feedback, NC DHHS may integrate self-directed option into the 2018 Innovations waiver renewal.
<b><u>Children of People Receiving Supported Living Services</u></b>		
	11. Consider this scenario: a member is getting joint custody of his son. Can this member receive support from his worker to learn how to feed, change diapers, bathe the child, etc. correctly?	Yes. This type of support should be documented in the ISP. The supported living organization is also encouraged to draw on community resources that may assist the member in skill-building, such as the health department or other parenting supports
	12. Can a member's child be present during service delivery?	Yes. A member's child is likely to be a part of the member's life and may be present while services are being provided. Supported Living services may assist the member in developing

		skills to care for their child, but cannot provide child care services to a beneficiary's child.
<b>Supported Living Reimbursement</b>		
13. In the first FAQ document, it states that the provider is responsible for food/rent for the live-in caregiver and this is included in the per diem rate. For a Level 3, the service definition states the person requires "continuous supervision." The reimbursement rate for a level 3 is \$215 for a 24-hour service. Dividing \$215 by 24 = 8.96/hr. A provider agency shouldn't have to incur an administrative burden by requesting a special needs adjustment just to receive a fair and equitable reimbursement rate.		This scenario assumes that the person will need 24 hours of paid support and staff does not sleep. The Supported Living process should start from a least restrictive vantage point and not assume that someone will require 24 hours of active support. If the member requires 24 hour awake staffing, the planning team should also explore additional options for supporting the person, such as Assistive Technology or a roommate.
14. Do Special Adjustment payments have limitations; it says up to 90 days- but how many times can it be used per plan year?		There is not a limit on the number of times Special Adjustment payments can be used. Each request for an adjustment is based on the person's unique circumstance, needs and care planning review process.
15. How long are the State and MCOs committed to funding the reimbursements for the current Supported Living definition?		As long as Supported Living is a service definition in the NC Innovations Waiver.
<b>Supported Living and Special Assistance</b>		
16. Can a person using Supported Living services access Special Assistance funding, the same funding the state pays to residential providers?		The Special Assistance-In Home (SA-IH) policy has been revised to provide updated guidance related to Innovations beneficiaries accessing Special Assistance-In Home. The SA-IH service is managed at the county level. Questions about the SA-IH service should be directed to the local DSS.
17. Where can I learn more about the <i>Supported Living: Making a Difference</i> initiative?		Information about the <a href="#">Supported Living: Making a Difference initiative</a> administered by Vaya Health can be found at on the NC Council of Developmental Disabilities website, under the Current Initiatives tab. The site is hyperlinked here and can also be accessed using this abbreviated URL: <a href="http://bit.ly/2usk9XJ">http://bit.ly/2usk9XJ</a>