



The Innovations Waiver

- The purpose of the Innovations waiver is to provide an array of **home & community-based services (HCBS)** & supports that promote choice, control, & community membership
- These services/supports provide a community alternative for persons require the intermediate care facility for individuals with intellectual disabilities (ICF-IID) level of care



Goals of the waiver

- (1) To **value** and **support** waiver beneficiaries to be **fully functioning** members of their community
- (2) To promote promising practices that result in real life outcomes for beneficiaries
- (3) To offer service options that will facilitate each beneficiary's ability to **live in homes of their choice**, have employment or engage in a purposeful day of their choice and achieve their life goals
- (4) To provide the opportunity for all beneficiaries to **direct their services** to the extent that they choose



Goals of the waiver

- (5) To provide educational opportunities and support to foster the development of stronger natural support networks that enable beneficiaries to be less reliant on formal support systems
- (6) To ensure the **wellbeing** and safety of the people served
- (7) To maximize beneficiaries' **self-determination, self-advocacy and self-sufficiency**
- (8) To increase opportunities for **community integration** through work, life-long learning, recreation and socialization



Goals of the waiver

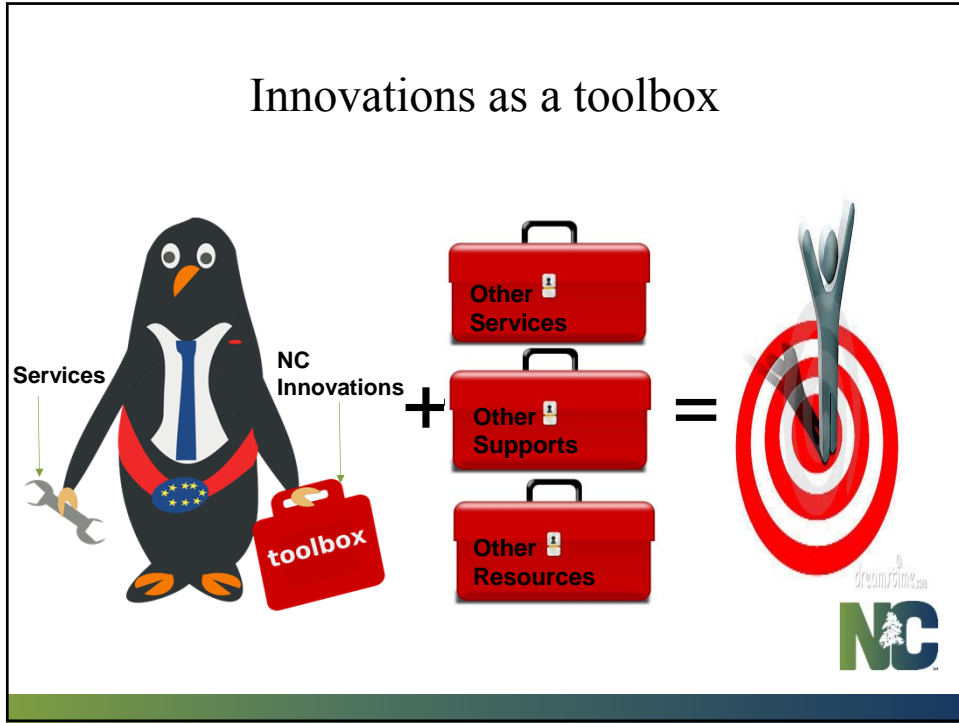
- (9) To deliver **person centered services** that leverage natural and community supports
- (10) To provide quality services and improve outcomes



Objectives of the waiver

- (1) Enhancing the focus on person centered planning and aligning services and supports with person centered plans
- (2) Reforming residential service to facilitate smaller community congregate living situations
- (3) Facilitating living and working in the most integrated setting
- (4) Improving outcome-based quality assurance systems





Resource Allocation

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NC Tidel Innovations Waiver Update | 4/25/16 8

Session Law 2011-264

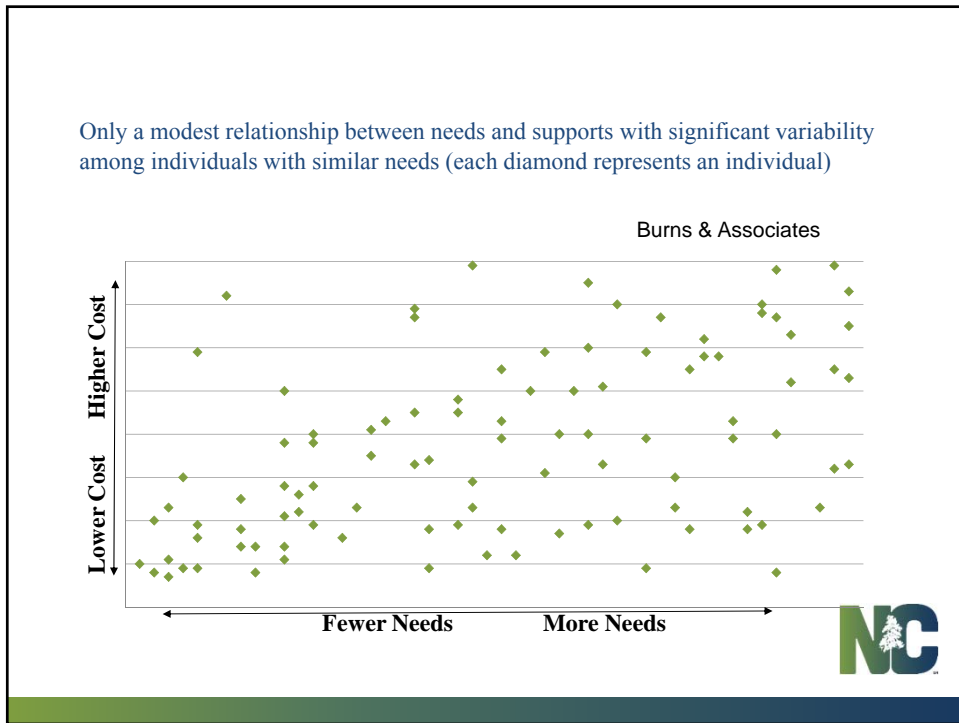
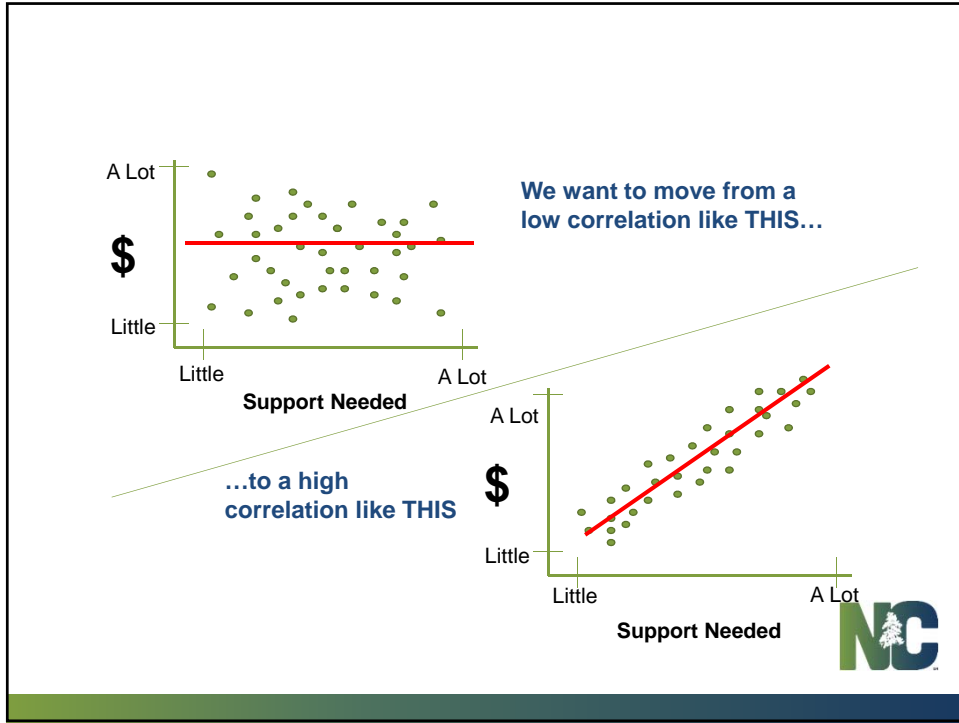
- Reduce the trend of escalating costs in the State Medicaid program
- Ensure medically necessary care
- Deploy a system for the allocation of resources based on the reliable assessment of intensity of need
- Efficiently direct consumers to appropriate services and to ensure that consumers receive no more and no less than the amount of services determined to be medically necessary and at the appropriate funding level.

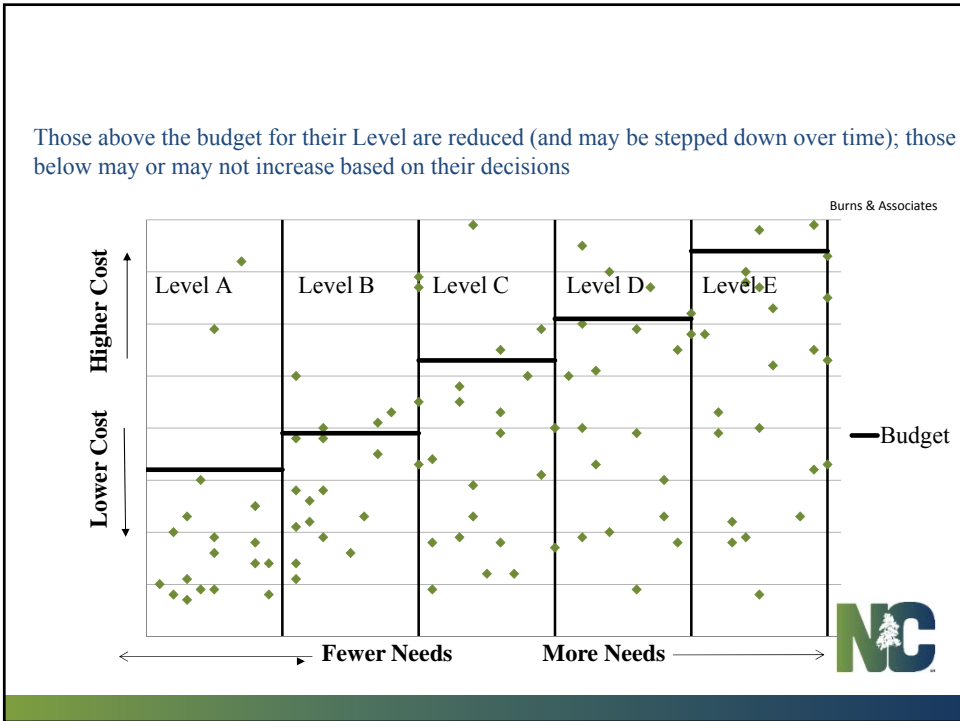
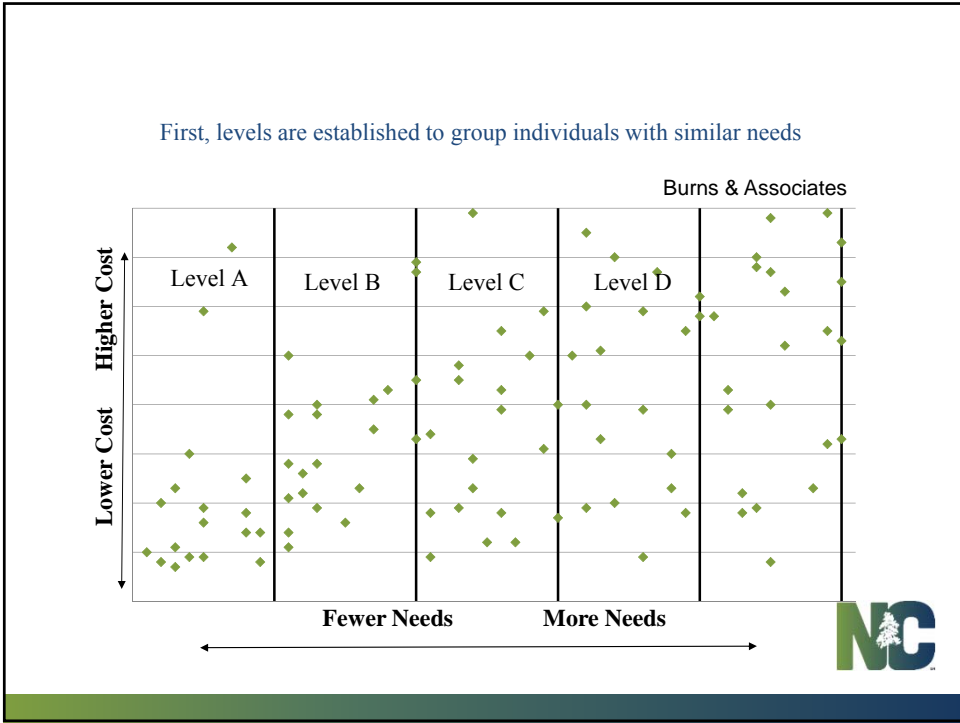


Resource Allocation

- Resource Allocation is a way that policy makers can make disciplined fiscal choices that are fair, make the best use of available money, but also are consistent with driving system principles.
- Resources are allocated to people based on their assessed level of need, so that each person receives what they need -- no more and no less.
- The resulting model is a “best fit” solution so care must also be taken to accommodate individuals with extraordinary needs.







Supports Intensity Scale

- Assessment tool to measure the supports an individual needs to live a meaningful life in the community
- Used to inform supports planning and also resource allocation
- People are asked about their specific level of need for support in these areas:
 - Home activities
 - Community activities
 - Health and safety
 - Medical and behavioral challenges

For information on SIS reliability, validity & use:
<http://www.siswebsite.org/>



Supports Intensity Scale

- There are three sections of the SIS®
 - Section 1 asks about the member's support needs for home living, community living, lifelong learning, employment, health & safety and social activities
 - Section 2 asks about the member's support needs for speaking up for him/her self and others (advocacy), managing money, making choices and staying safe
 - Section 3 asks about the member's support needs for medical and behavioral challenges



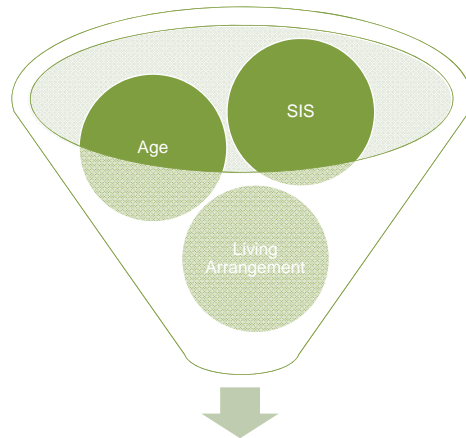
Supplemental Questions

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4 SIS supplemental questions identify those with the highest level of medical and/or behavioral support needs.



Individual Budget Tool



**Individual Budget
Guideline**



Individual Budget Tool

- The **Individual Budget Tool** is the model that is based on living arrangement, age, and assessment of need (SIS)
- **Living Arrangement** breaks the population into (1) individuals receiving Residential / Supported Living and (2) Individuals not in Residential or Supported Living.
- **Age** breaks the population into (1) individuals <22 and (2) individuals ≥ 22
- The **Individual Budget Tool** is made up of four **Categories**



Individual Budget Tool

- The Four **Categories** are:
 1. Non-Residential Child
 2. Residential / Supported Living Child
 3. Non-Residential Adult
 4. Residential / Supported Living Adult Each of the **Four Categories** has **Seven Levels**



Individual Budget Tool

- Each of the **Four Categories** has **Seven Levels**
- The **Seven Levels** are **clinical descriptions** representative of groupings of individuals who have similar support needs and have budgets attached



Resource Allocation

- 7 Levels of Support A through G
- Individuals in level C includes some behavioral challenges
- Individuals in level F have significant medical needs
- Individuals in level G have significant behavioral challenges



Terminology

- A **Permanent Change** is a change in support needs expected to last longer than six (6) months.
- A **Temporary Change** is an unexpected need that is expected to resolve in six (6) months or less.

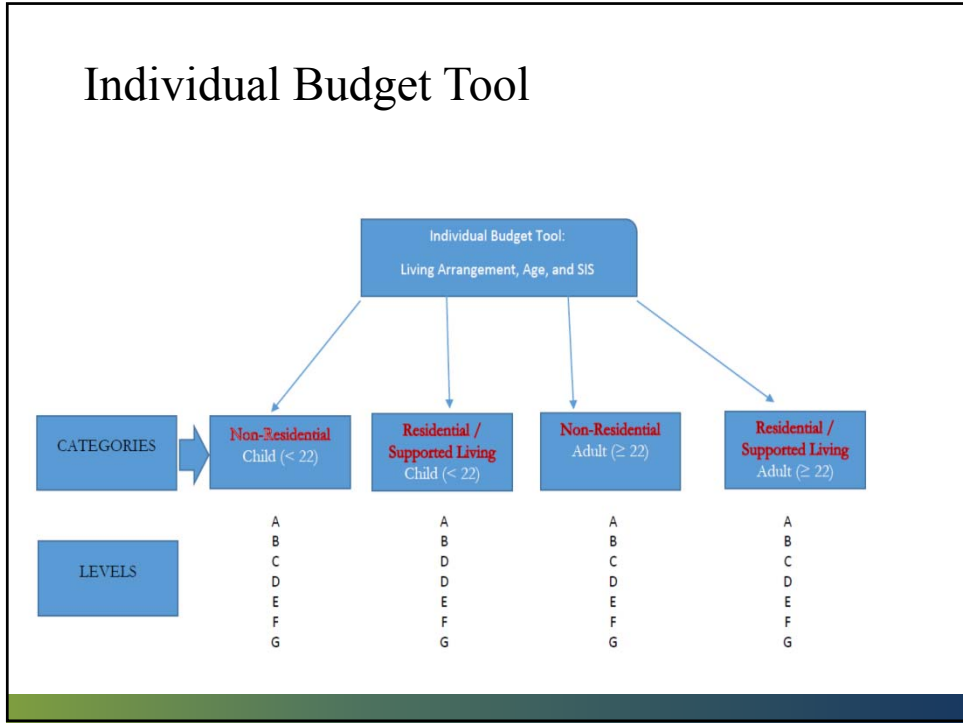


Terminology

- **Intensive Review** is a type of review when a person's needs cannot be met with her/his current service array.
 1. Behavioral needs
 2. Medical needs
 3. Post-Secondary Services Approved Curriculum Enhanced Rate



Individual Budget Tool



Base Budget Services

- Community Networking Services
- Supported Employment
- Day Supports
- Community Living and Supports
- Respite



Non-Base Budget Services

- Community Navigator
- Community Transition Services
- Crisis Services
- Financial Support Services
- Home Modifications
- Residential Supports
- Supported Living
- Individual Goods and Services
- Natural Supports Education
- Specialized Consultation Services
- Vehicle Modifications
- Assistive Technology Equipment and Supplies

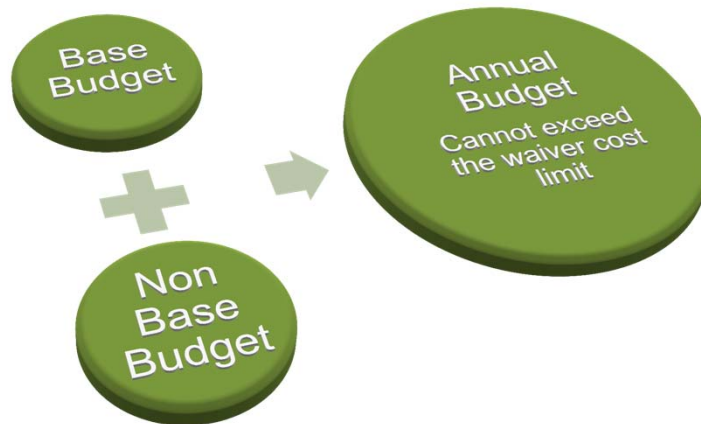


Residential and Supported Living

- Residential Supports & Supported Living are not included in the base budget services
- The assigned level is tied to the member's resource allocation level



Base Budget and Non-Base Budget



Stakeholder Engagement

- Consumer, advocate and provider input through listening sessions which were held across the state from 9/3/14 through 10/27/14 -individuals with I/DD and their families, providers, MCO staff, and advocacy groups.
- IDD State Stakeholder Group met on a regular basis from August 2014 through October 2015. Included service recipients, family members, State and local CFACs, providers, provider associations and advocacy organizations.



Increasing flexibility

- Community Supports and Living - a new service which blends personal care and habilitation
- Supported Living - a new service for individuals who choose to rent or own their own home and receive services for up to 24 hours/day
- Day Supports - hourly unit
- Residential Supports - updated cost assumptions
- Respite – making available to individuals residing in alternative family living situations (AFLs)



Relatives as providers

Relatives who are providing more than 56 hours per week of service to a waiver beneficiary may continue to provide services at their current hours as long as there are :

- no health and safety concerns,
- the services continue to be medically necessary, and
- the beneficiary still wishes for them to provide the service.

New requests will be limited to 56 hours per week



Implementation

- Implementation contingent upon CMS approval.
- We requested a start date of April 1, 2016, but have since requested from CMS that the implementation be moved to July 1, 2016.
- Up to three year phase in of individual budgets.



Questions



New Services



Community Living and Supports

- Blended Service
- Combines current Personal Care, In-home Skill Building and In-home Intensive services
- Allows for habilitation, supervision and support, and will be more flexible



Supported Living

- Daily service for individuals who live in a their own home without licensure– up to 3 people
- The house or apartment is not be owned or rented by the provider
- May include a Live-in Caregiver
- Includes a Special Needs adjustment



Supported Living

- Levels are determined by clinical and supports assessments which includes, but is not limited to, the Supports Intensity Scale, the “clinical description,” and person centered planning



Community Navigator

- Formerly (Community Guide)
- Annual Informational Session on Self Direction and Self Determination
- Promotes Self Determinations
- Promotes Self-Direction
- Develops Community Connections



Definitions with changes



Community Networking

- Clarification that Community Networking can link an individual to a volunteer setting if the individual requires paid supports to participate once connected with the activity
- Added payment for memberships when the individual will be participating in an integrated class



Community Transition

- Community Transition has a limit of \$5000.00 per Waiver period
- Allows for individuals to access Community Transition when stepping down from AFLs, PRTFs, and family homes when moving to a home of their own



Crisis Services

- Allows for the prevention of Crisis through Crisis Consultation
- Crisis Consultation includes:
 - Facilitation of up to Monthly Team Meetings.
 - Training and education for Natural Supports and direct supports staff.
 - Develop and implement strategies.



Day Supports

- Primarily a Group service
- Emphasizes inclusion and independence
- Individuals 16 or older or new to the service will receive education on other types of meaningful day activities.
- Day Supports can start or end in the community



Residential Supports

- Residential Supports levels are determined by the Individual Budgeting Tool Category
- Staff who provide Residential Supports should not provide other waiver services to the beneficiary
- Respite may be used to provide relief to individuals who reside in Licensed and Unlicensed AFLs.



Respite

- Provider Agencies, Agencies with Choice, and Nursing providers follow State Nursing Board Regulations



Respite

- Respite can be used in AFL but not on same day as Residential Supports
- Allows for the person receiving services to have relief at his/ her choice



Specialized Consultative Services

- This service may be used for evaluations for adults when the State Plan limits have been exceeded



Supported Employment

- Improved access to Supported Employment service by removing three-year experience requirement
- Provides technical support to potential employers regarding Federal ADA accommodations and requirements
- Added Long Term Follow-up



Assistive Technology

- Removed exhaustive lists
- Added broad categories
- Allows for the repair of equipment
- Allows for connectivity and smart home technology.
- Cost Limit: \$ 50,000 over the life of the waiver (Home Modifications and Assistive Tech.)



Home Modifications

- Removed exhaustive list
- Cost Limit: \$ 50,000 over the life of the waiver (Home Modifications and Assistive Tech.)



Vehicle Modifications

- Allows for lifting and lowering devices.



Questions

