



**North Carolina Department of Health and Human Services  
Division of Medical Assistance**

Pat McCrory  
Governor

Aldona Z. Wos, M.D.  
Ambassador (Ret.)  
Secretary DHHS

Dave Richard  
Deputy Secretary for Medical Assistance

June 19, 2015

Dear County Director of Social Services:

Re: Innovations Waiver Eligibility Process

Recently, there have been issues with the correct indicator on client records for recipients placed in an Innovations C-waiver slot by the LME/MCO. Please note the following updated instructions for county staff and system changes. In addition, we have updated the letter that will be sent from the LME/MCO to the DSS office. Attached, you will find a sample letter that will be distributed to the LME/MCO. The LME/MCOs will be using this letter to notify you of approval for an individual to participate in NC Innovations.

When the LME/MCO places an individual in a waiver slot, the letter will be sent by the LME/MCO to the County DSS office via email or U.S. mail. The client will apply for Medicaid if they are not already on Medicaid. The County DSS adds evidence to the existing case in NC FAST based on the letter. DSS has a 45-day time clock to complete.

If a client dies OR enters an institution OR is hospitalized for 30 or more days OR opts out, the LME/MCO will send a letter to the County DSS via U.S. mail with un-enrollment details, and the County DSS will remove the C-waiver evidence from the case in NC FAST.

The caseworker will enter the applicable CAP evidence into NC FAST using the CAP Job Aid located in FAST Help. Please reference the "Special Coverage Codes in NC FAST" section of the job aid for specific guidance on the "IN" code. If the caseworker at DSS needs assistance to enter evidence for CAP Innovations, the escalation contact will be to contact the **NC FAST Help Desk** via **FAST Help** or **phone**.

The LME/MCO may reach out to the County DSS office if there is a data error in NCTracks. The **County DSS** will review the issue and update NC FAST. If there is no data issue noted in NC FAST, but the case is not correct in NCTracks, **NC FAST Help Desk** resends the information to NCTracks. If the corrected information does not populate in NCTracks, the LME/MCO should contact **NCTracks**.

[www.ncdhhs.gov](http://www.ncdhhs.gov)

Tel 919-855-4100 • Fax 919-733-6608

Location: 1985 Umstead Drive • Kirby Building • Raleigh, NC 27603

Mailing Address: 2501 Mail Service Center • Raleigh, NC 27699-2501

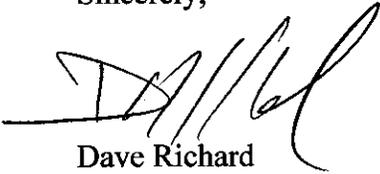
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The LME/MCO will send a list of beneficiaries with issues to the DMA Waiver Contact Manager. DMA will post the list to XPTR for counties to review for capitation payment and reconciliation issues, such as orphaned claims, recoupments, and overpayments. **The County DSS** should correct the ongoing segment. If the county needs assistance to correct retro periods, the county contacts **DMA Claims**.

If you have additional questions, please contact Kathy Nichols, DMA, at 919-855-4289.

Sincerely,

A handwritten signature in black ink, appearing to read 'DR/pc', written over a horizontal line.

Dave Richard

DR/pc

Attachment

Memorandum

Date:

To: DSS Eligibility Specialist  
County  
Address

Re: Individual's Name  
MID# if applicable  
DOB

Adult Medicaid Unit Intake Worker:

The PIHP has approved the above individual to participate in the NC Innovations waiver. The North Carolina Innovations Waiver is a Medicaid Waiver for individuals with Intellectual / Developmental Disabilities that meet ICF-IID Level of Care.

Our records indicate the current Medicaid status is:

- This individual currently has Medicaid and DSS will ensure that the category of Medicaid is appropriate for NC Innovations waiver participation.
- This individual is making a new Medicaid application, and the evidence required for CAP Innovations (IN) eligibility must be added.

Please enter the applicable CAP evidence into NC FAST using the CAP Job Aid located in FAST Help. Please reference the "Special Coverage Codes in NC FAST" section of the job aid for specific guidance on the "IN" code.

The effective date for NC Innovations waiver participation is the Level of Care effective date listed below:

- Date of Medicaid application \_\_\_\_\_
- Level of Care Approval Date \_\_\_\_\_
- Date of Deinstitutionalization \_\_\_\_\_

Attached you will find a copy of the Individual Budget which contains the approved Medicaid waiver services for this person. If this person has a Medicaid deductible/spend down, please notify our office. A copy of the NC Innovations Level of Care Determination form is attached for your review.

[MCO] is willing to assist DSS and the individual/family with the timely processing of their Medicaid application. Please contact [Name] , [MCO] [Position], at [Number] for any assistance or additional information required to complete the Medicaid eligibility process for this Waiver participant.

Sincerely,