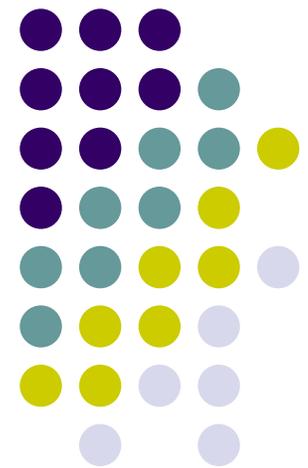


# UR 201

## CAP-MR/DD Waiver Services



# Person Centered Plan Year

The Person Centered Plan year begins the first day of the month following the individual's birth month and goes through the last day of the month of the individual's birth month.

# Initial Person Centered Plan Year

- Describes the 12-month period used for planning services on the Initial Person Centered Plan.
- It begins the month of the CAP effective date and ends 12 months later.
- For example, if the CAP effective date is in November, the participant's Person Centered Plan year is November through the following October.

# Continued Need Review Year (CNR)

The 12 month period for the Continued Need Review (CNR) Person Centered Plan year that runs from the first day of the month following the individual's birth month through the last day of the month of the individual's birth month.

# Waiver year

- The 12-month period that CMS uses to authorize, monitor, and control waiver programs and expenditures.
- The waiver year begins on the effective date of the waiver approval (11/1/08) and includes the 12 months following that date (10/31/09).

# Duration of the Waiver

- Describes the effective dates of the waiver, which are based on the CMS approval date of the waiver.
- For the current *Comprehensive Waiver* and the *Supports Waiver* the duration of the waivers is from 11-1-08 to 10-31-11.

# Plans Reviewed by DMH/DD/SAS

- Plans over \$100K
- Plans requesting Crisis Services that meet the threshold of 60 days of delivery of the crisis service
- Initial Plans for:
  - Money Follows the Person
  - Self Direction

**Required Documentation  
Submitted  
for Utilization Review  
for Initial, CNR & Revised  
plans for  
CAP-MR/DD waiver  
services**

# Required Documents for DD Submissions to UR Vendor

## TCM Request (Non-CAP participants)

- PCP update page with signatures (Must be a current PCP in the UR vendor system)
- CTCM
- **Initial** request requires Comprehensive Clinical Assessment (i.e. current Psychological Evaluation, Diagnostic Assessment) **or a goal to obtain one** (they have to have this to obtain Level Of Care determination).
- NC SNAP (all 4 pages and the Summary Report and Supplemental Information sheet) submitted with initial request and annually.

# Required Documents for DD submissions to UR Vendor for Initial PCP Reviews

## Initial PCP

- PCP with signatures and cost summary
- MR2 with prior approval date and number
- CTCM
- NC SNAP (all 4 pages and the Summary Report and Supplemental Information sheet completely filled out)
- For equipment/supplies – Justification/Assessment, Dr order or prescription, price quote (a minimum of 2 quotes, 3 preferred, required for Home modifications/Aug com/Vehicle Adaptation), and other documentation as required per the specific service/support.
- Proof of insurance for Vehicle Adaptation
- Current Psychological Evaluation: Initial request requires Comprehensive Clinical Assessment (i.e. current Psychological Evaluation, Diagnostic Assessment) or a goal to obtain one.

# Current Psychological Evaluation Requirements for Initial PCP Reviews

## Initial PCP

- A current psychological evaluation must assesses both cognitive & adaptive functioning.
- The psychological evaluation must have been completed **within the last three years for persons 18 and older or within one year for children less than 18.**
- For evaluations that are beyond these time frames, a licensed psychologist or licensed psychological associate may attach a **“concurrency to the full psychological evaluation stating that the evaluation is still valid.”**

# Required Documents for DD submissions to UR Vendor for CNR's & Revisions

## CNR's & Revisions

- PCP with signatures and cost summary
- MR2 (updated & signed by LME and CM)
- CTCM's
- NC SNAP (all 4 pages and the Summary Report and Supplemental Information sheet completely filled out)
- For equipment/supplies – Justification/Assessment, Dr order or prescription, price quote (a minimum of 2 quotes, 3 preferred, required for Home modifications/Aug com/Vehicle Adaptation), and other documentation as required per the specific service/support.
- Proof of insurance for Vehicle Adaptation

# Current Psychological Evaluation Requirements for CNR's & Revisions

## CNR's & Revisions

- For Continued Need Reviews (CNR's) or Revision: **after the Initial plan, the psychological evaluation does not have to be completed or updated unless the participant has experienced changes that warrant it.**
- For psychological evaluations that are submitted during the CNR or Revision due to a change the participant has experienced, a licensed psychologist or licensed psychological associate may attach a **“concurrence to the full psychological evaluation stating what the changes are or a new updated psychological evaluation can be submitted”**

# **Utilization Review for PCP's for CAP-MR/DD services**

# UR Review of CAP-MR/DD Services and PCPs

- CAP-MR/DD plans (PCP's) are reviewed in their entirety and the discrete services contained in the plans are authorized individually.
- Authorization of services includes a review of the individual services included in the PCP to ensure there is consistency between the requested services/supports, any assessment information and the individual services/supports contained in the PCP.

# UR Review of CAP-MR/DD Services and PCPs

- Utilization Review *Guidelines* are used as a guide to determine approximate service amounts based on *all* the participant specific information.
- The *Guidelines* are used in conjunction with information from the PCP, NC-SNAP, Supports Intensity Scale, MR-2, Risk Identification Tool and other evaluations and information regarding the participant.
- The Utilization Review process ensures participants receive the right service/support, the right amount of service/supports, at the right time.

# UR Review of CAP-MR/DD Services and PCPs

- **Utilization Guidelines:** The *Utilization Review Guidelines for CAP-MR/DD* document is intended to be used in conjunction with participant specific information to make decisions regarding service and support needs of the participant.

# NC-SNAP

## Supports Needs Assessment Profile

- Needs Assessment Tool for Individuals with Developmental Disabilities
  - Identifies needs for supports and services
  - Measures three service domains
    - Daily Living Supports
    - Health Care Supports
    - Behavioral Supports
  - Each domain has 5 levels of support need

# Supports Intensity Scale (SIS)

- The Supports Intensity Scale (SIS) is an assessment tool that measures practical support requirements of an individual with an intellectual disability.
- Unlike traditional assessments, the SIS focuses on what daily supports an individual needs to live as independently as possible within his/her community.
- The SIS focus on the pattern and intensity of supports as measured by the frequency, amount, and types of support.

# Supports Intensity Scale

- The SIS will not replace current assessments completed by Psychology, Nursing, Speech, Physical Therapy, etc.
- The SIS will be used in conjunction with these assessments to assist the individual and his/her support team in developing a Person Centered Plan that focuses on strengths and abilities, not deficits.

**NOTE: The SIS this is not a required assessment document to be submitted for CAP-MR/DD PCP's at this time.**

# Supports Intensity Scale

- A major strength of the SIS is that it **identifies supports** that are needed to help **an individual be successful** in a variety of life domains. The domains are:
  - Home Living
  - Employment
  - Community Living
  - Health and Safety
  - Lifelong Learning
  - Social Activities
- During the person centered planning meeting, as needs are identified, **corresponding supports, including natural supports**, should also be identified to assist the individual in meeting those needs

# Risk Assessment (Risk Issue Identification Tool)

- This process is a way to discuss risk as it relates to the participant's life.
- The tool is not inclusive of all possible risks but it enables a proactive review of risks being experienced or likely to be experienced.
- The use of the Risk Issue Identification Tool will begin with PCPs submitted in July 2009.
- (Information regarding the Risk Issue Identification Tool and Process can be found on the DMH/DD/SAS website at the CAP-MR/DD link.)

# Behavior Support Plan

- The need for including a Behavior Support Plan in the Person Centered Plan is dependent on the specific needs of the participant and related assessment information.
- **The Behavior Support Plan includes the steps to be taken by staff as well as all team members in order to appropriately address the behavioral support needs of a participant.**
- If the participant scores Level 3 or higher on the Behavioral Support section of the NC-SNAP a Behavior Support Plan is required.

# Behavior Support Plan

- By indicating that the participant requires Level 3 or higher on the Behavioral Supports section of the NC-SNAP there is indication that the person has behavioral support needs related to and requiring professional consultation and intervention.
- When completing the Person Centered Plan it is important to include all necessary services and supports, including a Behavior Support Plan as indicated by assessment information (NC-SNAP, etc.).
- In addition, if a participant requires Enhanced Respite or Enhanced Personal Care services based on behavioral support needs, a Behavior Support Plan is **required** to be submitted with the PCP.

# Utilization Guidelines

# One Service Required Each Month

## A Minimum of One Service Required Each Month:

- Participants must receive at least 1 direct service each month to be maintained on the CAP-MR/DD waiver.
- Personal Care, Respite and Habilitative services are considered Direct Care Services.
- Direct service does **not** include case management, equipment or supplies.
- CAP-MR/DD eligible participants are determined to require ICF-MR Level of Care. This level of care indicates that a participant requires intensive services and supports to remain in the community.
- Case managers and Local Management Entities are required to monitor adherence to this requirement.

# Home Supports and Residential Supports

- Home Supports and Residential Supports are blended services.
- Each service includes components of both personal care services and habilitation services
- The amount of combined direct contact service determines the level of support.

# Direct Contact Service Hours

- Direct Contact hours are defined as the time that is spent providing direct one-one, active service as justified in the Person Centered Plan.
- Direct contact hours do not include supervision or monitoring

# Home Supports – In Relation to Other Services

| <i>Service</i>  | <i>LEVEL 1<br/>SNAP Index<br/>24-44</i>   | <i>LEVEL 2<br/>SNAP Index<br/>45-79</i>   | <i>LEVEL 3<br/>SNAP Index<br/>80-94</i>   | <i>LEVEL 4<br/>SNAP Index<br/>95-230</i>                                      | <i>LEVEL 5<br/>SNAP Index<br/>145-230</i>                                     |
|---|---|---|---|---|---|
| <b>Home Support</b><br>Direct Contact<br>Hours<br>Required and<br>Justified                             | 4 ½ -5 ½<br>hours per day   | 6 ½ -8 ½<br>hours per day   | 7 ½ - 10<br>hours per day   | 8 ½ -11 ½<br>hours per day  | Over 12 ½ to<br>17 ½ hours<br>per day   |
| <b>Respite</b>  | Up to 576<br>hours/year   | Up to 576<br>hours/year   | Up to 576<br>hours/year   | Up to 576<br>hours/year   | Up to 576<br>hours/year   |
| Habilitative<br>Services (Ind.<br>Day Prog.,<br>Day Supports,<br>Supported<br>Emp., LT Voc.<br>Support) | Up to 120<br>total<br>hours/month<br>for any<br>combination<br>of these<br>services | Up to 120<br>total<br>hours/month<br>for any<br>combination<br>of these<br>services | Up to 120<br>total<br>hours/month<br>for any<br>combination<br>of these<br>services | Up to 120 total<br>hours/month<br>for any<br>combination of<br>these services | Up to 120 total<br>hours/month<br>for any<br>combination of<br>these services |

# Home Supports Combination Grids

**Home Supports Grid**  
**Level 1 (Per Diem Service)**  
**Options for Provision of Direct Contact Hours**

| <b>Hours of Habilitation</b> | <b>Hours of Personal Care</b> | <b>Total Hours</b> |
|------------------------------|-------------------------------|--------------------|
| <b>4.0</b>                   | <b>0.5</b>                    | <b>4.5</b>         |
| <b>3.0</b>                   | <b>2.0</b>                    | <b>5.0</b>         |
| <b>2.0</b>                   | <b>3.5</b>                    | <b>5.5</b>         |

# Home Supports Grid Level 2 (Per Diem Service) Options for Provision of Direct Contact Hours

| <b>Hours of<br/>Habilitation</b> | <b>Hours of Personal<br/>Care</b> | <b>Total Hours</b> |
|----------------------------------|-----------------------------------|--------------------|
| <b>6.0</b>                       | <b>0.5</b>                        | <b>6.5</b>         |
| <b>5.0</b>                       | <b>2.0</b>                        | <b>7.0</b>         |
| <b>4.0</b>                       | <b>3.5</b>                        | <b>7.5</b>         |
| <b>3.0</b>                       | <b>5.0</b>                        | <b>8.0</b>         |
| <b>2.0</b>                       | <b>6.5</b>                        | <b>8.5</b>         |

# Home Supports Grid

## Level 3 (Per Diem Service)

### Options for Provision of Direct Contact Hours

| <b>Hours of Habilitation</b> | <b>Hours of Personal Care</b> | <b>Total Hours</b> |
|------------------------------|-------------------------------|--------------------|
| <b>7.0</b>                   | <b>0.5</b>                    | <b>7.5</b>         |
| <b>6.0</b>                   | <b>2.0</b>                    | <b>8.0</b>         |
| <b>5.0</b>                   | <b>3.5</b>                    | <b>8.5</b>         |
| <b>4.0</b>                   | <b>5.0</b>                    | <b>9.0</b>         |
| <b>3.0</b>                   | <b>6.5</b>                    | <b>9.5</b>         |
| <b>2.0</b>                   | <b>8.0</b>                    | <b>10</b>          |

# Home Supports Grid

## Level 4 (Per Diem Service)

### Options for Provision of Direct Contact Hours

| <b>Hours of Habilitation</b> | <b>Hours of Personal Care</b> | <b>Total Hours</b> |
|------------------------------|-------------------------------|--------------------|
| <b>8.0</b>                   | <b>0.5</b>                    | <b>8.5</b>         |
| <b>7.0</b>                   | <b>2.0</b>                    | <b>9.0</b>         |
| <b>6.0</b>                   | <b>3.5</b>                    | <b>9.5</b>         |
| <b>5.0</b>                   | <b>5.0</b>                    | <b>10.0</b>        |
| <b>4.0</b>                   | <b>6.5</b>                    | <b>10.5</b>        |
| <b>3.0</b>                   | <b>8.0</b>                    | <b>11.0</b>        |
| <b>2.0</b>                   | <b>9.5</b>                    | <b>11.5</b>        |

# Home Supports Grid Level 5 (Per Diem Service) Options for Provision of Direct Contact Hours

| <b>Hours of Habilitation</b> | <b>Hours of Personal Care</b> | <b>Total Hours</b> |
|------------------------------|-------------------------------|--------------------|
| <b>12.0</b>                  | <b>0.5</b>                    | <b>12.5</b>        |
| <b>11.0</b>                  | <b>2.0</b>                    | <b>13.0</b>        |
| <b>10.0</b>                  | <b>3.5</b>                    | <b>13.5</b>        |
| <b>9.0</b>                   | <b>5.0</b>                    | <b>14.0</b>        |
| <b>8.0</b>                   | <b>6.5</b>                    | <b>14.5</b>        |
| <b>7.0</b>                   | <b>8.0</b>                    | <b>14.0</b>        |
| <b>6.0</b>                   | <b>9.5</b>                    | <b>15.5</b>        |
| <b>5.0</b>                   | <b>11.0</b>                   | <b>16.0</b>        |
| <b>4.0</b>                   | <b>12.5</b>                   | <b>16.5</b>        |
| <b>3.0</b>                   | <b>14.0</b>                   | <b>17.0</b>        |
| <b>2.0</b>                   | <b>15.5</b>                   | <b>17.5</b>        |

# Residential Supports – In Relation to Other Services

| <b>Service</b>   | <b>LEVEL 1<br/>SNAP Index 24-44</b>                         | <b>LEVEL 2<br/>SNAP Index 45-78</b>                         | <b>LEVEL 3<br/>SNAP Index 80-94</b>                         | <b>LEVEL 4<br/>SNAP Index 95-230</b>                        |
|--|---|---|---|---|
| Direct Contact Hours Required and justified.   | 4 ½ -5 ½ hours per day                                      | 6 ½ -8 ½ hours per day                                      | 7 ½ - 10 hours per day                                      | 8 ½ -11 ½ hours per day                                     |
| <b>Respite</b>   | 576 hours/year  | 576 hours/year  | 576 hours/year  | 576 hours/year  |
| <b>Habilitative Services</b><br>(Individualized Day Program, Day Supports, Supported Employment, Long Term Vocational Support) | 120 total hours/month for any combination of these services | 120 total hours/month for any combination of these services | 120 total hours/month for any combination of these services | 120 total hours/month for any combination of these services |

# Residential Supports Combination Grids

**Residential Supports Grid  
Level 1 (Per Diem Service)  
Options for Provision of Direct Contact Hours**

| <b>Hours of Habilitation</b> | <b>Hours of Personal Care</b> | <b>Total Hours</b> |
|------------------------------|-------------------------------|--------------------|
| <b>4.0</b>                   | <b>0.50</b>                   | <b>4.5</b>         |
| <b>3.0</b>                   | <b>2.0</b>                    | <b>5.0</b>         |
| <b>2.0</b>                   | <b>3.5</b>                    | <b>5.5</b>         |

# Residential Supports Grid Level 2 (Per Diem Service) Options for Provision of Direct Contact Hours

| <b>Hours of<br/>Habilitation</b> | <b>Hours of Personal<br/>Care</b> | <b>Total Hours</b> |
|----------------------------------|-----------------------------------|--------------------|
| <b>6.0</b>                       | <b>0.50</b>                       | <b>6.5</b>         |
| <b>5.0</b>                       | <b>2.0</b>                        | <b>7.0</b>         |
| <b>4.0</b>                       | <b>3.5</b>                        | <b>7.5</b>         |
| <b>3.0</b>                       | <b>5.0</b>                        | <b>8.0</b>         |
| <b>2.0</b>                       | <b>6.5</b>                        | <b>8.5</b>         |

## Residential Supports Grid Level 3 (Per Diem Service) Options for Provision of Direct Contact Hours

| <b>Hours of<br/>Habilitation</b> | <b>Hours of Personal<br/>Care</b> | <b>Total<br/>Hours</b> |
|----------------------------------|-----------------------------------|------------------------|
| <b>7.0</b>                       | <b>0.5</b>                        | <b>7.5</b>             |
| <b>6.0</b>                       | <b>2.0</b>                        | <b>8.0</b>             |
| <b>5.0</b>                       | <b>3.5</b>                        | <b>8.5</b>             |
| <b>4.0</b>                       | <b>5.0</b>                        | <b>9.0</b>             |
| <b>3.0</b>                       | <b>6.5</b>                        | <b>9.5</b>             |
| <b>2.0</b>                       | <b>8.0</b>                        | <b>10.0</b>            |

# Residential Supports Grid Level 4 (Per Diem Service) Options for Provision of Direct Contact Hours

| <b>Hours of<br/>Habilitation</b> | <b>Hours of Personal<br/>Care</b> | <b>Total Hours</b> |
|----------------------------------|-----------------------------------|--------------------|
| <b>8.0</b>                       | <b>0.5</b>                        | <b>8.5</b>         |
| <b>7.0</b>                       | <b>2.0</b>                        | <b>9.0</b>         |
| <b>6.0</b>                       | <b>3.5</b>                        | <b>9.5</b>         |
| <b>5.0</b>                       | <b>5.0</b>                        | <b>10.0</b>        |
| <b>4.0</b>                       | <b>6.5</b>                        | <b>10.5</b>        |
| <b>3.0</b>                       | <b>8.0</b>                        | <b>11.0</b>        |
| <b>2.0</b>                       | <b>9.5</b>                        | <b>11.5</b>        |

# Personal Care Services- In Relation to Other Services

| <b>Service</b>   | <b>LEVEL 1<br/>SNAP Index 24-44</b>  | <b>LEVEL 2<br/>SNAP Index 45-79</b>  | <b>LEVEL 3<br/>SNAP Index 80-94</b>  | <b>LEVEL 4<br/>SNAP Index 95-230</b>                                       |
|--|--|--|--|--|
| <b>Personal Care</b>   | Up to 40 hrs/<br>month<br>(160 units)                                      | 41-80 hrs/ month<br>(320 units)  | 81-120 hrs/<br>month<br>(480 units)  | 121-180 hrs/<br>month<br>(720 units)                                       |
| <b>Respite</b>   | Up to 576<br>hours/year  | Up to 576<br>hours/year  | Up to 576<br>hours/year  | Up to 576<br>hours/year  |
| <b>Habilitative Services (Home and Community Supports, Day Supports, Supported Employment, Long Term Vocational Support)</b> | Up to 120 total<br>hours/month for<br>any combination<br>of these services | Up to 120 total<br>hours/month for<br>any combination<br>of these services | Up to 120 total<br>hours/month for<br>any combination<br>of these services | Up to 120 total<br>hours/month for<br>any combination<br>of these services |

# Utilization Review Guidelines

## Exceeding the Utilization Review

### Guidelines:

- Only non-habilitative services (Personal Care or Respite) services may exceed the UR Guidelines.
- **These services may exceed the UR Guidelines ONLY if the services are necessary to assure the health and safety of the participant.**

# Utilization Review Guidelines

## Exceeding the Utilization Review Guidelines:

- If services are requested to assure the health and safety of the participant, the PCP must clearly describe:
  - How the health and safety of the participant is at risk without these services, **AND**
  - Measures taken to use natural and other community supports to assure the health and safety of the individual, **AND**
  - That no other options are available to assure health and safety of the participant other than providing services requested that will exceed the UR Guidelines.

# Utilization Review Guidelines

- CAP-MR/DD services **can not** be used for recreation or for the convenience of the caregiver or provider.

# **Habilitation Maximums**

# Habilitation for Adults

- Adults may receive up to **12 hours** of habilitation **per day**.
- This includes the habilitation portion of Home Supports and Residential Supports.
- This also includes habilitation portion of Day Supports, Supported Employment, Long Term Vocational Supports.

# Habilitation for Children

## **On days that school is in session:**

- No CAP-MR/DD Service may be utilized in school nor in any activity involving school or school activities (i.e. transportation to and from the school).
- No CAP-MR/DD habilitation services may be utilized during the time that school is typically in session.

# Habilitation for Children

## On days that school is in session:

- Any participant enrolled in public school between 5-15 years of age can receive **no more than 3 hours** of CAP-MR/DD habilitation a day.
- However an additional **3 hours** of CAP-MR/DD habilitative services may be approved, if clearly justified in the approved PCP.
- In total a possible of **6 Hours** of CAP-MR/DD habilitative services on the day the child attends school with appropriate justification.

# Habilitation for Children

## **On days that school is in session**

- When the IEP indicates that the time the participant is in school is less than the standard school session each day, only CAP/MR-DD non-habilitative services such as Personal Care Services or the Personal Care component of Residential Supports may be used for the remainder of the standard school day session.

# Habilitation for Children

## On days that school is not in session:

- Children between 5-15 years of age may receive **9 hours** of CAP-MR/DD habilitation during a **non-school day**.
- An additional **3 hours** of CAP-MR/DD habilitation, may be approved, if clearly justified in the PCP.
- **12 Hours** of CAP-MR/DD habilitative services may be provided to children ages 5 – 15 on **non-school days** with appropriate justification.

# Habilitation for Children

## Home Schooled:

- Children who are home schooled follow the same guidelines as children who are in school.
  - No CAP-MR/DD habilitation services may be utilized during the time that school is typically in session
  - When the IEP indicates that the time the participant is in school is less than the standard school session each day, only CAP/MR-DD non-habilitative services such as Personal Care Services or the Personal Care component of Residential Supports may be used for the remainder of the standard school day session.

# Habilitation for Children

## Home Schooled:

- Children who are home schooled follow the same guidelines as children who are in school.
  - Any participant enrolled in public school or between 5-15 years of age can receive no more than **3 hours** of CAP-MR/DD habilitation a day.
  - However an additional **3 hours** of CAP-MR/DD habilitative services may be approved, if clearly justified in the approved PCP.
  - In total a possible of **6 Hours** of CAP-MR/DD habilitative services may be delivered on a day the child attends school with appropriate justification.

# Services Where People Live

- Home Supports
- Home and Community Supports
- Personal Care Service
- Residential Supports

# Home Supports

- Offered only to Adult Participants (18 or older)
- A combination of habilitative services and personal care services
- Participants reside in their natural (family) home with their parents or family members
- Services are provided by those **who (parents and family members)** live in the home with the participant
- Home Supports is the only service that parents can provide to their son or daughter.

# Home Supports

- Five levels of service
- Each level differs by the amount of direct contact support required by the participant.
- Direct Contact hours are defined as the time that is spent providing direct one-one, active service as justified in the Person Centered Plan.
- Direct contact support do not include supervision or monitoring

# Participants Utilizing Home Supports

- Provides support, habilitation and supervision while in their home or community
- May also receive Day Supports, vocational services and Respite
- May not receive Home and Community Supports or Personal Care Services on the **same day** as Home Supports
- The *Individualized Day Program (the community component of Home and Community Supports)* may be provided to a participant receiving Home Supports.

# Home Supports – All Levels

- When the SNAP score and the hours of direct services hours needed **do not** show a relationship, justification within in the PCP and supporting documentation is required.
- There should be a positive correlation between the SNAP score and the required number of direct service hours.

# Home Supports – All Levels

- **Additional Questions To Consider**
  - Are the goals/outcomes supporting the participant in mastering what they want to accomplish/learn?
  - Has progress been made in these goals?
  - Is the service only for supervision?
  - Is there at least two hours of habilitation service per day?
  - Do the direct services and supports described fall within the time range for the level?

# Home Supports – All Levels

- **Additional Questions To Consider**
  - Are the service limitations being followed?
  - Are supporting documents (behavior support plan, crisis intervention, risk assessments, medical documentation, OT/PT assessments, psychological evaluations, etc) present that would justify the request for Levels 1 - 5?

# Home & Community Supports

## Purpose

- Enable the participant to acquire & maintain skills that will allow him/her to **function with greater independence in their home and community** .
- Consist of an integrated array of individually designed habilitative services and supports that are described in the PCP.
- Is distinct from Personal Care services due to the presence of training activities in combination with support, supervision, & monitoring as described in the PCP.

# Home & Community Supports

- This service can be delivered in a participant's private home or in a variety of community settings chosen by the participant for activities.
- Support **combined** with supervision of the participant's activities to sustain skills gained through habilitation & training is also an acceptable goal of Home and Community Supports as structured day activity.
- **This service is not to be used at the same time of day as:**
  - **Adult Day Health,**
  - **Day Supports,**
  - **Personal Care,**
  - **Respite,**
  - **Specialized Consultative Services,**
  - **Transportation,**
  - **Individual and Care Giver Training.**

# Home & Community Supports Individualized Day Program

- Participants who live in licensed residential settings or unlicensed alternative family living arrangements or are receiving Home Supports may receive only ***Individualized Day Program*** (which is the community component of Home and Community Supports).
- ***Individualized Day Program*** is intended to support those who choose to engage in community activities that are not provided through a licensed day program. These activities are to be structured day activities that are habilitative in nature.

# Home & Community Supports Group and Individual

Home & Community Supports can be provided in a Group setting.

- If a participant requires one on one direct supports to participate in this service, the person centered plan must explain in what situations one on one direct supports/supervision is required and why the participant requires the individual level of support.
- The PCP should reflect the expectation that actions are to assist the individual in becoming less dependent on one on one direct support in group situations.

# Home & Community Supports

## Additional Considerations:

- Is there justification for the one on one direct support needed for the participant to participate in this service?
- What is the fading plan for the one on one direct support?
- Is the participant learning or acquiring new skills? **OR** are skills being enhanced? If not, this not an appropriate service.
- Are the interventions habilitative in nature? All interventions are to used as habilitation.
- Is this service being used for only supervision? If so this not the appropriate use of this service.
- Is the amount of habilitative service exceeding 12 hours a day for adult and 6 hours a day for a child?

# Personal Care Services

## Purpose

- Personal Care services under the CAP-MR/DD waiver includes: support, **supervision** and engaging participation with eating, bathing, dressing, personal hygiene and other activities of daily living.
- Personal Care services may also include housekeeping chores such as bed making, dusting and vacuuming, which are incidental to the care provided, or which are essential to the health and welfare of the participant
- Personal Care services includes assistance with monitoring the health status and physical condition, assistance with transferring, ambulation and the use of special mobility devices.

# Personal Care Services

- Support and engaging the participant's involvement in Personal Care is **not** habilitation but it describes the flexibility of activities that may encourage the participant to maintain skills gained during active treatment and/or habilitation

# Personal Care Services

- **Are not** for the convenience of the family.
- **May not** be provided by family members, parents, or individuals who live with the participant.
- **May not** be utilized at Day Activity as a replacement for Day Supports
- **May not** be used when a participant who is residing in a group home, AFL or living on their own visits their parents or other family members.
- **May not** be used by participants residing in an “out of home” settings such as, Licensed Residential settings or unlicensed AFLs or by participants receiving Home Supports.

# Personal Care Services

- This service may not be provided on the same day that the participant receives regular State Plan Personal Care or a Home Health Aide (i.e. Private Duty Nursing) visit.
- This service **may not** used
  - With Residential Supports or
  - On the same day as Home Supports or
  - In licensed day or unlicensed **facilities**

# Personal Care

- **Additional Questions to Consider**
  - Has this participant reached his/her maximum level of independence in personal care tasks?
  - What level of assistance does the participant require according to supporting documentation?

# Personal Care: Enhanced Level Purpose

Participants who receive Enhanced Personal Care Services have **intense** medical or behavioral needs

This service is intended:

- for participants who require the expertise and/or supervision of a Registered Nurse (RN) or Licensed Practical Nurse (LPN) to oversee the training and delivery of the service due to the complexity or critical nature of the activities provided **or**
- for participants with complex or extreme behaviors that are difficult to assess or effectively treat and therefore require a comprehensive behavioral plan

The Person Centered Plan will provide clear (and/or attached supplemental documentation) justification for the need of Enhanced Personal Care

# Personal Care- Enhanced Level

Participants who receive Enhanced Personal Care Services have intense medical or behavioral needs that require staff to have:

- Ongoing supervision to ensure tasks are provided correctly and completely
- Ongoing training so that a higher level of decision can be made to provide the service to the individual

*NOTE: The training and/or supervision of staff will be conducted by the RN, LPN or staff monitoring the behavior program and/or the medical complexities of the individual*

# Personal Care-Enhanced Level

- **Additional Questions to Consider**
  - Does the supporting documentation present a description of tasks that require a higher level of staff training or supervision?
  - Is only supervision being received?
  - What level of assistance does the participant require ( verbal, gestural, physical, total assistance)
  - Is it being requested according to the service definition?

# Personal Care-Enhanced Level

- **Additional Questions to Consider**
  - Is the need for this service clearly noted?
  - Is supporting documentation present? (e.g., such as crisis prevention plan, behavioral support plans or guidelines?)
  - Is this level of support clearly noted within the request for service?

# Residential Supports

## Purpose

- Offered only to participants residing in licensed Group Homes or AFLs, or unlicensed AFLs
- A combination of habilitative services and personal care services
- Personal Care, Home and Community Supports and Home Supports **may not** be provided in combination with Residential Supports
- The ***Individualized Day Program*** (the community component of Home and Community Supports) **may be** provided to a participant receiving Residential Supports.

# Residential Supports

- Four levels of service
- Each level differs by the amount of direct contact support required by the participant.
- Direct contact support is defined as hands on, one on one service.
- Direct contact support does not include supervision

# Residential Supports

- When the SNAP score and the hours of direct services hours needed **do not** show a relationship justification within in the PCP supporting documentation is required.
- There should be a **positive correlation** between the SNAP score and the required number of direct service hours.

# Residential Supports

- Residential Supports cannot be used by participants residing in homes over 7 beds unless the participant living in that home and was receiving CAP/MR Services prior to 11-1-08.
- Participants who reside in homes with 15 or more beds must have a transition plan within the PCP to move to a smaller community setting.

# Residential Supports – All Levels

- **Additional Questions To Consider**
  - Are the goals/outcomes supporting the participant in mastering what he/she wants to accomplish/learn?
  - Has progress been made in these goals?
  - Do the direct services and supports described meet the direct support requirements for the level?

# Residential Supports

- **Additional Questions To Consider**
  - Are supporting documents (behavior support plan, crisis intervention, risk assessments, medical documentation, OT/PT assessments, psychological evaluations, etc) that justify the request for Levels 1 – 4 present?
  - Has progress been made toward independence through the use of this service?

# Services Where People Work/Day Activities

- Supported Employment
- Long Term Vocational Supports
- Day Supports
- Adult Day Health

# Supported Employment Purpose

- Provides assistance with choosing/matching, acquiring/ finding, development of and initial job training for participants ages 16 and older for whom competitive employment has not been achieved and /or has been interrupted or intermittent.
- This support is **not** considered long term but for the initial purpose of job seeking and development activities.

# Supported Employment

- Supported Employment is **time limited** to the period of time the participant needs to secure & maintain employment.
- Supported Employment **is not** intended to be provided for long periods of time.
- Supported employment **can not** be provided in a licensed facility, or sheltered workshop.

# Supported Employment Individual Service

- Pre-job training/education and development activities to prepare a participant to engage in meaningful work-related activities which may include:
  - Career/educational counseling, job shadowing, assistance in the use of educational resources, training in resume preparation, job interview skills, study skills, assistance in the job tasks and learning skills necessary for job retention; **and**
  - Assisting a participant to develop and operate a Micro-Enterprise.

# Supported Employment Individual Service- Microenterprise

- Assisting with identifying potential business opportunities
- Assistance in the development of a business plan
- Identification of the supports that are necessary in order for the participant to operate the business
- Ongoing assistance, counseling and guidance once the business has been launched

# Supported Employment Group Service

- Supports participants in **transition to** integrated, competitive employment through work that occurs in a location other than a licensed facility.
- Transitional work service options include, but are not limited to:
  - mobile work force,
  - work station in industry,
  - affirmative industry, and
  - enclave

# Supported Employment

- **Additional Questions to Consider**
  - Is the participant working in competitive employment?
  - Is Vocational Rehabilitation providing services to the participant?
  - Do the outcomes of this service involve job matching, job finding, development of skills to complete the job tasks?

# Supported Employment

## Additional Questions to Consider

- Does this individual require the intense services of Supported Employment?
- Is the individual achieving independence in employment?.
- Is Long Term Vocational Supports a more appropriate service?
- Once microenterprise is established and running, is there a transition to Long Term Vocational Supports?
- Does the PCP outline how this service will be faded **over the length of this plan** and how this participant will be transitioned into Long Term Vocational Supports?

# Long Term Vocational Supports (LTVS) Purpose

- This service is intended to provide supports to the participant, who has successfully developed the skills to complete a job.
- LTVS provide assistance with **maintaining a job** for participants who **no longer** need the intense level of Supported Employment Services.
- LTVS is a step down service from Supported Employment.

# Long Term Vocational Supports (LTVS)

- LTVS provides assistance to the individual with maintaining a job, by **offering occasional supports** to the individual who, due to medical or behavioral needs, may require supports regarding the social or environmental issues that are a part of successful employment
- LTVS **does not** involve job locating/job development/job matching and learning the task of the job.

# Long Term Vocational Supports Group or Individual

**LTVS** can be provided in a group setting.

- If a participant requires one-on-one direct support to participate in this service, the PCP must explain what situations **require** one-on-one direct support and why the participant requires the individual level of support.
- It is expected that actions are taken to assist the individual in becoming less dependent on one-on-one direct support in group situations. A plan discussing the fading of individual supports should be included in the PCP.

# Long Term Vocational Supports

## Additional Questions to Consider

- Is this participant competitively employed?
- Is Vocational Rehabilitation providing services to this participant?
- Does this participant receive Supported Employment services at this time?
- Is this employment in a licensed facility, or sheltered workshop?
- Does the PCP outline how this service will be faded?

# Day Supports

## Purpose

- Provides assistance with acquisition, retention, or improvement in self-help, socialization, and adaptive skills,
- Takes place in a non-residential setting, separate from the home or facility in which the participant resides
- Focuses on enabling the participant in attaining or maintaining his/her maximum functional level and shall be coordinated with any physical, occupational, or speech therapies listed in the Person Centered Plan.

# Day Supports

- Consist of a combination of habilitation, training, & prevocational services to people with intellectual developmental disabilities.
- Services may vary in the staffing arrangements, locations, and supports they offer based on individual needs, interests, and preferences which are documented in the PCP that reflect outcomes/goals.
- These outcomes are habilitative in nature & progression and maintenance of skills are the expected results of all activities.

# Day Supports

- The habilitative activities for day supports take place in a licensed facility, however activities **do not** have to originate from the facility.
- Travel time **is not** service time, the billing for day support services begins after the person reaches the site.
- Day supports **may not** be used for vocational services (i.e. sheltered work performed in the facility).

# Day Supports

## Individual vs. Group

### Individual

For participants that require one to one direct staff intervention, in one to one or group settings, in the areas of self care, receptive & expressive language, learning, mobility, self direction, that may have behavioral & or medical challenges.

Without the direct one to one staff intervention the individual would not be able to successfully participate in activities that render habilitative outcomes in the day supports environment.

### Group

For participants that only require support/supervision/monitoring from staff in a group setting in the areas of self care, receptive & expressive language, learning, mobility, self direction, that may have behavioral & or medical challenges.

The individual can successfully participate in activities in a group setting with staff support/supervision/monitoring and realize habilitative outcomes in the day supports environment.

# Day Supports

## Additional Considerations :

- Are the outcomes/goals habilitative in nature? The outcomes/goals must be **habilitative**.
- Has there been any progress, retention and or maintenance of the outcomes that have produced viable skills? If not what are the revisions? Revisions are made to reflect progress, retention and or maintenance of the outcomes.
- Do the outcomes/goals in the PCP reflect the intensity and duration of Day Supports requested? The outcomes/goals must reflect the intensity and duration of the Day Supports requested i.e. Day Supports individual vs. Day Supports Group.

# Day Supports

## Additional Considerations :

- Is there justification within the PCP, NC SNAP, or other documentation included/attached that validates the need for Day Supports *individual* services? If not, is this the most appropriate level of supports?
- If applicable, is there documentation that the team has discussed plans to transition the participant to decrease the intensity or duration of Day Supports *individual* services (a fading plan to rely less on one to one direct supports and move to more independence)?

# Day Supports

## Additional Considerations :

- If applicable, is there documentation that the team has discussed plans to transition participant to other services i.e. Supportive Employment, Long Term Vocational Supports, *Individualized Day Program (The community component of Home and Community Support)*?
- If participant is attending compensatory education classes, are the outcomes/goals habilitative? The outcomes/goals must be habilitative.

# Day Supports

## **Additional Considerations :**

- If participant is attending compensatory education classes, is there justification reflective of the need for Day Supports? If not, the Day Supports services are not appropriate for these classes.
- One to one Day Supports cannot be provided as a condition to attend compensatory education classes.

# Adult Day Health

## Purpose

- For participants who (due to age, disability or handicap) need a structured day program of activities and services with nursing supervision.
- An organized program of service provided during the day in a community group setting for the purpose of supporting an adult's independence, and promoting social, physical, and emotional well being.
- Services must include health services and a variety of program activities designed to meet the participant's needs and interests.

# Adult Day Health

- Service is provided for four or more hours per day on a regularly scheduled basis, for one or more days per week, in an outpatient setting, including both health and social services needed to ensure the optimal functioning of the participant.
- The service is provided in a certified Adult Day Health Care facility. The cost of transportation is not included in the rate.

# Adult Day Health

## Additional Considerations:

- Does the PCP reflect the need for type of setting & does this setting met the needs of the participant? If not why is participant in this setting?
- Is the Nursing Plan of Care attached to the PCP?

# Services That Support Caregivers

- Respite
- Individual Caregiver Training and Education
- Specialized Consultative Services
- Behavioral Consultant

# Respite Care Services-

## Purpose

- Provides relief for the primary caregiver as detailed in the approved Person Centered Plan.
- It may be provided in the participant's home or in an out-of-home setting
- Respite Care may not be furnished for the purpose for compensating or relief or substitute staff for another waiver service

*NOTE: A primary care giver must be principally responsible for the care and supervision of the participant, and must maintain their primary residence at the same address as the covered participant.*

# Respite Care Services

- Respite Care Services are **not** to be used when a participant who is residing in a group home, AFL, or living on their own visits their parents or other family members.
- Hour limitation (*up to 576* hours) is based on the waiver year and based on the participant needs.
- Specified training requirements for direct care staff shall be clearly documented within the Person Centered Plan for the task that will be performed for Respite services.

| Community Based Respite Care Non-Institutional  | Community Based Respite Care-Enhanced  | Community Based Nursing Respite  |
|---|--|--|
| <p>The purpose of Respite Services is to provide periodic relief for the family or primary caregiver. In order to be considered the primary care giver, a person must be principally responsible for the care and supervision of the participant, and must maintain their primary residence at the same address as the covered participant.</p> | <p>Provides periodic relief for the family or primary Caregiver. The Participant has medical or behavioral needs that require:</p> <ul style="list-style-type: none"> <li>● Additional skill level of staff</li> <li>● Additional training so that a higher level of decision can be made</li> <li>● Additional supervision</li> </ul> | <p>Due to the complexity or critical nature of the activities provided, participants require the expertise and/or supervision of a Registered Nurse (RN) or Licensed Practical</p> |

# Respite Care-Institutional

- Normally provided by one of the Developmental Centers
- This type of respite is generally used when community-based services are not available **or appropriate** to care for the participant.

# Community Based Respite Care Non- Institutional

- May be used as a individual or group service.
- Respite Group service provided to more than one participant by the same care giver at the same time
- Respite is not billed for staff sleep time

# Community Based Respite Care Non- Institutional

## Additional Questions to Consider

- Is this service being requested according to the prescribed service definition?
- Has the maximum hour limitation been met?

# Community Based Respite Care Enhanced

Participants who receive Enhanced Respite Care Services have **intense** medical or behavioral needs. This service is Intended for participants:

- who require the expertise and/or supervision of a Registered Nurse (RN) or Licensed Practical Nurse (LPN) to oversee the training and delivery of the service due to the complexity or critical nature of the activities provided **or**
- with complex or extreme behaviors that are difficult to assess or effectively treat and therefore require a comprehensive behavioral plan

The Person Centered Plan will provide clear (and/or attached supplemental documentation) justification for the need of Enhanced Respite Care

# Community Based Respite Care Enhanced

Participants who receive Enhanced Respite Care Services have intense medical or behavioral needs that require staff to have:

- Ongoing supervision to ensure tasks are provided correctly and completely
- Ongoing training so that a higher level of decision can be made to provide the service to the individual

*NOTE: The training and/or supervision of staff will be conducted by the RN, LPN or staff monitoring the behavior program and/or the medical complexities of the individual*

# Community Based Respite Care: Enhanced Level

## Additional Questions to Consider

- Does the participant have a medical or behavioral needs that require staff with additional training and supervision
- Has a step down process been planned?
- Has the maximum hour limitation been met?

# Community Based Nursing Respite

## Additional Questions to Consider

- Is this an acute situation which requires this level of support?
- Is there clear need for this level of support?
- Is there documentation from a physician recommended this service? Is there a step down plan for this service?
- Has the maximum hour limitation been met?

# Respite Care - Institutional

## Additional Questions to Consider

- Is there evidence that there are no community based services available to provide the needed care for the participant
- Has the maximum usage been met?

# Individual Caregiver Training & Education

Provides information, training & counseling services for the participant & or family members, that will:

1. Enhance decision making skills of the family unit,
2. Provide information on how the disability will impact of the participant & or family,
3. Provide options & strategies about community integration; interventions; & specialized equipment & supplies.

**NOTE: Paid caregivers may not utilize this service**

# Individual Caregiver Training & Education

## Additional Considerations:

- Are the outcomes/purpose clearly defined in the PCP for this service?
- Does the PCP clearly identify how the participant/family member will utilize this training?
- Does the PCP identify who is receiving the service and does it correlate with the needs of the participant?

# Individual Caregiver Training & Education

## Additional Considerations:

- Has the same request been made in the past for same training? **If so, what is the reason for the training being repeated?**
- Has the request exceeded the \$1500 cost limit per waiver year, per participant which also includes a maximum of \$1000 for conference registration?
- The waiver can only pay *up to the cost limit* of \$1500 per waiver year per waiver participant.

# Specialized Consultative Service Purpose

- Provides expertise, training, and technical assistance in a specialty area (therapeutic recreation, speech therapy, occupational therapy, physical therapy, or nutrition),
- To assist family members, caregivers, and other direct service employees in supporting participants with developmental disabilities who have long term habilitative treatment needs.

# Specialized Consultative Service

- Family members & other paid/unpaid caregivers are trained by a licensed professional to carry out therapeutic interventions, which shall provide consistency & increase the effectiveness of the specialized therapy
- This service is also utilized to cover the cost of specialists identified as an integral part of the treatment team to participate in team meetings & provide additional intensive consultation and support for individuals whose medical, behavioral and/or psychiatric needs are considered to be extreme or complex.
- This service is also used to support participants by providing expertise to develop and implement self-employment options; such as the Microenterprise model.

# Specialized Consultative Service

- This service **may not** duplicate services provided to family members through Behavior Consultant, Individual/Caregiver Support Training and Education; **and**
- The total cost reimbursable under the waiver will not exceed **\$1500 per participant per waiver year**

# Specialized Consultative Service

## Additional Considerations:

- Does the requested consultant service address an identified need or support a service (develop & monitor behavioral plans, provide an sensory evaluation etc.)? If not, what is the purpose of this service?
- Are the consultant services being used to assist in the development of a micro enterprise? If so, does the PCP include information that the specialist has experience/expertise to develop a micro enterprise?
- Is the requested consultant service being provided by another service? This service should duplicate any other service.

# Behavioral Consultant

## Purpose

- Provides assessment & treatment of participants and support, training, consultation to staff, family members, and primary caregivers who support participants who exhibit behaviors that is extremely challenging.
- Services may include assessing behavior; designing a behavior intervention plan; monitoring the plan; and training staff, family members, or primary caregivers on the implementation of the plan.
- Services may be provided in the participant's residence, in the setting where the behavior is occurring, or in the consultant's office, as appropriate, based on the needs of the participant. As a waiver service, behavioral consultation **may not** be provided in a school setting, nor do EPSDT standards apply.

# Behavioral Consultant

- The behavioral techniques and interventions are designed to
  - decrease challenging behaviors while increasing positive alternative behaviors,
  - assist participants in acquiring and maintaining the skills necessary to live independently in their communities, and
  - avoid institutional placement

NOTE: The service is ordered by a Ph.D.-level psychologist, Medical Doctor (MD), Physician Assistant (PA), or Nurse Practitioner (NP). In an emergency, a targeted case manager may authorize up to 5 hours of behavioral consultant services.

# Behavioral Consultant

## Additional Considerations:

- Does the requested consultant service address an identified need or support a service (develop & monitor behavioral plans, provide an assessment, train staff, monitor staff etc.)? If not, what is the purpose of this service?
- Is the requested consultant service being provided by another service? This service should not be duplicate other services.

# Services For Crisis Situations

- Crisis Services
- Crisis Respite

# Crisis Services

## Purpose

- An immediate intervention available 24 hours a day, 7 days a week to support other direct care staff, family members, or primary caregivers who is familiar with the participant's Person Centered Plan and crisis plan.
- This service may avoid an imminent institutional admission, while protecting the participant from harming him or herself or others.
- Provided during an acute crisis situation so that the participant can continue in his or her daily routine, residential setting, or both without interruption.
- Provides the planning team time to identify the precipitating issue, determine the appropriate intervention, make changes to the PCP, develop or modify the behavior plan and modify the crisis plan if appropriate.

# Crisis Services

- Is not an on going service
- Is not used for 2-to-1 staffing to assist with **routine** behavioral issues
- The service limitations are:
  - *Up to* 14 days per incident
  - And a total of *up to* 2016 hours per waiver year.
  - Crisis Services authorized for 60 days or more must be submitted to the DMH/DD/SAS for a second level review.

# Crisis Services

- Request for service should answer the following questions:
  - Is Crisis Services listed on the crisis plan?
  - Have first responders been utilized?
  - What is the precipitating event to the crisis?
  - What interventions have been used to de-escalate the crisis?
  - Has a behavior plan in place or being developed?
  - Have health issues been ruled out as the cause for the crisis?

# Crisis Services

- **Additional Questions to Consider**
  - Are these services being used for 2-to-1 staffing to assist with routine behavioral issues?
  - Does the participant exhibit behaviors which could be described as score a Level 3 or better in the Behavioral Domain of the NCSNAP?
  - Has a referral been made to NCSTART?
  - (Reauthorization)
    - When was the last planning team meeting?
    - Has this service been used more than 2016 hours in the PLAN year?

# Reauthorization of Crisis Services

- **Request for service should answer the following questions:**
  - What were the outcomes from previous use of crisis services?
  - While will these outcomes work in this situation?
  - Why not?
  - Has this service been used more than 2016 hours in the waiver year?

# Crisis Respite

## Purpose

- Crisis Respite is a short term service designed for the participant experiencing a crisis for which a period of structured support and/or programming is required.
- Crisis Respite may be used when implementation of formal behavior intervention programs have failed to stabilize the behaviors and/or all other approaches to insure health and safety have failed.
- In addition, the service may be used as a planned respite stay for waiver participants who are unable to access regular respite due to the nature of their behaviors.

# Crisis Respite

- Prevents institutionalization.
- Has a daily rate.
- Takes place in a licensed respite home.

# Crisis Respite

- Request for service should answer the following questions:
  - Have first responders been utilized?
  - What interventions are being used to de-escalate the crisis?
  - If the participant is an adult has a referral been made to NCSTART?
  - Have health issues been ruled out as the cause for the crisis?
  - Is a behavior plan being developed or modified, if appropriate?

# Crisis Respite

- **Additional Questions to Consider**
  - Is Crisis Respite described on the crisis plan?
  - What is the precipitating event to the crisis?
  - Has Crisis Respite been used in the past waiver year? What was the result?
  - How many days have been used? Can only be used up to 30 calendar days per waiver year.
  - Does the participant demonstrate behaviors that could be described as a Level 3 or higher in the Behavioral Domain of NCSNAP?

# Services That Provide Additional Supports

- Augmentative Communication
- Home Modifications
- Specialized Equipment and Supplies
- Transportation
- Vehicle Adaptations
- Personal Emergency Response System
- Individual Goods and Services (Self-Direction Only)

# Augmentative Communication Device

- Devices are necessary when normal speech is non-functional and/or when physical impairments make a gestural system impossible and/or ineffective.
- Selection of devices (and training outcomes for those devices) must be specific and based on age, cognitive ability, fine and gross mobility, environmental need and presence or absence of sensory impairment.

# Augmentative Communication Device

- These devices are recommended by a speech/language pathologist licensed to practice in the State of North Carolina and documented in the PCP as necessary to meet the needs of the individual.
- The PCP also specifies who and how the individual and/or his/her family/caregiver will be trained on the use of the equipment.

# Augmentative Communication Device

- This assistance may not duplicate evaluation & services provided by licensed speech, occupational, and/or Physical therapists.
- Service and repair of purchased equipment is included when not covered by warranty.

# Augmentative Communication Device

- The cost of augmentative communication devices **shall not exceed \$10,000 per waiver year per person** and is inclusive of service and repair costs.
- Augmentative communication devices will be a covered waiver expense when not coverable under the Medicaid Durable Equipment Guidelines.

# Augmentative Communication Device

## Additional Considerations:

- If applicable, is there documentation in the PCP that participant can use & has been trained to use the device?
- Has the participant received other Aug Com devices through Medicaid funding, if so why are these devices no longer appropriate?
- Is there documentation in the PCP that indicates when the last device was purchased & if this is second request for the same device? If so what is the reason and justifiable?
- Is there documentation in the PCP that indicates the history of repairs to the device that are not in compliance to the service definition?

# Augmentative Communication Device

## Additional Considerations:

- There should be an assessment from an appropriate professional (OT, Speech Therapist etc.) recommending the items
- If the device is related to outcomes/ goals already in the PCP, this should be noted in the written request for the device. Outcomes must be consistent with the recommendations for the supplies/equipment.
- Documentation of a minimum of three bids is required to be attached to the service request.

# Home Modifications

- Includes equipment and physical adaptations to the participant's home;
  - that are required by his/her needs as documented in the PCP,
  - as necessary to ensure the health, safety and welfare of the participant;
  - enable the participant to function with greater independence in the home; and
  - are of direct and specific benefit due to the participant's disability.

# Home Modifications

- The service covers the cost of the purchase, installation, maintenance and repair of Home Modifications.
- The total cost of Home Modifications (inclusive of service, repairs and warranty) cannot exceed **\$15,000 over the duration of this waiver (3 years)**. The cost can not include extended warranties.

# Home Modifications

- Any item secured through the Home Modifications service definition is the property of the participant.
- Home Modifications are purchased for the benefit of the participant and not the convenience of the caregivers.
- Home Modifications are not provided for the purpose of Home Schooling.
- Modifications that have been damaged by means other than routine wear will not be replaced by CAP-MR/DD Waiver funding.

# Home Modifications

## Additional Considerations:

- If applicable, is there documentation in the PCP that participant can use & has been trained to use the modification?
- Is there documentation in the PCP that indicates when the last modification was purchased & if this is second request for the same item? If so what is the reason and is it justifiable?
- Is there documentation in the PCP that indicates the history of repairs to the item that are not in compliance to the service definition?
- Documentation of a minimum of two bids is required to be attached to the service request.

# Specialized Equipment & Supplies

- Include devices, controls, or appliances specified in the participant's PCP that enables the participant to increase the ability to perform activities of daily living, or to perceive, control or communicate with the environment in which they live.
- This service shall be directly attributable to the participant's ability to avoid being institutionalized.
- There must be clear justification & documentation outlined within the PCP for Specialized Equipment & Supplies.

# Specialized Equipment & Supplies

- The service includes the following categories of Items: **Adaptive Positioning Devices; Mobility Aids** and **Aids for Daily Living**
- Specialized Equipment & Supplies will be a covered waiver expense **only** when not coverable under the Medicaid Durable Equipment Guidelines.
- Specialized Equipment & Supplies may not be purchased through the waiver specifically for use in the school/home school setting.

# Specialized Equipment & Supplies

- Purchased for the benefit of the participant and not the convenience of the care givers.
- Equipment that has been damaged by means other than routine wear will not be replaced by CAP-MR/DD Waiver funding.

# Specialized Equipment & Supplies

## Additional Considerations:

- There should be an assessment from an appropriate professional (OT, PT, Speech, Recreational Therapist etc.) recommending the items
- A doctors order/prescription must be attached to PCP for the items.
- If the equipment/supplies are related to outcomes/ goals already in the PCP, this should be noted in the written request for the equipment/supplies. Outcomes must be consistent with the recommendations for the supplies/equipment.
- Documentation of a minimum of three bids is **required** to be attached to the service request.

# Transportation

- A service offered to enable individuals served through the waiver to gain access to waiver and other community services, activities and resources, specified by the Person centered plan.
- This service is offered in addition to medical transportation required & transportation services under the State plan, & shall not replace them.
- Transportation services under the waiver shall be offered in accordance with the individual's PCP.
- This service is **limited to \$2,000.00** per waiver year.
- **Transportation can not be used for purposes of school or home schooling**

# Transportation

## Additional Considerations:

- Is transportation being used for services where transportation is included in the rate of the service? If so, this is not appropriate use of this service.
- Is the transportation being used for groups (i.e. group homes) rather than individuals? If so, this is not appropriate use of this service.
- Is transportation being used for by an individual participant?
- Is transportation being used for medical purposes? If so, this is not appropriate use of this service

# Vehicle Adaptations

- Vehicle adaptations are devices, controls, or services that enable individuals to increase their independence and/or physical safety.
- The repair, maintenance, installation, and training in the care and use of these items are included.
- Vehicle adaptations, repairs, and maintenance of equipment shall be performed by the adaptive equipment manufacturer's authorized dealer according to manufacturer's installation instructions, and National Mobility Equipment Dealers' Association, Society of Automotive Engineers, and National Highway and Traffic Safety Administration guidelines.

# Vehicle Adaptations

- When appropriate, waiver recipients are referred to Vocational Rehabilitation Services to acquire vehicle adaptation consultation services.
- The adaptations do not include the purchase price of the vehicle itself.
- The vehicle must be owned by the participant or the participants family and is for the benefit of the participant.
- This service is not applicable to group homes or AFL's
- The cost of Vehicle Adaptations **shall not exceed \$15,000 over the duration of the waiver (3 years).**

# Vehicle Adaptations

## **Additional Considerations:**

- If applicable, is there documentation in the PCP that participant can use & has been trained to use the adaptation?
- Is there documentation in the PCP that represents when the last adaptation was purchased & if this is second request for the same adaptation? If so what is the reason and is it justifiable?
- Is there documentation in the PCP that indicates the history of repairs to the adaptation that are not in compliance to the service definition?
- Documentation of a minimum of three bids is required to be attached to the service request.

# PERS: Personal Emergency Response System

- An electronic device, which enables certain participants at high risk of institutionalization to secure help in an emergency.
- The system is connected to the person's phone & programmed to signal a response center once the system is activated. The response center must be staffed with trained professionals and available 24 hours a day 356 days a year.
- **PERS is not used a substitute for supervision but a means to foster independence and gain assistance in an emergency.**

# PERS: Personal Emergency Response System

PERS services are limited to those participants who:

- live alone, **or**
- who are alone for significant parts of the day, **or**
- who are alone for any period of time and have a written plan for increasing the duration of time spent alone as a means of gaining a greater level of independence, **or**
- who have no regular caregiver for extended periods of time, **or**
- who would otherwise require extensive routine supervision.

# PERS: Personal Emergency Response System

## Additional Considerations:

- Does the PCP indicate that the participant has the skills to identify emergencies, use the PERS or has received training regarding the use of the device? If not, how will they benefit from this device?
- Has an evaluation been completed by a professional (OT/PT etc.) to ascertain whether or not the participant can use a device or have support to learn to use the device prior to purchasing the device? If not an evaluation must be completed.
- The device is intended to be used ONLY by the participant.

# Individual Goods & Services Purpose (Self-Direction Only)

- Are services, equipment or supplies not provided through this waiver or through the Medicaid State Plan that addresses an identified need in the Person Centered Plan (including improving & maintaining the individual's opportunities for full membership in the community) and meet the following requirements:
  - The item or service would decrease the need for other Medicaid services; AND/OR

# Individual Goods & Services

## Purpose

- Promote inclusion in the community; AND/OR
- Increase the person's safety in the home environment; AND/OR
- There is documented evidence that the individual does not have the funds to purchase the items or service.

**Good and services must meet a specific habilitation of the participant, must enhance habilitative independence of the participant and be based on outcomes indicated in the Person Centered Plan.**

# Individual Goods & Services (Self-Direction Only)

- This service is only available within the Supports Waiver for individuals who chose participant direction.
- Individual Goods and Services are purchased from the individual's self directed budget.
- As a Medicaid funded service, this definition will not cover experimental goods and services inclusive of items which may be defined as restrictive under G.S. 122C-60.

# Individual Goods & Services (Self-Direction Only)

- Service & provider must be identified in the Person Centered Plan, **AND**
- The recipient shall meet medical necessity for the service, **AND**
- The service is prior approved & authorized by the statewide vendor. Utilization review will be conducted at least annually after the first date of service. Utilization review will be provided more frequently as need and any identified change in service reflected in a Person Centered Plan Revision **AND**

# Individual Goods & Services (Self-Direction Only)

- Written authorization must be obtained prior to delivery of service, **AND**
- The cost cannot exceed \$1,000 per waiver year, **AND**
- Activities that are recreational are **not included. AND**
- Admission fees to activities are **not included.**

# Individual Goods & Services (Self-Direction Only)

## Additional Considerations:

- Are services being used for appropriate items that are not used in the other part of the waiver or other Medicaid State Plan services ?
- Has the provider and service indentified in PCP?
- Does the service do the following:
  - decrease the need for other Medicaid services
  - Promote inclusion in the community
  - Increase the person's safety in the home environmentIf not is this an appropriate utilization for this service?

# Individual Goods & Services (Self-Direction Only)

## Additional Considerations:

- Is there documented evidence that the individual does not have the funds to purchase the items or service?
- Are there specific outcomes that enhance habilitative independence of the participant that are documented in the PCP?
- Does the cost exceed \$1,000?

# QUESTIONS???