

NC Innovations Waiver Proposed Changes

Webinar Series Q & A

Updated 9/22/15

Question / Comment	Response
Webinar: Supports Intensity Scale for Individual Support Planning	
There was a 30 day time period mentioned during which individuals can comment or question the SIS results. Is it 30 days from the date this SIS is sent or 30 days from the date the SIS is received? If it is 30 days from the date it is sent, will the 30 th day be clearly identified on a letter sent with the SIS?	It is 30 days from the date of notification. The date of notification is the date on the letter.
Who is monitoring to make sure the MCO's are following the Person Centered Process?	The Division of Medical Assistance (DMA) is responsible for ensuring waiver compliance.
Is it considered person centered to have the plan written about the person receiving services, but in language for the plan reviewer (technical and not easily understood by the average person)? This is what is being requested by the MCO / plan reviewers, but is not really the intent of person centered planning. In person centered planning, the plan is written about the person, for the person, in language the person can understand. At least that is what we are taught in the Person Centered Thinking training.	The Individual Support Plan (ISP) should be written in plain language. If technical terms are used, they should be spelled out and explained in the plan so the individual / family can understand what's being written.
Is there a way to get a copy of the slides / recording?	All webinars in this series are recorded and posted to the DMA website along with the slide presentation. They can be found at: http://www2.ncdhhs.gov/dma/lme/Innovations.html
What is the email address for submitting questions or comments?	IddListeningSessions@dhhs.nc.gov

<p>If the clinical review process is never directly involved with the planning process then how is that keeping with the person centered planning thinking? Example: If reviewers can deny services for individual not being able to read and write.</p>	<p>Person-Centered Planning is facilitated by the Care Coordinator. The team decides what information goes into the plan. The plan is then submitted to Utilization Management to determine the medical necessity of services. If services are denied, due process takes place. Due Process is outlined in 42 CFR 438. (Code of Federal Regulation).</p>
<p>Who ensures that the MCO clinical review process is not violating the person's civil rights or ADA rights, or not following the Innovation guidelines?</p>	<p>Pursuant to federal regulation, each MCO has a system in place for enrollees that includes a grievance process, an appeal process, and access to the State's fair hearing system. An "action" of the MCO is appealable and is defined in 42 CFR 438.400. A grievance may be filed with the MCO for any concern that does not constitute an action.</p>
<p>What protections are in place to ensure the MCO review process is not abusing or exploitation of the consumer they serve?</p>	<p>Report concerns about abuse or exploitation to the MCO through its Grievance Process for Abuse and Neglect.</p>
<p>If families have to pay back the MCO for services used during the appeal process. Why does the MCO not have to pay families / individuals for money used to fight an appeal that was found in favor of the individual / families?</p>	<p>Federal regulation allows enrollees to be liable in some circumstances for the cost of services that are continued while under appeal. Under certain circumstances, it is possible that a court could award attorney's fees to the enrollee if the court found in favor of the enrollee.</p>
<p>Is it not a conflict of interest to have the reviewer of needs and the manager of funds under the MCO? Explain why?</p>	<p>Federal law allows for an MCO to perform both functions and MCO's are subject to scrutiny by both the State and CMS to prevent both underutilization and overutilization.</p>
<p>What ensures that they will not use the SIS evaluation as a way to control dollar spending?</p>	<p>The SIS assessment is one of several tools used to determine the amount of support needed. Approved services can exceed an individual's budget.</p>
<p>What ensures that the MCOs will not use it as they used the NC SNAP as a tool to reduce or stop services for the individuals in need?</p>	<p>The SIS is administered by AAIDD-trained SIS Interviewers and is a proven method for estimating the needs of enrollees. Additional</p>

	services can be requested at any time regardless of the SIS results.
What ensures that the SIS Assessment is not used by the MCOs to continue to violate their consumers civil rights and ADA rights?	Pursuant to federal regulation, each MCO has a system in place for enrollees that includes a grievance process, an appeal process, and access to the State's fair hearing system. An "action" of the MCO is appealable and is defined in 42 CFR 438.400. A grievance may be filed with the MCO for any concern that does not constitute an action.
What oversight does DMA and DHHS have over the MCOs to protect the consumers from abuse of the SIS Assessment being misused by the MCO clinical team?	DMA establishes the policy for the use of the SIS assessment. To ensure MCOs are compliant with the policy, DMA conducts annual records review for validation. DMA is responsible for policy and Waiver process for the individual budget tool.