



INNOVATIONS WAIVER MEMBER HANDBOOK

NC Medicaid Managed Care
Behavioral Health and Intellectual/
Developmental Disabilities Tailored Plan

2024

Promoting independence, choice, community integration, and the ability to realize life goals through home and community-based services and supports.

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NC MEDICAID MANAGED CARE BEHAVIORAL HEALTH AND INTELLECTUAL/DEVELOPMENTAL DISABILITIES TAILORED PLAN INNOVATIONS WAIVER MEMBER HANDBOOK

Vaya Health | 2024-2025



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Welcome to Vaya Health’s NC Medicaid Managed Care Tailored Plan Innovations Waiver

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Introduction to the NC Innovations Waiver

As an NC Innovations Waiver participant, certain community-based services and supports are available to help you live and take part in the many activities in your community. These services help you create and maintain relationships with family and friends. North Carolina supports serving individuals with disabilities in the least restrictive and most inclusive settings possible. We use a person-centered planning process to figure out the best way to do this. These settings may be different for NC Innovations Waiver participants because of their choices and the supports they need to live in the community.

This handbook helps you understand the services and supports available through the NC Innovations Waiver and your rights as a participant in this program. It is important that you know and understand your rights so you can make sure they are followed and enforced. Along with your rights come certain responsibilities. This handbook discusses:

- The purposes and goals of the NC Innovations Waiver;
- The processes in place to support and serve you; and
- How to address potential problems you may face.

We recommend that you read this as a guide to the NC Innovations Waiver alongside any other materials about the Innovations Waiver program. Keep this handbook so you can use it as a reference tool.

This chapter of the handbook gives you:

- Purpose and goals of the NC Innovations Waiver
- Basic services provided by the NC Innovations Waiver

If there is a conflict between what is included in this handbook and the NC Innovations Waiver, the NC Innovations Waiver will apply.

Purposes and Goals of the NC Innovations Waiver

The NC Innovations Waiver provides home and community-based services and supports to allow participants to make their own choices and participate in their communities. The goals of the NC Innovations Waiver are to:

- Promote dignity and treat with you with respect.
- Allow you to choose your services and say no.
- Support you to live and work within your community.
 - Support where you choose to live.
 - Support your right to take part in community activities.
 - Provide you opportunities to find employment and work side by side with everyone else
- Give you the opportunity to make meaningful life choices and decisions.
 - Support you to choose and direct your services and to support you in developing a plan of care, also called an Individual Support Plan (ISP).
- Support your right to privacy, which includes:
 - The chance to have private living and sleeping spaces.
 - Having privacy when visiting with family and friends.
 - Being able to be alone.

- Protect you from neglect, harm, other people taking advantage of you and any abuse or actions that make you feel unsafe.

Freedom of Choice

If you choose to get NC Innovations Waiver services, this means you are choosing to receive services in the community rather than placement in an institution called an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) . As part of the initial and annual process to develop your plan of care, you will sign a “Freedom of Choice Statement” to receive or continue receiving NC Innovations Waiver services. You are free to choose between ICF/IID institutional services and NC Innovations Waiver services. Individuals receiving NC Innovations Waiver services may choose providers within the Vaya Health network and may change providers at any time.

NC Innovations Participant Responsibilities

As an NC Innovations Waiver participant, you also have some responsibilities. Your care manager will help you review and sign the Participant Responsibilities form. This form lists the responsibilities of each person participating in the NC Innovations Waiver and important waiver policies each person needs to be aware of before they agree to participate. Your care manager will discuss your responsibilities with you when you enter the NC Innovations Waiver and each year you continue to receive services.

- **If you do not follow NC Innovations Waiver requirements, you may lose NC Innovations Waiver funding and services. The form is signed each year you participate.**

Basic Features of the NC Innovations Waiver

Tailored Care Management

Each individual getting NC Innovations Waiver services will receive either Tailored Care Management or care coordinator services. A care manager is a trained health professional who works with you, your doctors, and other waiver service providers to make sure you get the right care when and where you need it. Care managers are based in Vaya or in a provider agency. Vaya will give you a single care manager who is trained to manage your care and address all your needs, including physical health, behavioral health, traumatic brain injury (TBI), intellectual/developmental disabilities (I/DD), NC Innovations Waiver services, pharmacy, long-term services and supports, and other health-related needs. NC Innovations Waiver participants have the choice to keep their current care coordinator if the care coordinator meets Vaya’s care manager requirements. For more information on Tailored Care Management, see the Vaya Health Tailored Plan Member Handbook section “Extra Support to Manage Your Health (Tailored Care Management)” or call Member and Recipient Services with questions at 1-800-962-9003 (TTY 711).

If you decide to leave Vaya Tailored Care Management, you can continue to get NC Innovations Waiver services, and Vaya will provide a care coordinator to help you access NC Innovation Waiver services. While a care manager can help you with all your health needs, a care coordinator works specifically on getting you NC Innovations Waiver services. You may have only a care coordinator or a care manager, but not both.

It is important you stay in contact with your care manager about changes in your needs and notify them immediately of emergency happenings that may affect your life and could require a change in your plan of care. Emergencies may include serious changes in your health or the health of your primary caregiver, the need for assistance following your own hospital stay, or the death of your primary caregiver. Emergency situations can also include natural disasters such as hurricanes, tornados, floods, and fires.

Your care manager can help you:

- Identify your needs to get services and create a plan of care that lists your goals and ways to reach those goals;
- Find information about services available in the community;
- Monitor your services to make sure they meet your needs and you are happy with them;
- Stay safe and healthy;
- Get information on how to direct your services; and
- Work through problems or complaints about services or crisis situations, if needed.

Plan of Care, also called an Individual Support Plan

As an NC Innovations Waiver participant, you have a plan of care, also called an Individual Support Plan (ISP), that includes important information about you, your life goals, and the services and supports needed to help you reach your goals. The planning process identifies your strengths, abilities, wishes, and support needs, and it helps you develop a health plan for your life.

Your plan of care includes information on how you can reach your goals through the combined support of NC Innovations Waiver services, family and friends, and the use of community supports. You, along with your planning team, will create your plan of care and revise it as you progress or your needs change. More information on the plan of care is included on page 11.

Quality Monitoring and Improvement

We want to make sure you are happy with the services and care that you are getting and that they are helping you meet the goals in your plan of care. Vaya, along with state and federal government departments, monitor the use of waiver funding to make sure it helps you meet your goals and that you are safe and healthy.

As you participate in the NC Innovations Waiver, you and your family or guardian will be asked to participate in some or all of the following quality processes:

- Tailored Care Management monitoring visits to your home and other places you receive services;
- Individual satisfaction surveys; and
- Reviews of the services you receive from Vaya.

Re-Enrollment in the NC Innovations Waiver

The NC Innovations Waiver operates on a “waiver year,” which runs from July 1 through June 30. If you leave the NC Innovations Waiver during the waiver year, you may re-enter the NC Innovations Waiver if you re-enter before the current waiver year ends, provided that you continue to meet NC Innovations Waiver requirements. Your care manager can help you with this process if needed.

If you leave the NC Innovations Waiver and return after the current waiver year has ended, you may be unable to re-enter the NC Innovations Waiver right away. If funding is not available, you will be placed on the Registry of Unmet Needs, also known as the “Innovations waitlist.”

Individuals who want to leave Vaya and move to another Medicaid health care option outside of the Tailored Plan must leave the NC Innovations Waiver first, unless you are a Tribal member and move to NC Medicaid Direct. More information on how to change your health plan can be found in the Vaya Health Tailored Plan Member Handbook in the section “Changes to Your Health Care Option (Disenrollment)” or on our website at vayahealth.com. Your care manager can also answer any questions you may have.

Services and Supports from the Community and Plan of Care You will be involved in a person-centered planning process to help determine what services and supports you will receive in the community. Person-centered planning puts you at the center of the process and focuses on your strengths, interests, and needs. The planning process allows you to make your own choices about your care and the services you receive in the community. You will have many chances to share what you think and how you feel.

Supports Intensity Scale™ (SIS)

As the first step in the person-centered planning process, Vaya will arrange for your services and support needs to be identified using the Supports Intensity Scale™ (SIS). The SIS is an interview that focuses on the support needs of a person with an intellectual disability. You assist in this assessment by determining the people, referred to as respondents, who, along with yourself, will be interviewed during the SIS. The SIS is done at least every 3 years for adults and every 2 years for children (age 16 and younger) who participate in the NC Innovations Waiver.

The SIS is only one way to think about your support needs. The results from the SIS may be used to determine the amount of services you receive, but the results are not binding. Vaya must also look at and consider all evidence of your other needs.

After a new SIS is completed, Vaya will send you a mailing that includes:

- Results of your SIS.
- How to raise concerns with Vaya on the process and findings. Waiver participants are able to talk about the results of the SIS with Vaya. If Vaya decides that the SIS results do not completely capture the participant’s supports needs, Vaya can correct the error. NC Innovations Waiver participants can also file an appeal about the SIS findings. More information on the appeal process can be found in the Vaya Health Member Handbook in the section “Medicaid Service Appeals.”

If something is not correct in the findings from your SIS, you can discuss your concerns with your care manager and guardian, if applicable. If you believe your support needs have changed, you should also talk with your care manager.

Health Risk/Support Needs Assessment

A Health Risk/Support Needs Assessment is completed by your care manager with input from you, your family, and other team members. Your care manager makes sure these risks/needs are addressed in your plan of care

and, as needed, in a crisis plan. Potential risks and safety considerations can include health, medical, and behavioral areas of concern.

Plan of Care

The sections below have information on how to develop, approve, appeal, and change your plan of care.

Plan of Care Development

Your care manager works with you to develop a plan of care, also called an ISP. In your plan of care, you set goals for living in the community and determine what supports you need to meet your goals. Your plan of care lists NC Innovations Waiver program services and other NC Medicaid services and informal supports. If there is more than one provider who can provide a service, you are involved in choosing the provider you want from available NC Innovations Waiver providers and determining the schedule for the services you choose.

To create your plan of care, your care manager will:

- Ask you, your family, and your guardian, if applicable, who you want included in your planning team and what part you want to take in leading the planning meeting, and
- Document the results of your planning meeting after the team develops the plan of care.

Your plan of care should:

- Be clear to you and the important individuals supporting you.
- Identify the services and supports (paid and unpaid) that will help you achieve the goals you identified and the providers of those services and supports, including family and friends.
- Include a schedule of when you need support and the kinds of support you need at different times of day.
- Clearly demonstrate medical necessity for services you need.
- Be shared with you and other people involved in the plan.
- Help identify risks that are present and ways to address them.
- Reflect the decisions you make.
- Be respectful of you and those who support you.
- Assist you and the people who support you to find information easily.
- Identify how required emergency back-up services will be furnished for direct support workers providing your services.
- Not allow for services that are not needed or inappropriate to be provided.

Plan of Care Approval

When your plan of care is completed, you (or your guardian, if applicable) will be asked to sign it. If the plan is missing information, or you or your guardian have any concerns, talk with your care manager. You cannot receive NC Innovations Waiver services if you do not have an approved plan of care. Your care manager submits the plan to Vaya Utilization Management and requests approval of the services in the plan. **The plan of care approval process is separate from the service approval. Not all services are approved on an annual basis.**

Vaya Utilization Management has 14 days to review the plan of care and approve it, deny it, or request additional information. If additional information is requested, then up to an additional 14 days may be needed

to complete the review. You will receive a letter notifying you if additional information has been requested. You will receive a copy of your plan of care.

Appealing Plan of Care Decisions

You have the right to appeal a decision, action, or inaction about the services in your plan of care. For example, you can appeal if Vaya's Utilization Management team:

- Denies your service request in whole or in part
- Does not act on your service request within 14 days of receiving it if no additional information was requested.
- Denies your choice of an available provider to provide services.
- Reduces the services that are within your plan of care.
- Changes the services that are within your plan of care.
- Stops the services that are within your plan of care.

Your care manager and Member and Recipient Services (1-800-962-9003/TTY 711) can tell you more about the appeal process. See the Vaya Health Tailored Plan Member Handbook for more information on the appeal process.

Changing the Plan of Care

You will review your plan of care with your care manager to make sure that the plan still reflects your goals, needs, and supports to attain your goals. This review will occur once every year and when there is a need to make a change. A change in services may happen if there is a change to your goals or support needs or may be due to your experiences.

You or your legal representative review and sign the document when the plan of care is developed and when a change to the plan is made. You can request to make updates to your plan of care with the care manager at any time.

Starting Your Plan of Care Services

Implementation of your plan of care is a shared responsibility of you, your family members and natural supports, and the members of your planning team. Services must start within 45 calendar days of initial plan approval.

After Your Plan of Care Is Approved

- The provider agency of your choice develops short-term goals and ways to help the agency staff support you to consistently meet longer-term goals.
- The provider agency identifies back-up staffing in case your direct support worker is unavailable.

Choosing NC Innovations Waiver Services

Each NC Innovations Waiver participant can choose the services and supports they want to receive, the provider they want to receive the services from, and (for certain services) how they want to manage their

services. You can work with your care manager to choose the NC Innovations Waiver services that will best meet your needs.

Non-paid or Natural Supports

When developing your plan of care, remember that NC Innovations Waiver services are not supposed to replace or double services and resources that are already available to you. Non-paid supports – also called natural supports – are an important part of everyday life, and Medicaid services are not supposed to replace supports that are currently working for you. Non-paid supports are people who provide support, care, and help without payment for that support and can include parents, spouses, siblings, children, extended family members, neighbors, church members, and co-workers.

Limitations on Services

NC Innovations Waiver services help you continue living in and participating as an active member of your home community. It is important to understand there are special limitations on services. You cannot go above the limit in any category of service, or the limits described in the Limits on Sets of Services listed in Appendix B.

The total of your base and “add-on” services cannot exceed the NC Innovations Waiver cost limit of \$135,000 per year, with the following exceptions:

- NC Innovations beneficiaries may exceed the \$135,000 NC Innovations Waiver cost limit to ensure health, safety, and wellbeing, if the following criteria are met:
 - Individual lives independently without their family in a home that they own, rent, or lease; and
 - Individual receives Supported Living Level III; and
 - Individual requires 24-hour support. Individuals requesting services and supports in excess of the \$135,000 cost limit must make this request through the plan of care update process (reference section Changing the Plan of Care)
- Services and supports that exceed \$135,000 must be first approved by Vaya and must be related to the participant’s needs and not for the convenience of the provider agency or caregiver.
- If another Medicaid or other available service will meet the participant’s needs instead of an NC Innovations Waiver service, the other service must be used.

Your care manager will help you understand the limits on your services. These limits also include services that:

- Cannot be provided at the same time of day as other services
- Cannot be provided on the same day as other services
- Cannot be provided if you receive other services
- Can only be provided if you self-direct services, refer to page 16 for more information on self-directed services
- Have spending limits per year or over the duration of the NC Innovations Waiver (5 years)
- Cannot be provided in certain locations

Services for School-aged Individuals

School-aged individuals ages 3 through 21 can get NC Innovations Waiver services outside of school hours or during school hours if the student attends a private school. Your care manager can share more information on when and where NC Innovations Waiver services can be provided to individuals ages 3 through 21.

Limitations on Services for School-aged Individuals

Your care manager will help you understand the limits of your services, depending on the individual's age and if school is in session, which include no more than a set number of hours of the combination of the following:

- Community networking
- Day supports
- Supported employment services
- Community living and supports

It is important to understand there are special limitations on services. You cannot go above limits in any category of service or the limits described in the Limits on Sets of Services listed in Appendix B.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is Medicaid's Comprehensive Child Health Program for individuals under age 21. EPSDT is authorized under the Medicaid Act and includes periodic screening of children, including vision, dental, and hearing services. The Act requires any medically necessary health care service that is listed in the Act be provided to a Medicaid beneficiary under age 21 even if the state Medicaid plan does not cover those services. Your care manager can provide you with more information about EPSDT.

Equipment and Supplies

If you need equipment or supplies, discuss your needs with your care manager. Your care manager can help you get the equipment and supplies you need. NC Innovations Waiver funds cannot pay for equipment or supplies covered by your private health insurance, Medicare, TRICARE, or NC Medicaid. For more information on durable medical equipment available under Medicaid, visit medicaid.ncdhhs.gov/providers/programs-services/medical/durable-medical-equipment.

Some equipment and supplies are covered under specific NC Innovations Waiver services. Each service has categories of coverable items and how they are approved. Because gathering the information needed for approval takes time, you should let your care manager know your needs as soon as possible so the needed items can be added to your plan of care and the supporting documentation obtained.

Your care manager can help you try to locate another way to pay for an item or supply that is not otherwise covered through NC Medicaid, the NC Innovations Waiver, your private health insurance, or Medicare.

Location of Services

You can get services at locations that best meet your needs. Some services must be provided at a specific location. See the service definitions on pages 16-20 for specific information about any limitation where a service can be provided.

In very special cases, you, your planning team, or both, may decide that you should receive periodic services in the home of a direct support provider. There is a special process that the network provider agency must complete with your approval before you can receive services in the direct care worker's home. Your care manager can answer any questions you may have on the process.

Services in Residential Settings

If you are new to the NC Innovations Waiver or are an existing participant, you may live in a private home or residential setting that meets the NC Innovations Waiver criteria.

Choosing How You Receive Your Services

You can choose how to receive services when you choose them as part of the plan of care process. You can choose to receive your services in one of two ways:

- **Provider-directed Services.** Choosing a network provider agency to deliver your services
- **Individual and Family-directed Services.** You can choose one of two options for these services.
 - **Employer of Record Option:** You can hire and manage workers who help you and you can get help from a financial support services agency offered to NC Innovations Waiver participants who choose this option. Employer of record supports are provided to ensure funds for self-directed services are managed and distributed correctly.
 - **Agency with Choice Option:** You can self-direct your services by training and supervising workers with the help of a network provider agency.

Please note that not all services are available to be self-directed.

It is also important to know you may also self-direct some services and get other services through a provider agency.

Individual and Family-Directed Services

“Self-direction” is when you choose who provides your services, set your provider’s schedule, and decide what tasks your provider performs. The **Service Definition** section beginning on page 16 indicates which services may be self-directed.

Vaya understands that individuals and their families may need help deciding whether to self-direct services and how to choose who provides services. Your care manager and Member and Recipient Services (1-800-962-9003/TTY 711) can tell you more about the individual and family-directed services option and help you develop the skills needed to direct services.

Vaya has additional resources to help, including our Individual and Family-Directed Services (IFDS) Employer Handbook. This handbook is available online at vayahealth.com. For a printed copy or more information, talk to your care manager or call Member and Recipient Services at 1-800-962-9003 9003 (TTY 711).

Choosing Who Provides Your Services

Vaya maintains and monitors a network of qualified provider agencies for NC Innovations Waiver services. You choose the provider agency in the network to deliver your services. Vaya monitors the provider agency to make sure it protects your health and safety, and that you are happy with the care you receive.

Vaya’s NC Innovations Waiver provider network agency you choose has responsibilities, including:

- Working with you, your family, and your care manager to develop your plan of care

- Hiring, training, and supervising staff who provide direct waiver services.
- Developing short-term goals and ways to achieve your goals.
- Monitoring services to ensure they are consistent with your plan of care.
- Notifying the care manager of significant changes in your situation, needs and, service delivery.

During the development of your plan of care, you decide which service provider best meets your needs. Your care manager provides you with a list of approved providers in your area who offer the services you need. You decide which ones will be the best for you.

You may choose your provider agency from Vaya's network of providers. If your needs cannot be met by one of these providers, Vaya may contract with an out-of-network provider.

Service Definitions

Service definitions are included in this handbook. Your care manager can also provide more information about any service. Your care manager can provide a copy of definitions for the services you are receiving, including if you are self-directing.

Assistive Technology Equipment and Supplies

The assistive technology equipment and supplies service covers purchases, rentals, shipping costs, and, as needed, fixes to equipment required to increase, maintain, or improve your ability to do daily life tasks. You can spend up to \$50,000 over the duration of the NC Innovations Waiver for this service and home modifications (combined over 5 years). The limit does not include nutritional supplements and monthly alert-monitoring system charges. The list of items covered includes certain daily living aids, items to help you control your environment, some types of positioning systems, and some types of alert systems. If you need equipment or supplies, let your care manager know, and they can help you determine if it can be covered by the NC Innovations Waiver, Medicaid, or other resources.

Community Living and Supports

Community living and supports (CLS) is an individual or group service that helps you live successfully in your own home, the home of your family or natural supports, and be an active member of your community. CLS can help you to learn new skills, practice and improve skills you have already learned, and support you in living as independently as possible. CLS does not take the place of natural supports but can provide assistance and training to natural supports who live with you in helping you practice and maintain skills you learn with CLS.

Natural supports are relationships with people that include coworkers, classmates, neighbors, family, and others. These relationships are typically developed in the community through associations in schools, the workplace, and participation in clubs, organizations, and community activities.

Community Networking Services

Community networking may be self-directed.

Community networking services include activities that support you in creating a day that is personally meaningful to you and with people who are not disabled. Community networking services are not provided in

your home, anyone else's home, residential programs, or day programs. Some of the things community networking services can help you do are:

- Participate in classes at the community college; for example, take a class in photography.
- Participate in community classes to develop hobbies, leisure, or cultural interests; for example, take a class to learn to knit. Other people in the class may later decide to meet weekly at a community center where everyone could work on their own knitting project together.
- Perform volunteer work such as stocking food at a food pantry.
- Join a group that meets regularly in the community; for example, a group that meets at a coffee shop every morning to discuss community events.
- Learn to use public transportation.
- Take classes on self-determination and participate in a self-advocacy group.
- For children, provide support to go to an after-school program designed for children who do not have disabilities.
- Pay for you to attend a class or conference (but not hotel, meals, transportation to the conference, or day care fees) up to \$1,000 per year. This does not include child care fees, overnight camps, fees for summer programs whose primary purpose is child care, or memberships.

Community Transition

Community transition funds are one-time, set-up expenses for adults to live in homes of their own. It can help if you are moving from a state developmental center, ICF/IID group home, nursing facility, or other licensed living arrangement (such as a group home, foster home, or alternative family living home) to a living arrangement where you are directly responsible for your own living expenses. The lease must be in your name or that of your legal guardian or representative, or you must own the home.

Community transition services can pay for security deposits, essential furnishings, window coverings, food preparation items, sheets, towels, and deposits for utilities, including telephone, electricity, heating, and water. Community transition can only be used once. The limit of the NC Innovations Waiver for this service is \$5,000 over 5 years.

Crisis Services

Crisis services help you if a situation is a threat to your health and safety or the health and safety of others. This service could help you if you are at risk for losing your job, your home, or other important activity in your life and help prevent you from needing institutional placement or hospitalization. Crisis services are available to help you 24 hours per day, 7 days per week. There are 3 types of crisis services that can help you:

1. **Crisis Intervention and Stabilization:** Trained staff are available to provide first response crisis services to you. They can help identify the type of help you need, contact other agencies to help you, and help staff or caregivers work with you during the crisis.
2. **Crisis Consultation:** Psychologists or psychological associates are available to you if you have challenging behaviors that have resulted in a crisis situation requiring the development of a comprehensive crisis plan.
3. **Out-of-Home Crisis:** A short-term service that can help you if you experience a crisis and require a period of regular support. The service takes place in a licensed facility or licensed private home respite setting, separate from your living arrangement.

Day Supports

Day supports help you get, keep, or improve socialization and daily living skills and is one option for a meaningful day. Day supports are provided by licensed day programs and licensed childcare facilities. If you receive day supports, your day supports provider is responsible for transporting you from your home to and from the day supports facility. Usually, you receive day support services in a group. One-on-one day support services are available only if you have special needs that require individual support.

Home Modifications

Home modifications are physical changes to the private home where you live or will be living and owned by you or your family (including your foster family, if applicable) that are needed to protect your health, welfare, and safety or to help you be more independent. The adaptations cannot add total square footage to your home and are limited to \$50,000 over the duration of the NC Innovations Waiver (limit includes assistive technology equipment and supplies).

Individual Goods and Services

Individual goods and services are available to you if you self-direct one or more services through the individual and family-directed services option. The cost is limited to \$2,000 each year. They include services, equipment, or supplies that address an identified need in your plan of care and meet the following requirements:

- Item or service would decrease your need for other Medicaid services; AND/OR
- Promote inclusion in your community; AND/OR
- Increase your safety in your home environment; AND
- You do not have the funds to purchase the item or service.

Natural Supports Education

Natural supports education may be self-directed.

Natural supports education provides training to your family and your natural supports network to educate and train them about the nature and impact of your disability, on strategies for helping you, and specialized equipment and supplies you use.

This service will also pay for up to \$1,000 for enrollment fees and materials for your primary caregiver to attend conferences and classes that help your caregiver develop skills to support you in having greater access to the community.

Relative/Legal Guardian as Direct Support Provider

Relatives or legal guardians who live with you may provide paid supports to help you to stay in the home. They must be 18 years old or older. Your relative or legal guardian may provide you with community living and support services as part of the NC Innovations Waiver. Your care manager will work with your relative or legal guardian and monitor your care to ensure that you are receiving the services that you need.

There are limitations to your relative or legal guardian as your direct support provider, which include but are not limited to:

- Your relative must be related to you by blood or marriage.

- Your relative must live in the same home as you.
- Your relative or legal guardian may not provide more than 40 hours of service per week unless you can prove that the services you require are not available by any other provider.

Residential Supports

Residential supports are individually designed training activities, assistance, and supervision. Residential supports are provided in licensed/unlicensed community residential settings that include group homes and alternative family living homes. Residential supports include:

- Habilitation services that help you develop, improve, and maintain self-help skills, general household management, meal preparation skills, personal financial management skills, and socialization skills.
- Assistance and support in activities of daily living to ensure your health and safety.
- Transportation to/from your residence and community activities/licensed day programs.

Respite (Individual, Group, Nursing, Facility)

Respite services may be self-directed.

Respite services are provided on a short-term basis and provide you support when your natural support is unavailable. They provide a break for your primary caregiver, and they can be scheduled or provide support when an emergency occurs. Respite may include in and out-of-home services, and can include overnight, weekend care, or emergency care (if a family emergency occurs).

Specialized Consultation Services

Specialized consultation services provide training and help in a specialty area. The specialty areas are psychology, behavior intervention, speech therapy, therapeutic recreation, augmentative communication, assistive technology equipment, occupational therapy, physical therapy, and nutrition. Family members and other paid/unpaid caregivers are trained by a certified, licensed, and/or registered professional or qualified assistive technology professional to carry out therapeutic interventions, increase the effectiveness of the specialized therapy, and participate in your team meetings. This service is very important, as it can help your family, caregivers, and paid service providers learn how to provide the right supports for you.

Supported Employment Services (Initial and Long-term Follow-up)

Supported employment may be self-directed.

Supported employment services help you choose, get, and maintain a job in settings with people who do not have disabilities. Before you can get supported employment services funded by the NC Innovations Waiver, you must first use any services vocational rehabilitation offers you.

Supported employment services include:

- Pre-job training to prepare you to start work and may include career counseling, job shadowing, help using educational resources, training in resume preparation, job interview skills and help learning skills necessary for keeping the job.
- Training and support to get employment in a group such as an enclave or mobile crew (groups of workers with disabilities who work in a business in the community).
- Assisting you in starting and running a small business you own.
- Training and support to complete job training or maintaining employment.

- Transportation between work/home or between activities related to employment.
- Consultation with your employer to address any problems or needs you may have.

Supported Living

Supported living services allow you to live in your own home with support that is suited to your individual needs. You can choose who lives with you (up to two other people) and how you want help. The purpose of this service is for you to live independently, so you cannot live with family members, with certain exceptions. This service also cannot pay for your rent or room and board unless to pay for a live-in caregiver.

Supported living services include:

- Direct assistance with daily activities, household chores, budget management, attending appointments, and building social skills.
- Training activities, supervision, and assistance to help you participate in home or community life
- Help with keeping track of your health and physical condition.
- Help with transportation, emergencies that require ambulances, and using devices that help you move around.

Vehicle Modifications

Vehicle modifications are devices, services, or controls that can help you increase your independence or physical safety by enabling your safe transport in and around the community. The installation, repair, maintenance, and training in the care and use of vehicle modifications are included. You or your family must own or lease the vehicle being modified. Modifications do not include the cost of the vehicle or lease. Modifications include door handle replacements; door modifications; installing a raised roof; lifting devices; devices for securing wheelchairs or scooters; adapted steering, acceleration, signaling, and braking devices; handrail and grab bars; seating modifications; lowering of the floor of the vehicle; and safety/security modifications. Vehicle modifications are limited to \$20,000 over the duration of the NC Innovations Waiver (5 years).

Monitoring Your Services

Your care manager is responsible for monitoring your person-centered plan of care, including all your NC Innovations Waiver services and all other Medicaid services provided to you, and your overall health and safety. Monitoring will take place in all service settings and on a schedule outlined in your plan.

What Does Your Care Manager Monitor?

Your care manager monitors that:

- Services are provided as written in your plan of care
- You can access services.
- Problems that happen are identified and addressed.
- Services meet your needs.
- Back-up staffing plans are implemented.
- You are healthy and safe.
- You are offered a free choice of network providers.
- Your non-waiver service needs have been addressed.

Monitoring Methods

- Face-to-face contact with you and your care team.
- Telephone contact with you and your care team.
- Observation of services.
- Review of documentation and billing.

Care Manager Individual Monitoring Schedule

- If you are new to the NC Innovations Waiver, you receive at least monthly in-person visits for the first 6 months and then on the schedule in your plan of care, no less than quarterly.
- If your services are provided by guardians and relatives living in your home, you receive at least monthly in-person visits.
- If you live in a residential program, you receive at least monthly in-person visits.
- If you choose to self-direct (individual and family-directed services option) your services, you receive at least monthly in-person visits.
- If you are not listed in one of the above categories, you will receive in-person visits on the schedule in your plan of care, no less than quarterly.
- If you do not receive an in-person visit during the month, your care manager will contact you by telephone.

Concerns About Abuse, Neglect, and Exploitation

Your health and safety are very important. You should be able to lead your life without fear of abuse or neglect by others or someone taking advantage of you (exploitation). Anyone who suspects any allegations of abuse, neglect, or exploitation of a child (age 17 or under) or disabled adult **must** report these concerns to the local Department of Social Services (DSS). Local Department of Social Services contact information is at ncdhhs.gov/divisions/social-services/local-dss-directory. There are also rules that no one will be punished for making a report when the reporter is concerned about the health and safety of an individual.

Providers are required to report any concerns of abuse, neglect, or exploitation of a child or disabled adult from an unlicensed staff for a potential investigation to the local DSS at ncdhhs.gov/divisions/social-services/local-dss-directory and the Health Care Personnel Registry section of the North Carolina Division of Health Service Regulation at ncnar.org/verify_listings1.jsp. The provider will also take steps to ensure the health and safety of individuals receiving services.

For more information on how to report concerns, contact your care manager or call Vaya Member and Recipient Services at 1-800-962-9003 (TTY 711).

Continuing Eligibility for NC Innovations Waiver Participants

As an NC Innovations Waiver participant, you have already gone through an initial eligibility process. To remain in the program, you must continue to meet certain clinical and financial criteria. This section provides information about ongoing clinical and Medicaid eligibility.

Clinical Eligibility

- You must not live in an intermediate care facility for individuals with intellectual disabilities (ICF/IID) but continue to require ICF/IID level of care.
- You must continue to need and use one or more of the services or supports offered under the NC Innovations Waiver monthly.
- You must be able to maintain your health, safety, and well-being in the community with NC Innovations Waiver services.
- You must reside in a qualified setting in which NC Innovations Waiver services can be delivered.

Continuing clinical eligibility assessments take place annually and as needed due to changes in your circumstances. It is important for you to provide information about changes in your circumstances. Changes that affect one or more of the clinical eligibility criteria may also affect your eligibility for the NC Innovations Waiver program. If you do lose eligibility for the NC Innovations Waiver, your eligibility will end on the last day of the month that your clinical eligibility changed.

For more information on clinical eligibility, contact your care manager or Vaya Member and Recipient Services at 1-800-962-9003 (TTY 711).

Medicaid Eligibility

In addition to continuing to meet clinical eligibility, you must continue to meet Medicaid eligibility to remain in the NC Innovations Waiver.

It is important that you provide your local Department of Social Services (DSS) with all of the information they need to update your Medicaid eligibility and that you read and respond to all letters they send you. It is also important to let your care manager know of any address change, as this change can affect Medicaid eligibility and your NC Innovations Waiver services. Your care manager and your local DSS will let you know if a move will affect your Medicaid eligibility and Vaya enrollment. Your NC Innovations Waiver services will move with you across North Carolina.

For additional information and questions you have on Medicaid eligibility, contact your care manager or call Vaya Member and Recipient Services at 1-800-962-9003 (TTY 711).

Residential Settings Where NC Innovations Waiver Services Can Be Delivered

You must continue to live in private homes or residential settings that meet NC Innovations Waiver criteria.

Leaving the NC Innovations Waiver (Disenrollment)

NC Innovations Waiver participants can choose to leave the NC Innovations Waiver at any time. If you want to leave Vaya and move to another Medicaid health care option, you must leave the NC Innovations Waiver first. For more information, contact your care manager or call Vaya Member and Recipient Services at 1-800-962-9003 (TTY 711).

There are reasons why you must leave the NC Innovations Waiver even when you do not ask to leave, including:

- You are no longer eligible for Medicaid.
- Your plan of care is not approved. (This can be appealed.)
- You choose to live in a facility or setting that is not a qualified setting for NC Innovations Waiver services.
- You are hospitalized for longer than 30 days.
- You move out of state.
- You do not use at least one NC Innovations Waiver service (other than assistive technology, community transition, home modifications, vehicle modifications, or respite) each month.
- You no longer meet intermediate care facilities for individuals with intellectual disabilities (ICF/IID) eligibility. (This can be appealed.)

If you must leave the NC Innovations Waiver when you did not ask to leave, Vaya will provide appeal rights to you or your legal guardian in writing. For most disenrollments, the effective date is the last day of the month.

Additional Resources

Other State Waivers That May Meet Your Needs

Your care manager can help you if you have questions about any of the other North Carolina waivers. You may receive funding from only one waiver at a time. Other waivers are:

- **CAP/C: Community Alternatives Program for Children:** CAP/C provides an alternative to nursing facility and hospital care for individuals up to age 21 who live in a private residence, who have complex medical needs (medically fragile), and who have been ruled disabled by Disability Determination Services (medicaid.ncdhhs.gov/providers/programs-services/long-term-care/community-alternatives-program-for-children).
- **CAP/DA-Community Alternatives Program for Disabled Adults:** CAP/DA provides an alternative to nursing facility care for persons with disabilities who are age 18 and older and who live in a private residence (medicaid.ncdhhs.gov/providers/programs-and-services/long-term-care/community-alternatives-program-disabled-adults-capda).

Other Services That Might Meet Your Needs

If you are disenrolled from the NC Innovations Waiver, you should ask your care manager about other services that you may be eligible for that could meet your needs. Available services will vary from person to person because some people will no longer have Medicaid coverage when they are disenrolled from the NC Innovations Waiver. Your local DSS will let you know if you will continue to have Medicaid coverage.

Ways to Share Experiences with NC Innovations Waiver

Vaya wants to hear about your experiences getting NC Innovations Waiver services and about ways Vaya can make sure you are happy with the services you are receiving. You can contact your care manager or call Vaya Member and Recipient Services at 1-800-962-9003 (TTY 711) to share your experiences.

You can also participate in Vaya's NC Innovations Waiver Stakeholder Group that meets every 3 months and share your ideas for improving the delivery of NC Innovations Waiver services. You will have the opportunity to meet with NC Innovations Waiver participants, families, providers, and other individuals during these

meetings. Contact your care manager or Member and Recipient Services at 1-800-962-9003 (TTY 711) to learn more about how you can participate.

Abbreviations and Acronyms

CAP	Community Alternatives Program
CAP/C	Community Alternatives Program for Children
CAP/DA	Community Alternative Program for Disabled Adults
CMS	Centers for Medicare & Medicaid Services
DHB	Division of Health Benefits
DSS	Department of Social Services
EPSDT	Early and Periodic Screening, Diagnostic, and Treatment (under age 21)
HCBS	Home and Community Based Services
ICF/IID	Intermediate Care Facility for Individuals with Intellectual Disabilities
I/DD	Intellectual/Developmental Disability
IDEA	Individuals with Disabilities Education Act
IEP	Public school Individual Education Plan
ISP	Individual Support Plan
LME	Local Management Entity
MCO	Managed Care Organization
MD	Medical doctor or physician
MH/DD/SA	Mental Health, Developmental Disability, Substance Abuse
NCDHHS	North Carolina Department of Health and Human Services
PIHP	Prepaid Inpatient Health Plan
PRTF	Psychiatric Residential Treatment Facility
QP	Qualified professional
SIS™	Supports Intensity Scale™
SNF	Skilled nursing facility
SSA	Social Security Administration
UM	Utilization Management

Key Words Used in This Handbook

As you read this handbook, you may see some new words. Here is what we mean when we use them.

Appeal: If the health plan makes a decision you do not agree with, you can ask them to review it. This is called an “appeal.” Ask for an appeal when you do not agree with your health care service being denied, reduced, stopped, or limited. When you ask your plan for an appeal, you will get a new decision within 30 days. This decision is called a “resolution.” Appeals and grievances are different.

Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plan: A North Carolina managed care health plan that provides Medicaid members with services to meet their health care needs and additional care for behavioral health, intellectual/developmental disabilities (I/DD), and traumatic brain injuries (TBI). The Behavioral Health and Intellectual/Developmental Disability (I/DD) Tailored Plan covers additional services not available in standard plans.

Beneficiary: A person who is receiving Medicaid.

Care Coordination: A service where a care coordinator or care manager helps organize your health goals and information to help you achieve safer and more effective care. These services may include, but are not limited to, identification of health service needs, determination of level of care, addressing additional support services and resources, or monitoring treatment attendance.

Care Management: A service where a care manager can help you meet your health goals by coordinating your medical, social, and behavioral health services and helping you find access to resources like transportation, healthy food, and safe housing.

Care Manager: A health professional who can help you meet your health goals by coordinating your medical, social, and behavioral health services and helping you find access to resources like transportation, healthy food, and safe housing. For NC Innovation Waiver participants, they also have special training to support waiver services such as tracking progress on goals in the plan of care (Individual Support Plan, or ISP), making recommendations, and referring for additional or different services and amounts of services and supports based on their findings. Care managers also monitor NC Innovations Waiver compliance.

Community Supports: Organizations that provide support to a person. Community supports may include advocacy organizations, community service organizations, faith-based organizations, civic organizations, and/or educational organizations.

Complaint: Dissatisfaction about your health plan, provider, care, or services. Contact your health plan and tell them you have a "complaint" about your services. Complaints and appeals are different.

Department of Health and Human Services (NCDHHS): The state agency that includes NC Medicaid (Division of Health Benefits); Division of Mental Health, Developmental Disabilities, and Substance Abuse Services, the State Division of Social Services; the Division of Aging and Adult Services; and other health and human services agencies. The NCDHHS website is ncdhhs.gov.

Durable Medical Equipment: Certain items (like a walker or a wheelchair) your doctor can order for you to use at home if you have an illness or an injury.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT): A Medicaid benefit that provides comprehensive and preventive health care services for children under 21 who are enrolled in Medicaid. When children need medical care, services are not limited by Vaya's coverage policies. Medicaid makes sure that members under 21 years old can get the medical care they need, when they need it, including health care services to prevent future illnesses and medical conditions. The EPSDT benefit does not apply to services received through the NC Innovations Waiver.

Excluded Services: Services covered by the NC Medicaid Direct program, but not by your health plan. You can get these services from any provider who takes Medicaid.

Habilitation Services and Devices: Health care services that help you keep, learn, or improve skills and functioning for daily living.

Health Care Option: Health care options include Standard Plans, Tailored Plans, EBCI Tribal Option, and NC Medicaid Direct. These options are based on the individual beneficiary.

Health Insurance: A type of insurance coverage that helps pay for your health and medical costs. Your Medicaid coverage is a type of insurance.

Health Plan (or Plan): The organization providing you with health care services.

Hospitalization: Admission to a hospital for treatment that lasts more than 24 hours.

Innovations Waiver: Special federal program designed to meet the needs of people with intellectual/developmental disabilities (I/DD) who prefer to get long-term services and supports in their home or community rather than in an institutional setting.

Institution: For purposes of the NC Innovations Waiver, an "institution" is a residential facility that is licensed and funded as an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). NC Innovations Waiver funding cannot be used in an institution, including ICF/IIDs, hospitals, skilled nursing facilities, and state developmental centers.

Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID): Facility that provides residential, medical, and other supports to people with intellectual and developmental disabilities who have behavioral and/or medical conditions.

Local Department of Social Services (DSS): The local (county) public agency that is responsible for determining eligibility for Medicaid and other assistance programs.

Managed Care: A health care program where North Carolina contracts with health plans, called managed care organizations (MCOs), to arrange for integrated and coordinated physical, behavioral health, and other health services for Medicaid beneficiaries. In North Carolina, there are 3 types of managed care plans.

Medicaid: Medicaid is a health coverage program helps families or individuals who have low income or serious medical problems. It is paid with federal, state, and county dollars and covers many physical health, behavioral health, and I/DD services you might need. You must apply through your local Department of Social Services. When you qualify for Medicaid, you are entitled to certain rights and protections.

Medically Necessary: Medical services, treatments, or supplies that are needed to diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Member and Recipient Services: A phone number you can call to speak with someone and get help when you have a question. The number for Vaya is 1-800-962-9003 (TTY 711).

NC Innovations Waiver Level of Care: The tool used to determine the minimum amount of help a person may require to receive services in an institutional setting under the state Medicaid plan. Individuals must meet ICF/IID level of care to meet the NC Innovations Waiver level of care.

NC Medicaid (State Medicaid Agency): The agency that manages the state's Medicaid health care program, pharmacy benefits, and behavioral health services.

Network (or Provider Network): A group of doctors, hospitals, pharmacies, and other health professionals who have a contract with your health plan to provide health care services for members.

Network Provider: A provider that is in your health plan's provider network.

Non-paid Supports: People who provide support, care, and assistance to a person with a disability without payment for that support. Non-paid supports may include parents, spouses, siblings, children, extended family members, neighbors, church members, or coworkers.

Participant/Individual/Member: The person who is approved to receive services under the NC Innovations Waiver.

Physician: A person who is qualified to practice medicine.

Plan (or Health Plan): The organization (Vaya) providing you with health care services.

Primary Care Provider or Primary Care Physician (PCP): Your primary care provider (PCP) is the doctor or clinic where you get your primary care (immunizations, well-visits, sick visits, visits to help you manage an illness like diabetes). Your PCP should also be available after hours and on weekends to give you medical advice. They also refer you to specialists (cardiologists, behavioral health providers) if you need it. Your PCP should be your first call for care before going to the emergency department.

Private Living Arrangement: The home that an individual owns or rents in their name or the home where an NC Innovations Waiver participant resides with spouse, other family members, or friends. A living arrangement (house or apartment) that is owned or rented by a service provider is not a private residence.

Provider Network: Agencies or professionals under contract with Vaya to provide authorized services to eligible individuals.

Registry of Unmet Needs: A list of individuals who are waiting for NC Innovations Waiver funding for identified needs.

Rehabilitation and Therapy Services and Devices: Health care services and equipment that help you recover from an illness, accident, injury or surgery. These services can include physical or speech therapy.

Skilled Nursing Facility (SNF): A facility that provides skilled nursing care and related services for residents who require medical or nursing care or rehabilitation services for injured, disabled, or sick people.

Standard Plan: A Standard Plan is an NC Medicaid health plan that offers physical health, pharmacy, care management, and basic mental health and substance use services for members. Standard Plans offer added services for members who qualify. Some added services may be different for each Standard Plan.

State Developmental Center: A state-operated Intermediate Care Facility (institution) that provides health and habilitation services to individuals with intellectual and/or other developmental disabilities.

Tailored Care Management Care: Care management for members enrolled in Behavioral Health I/DD Tailored Plans that is coordinated by a care manager who can help people with behavioral health, intellectual and developmental disability, and/or traumatic brain injury needs. The care manager works with you and a team of medical professionals and approved family members or other caregivers to consider your unique health-related needs and find the services you need in your community.

Traumatic Brain Injury Waiver (TBI Waiver): Special federal program that provides long-term services and supports to allow people who experienced a traumatic brain injury (TBI) on or after their 18th birthday to remain in their homes and communities. The Tailored Plan providing services in Cumberland, Durham, Johnston, and Wake counties manages this special program. The NC TBI Waiver does not operate in all geographic areas of the state.

Appendix A: Participant Responsibilities of NC Innovations Waiver

Vaya Health



North Carolina Innovations Waiver Participant Responsibilities

I understand that enrollment in the North Carolina (NC) 1915(c) Medicaid Innovations Waiver (Waiver) managed by Vaya Health on behalf of the NC Department of Health and Human Services is voluntary. I also understand that, if I am enrolled in the Waiver, I will be receiving Waiver services instead of services in an Intermediate Care Facility for Individuals with Intellectual and Developmental Disabilities (ICF-IID). I understand that for me to continue to be eligible for the Waiver, I must continue to be eligible for North Carolina Medicaid within one of the designated categories of aid and I must continue to meet all other Waiver eligibility criteria.

Client: _____ Record Number: _____

- I understand that by accepting a Waiver slot, this means I am in need of Waiver services to prevent an immediate need for ICF-IID facility services.
- I understand that to maintain my eligibility for this Waiver I require the provision of **at least one Waiver service monthly** and that failure to use a Waiver service monthly will jeopardize my continued eligibility for the Waiver. The services approved in my Individual Support Plan (ISP, also called a Plan of Care) have been determined necessary to improve/ support my intellectual/ developmental disability (I/DD).
- I understand that Waiver participants must live in private homes or in residential facilities licensed for 4 or fewer beds (unless I was already living in a residential facility licensed for 6 or fewer beds). I also understand that if I reside in a licensed facility, that facility must also meet the home and community based (HCBS) characteristics defined in the Waiver. My Care Manager has explained to me how these requirements apply to my current living arrangement.
- I understand that if I choose to move to a facility that is licensed for more than 6 beds or does not meet the HCBS characteristics defined in the Waiver, I will no longer be eligible for the Waiver.
- I understand that the total of my Waiver services cannot exceed \$135,000 during my plan year or I will no longer be eligible for the Waiver.
- I understand if I choose to accept a Waiver slot, my assigned care manager will develop an ISP/Plan of Care that reflects services to meet my needs. My care manager will explain the planning process and the establishment of my Individual Budget to me. My ISP/Plan of Care will be re-developed annually prior to my birth month. I understand that Waiver provider(s) will deliver services according to my ISP/Plan of Care.
- I understand that I may be required to pay a monthly Medicaid deductible if that is part of my

financial eligibility for Waiver services. My care manager can help me get information on Medicaid deductibles from my local Department of Social Services.

- I agree to cooperate in the assessment process, which includes but may not be limited to the following:
 - Supports Intensity Scale® (SIS®) no less frequently than every 2 to 3 years.
 - NC Innovations Risk/ Support Needs Assessment (also called a Health Risk Assessment) annually
 - Assessment to validate that I need ICF/IID Level of Care.
- I understand that my ISP/Plan of Care will be monitored and reviewed by my care manager, and that I can contact my care manager at any time if I have questions about my ISP/Plan of Care, Individual Budget or the services that I receive.
- I understand that I have the right to choose a provider within the Vaya Health Closed Provider Network.
- I understand that I am required to meet with my care manager for care coordination activities in the home or wherever my family member lives and/or all settings where services are provided to allow my care manager **access to all settings where services are provided**. The care manager will schedule meetings as often as needed in order to make sure I am receiving the services in my ISP/Plan of Care, that my services are being delivered appropriately, and to monitor my health and safety. I may also request meetings with my care manager at any time to discuss concerns. I understand that if I refuse to meet with my care manager to develop the ISP/Plan of Care or to participate in monitoring, that I could be removed from the Waiver.
- I understand that I am required to notify the care manager of any concerns about my services.
- I understand that I am required to give adequate notice to the care manager of any change in address, phone number, insurance status, and/or financial situation prior to or immediately following the change.
- I understand that I am required to give adequate notice to the care manager of any behavior or medication changes as well as any change in my health condition(s).
- I understand that I am required to attend appointments set by the local DSS to determine Medicaid renewals to ensure my continued Medicaid eligibility.
 - I understand that I will be provided a copy of information about the Waiver to help me understand the services available through the Waiver and guidelines that need to be followed to ensure continued eligibility.
 - I understand that Vaya Health is responsible for ensuring an adequate network of providers is available so that I can make an informed choice about my provider.
 - I understand that Vaya Health will make a care manager available to provide care coordination supports which include:
 1. Assessment to determine service needs to include but not be limited to the NC Innovations Risk/ Support Needs Assessment/ Health Risk Assessment.
 2. Working with the Care Planning Team to coordinate and document the ISP/ Plan of Care.
 3. Requesting all services that are determined necessary for me and listed in the ISP/ Plan of Care.

4. Making me aware of the amount of my Individual Budget and the process used to establish this budget and make any needed changes.
5. Monitoring all authorized services to ensure that they are provided as described in the ISP/Plan of Care and that they meet my needs.
6. Helping me with the coordination of benefits through Medicaid and other sources to include, if needed, linkage with the local DSS regarding coordination of Medicaid deductibles.
7. Helping me file any complaint, grievance or concern about my Waiver services or any matter other than an adverse benefit determination and helping me reach resolution within 30 days of when I file the complaint, grievance, or concern.
8. Empowering me to lead as much of my Care Planning, decision making regarding the use of Waiver funding, and oversight of Waiver services as I choose.
9. Getting an order from my physician(s) for all needed medical supplies and specialized equipment.
10. Supporting me in obtaining all needed information to make an informed choice of provider within the Vaya Health network, inclusive of notifying the Vaya Health Provider Network Operations Department if providers are needed outside of the current Vaya Health Network.

Name of Participant

Date

Signature of Participant
(or Authorized Representative/Legally Responsible Person)

Date

Appendix B: NC Innovations Waiver Service Limitations

Participant Age/Status	Living in Residential Setting, including AFL	Living in Private Home
Adult	No more than 40 hours per week any combination: <ul style="list-style-type: none"> • Community Networking • Day Supports <i>and/or</i> • Supported Employment Services May receive up to one daily unit of Residential Supports	No more than 84 hours/week any combination: <ul style="list-style-type: none"> • Community Networking • Day Supports • Supported Employment • Community Living and Supports
Child during school year (Ages 0 to 17 unless 18 and older and enrolled in school)	No more than 20 hours per week any combination: <ul style="list-style-type: none"> • Community Networking • Day Supports <i>and/or</i> • Supported Employment • Services May receive up to one daily unit of Residential Supports	No more than 54 hours/week any combination: <ul style="list-style-type: none"> • Community Networking • Day Supports • Supported Employment • Community Living and Supports
Child when school is not in session (Ages 0 to 17 unless 18 and older and enrolled in school)	No more than 40 hours per week of any combination: <ul style="list-style-type: none"> • Community Networking • Day Supports <i>and/or</i> • Employment Services May receive up to one daily unit of Residential Supports	No more than 84 hours/week of any combination: <ul style="list-style-type: none"> • Community Networking • Day Supports • Supported Employment • Community Living and Supports

Services Not Subject to Limits on Sets of Services

Additional Services Contained in the Individual Budget	<ul style="list-style-type: none"> • Respite (AFL only) 	<ul style="list-style-type: none"> • Respite
Additional Services: Add-On to Individual Budget	<ul style="list-style-type: none"> • Assistive Technology, Equipment, and Supplies • Community Navigator • Community Transition • Crisis Services • Natural Supports Education • Specialized Consultation Services 	<ul style="list-style-type: none"> • Assistive Technology, Equipment, and Supplies • Community Navigator • Community Transition • Crisis Services • Home Modifications • Natural Supports Education • Specialized Consultation Services • Vehicle Modifications
Available to Participants Who Self-Direct Service(s)	<ul style="list-style-type: none"> • Individual Goods and Services • Financial Support Services 	<ul style="list-style-type: none"> • Individual Goods and Services • Financial Support Services



Member and Recipient Service Line: 1-800-962-9003 (TTY 711)

Behavioral Health Crisis Line: 1-800-849-6127 (24/7)

Nurse Line: 1-800-290-1623 (24/7)

Pharmacy Service Line: 1-800-540-6083

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