

The 1915(b)(c) Waiver Expansion for People with Intellectual and other Developmental Disabilities

The Department of Health and Human Services (DHHS) is pursuing a policy for expanding statewide an existing Medicaid 1915(b)(c) waiver. Under the 1915 (b)(c) waiver, the State has the authority to enroll individuals into a state and federally approved managed care program for the management and delivery of mental health, substance abuse, and developmental disabilities services. This type of managed care is designed to meet the needs of these populations and, as such, is different from managed care models for the delivery of primary health care.

There are significant advantages to North Carolina that will be realized through a 1915(b)(c) waiver expansion. These include:

- High levels of quality demanded by the federal Medicaid regulations
- Assurances for consistent access to services
- Management of provider networks to ensure quality providers, as well as sufficient capacity to meet both choice and access to services
- Fair and consistent use of resources to achieve positive outcomes for consumers
- Predictable Medicaid costs
- Oversight of all funding streams by a single manager; single point of accountability

The development and implementation of the 1915(b)(c) waiver has been a policy initiative since 2005 when a pilot waiver was initiated in the PBH Local Management Entity (LME) covering Cabarrus, Davidson, Rowan, Stanly and Union counties. Due to the success of the current waiver in managing services while, at the same time, assuring access to services, quality outcomes, and cost effectiveness, the leadership of the General Assembly is working with the Department to provide direction and the legislative support needed to expand the waiver statewide over the next two years.

Some advocates and service providers have raised concerns about the impact of a 1915 (b)(c) waiver on services for people with intellectual and other developmental disabilities (I/DD). While managed care has been used with other populations for some time, it has more recently been applied to the I/DD population. Individuals with developmental disabilities require life long supports and the design of the 1915 (b)(c) waiver takes these differences into account. Management of these services involves periodic review of an individual's needs to assure that the services being provided are at a level that is a good match for the person's needs, offering the right level of service, no more-no less. People with I/DD have been included in the current waiver since its inception five years ago at PBH with results that are as good or better than the remainder of the state. These results include proven access to services, high levels of consumer and provider satisfaction, competitive scores on the National Core Indicator outcomes for I/DD, reduction of the I/DD waiting list, and cost savings for the state.

Many in the I/DD advocacy and service provider communities would like to see an entitlement to Medicaid services for the I/DD population and have presented some ideas for alternative Medicaid funding options, particularly the Medicaid State Plan (i) authority. This option, as part of the federal health care reform legislation, has new provisions and federal guidance on how to implement the option is still evolving. DHHS is open to continuing to work with the community to explore whether this option will work for North Carolina; but, at the present time, this is not an option we are able to pursue.

Responsible Change to Achieve Easy Access, Better Quality and Personal Outcomes

In the managed care environment under a 1915(b)(c) waiver, a number of activities that are associated with case management become the responsibility of the Local Management Entity (LME)/Managed Care Organization (MCO). The LME/MCO refers to these functions as "care coordination." This is consistent with the way case management is provided in other healthcare settings all across the country and is similar to the model used by Community Care of North Carolina (CCNC) for the management of care for high risk consumers served by Medicaid in primary care practices. Care coordination in the 1915(b)(c) waiver is specifically focused on the unique needs of individuals with mental health, substance abuse, and developmental disabilities.

Care Coordination in an LME/MCO provides the following supports to consumers:

- Education about all available MH/SA/DD services and supports, as well as education about all types of Medicaid and state-funded services
- Linkage to needed psychological, behavioral, educational, and physical evaluations
- Development of the Individual Support Plan (ISP) or Person Centered Plan (PCP) in conjunction with the recipient, family, and other all service and support providers
- Monitoring of the ISP, PCP, and health and safety of the consumer
- Coordination of Medicaid eligibility and benefits

Targeted Case Management (TCM) is not a service available under the 1915(b)(c) waivers, except where incorporated into integrated services such as Multi-Systemic Therapy, Intensive In-Home, Community Support Team, and Assertive Community Treatment Teams (ACTT). TCM is not a stand-alone service for any disability group under the 1915(b)(c) waivers.

Recipients with intellectual and developmental disabilities (I/DD) have expressed concerns about the need to have an advocate in the treatment planning process. CMS requires that the LME-MCO "care coordinator" develop a plan that accurately reflects the consumer's goals for habilitation, support, and community integration. In addition, in the (c) waiver (NC Innovations), there is a service called Community Guide, which will be part of the service array for people with intellectual and other developmental disabilities (I/DD). Community guides play a very important advocacy and community linkage role for consumers. Agencies that currently offer TCM to people with I/DD will be able to offer this Community Guide service in place of TCM.

While Community Guide is not the same as I/DD TCM, the service does play a very important role to :

- Provide first-hand information on providers,
- Assist in locating and accessing social, educational, natural and community resources,
- Assist in forming and sustaining the relationships that allow a person to experience meaningful community integration and inclusion,
- Advocate and collaborate with other individuals to support the life goals of the person with I/DD, and
- Support the individual and family in preparing, participating in and implementing the person-centered plan.

MH/SA TCM has been a challenge to implement for the mental health and substance abuse populations and many CABHA providers have indicated it is not a service that can be provided successfully under the current fee for service cost model. In a managed care environment, an LME/MCO has the flexibility to set provider payment rates and establish provider contracts directly with CABHAs to support their fiscal integrity. For example, an LME/MCO could pay an enhanced rate for the psychiatric and outpatient services provided by a CABHA. Since CABHAs are valued comprehensive service providers in the provider network it can be expected the LME/MCOs would work with their providers and support their viability.

While the 1915(b)(c) waiver changes how case management is offered in North Carolina it also offers new opportunities to better coordinate care and offer greater cost efficiencies. This will allow more North Carolina consumers to receive services and will provide better financial support to providers of MH/DD/SA services.



Innovations Plus

Frequently Asked Questions

North Carolina's Department of Health and Human Services (DHHS) is improving the system of services offered to people with intellectual and other developmental disabilities (I/DD). An important change to improve services is a new program called "Innovations Plus." Below are questions and answers about the new Innovations Plus program.

1. What is Innovations Plus?

In 2011, the North Carolina legislature passed a new law. The law requires DHHS to change how services are delivered (Session Law 2011-264). Key changes are below:

- The 23 Local Management Entities will become 11 Managed Care Organizations known as LME-MCOs.
- Services for people with I/DD will be funded through a Medicaid home and community based waiver program called "Innovations."
- People will receive financial resources to get services based on their needs. Needs will be measured by the Supports Intensity Scale® (SIS) assessment. The SIS measures the level of support a person needs for daily life activities.

DHHS calls these changes "Innovations Plus" because it is based on the Innovations waiver started at PBH LME-MCO. Soon the Innovations Plus program will be offered statewide.

2. What is Innovations Plus designed to do?

Innovations Plus changes aim to create a fairer system and make sure that people get the right amount of supports for their needs. To achieve this, DHHS contracted with 11 (LME-MCOs) to provide services to people in their local community by:

- Using the Supports Intensity Scale (SIS) to find out the support needs of people with I/DD.
- Giving each person an Individualized Budget Amount (an amount of money) to spend for their services.

- Developing a person centered service plan for each person based on their goals and their support needs, and make sure that services and supports in the ISP happen as planned.
- Evaluating how well Innovations Plus is working and continue to improve.

3. How soon can I expect things to happen?

First steps in this process are underway. A sample group of people receiving services are being scheduled for assessment of their support needs. Also information on how much services cost around the state is being collected. All this information will go into figuring out how to set budgets for people to get their services. Each of these steps takes time, but DHHS expects that Innovations Plus will be ready to go in 2013.

4. How is “Innovations Plus” different from the “Innovations” waiver?

Another change is that people who were getting services through the “CAP-MR/DD” waiver will move to the “Innovations” waiver. DHHS is working with LME-MCOs to make sure that services are transitioned smoothly from CAP-MR/DD waiver to Innovations.

Under Innovations Plus, you will still receive services through the Innovations waiver, but you will now get an Individualized Budget Amount to get the services you need. You will be told what the amount is before your next service planning meeting.

5. When will my support needs be assessed with the Supports Intensity Scale?

Your need for supports (help in daily life activities) will be measured using the Supports Intensity Scale. SIS assessments will begin in September 2012. After your first SIS assessment, adults will get a new SIS assessment every three years and children every two years. You may update your SIS before then if a big change occurs in your life that affects your support needs.

SIS assessment meetings happen before your service planning meeting so you can use the information from the SIS and your Individualized Budget Amount to plan your services.

6. How will my Individualized Budget Amount be determined?

Using information from the SIS assessment and other information, you will be assigned an amount of money that is used to get needed services. This is called an Individualized Budget Amount. Besides the SIS, other information that is also considered includes where you live (group home, family home, etc.), age, and significant medical or behavioral supports needed.



Innovations Plus

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Individualized Budget Amounts

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1. What is an Individualized Budget Amount?

An Individualized Budget Amount is the amount of money made available to a person with intellectual and developmental disabilities (I/DD) to get Medicaid waiver services.

2. Why is it important to have an individualized budget?

When you know how much money is in your budget, you have more information to make decisions. You can use your Individualized Budget Amount to choose services you need.

3. How is my Individualized Budget Amount determined?

You will be assigned an Individualized Budget Amount based on information gathered from your Supports Intensity Scale (SIS) assessment and other information such as your age, where you live, and if you have significant medical or behavioral needs.

Before your person centered service planning meeting, you will be notified of the budget amount available to you. If you need additional funding to cover necessary services, then at the meeting you can request additional help. No Individualized Budget Amount can be higher than \$135,000 for the year.

4. When will I know what my Individualized Budget Amount is?

Beginning in 2013, Innovations Plus will be rolled out across North Carolina. Under the Innovations Plus program, once you have participated in a Supports Intensity Scale (SIS) assessment, then an Individualized Budget Amount can be created for you. You will know your Individualized Budget Amount prior to your annual service planning meeting.

5. What services can I get?

North Carolina's service menu has two levels: base budget services and add on services. Using your Individualized Budget Amount you get base budget services. If you need additional help such as to prevent a crisis or after a crisis has occurred, then you may ask for additional (Add On) services. Your Care Coordinator will assist you to make sure that your service plan appropriately identifies and requests services to meet your needs. Your Care Coordinator will also check that services are delivered according to your service plan.

Base budget services:	Add on services:
Community Networking Services	Assistive Technology Equipment and Supplies
Supported Employment	Community Guide Services
Day Supports	Community Transition Services
In-Home Skill Building	Crisis Services
In-Home Intensive Supports	Financial Support Services
Personal Care	Individual Goods and Services
Residential Supports	Natural Supports Education
Respite	Specialized Consultation Services
	Vehicle and Home Modifications

6. What if I do not agree with my Individualized Budget Amount?

If you do not agree with the funding amount given to you, first contact your Care Coordinator and tell him or her how you feel and why. Afterwards, if you are still not satisfied, you can file a complaint with your LME-MCO. LME-MCOs are required to track and respond to every complaint. As always, people receiving Medicaid services have, and will continue to have, the right to appeal any decisions made about their services.

7. Where can I get more information about Innovations Plus?

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Contact your local LME-MCO to learn more. You can find a list of LMEs-MCO's and their contact information on the internet here:

<http://www.ncdhhs.gov/dma/lme/LMEMCOmap01113.html>



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Even if services for people with I/DD are added to the state plan using the (i) Option, these services will fall under the Managed Care Waivers. The expansion of the 1915 (b)(c) waiver does not prevent North Carolina from adding services for the I/DD population through the (i) Option in the future.

Under the 1915(b)(c) waiver savings can be reinvested into services that support individuals with developmental disabilities such as respite services and supported employment. Savings also can be used to create additional waiver slots with legislative approval. In light of the number of people receiving no services or an inadequate level of services, this is an important feature of the (b)(c) waiver.

Operation of the 1915(b)(c) waiver has a number of requirements, one of which is the fair and equitable allocation of resources based on a set of meaningful criteria. We are fortunate to have experience with a set of tools that will be applied to this effort. The Supports Intensity Scale (SIS) is a well-researched, normed, and validated assessment tool that offers a systematic way to determine the services and supports a person needs. The SIS has been used by PBH since 2005. As the waiver is expanded to each new LME waiver site, the SIS will be administered to all I/DD individuals participating in the waiver and will replace the NC SNAP assessment tool. Then, with the help of national experts, the results of the SIS will be used to create a valid and reliable methodology for the purpose of resource allocation for each waiver LME.

Targeted Case Management is not a service available in the 1915(b)(c) waivers, except where incorporated into integrated services such as Multi-Systemic Therapy, Intensive In-Home, and Community Support Team. It is not a stand-alone service for any disability group under the 1915(b)(c) waivers. The functions of case management are included through other means such as care management and care coordination performed by the LME. However, the 1915 (c) waiver service called Community Guide will be part of the service array for people with I/DD. It includes many activities that the I/DD community has come to value in models of case management that have been available in North Carolina. These activities include:

- Providing information on primary, preventative and other providers
- Assisting in locating and accessing social, educational, natural and community resources that are related to achieving person-centered plan goals
- Assisting in forming and sustaining the relationships that allow a person to experience meaningful community integration and inclusion
- Advocacy and collaboration with other individuals to support the life goals of the person with I/DD
- Supporting the individual and family in preparing, participating in and implementing the person-centered plan

Agencies that currently offer Targeted Case Management (TCM) to people with I/DD will be able to offer this new Community Guide service in place of TCM.

Care Coordination is available through 1915(b)(c) waivers. CMS requires that the LMEs under these waivers provide care coordination to proactively respond to the needs of Special Populations defined in the waiver. Special Populations are groups of individuals that have significant and long-term disabilities, often experience risks to their health and safety, and frequently require ongoing assistance to access needed services, or to stay engaged in services. This designation includes individuals with intellectual and developmental disabilities, serious mental illness, chronic substance abuse conditions, and dual diagnoses. Care coordination is used by the LME-Managed Care Organization to ensure that people receive the services they need. The Care Coordination model for the 1915 (b)(c) waivers is a parallel model to the model used in the Community Care of North Carolina (CCNC) system. There is a very high degree of collaboration between these systems at the local level to integrate primary and long-term services and supports

The goals for this waiver expansion are to improve access to services, improve the quality of services, and to assure that services are provided in the most cost effective way. We look forward to working with the I/DD advocacy and service provider organizations to ensure that implementation of the 1915 (b)(c) waiver meets the long-term support needs of this population.

8. When will I know what my Individualized Budget Amount is?

Beginning in 2013, Innovations Plus will be rolled out across the state. You will be notified of your Individualized Budget Amount before your annual ISP planning date.

9. Where can I get more information about Innovations Plus?

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Contact your local LME-MCO to learn more. A list of LMEs-MCO's and their contact information is on the internet at this link:

<http://www.ncdhhs.gov/dma/lme/LMEMCOmap01113.html>

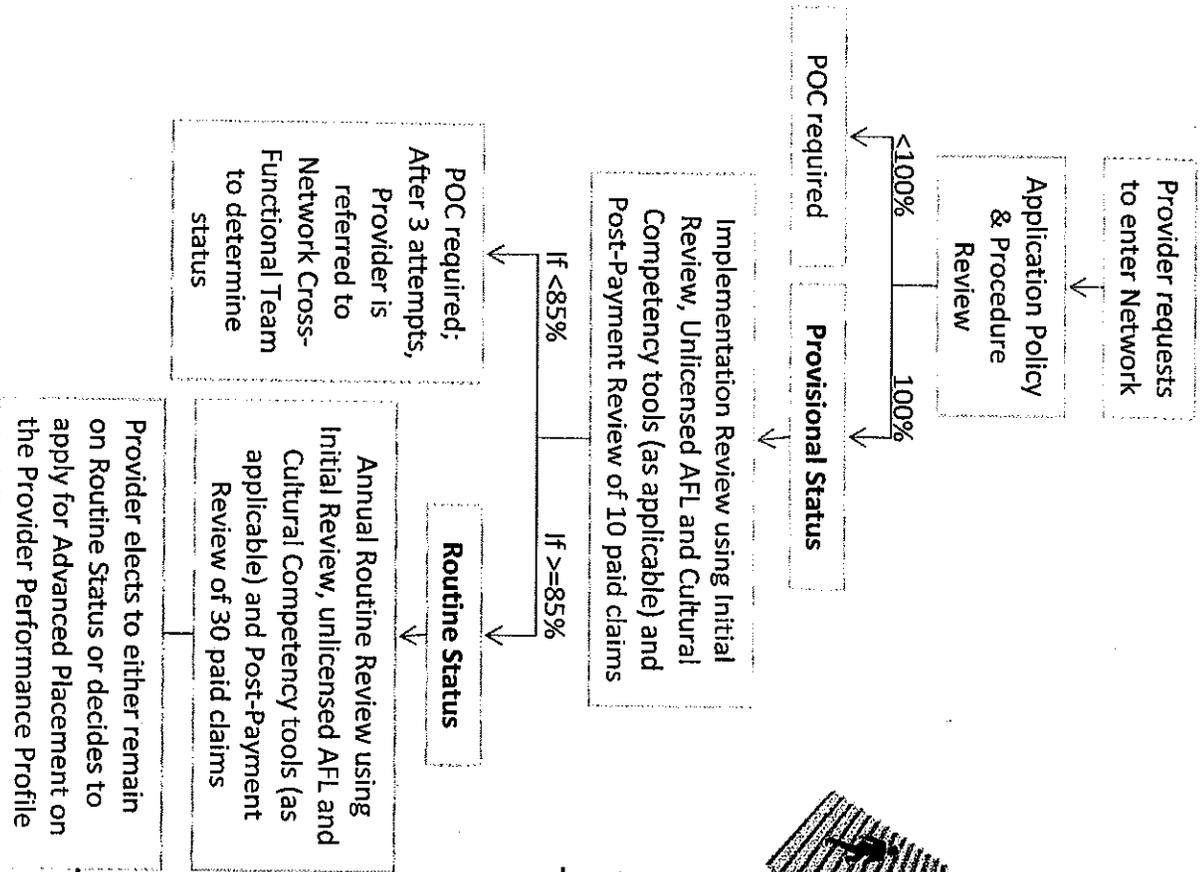


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