

North Carolina

Contacts:

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History:

In 1983, NC began a 1915(c) waiver – Community Alternative Program (CAP). Services have been slow to transition to more community based. Thirty years later, NC still has three institutions with 1500 people living in them and 8000+ people on a waiting list for community based services.

Recent System Changes:

Several years ago, NC began looking at significant changes to the system. They created 23 Local Management Entities (LME's) to coordinate services for children and adults with disabilities. In 2005, a pilot waiver "Innovations" was initiated in one of the LME's (Piedmont Behavioral Health - PBH) that utilized a managed care model for services for people with developmental disabilities. In 2011, the North Carolina legislature passed legislation requiring the state to change how services are delivered and adopt "Innovations Plus", based the PBH managed care model. The state will transition all children and adults into this waiver by July, 2013.

Innovations Plus Waiver:

North Carolina's new 1915 (b)(c) waiver is specifically focused on making sure that people get the right amount of supports for their needs. The waiver includes individuals with mental health, substance abuse and developmental disabilities. The model includes the following changes and features:

- The 23 LMEs became 11 Managed Care Organizations known as LME-MCOs
- The Supports Intensity Scale (SIS) is used to measure the level of support a person needs for daily life activities
- Each person will be given an Individualized Budget Amount to spend for their services
- Services will change from the traditional 21 CAP Services to the new 18 Innovations Plus services

Innovations Plus Services:

The Innovation Plus has two levels: base services and add on services. Using the Individualized Budget Amount an individual gets base budget services. If they need additional help such as to

prevent crisis, then they can ask for additional (add on) services. These two types of services include (base are in **bold**):

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

Adults or Children may receive no more than 40 hours a week of Community Networking, Day Supports and/or Supported Employment. Adults in private homes may receive no more than 84 hours of any combination of In-Home Intensive, In-Home Skill Building, Personal Care, Community Networking, Day Supports and/or Supported Employment.

Self Direct:

North Carolina offers two models of self direction:

1. Employer of Record
2. Agency with Choice

Self-directed services are:

- Community Guide
- In-Home Skill Building
- Personal Care
- In-Home Intensive Supports

- Individual Goods and Services
- Natural Supports Education
- Respite
- Supported Employment

In the Agency with Choice Model:

- Agency with Choice Model is paid out of the service rate and performs financial management functions
- No separate Financial Management Agency
- Agency with Choice carries Workers Compensation Insurance on employees
- The Agency with Choice determines how pay rates are set and performs QP functions

In the Employer of Record Model:

- Workers Compensation Insurance is required
- Financial Support Services is a service not an administrative activity and is required for all participants in the Employer of Record Model
- Employers of Record determine pay rates/benefits
- Rule waiver allows the Employer of Record to supervise staff/oversee programming

Care Coordination:

Targeted case management is not a service under the 1915(b)(c) waivers. Under the new Innovations Plan waiver, traditional TSC services become the responsibility of the LME/MCOs. The LME/MCO refers to these functions as “care coordination”. This is consistent with the way case management is provided in other healthcare settings across the country. Care coordination in an LME/MCO provides the following supports:

- 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 service and support providers,
- Monitoring of the ISP, PCP and health and safety of the consumer
- Coordination of Medicaid eligibility and benefits

Although TSC is no longer available as a stand alone service for individuals with I/DD, the Innovations Plus waiver does include the new service, **Community Guide**. This is an add-on time limited service that an adult can access to assist them in:

- Locating and accessing social, educational, natural and community resources that are related to achieving person centered plan goals,
- 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

Handouts:

1915(b)(c): “The 1915(b)(c) Waiver Expansion for People with Intellectual and other Disabilities” (North Carolina DHHS, April 2011)

Case Management: “Responsible Change to Achieve Access, Better Quality and Personal Outcomes” (North Carolina DHHS, May 2011)

Innovations Plus FAQ (North Carolina DHHS, 10/9/12)

Innovations Plus FAQ Individualized Budget Amounts (NC DHHS, 10/9/12)

Gold Star Monitoring Process for Provider Agencies

Summary (Advice from North Carolina)

If Idaho chooses to develop a (b)(c) waiver, words of advice from North Carolina:

- Take time
- Be proactive
- Be prepared
- Utilize public sector managed care entities rather than private
- Recognize that there is very little money to be saved
- Pilot your model
- Maximize your political will