

Assistive Technology

Does the member have a choice in technology vendors or will the vendor be assigned?

The member has choice within Cardinal Innovations' approved vendor list.

Community Transition

Can a washer or dryer be purchased under Community Transition?

Can a family be reimbursed for appliances under Community Transition?

Appliances are not covered under Community Transition. The intent is to purchase items indicated in the service definition. Cardinal Innovations' UM Department must review and approve items under Community Transition prior to the purchase.

Cardinal Innovations recommends that the roommate agreement identify who purchases and owns specific appliances.

In regards to the setup of the apartment, this unit has a washer/dryer hook-up and, therefore, those appliances were purchased. After-the-fact, we were made aware that washers and dryers are not reimbursable items, nor are computers that will be utilized to communicate with family members and for their entertainment. Why are those particular items not reimbursable? Can Cardinal Innovations can make an exception in this case because those items were purchased prior to a list being made available to us?

Those items are not reimbursable under Supported Living or Community Transition as they are not part of the covered service definitions. Cardinal Innovations can not make exceptions to cover items that are not covered under the service definitions.

Shouldn't providers wait until they receive a specific authorization listing the items/amounts approved for the items for Community Transition or does the authorization process work differently for Community Transition?

Identifying items needed should be part of the planning process. The team generates a list of items and cost of the items (using the Community Transition checklist). The team ensures the items are on the approved lists and not excluded. Estimates are submitted to Cardinal Innovations' UM Department for approval.

Providers are experiencing challenges billing for Community Transition. Do providers have to submit one invoice up to the \$5,000 maximum?

Cardinal Innovations is having internal discussions regarding this issue and is open to suggestions from providers to make this billing process easier.

Home Modifications

How long should the assessment for Home Modifications take?

Each member's situation is unique. Gather the information packets and submit to Cardinal Innovations' UM Department. Allow 14 to 28 days for UM to review.

Supported Living

Please provide the link to the state's Supported Living resources.

DMA's Supported Living resources may be found at <https://www2.ncdhhs.gov/ncinnovations>. Providers are encouraged to review DMA's documents, which include Questions and Answers.

What are the monitoring requirements for the agency QP in regards to this service?

These are the same monitoring requirements as all other Innovations services.

How will Care Coordinators be assigned to these members? Will a specific Care Coordinator be assigned (as with members living in AFLs) or will the existing Care Coordinator continue?

The existing Care Coordinator will continue to support each of these members. A Monitoring Specialist also will be assigned to conduct the required monitoring around delivery of this service (similar to our current Care Coordinator and Monitoring Specialist assignment practices for AFLs and group homes).

The service definition indicates that providers may "assist in finding a home that meets the individual's needs." What does that mean for members who don't have this service in place, since the service cannot be billed prior to them being in the apartment/home?

Per DMA's NC Innovations Waiver Frequently Asked Questions document: This language was included under the Supported Living definition in error and will be corrected at the next Technical Amendment or at the waiver renewal.

Planning teams should consider referring to a Community Navigator to assist with exploring housing options. These activities are noted under Community Connections in the Community Navigator service definition.

When two or more individuals live together and receive Supported Living - Level 3, can one staff member monitor them?

Yes, as long as this is individualized and meets the needs of both members. Most members on NC Innovations services do not need one-to-one services 24 hours per day. One staff person could assist two people throughout the day based on their needs and schedules.

Can this service be utilized for Agency With Choice (AWC)? How does that work with the limits on hours under AWC?

Supported Living cannot be self-directed at this time.

Who drafts the roommate agreement?

Person-centered roommate agreements are developed between the people living together and those who support them, including Supported Living providers. Planning teams may want to review DMA's guide, "Supporting People in Developing their Roommate Agreements," which may be found here: <https://www2.ncdhhs.gov/ncinnovations>.

Can the provider be the rep payee to ensure financial obligations are met?

This is a private home, not a facility where the member would need their funding managed. The member may choose to learn to manage their funding or have support from others to manage their funding.

Can a member with a legal guardian use this service?

Anyone can choose to use Supported Living whether they are competent or not. If the member is not competent, he/she will need a legal guardian to sign the lease.

What is the provider's liability if a member does not pay his/her rent?

There is no provider liability, as the lease is in the member's name. However, the service provider and planning team should take proactive steps related to financial planning to avoid this situation.

Will members receiving Supported Living still qualify for Special Assistance, since their homes are not "residential" settings?

No, members receiving this service live in private homes, not residential settings. Planning teams should discuss members' income when considering Supported Living.

Are Medication Administration Records (MARs) required?

No, the rules that currently apply to other non-residential services are applicable to Supported Living.

If a member chooses a roommate who is not on NC Innovations, will providers have to complete a background check?

Members do not have to choose other Innovations recipients as their roommates. Planning teams are encouraged to engage in open dialogue about how one chooses a roommate, with consideration for informed choice and the importance of roommate agreements. Roommates are not the responsibility of the provider agency unless they are a "live-in caregiver." If the roommate is a "live-in caregiver," they would be an employee of the provider agency and required to have a background check.

Does the Supported Living provider take on liability for staff staying in home with the member?

Providers are liable for conducting appropriate background checks for staff supporting members in their home - including live-in caregivers. Providers must provide appropriate supervision to staff, with consultation with Cardinal Innovations, as necessary. If members/families have concerns, the staff member may be removed from the home.

If two members living together receive Supported Living - Level 2 and both require overnight care, must the home have three bedrooms?

If awake staff are needed at all times to support the members, a separate staff bedroom would not be required. If there is a live-in staff caregiver who is not required to be awake, then there would need to be a separate bedroom for the caregiver.

Is there a minimum number of hours that must be provided to bill the per diem rate?

No, there is no maximum or minimum amount of hours. The hours of service provided need to meet the members needs.

Please clarify the information in the State's Guide that providers share the expense of rent and food for members in 24 hour care.

The service definition states that reimbursement for Supported Living shall not be made for room and board except for a reasonable portion that is attributed to a live-in caregiver who is unrelated to the person and who provides services in the person's home. The provider agency is responsible for food and rent for the live-in caregiver. This is included in the rate paid to the provider.

Please clarify the answer to question #25 in the State's Guide regarding whether a live-in caregiver must be in the physical apartment?

Cardinal Innovations reads the response from the state to mean that a live-in caregiver must live in the home of the member, as stated in the service definition. A person providing staffing support who is not a live-in caregiver could live next door.

Can multiple staff provide overnight coverage, if they are not live-in caregivers?

Yes, staff can be rotated overnight. Providers are reminded of the importance of the member's choice when staffing.

How are other providers structuring shifts, including part-time and full-time staff?

Hours of coverage and staff should be based on members' preferences.

If a member is getting other services with the same agency, can the same staff provide both services?

The only Innovations service that could not be provided to the same member by the same provider would be Community Navigator. This can only be provided to the same member when the service is provided through the Agency with Choice model. Supported Living is not self-directed.

How should providers engage members' families in staff selection and address family involvement with services?

Members and if requested, their families, should be involved in all hiring decisions and their wishes taken into account. If a member and his/her family disagree about staffing, this should be discussed with the provider agency. The planning team can hold a joint meeting to discuss the concern and resolve with the member, family and provider.

What if the member's family requests a change in staff? How should providers address coverage?

Providers must consider the member's preferences. If the family is refusing services that the provider has arranged, the planning team should have a joint meeting between the member, family and provider to discuss any issues and come to a resolution.

If an agency has an agreed upon staffing schedule with the member and the staff does not attend work one day, does this require a plan of correction, even if the guardian and staff don't inform the QP until after the fact? What if the member never informs the provider, how do they provide back up?

Yes, provider agencies should know if staff are not showing up to provide services. Services are necessary for the member and it is the responsibility of the provider agency to ensure that back up staffing is available. The staffing schedule is based on member choice and need. Supported Living is not billable when a family member, who is not the legally responsible person, directs the staff to not provide the service. If staff fail to report to work, a plan of correction is needed.

The agency is responsible for creating a staffing plan with the member for this service. Once the plan is established, are these the only hours the agency is committed to providing? What if an emergency occurs outside of these hours? Is the Care Coordinator responsible as clinical home?

Providers should have back up staffing in place in the event the need arises. The back up staffing plan should be developed by the team during the planning meeting. Crisis Stabilization and Intervention can be used to address emergencies as well.

The QP has been helping the member with a number of activities due to limited involvement by the family and natural supports. Who should be completing these tasks (coordinating medical appointments, applying for food stamps, etc.), since we're not reimbursed for them?

Consider a referral to Community Navigator.

Please consider the following scenario. The family of a member receiving Supported Living - Level 3 prefers that the member spends the night or weekend with them. The member received services for part of the day, but services were not needed when he/she was with family.

Supported Living is paid at a per diem rate. Provider staff should document why only a partial day of services was provided. This situation should not occur on a regular basis, but is permissible occasionally.

Please review the contractual reporting items that are required quarterly.

Providers must report any use of back up staffing, so that Cardinal Innovations can monitor for trends. Reports are due 10 days after the end of the quarter (e.g., reports for January through March are due April 10).

If members currently have routines with their medications utilizing the Sunday-Saturday container, is it necessary to change this for compliance? This will affect their independence and erase their progress.

If members formerly lived in a group home and received their medication from a pharmacy dispensing system, the members would need to determine if they wanted to pay for this service. If a member can transition to using a medication box that can be purchased at a local pharmacy, this may be an option as well. If needed, the waiver can fund smart technology to link a medication dispensing system to the life line to support a member to be more independent.

If a family is not willing to assist a member with medical issues, who is responsible? Who is responsible for transportation to and from medical appointments or if the member needs support at the doctor?

Medical needs should be discussed during planning meeting; planning teams are encouraged to consider natural supports. Medicaid transportation should be used to take the member to/from doctor appointments.

Are goals specifically required or is monitoring and support enough for this service? What if a family is adamant that they do not want any goals run during services?

Yes, this is a Medicaid billable service and does require short and long range goals to identify the activity that is being billed to Medicaid.