TRILLIUM HEALTH RESOURCES

NC INNOVATIONS WAIVER INDIVIDUAL & FAMILY GUIDE

Last Verified on April 2024

www.TrilliumHealthResouces.org

Trillium HEALTH RESOURCES

Transforming Lives. Building Community Well-Being.

MY PERSONAL HEALTHCARE CONTACTS

Use the following boxes to write the names and numbers of the people working with you for your mental health, substance use, or intellectual/developmental disability services.

My behavioral healthcare Provider's name	
My behavioral healthcare Provider's phone number	
My primary care physician's name and phone number	
My Trillium Care Manager's phone number	1-877-685-2415
Trillium's Member and Recipient Service Line (Toll-free)	1-877-685-2415
Mobile Crisis Services Number for my county	
The name of the closest hospital for medical needs	
The phone number of the closest hospital for medical needs	

Use the following boxes to write the names and numbers of other important healthcare contacts, like Doctor, Dentist, or other medical specialist.

Keep this handbook where you can easily find it for future reference.

TRILLIUM REGIONAL OFFICES

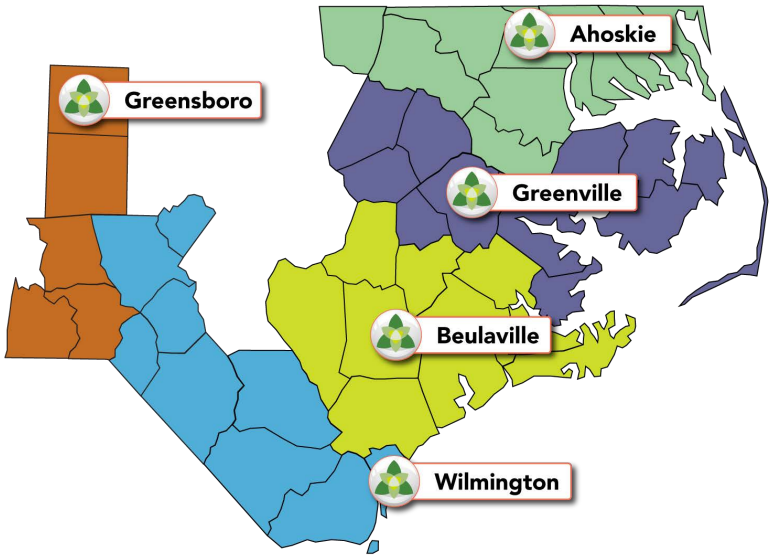
Northern Regional Office
144 Community College Rd.
Ahoskie, NC 27910

North Central Regional Office
201 West First St.
Greenville, NC 27858

Southern Regional Office
3809 Shipyard Blvd.
Wilmington, NC 28403

South Central Regional Office
514 East Main Street
Beulaville, NC 28518

Mid-State Regional Office
3802 Robert Porcher Way
Greensboro, NC 27410



Member & Recipient Service Line:
1-877-685-2415

Administrative & Business Line:
1-866-998-2597

Please note the toll-free Member & Recipient Service Line, 1-877-685-2415, is intended for and limited to members and issues around member care.

IN CASE OF A TRUE MEDICAL EMERGENCY CALL 9-1-1

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ACCREDITED NCQA HEALTH PLAN INTERIM

CHAPTER 1: INTRODUCTION TO MEDICAID HCBS WAIVER AND INNOVATIONS WAIVER

This Chapter of the Guide provides you with:

- Important background information about Medicaid HCBS Waivers
- A description of the Purpose and Goals that guide the services and supports provided by the NC Innovations Waiver

MEDICAID HOME AND COMMUNITY BASED SERVICES (HCBS) WAIVERS

The Medicaid 1915(C) Home and Community Based Service Waiver is designed to provide services to qualifying individuals as an alternative to non-community based settings. Services are made possible due to the "waiver" of specific Medicaid requirements to allow more choice about how and where services are provided.

WAIVED MEDICAID REQUIREMENTS

Medicaid requirements waived under the NC Innovations Waiver

- "Deeming of Income and Resources": Medicaid rules require that the income and resources of a spouse/parent be considered in determining Medicaid eligibility for a person who resides with a spouse/parent. This "deeming" requirement is waived to allow Medicaid eligibility for NC Innovations Waiver participants to be similar to methods used for persons residing in ICF-IID facilities. The individual's income and resources is primarily considered to determine Medicaid eligibility rather than the individual's spouse or parent. This allows for most individuals to be eligible for Medicaid; however, there may be exceptions. For specific Medicaid eligibility questions, contact a representative from the local Department of Social Services Medicaid section.
- The waiver of Medicaid requirements allows regions to tailor services to meet the needs of individuals; therefore services provided in the Trillium Health Resources region may not be available in other areas throughout the state. Trillium Health Resources serves a region of 46 eastern counties in North Carolina. Services provided by Trillium Health Resources are only available to legal residents of the following counties: Anson, Beaufort, Bertie, Bladen, Brunswick, Camden, Carteret, Chowan, Columbus, Craven, Currituck, Dare, Duplin, Edgecombe, Gates, Greene, Guilford, Halifax, Hertford, Hoke, Hyde, Jones, Lee, Lenoir, Martin, Montgomery, Moore, Nash, New Hanover, Northampton, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Randolph, Richmond, Robeson, Sampson, Scotland, Tyrrell, Warren, Washington, Wayne, Wilson.

OVERVIEW OF THE NC INNOVATIONS WAIVER

The NC Innovations Waiver provides funding for services and supports to persons with intellectual and other related developmental disabilities. Through the waiver services and supports, individuals are able to remain at home and in their established communities as an alternative to joining institutional settings such as Intermediate Care Facilities. NC Innovations provides services to children and adults of all ages.

NC Innovations is a Home and Community-Based Services Waiver made effective on April 1, 2008 for five years and operates concurrently with a Managed Care Waiver. The waiver was renewed on August 1, 2013; this renewal is effective for five years. The NC Division of Health Benefits (DHB), the State Medicaid agency, operates the NC Innovations Waiver and contracts with Trillium to arrange for, manage the delivery of services, and perform other waiver operational functions. The DHB directly oversees the NC Innovations Waiver, approves all policies and procedures governing waiver operations and ensures that the NC Innovations Waiver assurances are met.

PURPOSE AND GOALS OF THE NC INNOVATIONS WAIVER

The NC Innovations Waiver is designed to provide an array of community based services and supports to promote choice, control and community membership.

The goals of the Waiver are:

- To Support You with Achieving Your Personal Goals and Have a Meaningful Day
- NC Innovations Waiver helps you develop a plan to achieve goals based on what is important to you to have a meaningful day. We want to support your involvement in activities and community events that are part of the lives of persons without disabilities. Part of a meaningful day may include working at a job, learning new skills and building relationships and natural supports.
- **To Support You in Being a Member in Your Community** Many people with intellectual/ other developmental disabilities often receive services in environments that separate them from the larger community. We want to support you with opportunities to live and work within your community and build relationships with people who do not have disabilities.
- **To Support Where You Choose to Live** We want to support you to live in the home of your choice. This includes your choice to live with family, friends or live independently, as well as support your choice in location and community you wish to live in.
- **To Support You to Manage Your Services** NC Innovations provides you with the opportunity to manage your services through the Individual and Family-Directed Services option. This means you may choose to work with a provider agency to hire and supervise your own staff and determine when and where services will be provided. Natural supports and waiver services can support you with performing the responsibilities of managing services. The traditional option of provider-directed services is available to you should you decide not to manage your supports.
- **To Provide Opportunities to Develop Networks of Natural, Unpaid, and Community Supports** We want to support you with educational opportunities to develop a strong natural supports network which promotes your independence to participate in your community in the most natural setting while becoming less reliant on formal services.

BASIC SERVICES PROVIDED BY NC INNOVATIONS

Care Coordination

Each Individual receiving NC Innovations Waiver services will receive Care Coordination through Trillium Health Resources. It is important you stay in contact with your Care Manager about changes in your needs and notify immediately of emergency situations that may affect your life and could require a change in your Individual Support Plan. Emergency situations 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.

You should also notify your Care Manager of changes to your address or phone number.

Your Care Manager can assist you with:

- Documenting your needs to obtain services and developing your Individual Support Plan (ISP)
- Locating information about choices for services, and coordinate them for you.
- Ensuring your services meets your needs and you are happy with them.
- Maintaining your health and safety
- Obtaining information on directing your own services
- Resolving problems or complaints about services or crisis situations, if necessary

Individual Support Planning (ISP)

If you receive NC Innovations services, you will have an Individual Support Plan that includes important information about you, your life goals/outcomes, and the supports needed to help you accomplish your goals. The planning process identifies your strengths, capabilities, desires, and support needs, and helps you develop a vision for your life.

Your plan outlines how you can achieve your goals through the combined support of NC Innovations services, family and friends as natural supports, and the use of community supports. You, along with your planning team made up of your Care Manager, natural and community supports and service providers, will create your ISP and revise it as you progress or needs change.

NC Innovations Documentation Requirement and Waiver Limitations

The NC Innovations Waiver is a federally funded Medicaid program. Part of the federal requirement is to maintain documentation of services accessed. Trillium is required to assure NC Innovations funds are used appropriately and in a way that meets federal and state requirements. For example, NC Innovations Waiver services cannot be used to provide transportation to and from school because the school system receives federal funds to provide this transportation. Federal Medicaid expects services to match the documented needs of Individuals receiving services and requires there be adequate documentation to support the type of service, level of service (individual or group) and amount of service (hours) you receive.

NC Innovations funds can only be used for services and supports included in the approved Waiver.

Quality Assurance and Improvement

We want to ensure you are satisfied with services and you are receiving the support needed to progress towards achieving your goals and as written in your ISP. Trillium, along with the state and the federal government departments monitors the use of waiver funding to make sure those services are helping you make progress with the goals and outcomes in your ISP.

While you participate in the waiver, you, your family, and/or guardian, will be asked to participate in some or all of the following quality processes:

- Care Coordination Monitoring Visits to your home and to other places you receive services
- Individual Satisfaction Surveys

CHAPTER 2: HOW TO ACCESS AND RECEIVE WAIVER SERVICES

This Chapter of the Guide provides an explanation of:

- How to Apply for NC Innovations Funding
- NC Innovations Eligibility
- Level of Care Assessment
- Care Management Comprehensive Assessment

APPLYING FOR NC INNOVATIONS FUNDING

Trillium staff can assist you with applying for NC Innovations Waiver by calling 1-877-685-2415.

Qualifying for NC Innovations

A person who has an intellectual disability (mental retardation) or a condition that results in the same needs as someone who has an intellectual disability may be eligible for NC Innovations.

Eligibility Criteria for NC Innovations

You may be eligible to participate in the NC Innovations Waiver if:

- You are eligible for Medicaid, based on assets and income of the applicant, regardless of if you are a child or an adult.
- You live in of the counties within the Trillium Health Resources region (for the purposes of Medicaid eligibility).
- You currently live in an ICF-IID (Intermediate Care Facility-Individuals with Intellectual Disabilities) facility or are at high risk of placement in an ICF-IID facility. "High risk" means there is a reasonable indication you might need such services in the near future (1 month or less) if you did not receive NC Innovations services.
- You have a desire to participate in the NC Innovations waiver rather than live in an institution.
- You require/use NC Innovations services, as specified in your Individual Support Plan, and use at least one NC Innovations waiver service monthly.

AND

- Your health, safety, and well-being can be maintained in the community under NC Innovations within the $135,000 waiver cost limit.

AND

- NC Innovations participants must live with private families or in living arrangements with six or fewer persons unrelated to the owner of the facility.
- Meet the requirements for ICF-IID level of care.

Living Arrangements

- You may live in a private setting independently or with family. If you are currently living in a licensed home, you cannot receive services through the NC Innovations Waiver if the facility is larger than six beds.
- If you were participating in the NC Innovations Waiver on April 1, 2008 and were living in a facility larger than six beds, you may continue to receive NC Innovations Services.
- Individuals participating in the CAP-MR/DD waiver in the expansion counties may enter the NC Innovations waiver while living with private families or in living arrangements 10 beds or less
- Before you move to any facility larger than six beds, you should talk with your Care Manager because the move could make you ineligible to receive NC Innovations Services.

ICF-IID LEVEL OF CARE (INTERMEDIATE CARE FACILITY FOR INDIVIDUALS WITH INTELLECTUAL DISABILITIES)

You must:

1. Require active treatment.
   - **Active treatment** refers to aggressive, consistent implementation of a program of specialized and generic training, treatment and health services. Active treatment does not include service to maintain generally independent persons who are able to function with little supervision or in the absence of a continuous active treatment program.

AND

2. Have a diagnosis of mental retardation OR a condition closely related to mental retardation defined here:
   A. **Mental Retardation** is a disability characterized by significant limitations both in intellectual functioning and in adaptive behavior as expressed in conceptual, practical and social skills. The mental retardation must occur before the age of 18.

   B. Persons with closely related conditions refer to individuals who have severe, chronic disability that meets **ALL** of the following conditions:
   Is attributable to:
      i. Cerebral palsy or epilepsy

OR

      ii. Any condition, other than mental retardation found to be closely related to mental retardation because the condition results in impairment of general functioning or adaptive behavior similar to a person with mental retardation.
         a. Is manifested before the person reaches the age of 22;
         b. Is likely to continue indefinitely

AND

         c. Results in substantial functional limitations in 3 or more of the following areas of life activity:
            - Self-care
            - Understanding/use of language
            - Learning
            - Mobility
            - Self-direction
            - Capacity for independent living

The Discovery Process

During the Discovery Process, assessments will be completed to make sure you are eligible for NC Innovations and to help determine your needs.

Determining ICF-IID Eligibility/Level of Care Evaluation (Intermediate Care Facility-Individuals with Intellectual Disabilities)

- If you apply for NC Innovations Waiver funding, a psychologist/psychological associate or physician (MD) completes your level of care assessment based on your disability. Trillium will make the arrangements for your evaluation or will send these professionals a form to complete.
- If your disability is mental retardation (intellectual disability) or a disability related to mental retardation, a psychologist/psychological associate will complete your assessment. An adaptive behavior assessment and IQ test will be completed, or if you have a current evaluation (adults within 5 years and children within 3 years, the assessment will be reviewed and an update completed.
- If the condition is cerebral palsy, epilepsy, or a condition closely related to one of these two disabilities, a primary care physician will assess your level of care.
- Once the psychologist, psychological associate, or physician has completed your initial eligibility assessment, the Trillium Utilization Management Department authorizes this care. Each year your level of care is reviewed by your Care Manager and a determination is made about your continued eligibility for the level of care required for participation in NC Innovations.

Supports Intensity Scale (SIS)

Trillium will arrange for your support needs to be assessed using the Supports Intensity Scale (SIS). The SIS is an important tool to assist your planning team in identifying services and supports that meet your needs, including issues with physical limitations and/or medical needs. The SIS is an interview that focuses on the support needs of a person with an intellectual disability. You assist in this assessment of determining the people, referred to as respondents, along with yourself who will be interviewed during the SIS. Respondents must have known you for at least 3 months and can be a family member, neighbor, friend, or an employee from your service provider. The person must have known you for at least three months. The SIS interviewer may also review your records to obtain additional information needed to complete the SIS. The SIS is completed at a minimum of every three years for adults and every two years for children (16 and younger) while you are on the NC Innovations Waiver. If you believe your support needs have changed, you should talk with your Care Manager.

Following is a summary of the SIS assessment tool. The SIS includes three sections, each of which measures a particular area of support need:

Scores from this section provide two indices of support needs. The SIS Supports Needs Index provides a composite score that reflects a person's overall intensity of support needs relative to others with developmental disabilities. The Supports Needs Profile provides a visual graph or pattern of a person's support needs across all six life activity domains.

Section 1:

The **Supports Needs Scale** consists of 49 life activities grouped into six domains:

- Home Living
- Employment
- Community Living
- Health and Safety
- Lifelong Learning
- Social Activities

Section 2:

The **Supplemental Protection and Advocacy Scale** measures eight activities. These rankings are helpful in developing individualized support plans, but the scores from this section are not used to determine either of the support needs indices mentioned above.

Section 3:

Exceptional Medical and Behavioral Supports Needs measures support needs across 15 medical conditions and 12 challenging behaviors. An underlying assumption of the SIS is certain medical conditions and challenging behaviors predict a person will require increased support over time. The medical and behavioral items identify important considerations for support needs planning and also indicate cases where the SIS Supports Needs Index may underestimate a person's "true" overall level of support needs. (Summary of SIS From AAIDD)

Care Management Comprehensive Assessment

A 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 Individual Support Plan and as needed, in a Crisis Plan. Potential risks and safety considerations can include health, medical and/or behavioral areas of concern.

APPLYING FOR MEDICAID

Medicaid eligibility is a separate issue from eligibility for NC Innovations. Your county's Department of Social Services (DSS) is the local authority for Medicaid eligibility. If you receive Supplemental Security Income (SSI), you automatically receive Medicaid in North Carolina. Everyone who receives Innovations services must be determined eligible for Medicaid by the DSS in the county in which they live. Only people whose Medicaid is from one of the 26 counties listed in Chapter 1 can participate in the NC Innovations Waiver operated by Trillium. Medicaid eligibility is usually linked to the income and resources of the individual.

Tips When Applying for Medicaid

- Not everyone on Medicaid participates in NC Innovations.
- If needed, a Trillium staff person will assist you in contacting DSS and making a Medicaid application. If you already have Medicaid, the Trillium staff person can assist you in contacting DSS to let them know you are applying for NC Innovations.
- It is important you provide DSS with all of the information they need to process or update your Medicaid application and you read and respond to all letters they send you in a timely manner. It is important you keep DSS informed of any changes in your place of residence, including your address. When an individual applies for SSI, the application is also an application for Medicaid. Individuals apply for SSI at their local Social Security Administration office.
- **It is important you keep your Care Manager informed of any address change or change with SSI payments as these changes can disrupt the waiver indicator on your Medicaid card and potentially cause a disruption in services.**

Deductibles

- A Medicaid deductible (also referred to as a "spend down") is similar to a private insurance deductible. It is the amount of medical expenses for which the individual is responsible before Medicaid will pay for covered services.
- Unlike private insurance, the Medicaid deductible is based on income; therefore, the amount is not the same for each person.
- DSS will tell you if you have a deductible. If you receive an inheritance or a large sum of money, contact your Care Manager immediately to talk about the possibility of deductible changes.
- Medicaid will not pay for services while an individual is in deductible status.
- For NC Innovations Waiver participants, the deductible is calculated over a six-month time period, and is divided into six monthly payment amounts.

Meeting Your Medicaid Deductible

Your Care Manager can help you plan to meet your deductible each month. You will not receive Medicaid coverage until you are billed and you pay for the Medicaid services in the amount of your deductible. Copies of bills used to meet the deductible must be received by DSS before DSS can issue your Medicaid coverage. Some individuals meet their deductible by purchasing their medications at the beginning of the month. Others choose to be billed for the first days of their NC Innovations services from a Provider Agency. If you choose this option, you should remember you are expected to pay the Provider Agency for the services you receive before your Medicaid coverage begins. If you do not pay the bill for these services, the Provider Agency may choose to discontinue your services.

Third Party Liability

Federal regulations require Medicaid to be the "payer of last resort." This means all third party insurance carriers, including Medicare and private health insurance carriers, must pay before Medicaid pays. If the Medicaid payment for a service is more than the third party insurance carrier will cover, then Medicaid will pay the difference up to the Medicaid payment amount. If the insurance payment is more than the Medicaid payment amount, Medicaid will not pay any additional amount. Medicaid denies payments for recipients who are eligible for Medicare but do not apply for Medicare. Medicaid does not pay for services denied by private health plans if you do not meet your private health plan's requirements. If the provider's service would have been covered and payable by the private plan, but some requirement of the plan was not met, Medicaid will not pay for the service. You must keep DSS, your Care Manager, and your Provider Agency informed of any private insurance or Medicare coverage you have. If you do not inform these individuals/agencies of your private insurance or if you do not cooperate in any way in meeting any private plan requirement, you may be responsible for paying for the service. This includes NC Innovations services.

FREEDOM OF CHOICE

If you choose to apply for NC Innovations services, this means you are choosing these services rather than placement in an ICF-IID institutional facility. As part of the initial and annual plan, you will sign a "***Freedom of Choice Statement***," because as someone who meets the criteria to enter an ICF-IID facility, you are free to choose between ICF-IID Institutional services and NC Innovations Waiver services. Individuals receiving NC Innovation Waiver services have freedom of choice of providers within the Trillium network and may change providers at any time.

NC INNOVATIONS PARTICIPANT RESPONSIBILITIES

The Care Coordinator will assist you in reviewing and signing the ***Participant Responsibilities*** form. This form outlines the responsibilities of each person participating in NC Innovations Waiver, as well as, important waiver policies the person needs to be aware of before they agree to participate in the waiver. Your Care Coordinator will discuss the form with you when you enter the waiver and each year you continue to receive waiver services. **If you do not follow NC Innovations Waiver requirements you may lose Innovations Waiver funding and services. The form is signed each year you are on the Waiver.**

NC INNOVATIONS WAIVER YEAR

NC Innovations operates on a waiver year that runs from July 1 through June 30. If you leave NC Innovations during the waiver year, you can re-enter the waiver if you re-enter before July 31 of the same waiver year, provided you meet the requirements of the waiver. If you leave NC Innovations and return after the new waiver year begins, you may be unable to enter the waiver right away. If funding is not available, you could have to wait to re-enter the waiver.

CHAPTER 3: COMPLETING YOUR INDIVIDUAL SUPPORT PLAN AND CHOOSING THE SERVICES THAT ARE RIGHT FOR YOU

This chapter of the Guide provides an explanation of:

- Completing the Individual Support Plan
- Using Resources and Choosing Waiver Services
- Waiver Services and Provider Qualifications
- Waiver Service Options
- Service Limitations

COMPLETING YOUR INDIVIDUAL SUPPORT PLAN (ISP) AND CHOOSING THE SERVICES THAT ARE RIGHT FOR YOU

After you have applied for NC Innovations Services, completed the assessments, met the eligibility requirements, and been approved for Medicaid, your Care Manager will:

- Gather and organize information for you and your planning team
- Ask yourself, your family, and the legally responsible person, if applicable, who you want included in your planning team and what part you want to take in leading the Planning Meeting
- Document the results of your Planning Meeting after the team develops the Plan

Your ISP should:

- Have enough detail that someone new in your life can understand your plan and what you need to be supported successfully
- Identify any natural, unpaid, and community supports that help meet your needs
- 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
- Assist others involved in your life to understand your wants, desires, and needs
- Help identify risks that are present
- Reflect the decisions you make
- Be respectful of you and those who support you
- Be easy to read and user friendly using simple everyday language
- Assist people who support you to find information easily
- Identify how required emergency back-up services will be furnished for direct support staff providing your services

USING RESOURCES AND CHOOSING WAIVER SERVICES

When developing your ISP, think about the type of services/supports that you need to obtain within this funding to accomplish the life goals/outcomes you have identified in your ISP. Remember, NC Innovations is not intended to replace or duplicate services and resources that are already available to you. For example, if you have been visiting your grandmother one evening a month while your parents attend a meeting, you would not need to receive a service instead of your visit with your grandmother. The next pages in this Guide will provide you with information about NC Innovations Services so you can work with your team to choose the ones that will best meet your needs.

What You Need to Know About Services

NC Innovations Services are intended for you to continue living in and participating as an active member of your home community. It is important to understand there are a variety of special limitations and restrictions on services.

It is important that you discuss each service you need to use with your Care Manager. You cannot exceed any limit in any service definition or exceed the Limits on Sets of Services listed in Appendix C. The total of your Base and "Add-On" services cannot exceed the Waiver Cost Limit of $135,000 per year. If another Medicaid or other available service will meet your needs instead of a NC Innovations service, the other service must be used. You may not receive NC Innovations Services if you are a patient of a hospital, nursing facility, ICF-IID facility or if you are incarcerated in a prison or jail.

Medicaid Payments to Providers

Services are not determined by the need to pay an agency or employee a particular reimbursement rate. Providers who accept Medicaid payment may not charge you or a member of your family any additional payment for services and/or equipment billed to Medicaid. This applies to all NC Innovations services and equipment, and regular Medicaid services and equipment. You or your family cannot pay part of the cost of the service or equipment. You may not be required to sign an agreement that says you cannot change Provider Agencies as a condition of providing services to you.

Individual/Group Services

If a service has a group rate, you receive group services unless there is justification in your ISP that individual services are necessary to meet your disability specific needs. In locations such as day or after-school programs, you will usually receive group services. If Individual Services are approved, it is expected you will change to group services as soon as group services can meet your needs. Your planning team will have to gather additional information if you are requesting individual services when you are in a situation where there is a group of other individuals.

Services for Individuals Ages 3–21 (School Age)

Federal regulations require that NC Innovations Services are not to be used as a replacement for educational services funded under the Individuals with Disabilities Education Act (IDEA).

The following policy applies to school-aged individuals ages 3–21:

- NC Innovations Services are offered outside of school operational hours, and are defined as the documented hours of the school system for the grade the child would attend.
- The family of children who are home schooled must present a copy of the home school certificate and schedule to the Care Manager. If the family does not provide the home school certificate and schedule, then the local school system schedule will apply.
- The schedule in the Individual Education Plan for homebound children will apply.
- Children can receive services outside their documented school, home school, or homebound school schedule.
- Educational outcomes are not funded by NC Innovations.
- Individuals ages 3–21 can access services during days when school is not in session, within the limits on sets of services in Appendix C.

Early and Periodic Screening, Diagnosis 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 an EPSDT beneficiary even if the State Medicaid Plan does not cover those services. Your Care Manager can provide you with additional information about EPSDT.

Equipment and Supplies

If you need equipment or supplies, you should discuss your needs with your Care Manager. Your Care Manager can assist you in obtaining the equipment and supplies you need. It is important to remember NC Innovations funds cannot pay for equipment or supplies covered by your private health insurance, Medicare, or the State Medicaid Plan, even if the private insurance company, Medicare or the State Medicaid Plan (Division of Medical Assistance/DMA) deny your request for a covered item or supply. Private insurance companies, Medicare, and the DMA have specific approval processes, providers, and service limitations that must be followed. DMA also has a process to request equipment and supplies that are not on Equipment and Supply Covered Items Lists. Your Care Manager can assist you in requesting "Non-Covered Items" from Division of Health Benefits.

Requesting equipment and supplies from your insurance provider, Medicare or from DHB can take a long time. Your Care Manager does not have control over the approval process but will try to assist you in every way possible. It is important for you to

keep good records and follow up on any requests to obtain additional information from your insurance carrier or the Division of Health Benefits.

Some equipment and supplies are covered under specific NC Innovations service definitions. Each definition has a list of covered items and conditions for approval of those items. Because obtaining the evaluations and other 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 Individual Support Plan and the supporting documentation obtained. The request requires approval from Trillium's Utilization Management and once approval is obtained, the equipment will be ordered. Trillium cannot order the equipment until the approval is obtained. Trillium cannot pay for an item you obtained prior to approval by Utilization Management.

Not every item or supply you may need is covered by private insurance, the State Medicaid Plan, EPSDT or NC Innovations. If you need an item not covered by one of these funding sources, your Care Manager can refer you to a Community Navigator to assist you in locating possible other funding sources such as private foundations, churches, civic organizations, and/or other community resources.

Steps To Obtain Equipment and Supplies

1. Discuss your needs with your Care Manager and planning team. Through your team, identify the specialist who
2. needs to further assess your equipment needs.
3. Participate in any needed assessment
4. Work with your Care Manager to obtain a statement of medical necessity from your physician for the specific equipment or supply recommended.
5. Work with your Care Manager to determine the potential source for funding the equipment or supply.
6. Work with your Care Manager to submit the request and required documentation for your insurance company, Medicare, Medicaid or NC Innovations.
7. Participate in training to learn to use your new equipment or supply.
8. You should always keep in close contact with your Care Manager, and work with your Care Coordinator to obtain any additional information requested from the funding source of your supply or equipment.
9. Remember--once equipment, modification or supply has been approved, any changes to the request must be changed through a Revision to the Individual Support Plan. This is a formal process and takes some time to complete and process for approval.
10. NC Innovations will only cover equipment, modifications and supplies listed in the service definition.

Location of Services

Services are provided at locations that best meet your needs. However, some services must be provided at a specific location. Refer to the service definition for specific information about any limitation on where a service can be provided.

If your planning team determines there is a unique reason for you to receive services in the home of a direct service employee, the Provider Agency or Employer of Record is required to complete a Health and Safety Checklist/Justification Form. You will be asked to sign this checklist. You should consider the provision of services in the direct service employee's home very carefully. While the checklist covers basic health and safety concerns, it does not provide for an independent review or cover the same areas that formal licensure of service locations covers. If you need assistance in obtaining provider qualifications, please ask your Care Manager. The only services that can be provided in the home of a direct service employee are Personal Care Services and Respite Services. Sometimes your Provider's Home must be licensed for you to receive Respite Services there.

Qualifications of Staff Providing NC Innovations Services

Direct service employees must be at least 18 years old. If you are participating in ***Individual/Family-Directed Services***, the Agency with Choice provider will provide you with a copy of the provider qualifications for each service you are self-directing through Individual/Family-Directed Services. Additional information regarding provider qualifications can be found on the Trillium website.

Services in Residential Facilities

If you are new to NC Innovations, you may only live in a residential facility that serves six or fewer people who are unrelated to the proprietor.

The following information applies to you if you live in a larger facility or those who are considering moving to larger facilities:

- If you were receiving NC Innovations services as of April 1, 2008 and live in a facility greater than six beds, you may continue to receive services under this waiver in that facility.
- If you are currently living in a facility with six or fewer beds or in a private home and decide to move to a facility with more than six beds, you are no longer eligible for the waiver. You should discuss this with your Care Manager before you move into the larger facility.
- NC Innovations services are not provided in ICF-IID residential facilities.
- New facilities to the NC Innovations Waiver may only have a capacity of three beds or less.
- If you were receiving CAP-MR/DD services in a county transitioning to NC Innovations and are living in a facility with ten or fewer beds, you may receive NC Innovations services.

Service Definitions

Service descriptions are included in the following pages of this Guide. Your Care Coordinator can also provide additional information about any service you have questions about. If you are self-directing (participating in Individual/Family-Directed Services option) your services, you should use Trillium's Benefit Plans to obtain a copy of the complete service definition(s) that you are self-directing. You may also ask your Community Navigator or Care Manager for a copy of the complete service definition(s) that you are self-directing.

Assistive Technology Equipment and Supplies: This service covers purchases, leasing, shipping costs, and as necessary, repair of equipment required to enable you to increase, maintain or improve your ability to perform daily life tasks. Equipment is recommended by a professional and your physician. You can spend up to $15,000 over the duration of the waiver for this service (five 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 Coordinator know and they can help you determine if it can be covered by NC Innovations or Medicaid. If the item is not covered by NC Innovations or Medicaid as a covered or non-covered service, they can refer you to a Community Guide who can help you locate community resources that may be able to meet your needs.

Community Navigator: One of the most important roles of Community Navigator is advocacy. You should request Community Navigator Services if you need help locating and obtaining community resources, need advocacy services, or need help in developing natural, unpaid, and community resources. These services also support you or your representative, if you decide to direct your own waiver services through the Individual and Family-Directed Service option. Your Community Navigator will assist you in learning to direct your services and manage your support workers. Community Navigator Services help you gain community connections. Community Guides can help you find options for renting or purchasing your own home and assist you with locating services for that home or purchasing items approved under the Community Transition service definition. They can help you prepare for and participate in meetings with your planning team. Community guides can assist you with advocating for your educational needs and attend meetings with your school. (this it is not only for IFDS)

Community Networking Services: Community Networking services provide activities that support you in creating a day that is personally meaningful to you, and with persons who are not disabled. Community Networking Services are not provided in your home, anyone else's home, residential programs or day programs. This service can help you develop meaningful community relationships with non-disabled individuals, and help you develop supports from people who are not paid to help you. Community Networking Services help you be more independent and take part in the community in ways that are valued by other members of your community.

Some of the things Community Networking Services can help you do:

- 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 where you would meet other people who later decide to meet weekly at a community center where everyone could work on their own knitting project at the same time.
- Perform volunteer work such as stocking food at the Food Pantry.
- Join a group that meets on a regular basis 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 participating in a self-advocacy group.
- If you are a child, provide staffing support for you 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 the 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 adult individuals to live in homes of their own. It can help you if you are moving from a Developmental Center (institution), community 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 lifetime limit of the waiver for this service is $5,000.

Crisis Services: Primary Response; Behavioral Consultation; Out of Home (Support Service; Add On): Crisis Services help you if there is a situation that presents 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 three types of Crisis Services that can help you:

1. **Primary Crisis Response**: Your current provider of In-Home Intensive Supports, In-Home Skill Building, Personal Care or Residential Supports, or other Provider Agencies have trained staff who are available to provide "first response" crisis services to you in the event of a crisis. They can help evaluate what type of help you need, contact other agencies to help you, help staff or caregivers work with you during the crisis.
2. **Crisis Behavioral 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 Crisis Support Plan.
3. **Out-of-Home Crisis**: Out-of-Home Crisis is a short-term service that can help you if you experience a crisis and require a period of structured support. The service takes place in a licensed facility or licensed private home respite setting, separate from your living arrangement.

Day Supports: Day Supports provide assistance to you with obtaining, keeping, or improving self-help, socialization and adaptive skills. Day Supports are furnished in and by licensed day programs, including sheltered workshops and developmental day after school programs. Day Supports help you attain or maintain the most skills you can learn. If you receive Day Supports, your Day Supports provider is responsible for transporting you from your home to/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. Your need for individual group services must be justified in your ISP and the justification must be needed based on your disability. If Individual Services are approved, it is expected you will change to group services as soon as group services can meet your needs. Your planning team will have to gather additional information if you are requesting individual services when you are in a situation where there is a group of other individuals.

Home Modification: Home Modifications are physical modifications to the private home owned by you or your family (natural or foster family) that are needed to ensure your health, welfare, and safety or to help you be more independent. Items that are portable may be requested if you live in a home rented by you or your family. This service covers purchases, installation, maintenance, and the repair of home modifications. Equipment is recommended by an appropriate professional and your physician. The list of items covered includes ramps, grab bars, lifts, modifications to bathroom facilities, widening of doorways, and specialized accessibility/safety adaptations. The adaptations cannot add total square footage to your home, and are limited to $20,000 over the duration of the waiver. This service only includes modifications to existing rooms and cannot be used to convert a room into a different type of room. For example this service cannot pay for the conversion of a spare room into a bathroom.

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 cannot exceed $2,000 each year. They include services, equipment or supplies that address an identified need in your Individual Support Plan and meet the following requirements:

- The 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.

In-Home Skill Building: In-Home Skill Building provides training to enable you to acquire and maintain skills, which support you to be more independent. In-home skill building provides additional support to your family and natural supports and consists of an array of services that are needed to maintain your life in the community. As you gain skills and become more independent, you should need fewer hours of this service. In- home skill building consists of:

- Training and supporting you to develop and maintain personal relationships.
- Skill building to help you learn community living skills, such as shopping, recreation, personal banking, grocery shopping, and other community activities.
- Training to help you learn therapeutic exercises, supervision of self-administration of medication, and other services that are essential to your health care at home, including transferring, ambulation, and using special mobility devices
- Transporting you to activities where you are receiving In- Home Skill Building.

This service cannot be provided in the home of a direct support employee.

Natural Supports Education: Natural Supports Education provides training to your family and your natural support network in order 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.

Natural Supports are relationships with people that include co- workers, classmates, activity individuals, neighbors, family, and others. These relationships are typically developed in the community through associations in schools, the work place, and participation in clubs, organizations, and community activities. Natural Supports are different for every person; they help you develop a sense of social belonging, dignity and self-esteem. Your natural supports are not paid to teach you skills but are people who do things with you without pay. You also contribute to the relationship as both people in the relationship support each other.

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

Natural Supports Education can help you gain more natural and community supports so you are potentially less reliant on formal waiver services. For example, you might receive formal services from a provider to help you use new equipment. Natural Supports Education could be used to train your family in learning to help you use the equipment so they could support you in using the equipment rather than the provider.

Residential Supports: Residential Supports consist of 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 assist you in obtaining, improving and retaining 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 program

Respite: Individual, Group, Nursing, Facility (Support Service): Respite Services provide periodic support and relief to your primary caregiver(s) from the responsibility of your care. This service enables them to meet or participate in planned or emergency events, and to have planned time for him/her and/or family members. Respite may include services in your home and services in the home of caregivers or facilities. Respite Services can include overnight, weekend care; emergency or continuous care up to 10 consecutive days. The primary caregiver is the person principally responsible for your care and supervision and must maintain his/her primary residence at your address. Your Respite Care Provider cannot provide care for your siblings or any other family member while providing respite services for you.

Specialized Consultation Services: Specialized Consultation Services provide training and technical assistance in a specialty area. The specialty areas are psychology, behavior intervention, speech therapy, therapeutic recreation, augmentative communication, assistive technology equipment, occupational therapy, physical therapy or nutrition. Family members and other paid/unpaid caregivers are trained by a certified, licensed, and/or registered professional, or qualified assistive technology professionals to carry out therapeutic interventions, to increase the effectiveness of the specialized therapy, and to 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 & Long Term Follow-Up: Supported Employment Services provide you with assistance in choosing, acquiring, and maintaining a job in settings with people who do not have disabilities. Before you can receive Supported Employment Services funded by NC Innovations, you must first use any services Vocational Rehabilitation offers you.

Supported Employment Services include:

- Pre-job training to prepare you to engage in work that may include career counseling; job shadowing; assistance in the use of educational resources; training in resume preparation; job interview skills; and assistance in learning skills necessary for keeping the job.
- Training and support to obtain 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 developing and operating 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.

Vehicle Modifications: Vehicle Modifications are devices, service 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. The vehicle must be covered under an automobile insurance policy that provides coverage sufficient to replace the adaptation in the event of an accident. Modifications do not include the cost of the vehicle or lease. The modification must be recommended by an appropriate professional and by your physician. 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 waiver (5 years).

WAIVER OPTIONS

In developing your Individual Support Plan and choosing your services, you can choose how you want to manage your services.

You can choose to manage your services in one of two ways:

1. Selecting a Provider Agency to deliver your services. This is known as Provider Directed Services.
2. Self-directing your services and becoming the managing employer of the workers with a Provider Agency. This is known as the Individual and Family-Directed Services—Agency with Choice Option.

When it is time to develop your Individual Support Plan, your Care Manager will provide you with more information so you can decide which option or combination of options works best for you.

LIMITATIONS

Limits on Sets of Services

(Appendix C—attached)

Limits on Sets of Services are intended to be maximum amounts of services for individuals with exceptional disability needs.

Limits on Sets of Services apply to the following NC Innovations Services:

- Community Networking Services
- Day Supports
- In-Home Skill Building
- In-Home Intensive Supports
- Personal Care
- Residential Supports

Other Types of Limitations

Each service definition has additional limitations that are listed in the NC Innovations waiver. Your Care Manager can help you understand the limits that apply to the services you are requesting.

These limits include:

- Services that cannot be provided at the same time of day as other services
- Services that cannot be provided on the same day as other services
- Services that cannot be provided if you receive other services
- Services that can only be provided if you self-direct services
- Services that have spending limits per year or over the duration of the NC Innovations Waiver (5 years)
- Services that cannot be provided in certain locations
- Services that have other conditions on their use

CHAPTER 4: INDIVIDUAL AND FAMILY-DIRECTED SUPPORTS

This Chapter of the Guide provides you with:

- The Individual and Family-Directed Supports Model
- A description of the services available under this model and the roles of each member of the team

INDIVIDUAL AND FAMILY-DIRECTED SUPPORTS MODEL

The North Carolina Innovations Waiver provides participants with disabilities a choice about how they want to receive services. Individual and Family-Direction is a meaningful option for individuals receiving services and their families. Individuals, the parents of children, and legally responsible persons for individuals participating in the NC Innovations Waiver have the option of directing one or more NC Innovations Waiver Services the Agency with Choice or Employer of Record models. Participants receive education to learn about Individual & Family-Directed Supports.

SERVICES THAT MAY BE SELF-DIRECTED

Individuals and families may choose to direct one or more service. In addition to self-directing some services, individuals and families may also continue to receive provider directed services.

Services that may be Self-Directed are:

- Community Navigator Services
- Community Networking Services
- In-Home Intensive Supports
- In-Home Skill Building
- Individual Goods and Services
- Natural Support Education
- Personal Care Services
- Respite Services
- Supported Employment Services
- Supported Living

ASSISTANCE WITH INDIVIDUAL AND FAMILY-DIRECTED SUPPORTS

Because it takes time for individuals and their families to feel confident about directing their own services, Trillium is committed to assisting individuals and/or their legally responsible person in acquiring the skills needed to direct services and to handle the responsibilities that come with self-direction. Several resources will be available to assist as you learn to direct services.

These include:

- Your Care Manager
- A Representative
- Community Navigator Services
- Agency with Choice Provider or Financial Support Services Agency

CARE MANAGER

Care Coordination is provided to Individuals and Families who direct their services.

Responsibilities of the Care Manager include the following.

- Provides an orientation for you to learn about the Individual and Family-Directed Supports option
- Refers you to a Community Navigator Agency for Training on Individual and Family-Directed Supports if you are considering directing your services
- Completes the Individual and Family-Directed Supports Assessment which assists you to know what areas, if any, you may need support as the Employer
- Helps you identify a Representative, when one is requested or needed
- Provides any assistance needed so you may select an Agency with Choice or Financial Support Services provider from the list of agencies providing this service
- Completes your annual Individual Support Plan or Update(s) to reflect your decision to self-direct services

REPRESENTATIVE

There is an assessment used to provide you with information about the responsibilities of the Employer and determine if you will need assistance with any of those duties. The name of the assessment tool is the Individual and Family-Directed Supports Assessment. Employers may also choose a Representative to assist with the responsibilities of directing services. The Representative should be someone the recipient trusts and is interested in the well-being of the person.

Representatives must meet the following requirements:

- Demonstrate knowledge and understanding of the person's needs and preferences and respect those preferences.
- Show a commitment to follow the individual's wishes while using sound judgment to act on the participant's behalf
- Agree to a predetermined level of involvement and contact with the participant
- Be at least 18 years of age
- Be willing and able to comply with the Innovations Waiver requirements
- Be approved by the Individual or his/her legal representative to act in this capacity
- Representatives may not be paid for being the representative
- Representatives may not provide paid services to the Individual. This includes being employed by a provider agency serving the person. However, Representatives may provide guardianship services.
- Representative may not have a history of physical, mental, or financial abuse.

A representative is required if the Employer needs assistance with any of the following:

- Understanding and making decisions about the participant's care needs
- Understanding how to recruit, hire, train, and supervise employees
- Understanding the impact of decisions on the life of person receiving services
- Organizing your life and environment, as needed

COMMUNITY NAVIGATOR

Community Navigator Services assist individuals/families in learning out to direct their services. Community Guides are available to answer questions and offer suggestions. Community Guides also assist and support (rather than direct and manage) the individuals/families throughout the process. Community Navigator services are intermittent and fade as community connections develop and skills increase in directing services.

THE SELF-DIRECTION MODELS

There are two options for you to direct your own services: ***Agency with Choice*** and ***Employer of Record***. These options allow you to choose the way you wish to control your services and supports. Following is more information about each model.

Agency with Choice Model

In this model, Agency with Choice providers work with you to manage your employees. Agency with Choice providers will also assist with other responsibilities of directing your services. The Agency with Choice provider serves as the common law employer with federal and state agencies for employees hired to provide your services.

Agency with Choice providers perform the financial functions for Managing Employers in the Agency with Choice Model. The cost of these activities is built into the service rate for the direct services billed by the Agency with Choice. Examples of some Agency with Choice provider tasks include processing your Employee's paychecks, deducting required taxes, and maintaining Worker's Compensation Insurance.

The Agency with Choice Agreement outlines the functions the Agency with Choice provider performs and the functions the Managing Employer (You) or Representative perform. This agreement is signed once you decide to direct your services and choose your Agency with Choice provider.

Employer of Record Model

The Employer of Record is the Common Law Employer responsible for supervising and managing all employees. The Common Law Employer is the individual who must be recorded by and registered with federal and state government agencies as the employer for legal purposes.

The Employer of Record works with the Financial Support Services Agency to manage their employees and their individual budgets.

The Financial Support Services Agency is responsible for as managing payroll for your employees, deducting all required federal, state, and local taxes, including unemployment fees, prior to issuing paychecks to employees, ordering employment related supplies and paying invoices for other expenses such as training of employees, administering benefits for employees hired to provide services and supports, maintaining ledger accounts for each individual's funds, producing expenditure reports that are required, including reports to the individual/ employer/family, concerning expenditures of funds against their budgets, requesting criminal background checks, driver's license checks, and health care registry checks of providers of self-directed services, tracking and monitoring individual budget expenditures, and facilitating Workers Compensation Application on behalf of the Employer of Record.

The Financial Support Services Agreement outlines the functions the Financial Support Services agency performs and the functions the Employer (You) or Representative perform.

More Information on Individual and Family-Directed Services

If you would like additional information about Individual and Family-Directed Services, please speak with your Care Manager. For an overview of both self-direction models, please review Employer Handbook: Agency with Choice & Employer of Record. For detailed information about the Agency with Choice option, please review the Agency with Choice Handbook Supplement. In addition, for detailed information about the Employer of Record option, please review Employer of Record Handbook Supplement. All handbooks are located on the Trillium website.

CHAPTER 5: APPROVAL OF YOUR INDIVIDUAL SUPPORT PLAN AND SERVICE AUTHORIZATION

This Chapter of the Guide provides an explanation of:

- Submitting the Individual Support Plan to Utilization Management for Approval
- Utilization Criteria

SUBMITTING THE INDIVIDUAL SUPPORT PLAN TO UTILIZATION MANAGEMENT

When your Individual Support Plan is completed, you (or your legally responsible person, if applicable,) will be asked to sign the ISP. The signature is known as the "authorized signature". If the Individual Support Plan (ISP) does not have an "authorized signature" the ISP cannot be approved. You cannot receive NC innovations services if you do not have an approved ISP. Your Care Manager submits the Plan to Utilization Management, and requests approval of the services in the plan. The Plan Approval process is separate from the service approval. Not all services are approved on an annual basis. The standard authorization length of each specific service is listed on the Benefit Guidelines on the Trillium website.

Information the Care Manager submits to Utilization Management includes:

- Contact information for the Care Manager
- Individual Support Plan, including Crisis Plan, as applicable
- Cost Summary/Individual Budget
- Level of Care
- Risk/Support Needs Assessment
- Additional Assessments by the appropriate professional, as needed
- Positive Behavior Support Plan, if applicable
- Physician Orders, as applicable
- Service specific information such as fading plans and details about equipment being requested
- Plan for how any requested equipment will be utilized with training outcomes, as applicable

How long does it take to get the Individual Support Plan (ISP) approved?

From the date the information is submitted, Trillium's Utilization Management Department has **14 days** to review it, and approve, deny, 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.

Denial of Services/Appeal Rights

If any service is denied, reduced or terminated, you will be informed of your appeal rights. Appeal rights are mailed to you or your guardian, if applicable. For more information on your appeal rights refer to the Member & Recipient Handbook on Trillium's website.

Remember to notify your Care Manager if your mailing address changes. These letters are sent by certified mail.

The NC Health Plan requires you go through the local Reconsideration Process prior to the appeals process. Reconsideration is an opportunity for you to work with Trillium to present additional information and/or clarify new information regarding the denied service.

UTILIZATION MANAGEMENT CRITERIA

Trillium is allowed by contract with the Division of Medical Assistance to set Utilization Criteria for services approved by the Trillium's Utilization Management.

Care Managers in the Utilization Management department will review the information submitted by your Care Manager against a set of criteria, including:

- Information that clearly states why the service/ equipment is related to your disability
- Utilization Management Criteria
- Individual Support Plan approval criteria

Service Authorization

All NC Innovations Waiver services must be approved in the Individual Support Plan and authorized to allow the provider agency to bill Trillium. Plan approval and authorization is completed by Trillium's Utilization Management staff in two distinct processes. ISP approval does not guarantee authorization of all services in the plan. You will receive a copy of your ISP. Your Provider Agency is notified by Trillium's Utilization Management when your services are approved (authorized). Your services can begin once the Provider Agency or Agency with Choice receives the authorization allowing the Agency to bill Trillium for services provided. If you are receiving services through the Individual and Family-Directed Supports model, the Managing Employer must meet all the requirements in this model before services can begin.

CHAPTER 6: IMPLEMENTING SERVICES

This Chapter of the Guide provides an explanation of:

- Trillium Health Resources Provider Network
- Starting Your Services

TRILLIUM HEALTH RESOURCES PROVIDER NETWORK

Trillium Health Resources maintains a Provider Network by contracting with qualified practitioners who understand cultural differences, can prove they know how to provide services based on what the experts in the field say works best, and assure services are delivered in a timely and appropriate manner. The Network is geographically and clinically diverse enough to ensure adequate access to all services covered through the NC Innovations Waiver.

Trillium Health Resources Network Providers will also ensure your health and safety, as well as demonstrate ethical and responsible practices. Your satisfaction and achievement are the priority of our providers.

Provider Responsibilities

- Participating in the planning/coordination of services and Individual Support Plan (ISP) revisions with you, your Care Manager, and your family
- Recruiting appropriate staff and making sure staff are privileged, trained, and supervised in providing services
- Implementing the services authorized by the Trillium Health Resources Utilization Management Department
- Developing short-term goals as well as training strategies/task analysis to achieve your goals
- Monitoring services to ensure they are consistent with your Individual Support Plan
- Reviewing and maintaining documentation of services adequate to support progress
- Notifying the Care Manager of significant changes in your situation, needs and service delivery
- Billing Medicaid for services as ordered and provided
- Providing back-up staff when the scheduled direct service employee is unavailable

Selecting Service Providers

During the development of your Individual Support Plan, you need to 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 need to decide which one(s) will be the best for you.

Some questions you might want to ask provider agencies are:

- Do you provide the services I need?
- How do you train your employees?
- Can I meet with the direct support employee before he or she is placed in my home?
- Who do I call if I am having problems with a direct support employee?
- What can I do to help the provider agency know what my needs are?
- What are the steps to follow if the direct support employee does not show up for work and I need a substitute?
- Will you train your direct support employee throughout the year as it relates to the method we are using (for example, training on how to handle a certain behavior, etc.)?
- Do you provide the supplies needed for short range goals, (for example, if the objective is to put together a puzzle, do you provide the puzzle)?
- Do you have people qualified to provide more than one service? Which ones?
- How frequently and by what method is the direct support employee supervised by your agency? When will you do the home visits to observe services? Will this include unplanned observation visits? Will I be informed of the results of these visits?
- Will the agency call me to notify me of the home visit?
- What were the results the last time your agency was audited or reviewed by Trillium or the State?

STARTING YOUR SERVICES

The Utilization Management Department will complete the Level of Care Determination within 30 days of the date the Psychologist, Licensed Psychological Associate, or Physician completed the Level of Care Assessment.

Your initial Individual Support Plan (ISP) must be submitted for approval within 60 days of the Level of Care Determination date.

Implementation of the ISP is a shared responsibility of the members of the team. Services must be implemented within 45 days of initial ISP approval.

Once the services/supports in your very first plan have started, your annual ISP will be effective the first day of the month following your birth month. You will be contacted by your Care Manager several weeks before this to do some assessments and schedule a phone conference to talk about what you will need for the new plan year. From here on out your plan year will be based on your birth month. Your plan may change throughout the plan year as your needs change or you have new needs based on what is going on in your life. When this occurs, your Care Manager will work with you and your team to revise your plan. For the initial, annual and updated ISP, all plans must be approved prior to services beginning.

After your ISP is approved, Trillium notifies the Department of Social Services so the NC Innovations indicator can be placed on your Medicaid record.

SERVICES	TIMELINE
Level of Care Determiniation	Within **30 days** of completed the Level of Care Assessment
Individual Support Plan Approval	Within **60 days** of the Level of Care Determination date
Implementation of the Individual Support Plan	Within **45 days** of initial Individual Support Plan Approval

CHAPTER 7: NC INNVOATIONS POLICIES AND PROCEDURES

This Chapter of the Guide provides an explanation of:

- Monitoring of Services by the Care Manager
- Use of One Waiver Service Per Month
- Out-of-State Services
- Family Members as Providers
- Other Helpful Information

MONITORING OF SERVICES BY THE CARE MANAGER

Care Mangagers are responsible for monitoring the implementation of your Individual Support Plan, all other Medicaid services provided to you, as well as your overall care. Monitoring will take place in all service settings and on a schedule outlined in the Individual Support Plan.

Monitoring Methods

- Face-to-face or 2 way audio/visual contact with you and members of the Individual Support Plan team
- Telephone contact with you and members of the Individual Support Plan team
- Observation of services
- Review of documentation and billing

What Does the Care Manager Monitor?

- That services are provided as outlined in your Individual Support Plan
- That you have access to services
- That any problems that may arise are identified and resolved
- That services meet your needs
- That back-up staffing plans are implemented
- That you are healthy and safe
- That you are offered a free choice of network providers
- That your non-waiver service needs have been addressed

Care Manager Individual Monitoring Schedule

- If you are new to the waiver, you receive monthly face- to-face visits for the first six months and then on the schedule in your Individual Support Plan, no less than quarterly.
- If your services are provided by guardians and relatives living in your home, you will receive monthly face-to-face visits.
- If you live in a residential program, you will receive monthly face-to-face visits.
- If you choose to self-direct (Individual and Family-Directed Services option) your services, you will receive monthly face-to-face visits.
- If you are not listed in one of the above categories, you will receive face-to-face visits on the schedule in your Individual Support Plan, no less than quarterly.
- If you do not receive a face-to-face visit during the month, your Care Manager will have contact with you by telephone.

USE OF ONE WAIVER SERVICE PER MONTH

NC Innovations individuals must use one Waiver service each month to remain eligible for the Waiver. Your Individual Support Plan must contain at least one NC Innovations service that can be provided each month. If you do not use a Waiver service each month, you will be notified by the Trillium Utilization Management Department that no services have been billed. If you do not use a Waiver service within the following 30 days of the notification, you may be terminated from the Waiver. If you are terminated from the Waiver, you will be informed of your appeal rights. It is important for you to carefully review this information.

If you are removed from the NC Innovations due to non-use of services, you may request to re-enter the NC Innovations at the completion of any termination or appeal process. If the request is made within the same Waiver year, a plan to bring you back on the Waiver will be developed. If the request to re-enter the Waiver is made in a new Waiver year, you may be placed on the Registry of Unmet Needs, if no Waiver funding is available at the time of your application.

OUT-OF-STATE SERVICES

If you decide to travel out-of-state and need the services of your NC Innovations staff, these guidelines are used to decide if NC Innovations services can be funded through the Waiver during your trip. Provider Agencies and Agencies with Choice directing their own services assume all liability for their staff when out-of-state.

You must meet all of the following criteria:

- You must have been receiving services from direct care staff while in state and must be unable to travel without their assistance.
- You must be traveling with your caregiver.
- If you live in a residential facility, your staff cannot be paid to travel with you.
- If you live in an alternative family living home or foster home, you may receive services when traveling with your alternative family living provider(s) or foster family out-of-state.
- Written prior approval to request for staff to accompany individuals/families out-of-state must be received from the supervisor of your staff person and Trillium Health Resources.
- NC Innovations services may not be provided outside of the United States of America.
- Your Provider Agencies must ensure staffing needs of all their individuals can be met.
- Supervision of the direct service employee and monitoring of care must continue.
- Your Individual Support Plan must not be changed to increase services while out-of-state.
- Your services can only be reimbursed to the extent they were provided within the state's boundaries and for your benefit.
- Respite services are not provided during out-of-state travel since your caregiver is present during the trip.
- If licensed professionals are involved, Medicaid or Trillium cannot waive other state's licensure laws. An NC licensed professional may or may not be licensed to practice in another state.
- Medicaid funds cannot be used to pay for room, board, or transportation costs for you, your family, or staff.

FAMILY MEMBERS AS DIRECT SUPPORT EMPLOYEES

The biological or adoptive parent of a minor child, stepparents of a minor child, or spouse of an individual on the waiver may not be paid to provide waiver services to a waiver recipient.

Per the Center for Medicaid and Medicare Services policy and the NC Innovations Waiver, it is not simply a choice for you or your family to have a relative or guardian provide services. There are specific criteria that must be met, based on Waiver policy for a family member to be used. Remember, a relative or guardian living in your home can be employed to provide services if all of the below criteria are met and approved by Trillium. It is the responsibility of your Provider Agency or the Managing Employer, if your services are self-directed; to make sure the criteria are met.

The following policy applies to legal guardians, parents of adult individuals and other relatives who live in the home of the individual:

- The Waiver services these relatives or legal guardians may provide are: In- Home Skill Building, In Home Intensive Supports, Personal Care Services and Residential Supports.
- The relative or legal guardian must meet the provider qualifications for the service.
- A qualified provider who is not a relative or legal guardian is (a) not available to provide the service or (b) is only willing to provide the service at an extraordinarily higher cost than the fee or charge negotiated with the qualified family member or legal guardian. Remember your Provider Agency must document these reasons and obtain approval from Trillium Health Resources before you start to provide services.
- The relative or legal guardian is not paid to provide any service they would ordinarily perform, in the household, for an individual of similar age, who does not have a disability.
- The Managing Employer in an Agency with Choice model may not provide a service that is self-directed.
- Ordinarily, no more than 40 hours of service per week or seven daily units per week may be approved for service provision between all relatives who reside in the same household as the waiver recipient. Additional service hours furnished by a relative or legal guardian who resides in the same household as the waiver recipient may be authorized to the extent that another provider is not available or are necessary to assure the individual's health and welfare.
- When a relative or legal guardian is the service provider, Provider Agencies and/or the Managing Employers, as appropriate, monitor the relative or legal guardian's provision of services on-site, at a minimum of one time per month.
- When a relative or legal guardian is the service provider, the Care Manager monitors the relative's provision of services on-site at a minimum of one time per month.
- Payments are only made for services authorized by Trillium Health Resources in the Individual Support Plan.
- For NC Innovations Waiver services, the same monitoring procedures apply to parents and legal guardians as apply to provider agencies to ensure payments are made only for services rendered.

- A neutral advocate will be required for all relative providers who are legal guardians to ensure the desires and needs of the person are addressed by the Individual Service Plan planning team.
- Provider Agencies and Managing Employers (through the Agency with Choice provider) submit documentation to the Trillium Health Resources Network Department to demonstrate the relative or legal guardian meets the qualifications to provide the service along with the justification for using the relative or legal guardian as the service provider rather than an unrelated provider. The request must be approved prior to service provision by the relative or legal guardian. Requests that are not approved may be grieved by the Provider Agency or Managing Employer through the Agency with Choice. Individuals or family members/guardians dissatisfied with the decision may file a grievance with Trillium Health Resources.

If your guardian or family member is approved to provide services to you, they may only work with you on goals/activities specified in your Individual Service Plan, during the time Medicaid is being billed. They may not care for others during this time. You (the Individual) must be present when they are providing services.

OTHER HELPFUL INFORMATION

Absences, Movement to/from Catchment Area and Terminations

If you are absent from NC Innovations services, your Care Manager may need to take certain actions. The action needed depends on the nature of the absence. If you are hospitalized, placed in an ICF-IID state facility (e.g. Caswell Developmental Center), ICF-IID group home, or Skilled Nursing facility, admitted to a rehabilitation facility, admitted to a state psychiatric facility (e.g. Cherry Hospital), or will be absent for 30 days or more, the Department of Social Services will direct the Care Coordinator about continuing Medicaid eligibility. You should keep your Care Coordinator informed of all absences or anytime you are admitted to a hospital or institution.

Movement from the Trillium Area to Another Part of North Carolina

NC Innovations Waiver individuals are legal residents (for the purpose of Medicaid eligibility) of the region where the NC Innovations Waiver operates. If you move to another county in the State outside this region and become a legal resident of another county (outside of the Trillium catchment area), you are no longer eligible for NC Innovations under Trillium . Your Care Manager works with you in referring you to the Local Management Entity (LME)/Managed Care Organization (MCO) to where you are moving and you will be terminated from NC Innovations under Trillium and transferred to the new . The Care Coordinator provides the receiving with all requested information needed.

The receiving may be able to assist you in receiving funding and participation in the NC Innovations Waiver. Entrance to the Innovations Waiver is dependent on funding and slot availability. Trillium will make every effort to transition a person moving to another ; however, Trillium cannot guarantee you will receive NC Innovations Waiver, when you move out of the Trillium area.

Movement to Trillium Health Resources' NC Innovations

If you are participating in the NC Innovations and become a legal resident (for the purpose of Medicaid eligibility) of the Trillium region, you will be referred to Trillium Health Resources for services. The Local Management Entity/Managed Care Organization you were working with refers you to the Trillium's NC Innovations Waiver by completing a Referral Form.

Entrance into Trillium's NC Innovations Waiver depends on funding and slot availability, as determined by the North Carolina General Assembly. If the required funding has been utilized, you will be prioritized for funding the same way as non-transferred individuals are prioritized, being placed on the Registry of Unmet Needs. Before placing you on the Registry of Unmet Needs, Trillium Health Resources will contact the Division of MH/DD/SAS and/or the Division of Medical Assistance to discuss your individual situation.

Terminations from Trillium Health Resources' NC Innovations Waiver

Terminations may be due to a variety of reasons.

Keep the following in mind:

- You will be given your appeal rights in writing by the agency terminating you from Trillium Health Resources' NC Innovations and/or Medicaid.
- For most terminations, the effective date is the last date of the month.
- All terminations are coordinated with the Department of Social Services.

You may be terminated for one of the following reasons:

- The Department of Social Services terminates Medicaid Eligibility
- Your Individual Support Plan is not approved
- You need to seek placement in an ICR-MR Facility or Skilled Nursing Facility
- You move to a county outside of the Trillium Health Resources area or your Medicaid moves to a county other than one of Trillium Health Resources' 26 counties
- The individual dies
- Other reasons as specified in the notification letter
- Failure to use a Waiver service each month
- Failure to meet the required ICF-IID Level of Care

Other State Waivers That Might Meet Your Needs

The State of North Carolina has chosen to name their special Medicaid programs, for people with disabilities, CAP or the Community Alternatives Programs. There are currently three CAP Waivers that operate in the state. People with intellectual/developmental disabilities whose Medicaid is from one of Trillium's 26 counties must participate in the NC Innovations. Your Care Manager can assist you if you have questions about any of the other state waivers.

The other two waivers in North Carolina are:

CAP-C-Community Alternatives Program for Children—provides an alternative to nursing facility and hospital care for individuals up to 21 years of age who live in a private residence who have complex medical needs (medically fragile) and who have been ruled disabled by Disability Determination Services.

CAP-DA-Community Alternatives Program for Disabled Adults—provides an alternative to nursing facility care for persons with disabilities who are age 18 and older and who live in a private residence. CAP-DA includes the CAP Choice Option.

You may only receive funding from one waiver at a time. If you feel your level of care has changed or if your county of residence has changed and you need the services of one of the other waivers, tell your Care Manager who will work closely with the other waiver program to coordinate a possible transfer to the other waiver.

Other Services That Might Meet Your Needs

If you are terminated from NC Innovations you should ask your Care Coordinator about the other services you may be eligible for that could meet your needs. The available services will vary from person to person since some individuals will no longer have Medicaid coverage when they are terminated from NC Innovations. The Department of Social Services will inform you if you will continue to have Medicaid coverage.

Need More Information?

Trillium Health Resources provides additional information on the services, and provides information on the funding, utilization management, monitoring, and quality assurance processes. It also has complete provider qualifications for each service. If you are directing your own service, make sure you obtain a copy of the complete service definition for services you are directing.

APPENDIX A—PARTICIPANT RESPONSABILITIES OF NC INNOVATIONS WAIVER

TRILLIUM REGION NORTH CAROLINA DIVISION OF MENTAL HEALTH, DEVELOPMENTAL DISABILITIES & SUBSTANCE ABUSE SERVICES

Name (Print name on line above.) Record #

MID # DOB

Participant Responsibilities—NC Innovations Waiver

- I understand enrollment in the NC Innovations waiver is voluntary. I also understand, if enrolled, I will be receiving Waiver services instead of services in an Intermediate Care Facility for Individuals with Intellectual Disability (ICF-IID). My Medicaid eligibility must continue to come from Beaufort, Bertie, Camden, Chowan, Columbus, Craven, Currituck, Dare, Gates, Hertford, Hyde, Jones, Martin, Nash, New Hanover, Northampton, Pamlico, Pasquotank, Perquimans, Pitt, Tyrrell, or Washington for me to continue to be eligible for the NC Innovations waiver and I must continue to meet all other waiver eligibility criteria.
- I understand that by accepting NC Innovations waiver funding that 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 NC Innovations waiver. The services approved in my Individual Support Plan have been determined necessary to improve/support my disability.
- I understand that participants of the NC Innovations waiver effective April 1, 2012, will live in private homes or in residential facilities licensed for 6 beds or less.
- I understand if I choose to move to a facility during my plan year that is larger than 6 beds, I will no longer be eligible for the waiver.
- I understand that the total of my waiver services cannot exceed $135,000 when I enter the waiver.
- I understand that at any time during my plan year, the total of my waiver services cannot exceed $135,000 or I will no longer be eligible for the waiver.
- I understand if I select the NC Innovations waiver, I will have an Individual Support Plan (ISP) developed 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 will be re-developed annually prior to my birth month. I understand the NC Innovations waiver will deliver services according to my ISP.
- 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 Coordinator can assist me in obtaining information on Medicaid deductibles from my local Department of Social Services.

list continues on next page...

- I understand that I will cooperate in the assessment process to include but be limited to Supports Intensity Scale (SIS) (every 2 years for children and every 3 years for adults), Risk/Support Needs Assessment, NC-SNAP, Level of Care, and Essential Lifestyle Planning Assessment.
- I understand that my ISP will be monitored and reviewed by my Care Manager, and that I can contact my Care Coordinator at any time if I have questions about my ISP, individual budget or the services I receive.
- I understand that I have the right to choose a provider within the Trillium Provider Network.
- I understand that I am required to meet with my Care Coordinator for care coordination activities in the home or wherever my family members lives and/or all settings where services are provided to allow my Care Coordinator access to all settings where services are provided. The Care Coordinator will schedule meetings as often as needed in order to ensure appropriate service implementation and participant's needs are met. I may also request meetings.
- I understand that I am required to notify the Care Coordinator of any concerns regarding services provided.
- I understand that I am required to give adequate notice to the Care Coordinator 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 Coordinator of any behavior or medication changes as well as any change in health condition.
- I understand that I am required to attend appointments set by the Department of Social Services (DSS) to determine Medicaid renewals to ensure my continued Medicaid eligibility.
- I understand that I am required to participate in Team meetings/phone calls.
- I understand that I am required to respond immediately to all correspondence, phone calls and other communications from my Care Manager
- I understand that I am required (upon receipt) to immediately review, sign and return all documents to my Care Coordinator.
- I understand that Trillium is responsible for ensuring an adequate network of provider agencies is available to promote choice for the Participant.

I understand that Trillium will make a Care Manager available to provide care coordination supports which include:

1. Assessment to determine service needs to include but not limited to the, NC-SNAP, Care Management Comprehensive Assessment, and Community Navigator Assessment.
2. Working with the Individual Support Planning Team to coordinate and document the Individual Support Plan (ISP).
3. Requesting all services that are determined necessary for the participant and listed in the ISP.
4. Making the participants aware of the amount of the Individual Budget and the process used to establish this budget and make any needed changes.
5. Monitoring all authorized services to ensure they are provided as described in the ISP and meet the participant's needs.
6. Assisting the participant with the coordination of benefits through Medicaid and other sources to include, if needed, linkage with the local Department of Social Services regarding coordination of Medicaid deductibles.

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7. Responding to any complaints or concerns and reach resolution within 30 days of the complaint regarding NC Innovations services.
8. Promoting the empowerment of the individual to lead as much of his/her Individual Support Planning, decision making regarding the use of waiver dollars and oversight of waiver services as they choose.
9. Obtaining an order from the participant's physician for all needed medical supplies and specialized equipment.
10. Supporting the participant in obtaining all needed information to make an informed choice of provider within the Trillium network, inclusive of notifying the Trillium Network Management Department if providers are needed outside of the current Trillium Network.

X

Signature of Individual/Legally Responsible Person Date

Signature of Trillium Representative Date

APPENDIX B—WAIVER FUNDING AND PRIORITIZATION FOR FUNDING

Individuals are prioritized for funding based on the date of their referral to the NC Innovations Waiver.

If funding is not available for needed Innovations Services at the time of enrollment and the individual is potentially eligible for the NC Innovations Waiver, the person is placed on the Registry of Unmet Needs until funding is available. People with emergency needs are offered emergency reserved capacity funding, if criteria is met and if funding is available.

A person is considered to have emergency needs when:

- The individual is at significant, imminent risk of serious harm which is documented by a professional and meets one of more of the following criteria and no other service systems can meet the identified need:
  - The primary caregiver(s) support system is/ are not able to provide the level of support necessary to meet the person's exceptional behavioral or exceptional medical needs and documented risk issues,
  - The issues related to the child's disability have been determined by the County Department of Social Services (DSS) to result in imminent risk of coming into DSS custody,
  - The individual requires protection from confirmed abuse, neglect, or exploitation as documented by DSS.

A clinical team that includes the Trillium Medical Director and/or I/DD Clinical Director will assess the emergency situation.

There is also limited reserved capacity funding for individuals transferring from CAP/MR/DD to NC Innovations and individuals aging out of the CAP/C Waiver who meet the ICF-IID eligibility criteria. Limited reserved capacity is also available for children transitioning from an ICF-IID residential facility to the community.

When funding is available, funding is assigned geographically based on Medicaid per capita population in each of the counties where NC Innovations is operating.

APPENDIX C—NC INNOVATIONS WAIVER AMENDMENT 2010 LIMITS ON SETS OF SERVICES

Effective April 1, 2011

PARTICIPANT AGE/STATUS	LIVING IN RESIDENTIAL SETTING, INCLUDING ALTERNATIVE FAMILY LIVING (AFL) HOMES	LIVING IN PRIVATE HOME
Adult	*No more than 40 hours per week any combination:* • Community Networking • Day Supports and/or • Supported Employment Services • May receive up to one daily unit of • Residential Supports	*No more than 84 hours/week any combination:* • Community Networking • Day Supports • Supported Employment Services and/or • In-Home Skill Building • Personal Care
Child during school year	*No more than 20 hours per week any combination:* • Community Networking • Day Supports and/or • Supported Employment Services • May receive up to one daily unit of • Residential Supports	*No more than 54 hours/week any combination:* • Community Networking • Day Supports • Supported Employment Services • and/or • In-Home Skill Building • Personal Care
Child when school is not in session	*No more than 40 hours per week of any combination:* • Community Networking • Day Supports and/or • Employment Services • May receive up to one daily unit of • Residential Supports	*No more than 84 hours/week of any combination:* • Community Networking • Day Supports • Supported Employment Services and/or • In-Home Skill Building • Personal Care

Trillium
HEALTH RESOURCES

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call our Member & Recipient Service Line at:
1-877-685-2415 (Toll-free)

TTY: Dial **711** or **1-800-735-2962** and follow directions on screen

IN CASE OF A LIFE-THREATENING EMERGENCY,
CALL 911

Administrative & Business Line:
1-866-998-2597

www.TrilliumHealthResources.org