

Employer Handbook

Agency with Choice and Employer of Record

Individual & Family-Directed Supports

Transforming Lives.
Building Community Well-Being.



Trillium
HEALTH RESOURCES

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Trillium Health Resources

Transforming lives and building community well-being through partnership and proven solutions.

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Member & Recipient Service Line 1.877.685.2415 | Administrative/Business Calls: 1-866-998-2597



AN INTRODUCTION TO SELF-DIRECTED SUPPORTS

This chapter is an introduction to self-directing services through the NC Innovations Waiver. In the NC Innovations Waiver, Participant-directed services are called Individual & Family-Directed Supports. Individuals & Families can direct some or all of the services paid through NC Innovations funding. Self-Directing services gives Individuals & Families more control over the way their services are provided. In this section, we cover important information to introduce Self-Directed Supports:

- 🌱 Principles of Self-Determination
- 🌱 Services that may be Self-Directed
- 🌱 Advantages of Individual & Family-Directed Supports
- 🌱 Individual & Family-Directed Supports Model

PRINCIPLES OF SELF-DETERMINATION

The Individual & Family-Directed Supports Option is based on the principles of self-determination. Self-Determination empowers individuals to gain control over selecting the services or supports that meet their unique needs. This process varies from person to person according to what each individual feels is necessary and desirable to create a satisfying and personally meaningful life. It is both person-centered and person-directed.

Principles of Self-Determination:

- 🌱 **Freedom** – The ability of an individual, together with freely chosen family and friends, to plan a life with necessary supports rather than purchase or conform to a set program.
- 🌱 **Authority** – The ability of a person with a disability (with a social support network or circle, if needed) to responsibly control a certain sum of money in order to purchase services.
- 🌱 **Autonomy** – The arranging of resources and personnel -- both formal and informal -- to assist an individual with a disability to live a life in the community rich in personal and community affiliations.
- 🌱 **Responsibility** – The recognition of a person’s valued role in the community through competitive employment, organizational affiliations, spiritual development, and general caring of others in the community, as well as accountability for spending public dollars responsibly.
- 🌱 **Confirmation** – The recognition of the importance of the leadership of self-advocates in the Self-Determination movement.

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 Living and Supports
- 🌱 Community Networking Services
- 🌱 Individual Goods & Services
- 🌱 Supported Living
- 🌱 Natural Support Education
- 🌱 Respite Services
- 🌱 Supported Employment Services

ADVANTAGES OF INDIVIDUAL & FAMILY-DIRECTED SUPPORTS

Individual & Family-Directed Services have been successfully implemented in Home and Community Based Waivers in a number of states, including North Carolina. A number of advantages reported for participants include:

- 🌱 Increased independence and self-sufficiency
- 🌱 Increased choice, flexibility and control of services
- 🌱 Improved quality of services
- 🌱 Increased opportunities for a more healthy, productive life with better personal outcomes
- 🌱 Increased satisfaction with services
- 🌱 Increased use of people the participant knows as employees
- 🌱 Expanded information to assist in decisions around spending of resources
- 🌱 Focused assistance to make participant direction possible
- 🌱 Authority to hire, train, supervise and, if necessary, fire employees
- 🌱 Increased partnership between individuals, families and professionals
- 🌱 Increased meaningful relationships in the community

INDIVIDUAL & FAMILY-DIRECTED SUPPORTS MODEL

Within the NC Innovations Waiver, the Agency with Choice and Employer of Record models empower the individual and family or legally responsible person for the participant to direct their own service. Two models of Individual & Family-Directed Supports are available:

- 🌱 The Employer of Record model allows the participant or the legally responsible person for the participant to be the individual who can legally exercise authority over workers and assume the other responsibilities associated with participant-direction of services. The participant or the legally responsible person is known as the Employer of Record.
- 🌱 The Agency with Choice model allows the participant or legally responsible person for the participant to work with an agency that agrees to hire employees referred by them. The agency approves and disapproves the hiring of the referred individuals and ultimately retains the responsibility of being the employer while allowing the participant or legally responsible person to partner in managing the employee's training and supervision. The participant or the legally responsible is known as the Managing Employer.





General Requirement for all parties in Individual & Family-Directed Supports

Any party involved in Individual & Family-Directed Supports, including Managing Employers, Representatives, Agency with Choice providers, Financial Support Services agencies and employees shall not have been excluded from or suspended from participation in the Medicare or Medicaid Programs. These parties shall not have been convicted of Medicare or Medicaid fraud.

GETTING STARTED

An orientation to Individual & Family-Directed Supports is provided at the time of the Initial or Annual Individual Support Plan (ISP) meeting. The Care Manager assists individuals and families who are interested in learning more about Individual & Family-Directed Supports. Orientation materials should be brought to future trainings provided by a Community Navigator.

THE CARE MANAGER

-  Determines who will be the prospective Employer: individual, parent(s) of a minor participant or legal guardian
-  Discusses the option of having a Representative and refers any prospective Representative to the training
-  Revises the ISP to include Community Navigator so training on both models of Individual & Family-Directed Supports can take place
-  Adds a long-range outcome to the ISP to address training needs if the ISP already includes Community Navigator

A Community Navigator provides Individual & Family-Directed Supports training to the individual, potential Employer, and/or potential Representative. The prospective Employer may ask other people who support the individual to attend the training. The Community Navigator provides the prospective Employer and prospective Representative with the *Individual & Family-Directed Supports Employer Handbook*. The Community Navigator also provides the prospective Employer and prospective Representative with materials that provide information about the Employer or Record model. The *Individual & Family-Directed Supports Employer Handbook* and orientation materials should be kept for future reference, as they will be useful if the prospective Employer decides to participate in Individual & Family-Directed Supports.

Please Consider

Most prospective Employers find it takes a minimum of 90 days from ISP submission to the date employees can begin providing services under Individual & Family-Directed Supports.

If the implementation date needs to change, the Employer notifies the Care Manager who works with IDD Utilization Management to change it.

Individuals continue to receive services from a Provider Agency until employees of the Employer of Record or employees of the Agency with Choice/Managing Employer begin to provide services under Individual & Family-Directed Supports.

RESOURCES FOR DIRECTING YOUR SERVICES

This chapter focuses on the resources that will be available to you if you choose to direct some or all of your services. In the Agency with Choice Model of Individual & Family-Directed Supports, the Employer is known as the *Managing Employer*. In the Employer of Record Model, the Employer is known as the *Employer of Record*. We are committed to helping you learn the skills needed to direct your services as the Employer.




WHO'S WHO IN INDIVIDUAL & FAMILY-DIRECTED SUPPORTS

Individuals (Participants)

The individual is the person who receives services funded by the NC Innovations Waiver. The individual may or may not be the Employer. If the individual is not the Employer, the Individual Support Plan (ISP) describes how the individual is involved in Individual & Family-Directed Supports. The individual receiving services is sometimes referred to as the "participant" or "beneficiary."

EMPLOYER

The Employer is one of the following individuals:








-  The NC Innovations Waiver participant, if the individual is at least 18 years old and does not have a legal guardian
-  The parent of a child who participates in the NC Innovations Waiver, if the child is under 18 years old and does not have a legal guardian
-  The legal guardian of an NC Innovations participant

Throughout this handbook, both the *Managing Employer* in the Agency with Choice Model and the *Employer of Record* in the Employer of Record Model may be referred to as the Employer.

Employers have rights, privileges, and responsibilities related to access to information, managing employees, obtaining support, filing grievances and complaints, withdrawing from the option, changing models, and obtaining independent advocacy services.

These rights and responsibilities are outlined in the *Individual & Family-Directed Supports Agreement* that the Employer signs prior to directing their own services.

Following are the resources that are available when you choose to self-direct your services:




-  The Managing Employer (You) – Agency with Choice Model
-  Employer of Record (You) – Employer of Record Model
-  Financial Support Services Agency
-  Agency with Choice Provider
-  Community Navigator Agency
-  Care Manager
-  Representative

Agency with Choice Provider

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 You, the Managing Employer 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 provider.

Examples of some Agency with Choice provider tasks include.




-  Processing your Employees' paychecks
-  Deducting required taxes
-  Maintaining Worker's Compensation Insurance

The Agency with Choice Agreement outlines the functions that the Agency with Choice provider performs and the functions that 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. At least **monthly**, the Managing Employer and Representative, if applicable, will receive a budget report from the Agency with Choice.

Financial Support Services Agency

The Financial Support Services Agency assists *Employers of Record* by performing many administrative functions. In the Employer of Record option, You are the Common Law Employer. Financial Support Services is a required service for individuals who elect the Employer of Record Model of Individual & Family-Directed Supports. The cost of Financial Support Service is paid out of the Individual Budget but does not count against the dollars that pay for direct service. It is considered an "add-on" or "non-base budget" service.

The Financial Support Services Agency functions include:

-  Files claims for self-directed services
-  Pays direct service employees and deducts all required federal, state, and local taxes
-  Pays benefits for employees, including Workers' Compensation Insurance

- 🌱 Maintains separate accounts on each individual's funds
- 🌱 Tracks and orders employment related supplies
- 🌱 Monitors Individual & Family Directed Budget expenditures against the Budget
- 🌱 Conducts criminal background checks, driver's license checks, other background checks, and age verification of prospective employees
- 🌱 Purchases Individual Goods and Services on behalf of the individual

Once the Individual Support Plan is approved and the Financial Support Services Agency receives authorizations from Trillium, the Financial Support Services Agency contacts the Employer of Record to arrange a meeting to complete the Financial Support Services Start-Up Package.

The signed paperwork allows the state and federal government to keep track of whether labor laws are being followed and that employment taxes are paid correctly.

The Financial Support Services Start-Up Package includes information and materials that the Employer of Record will find helpful in hiring employees, completing employee payroll reports, and billing for services. The Community Navigator will be present at the initial meeting with the Financial Support Services Agency.

After the Start-Up Package is completed, the Financial Support Services Agency completes a number of tasks. These include obtaining an Employer Identification Number on behalf of the Employer of Record and Workers' Compensation Insurance.

Additional information about Financial Support Services is located in the [Employer of Record Handbook Supplement](#). The Employer of Record receives this supplement from the Community Navigator by requesting a copy.

Community Navigator Agency

Community Navigator Services assist individuals and families in learning how to direct their services. Community Navigators are available to answer questions and offer suggestions.

It is Employer's or Representative's responsibility, if applicable, to contact the Community Navigator when there are questions or problems with directing services. It is also your responsibility to contact your Care Manager if your Community Navigator services need to be adjusted to better meet your needs. As you become more experienced in directing services, the need for Community Navigator services related to self-directing services should decrease.

The Individual, Family, Employer and/or Representative are the primary contacts for the Community Navigator. The specific functions that the Community Navigator services will perform are specified in your Individual Support Plan. Goals related to directing services will be developed for your Individual Support Plan.

Care Manager

Care Management is provided to individuals and families who direct their services. Responsibilities of the Care Manager include:





1. Provides an orientation for you to learn about the Individual & Family-Directed Supports option
2. Refers you to a Community Navigator Agency for Training on Individual & Family-Directed Supports if you are considering directing your services
3. Completes the Individual & Family-Directed Supports Assessment which assists you to know what areas, if any, you may need support as the Employer
4. Helps you identify a Representative, when one is requested or needed
5. Provides any assistance needed so you may select an Agency with Choice provider from the list of agencies providing this service
6. Completes the Individual & Family-Directed Supports Agreement which outlines the responsibilities of the Employer and the Agency with Choice provider
7. 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 this tool is the Individual & Family-Directed Supports Assessment.

1. Your Care Manager will assist you with completing this assessment.
2. If you need help, you identify a person to act as your Representative to provide this assistance. Your Care Manager can assist you with naming a Representative. This person is known as a Mandated Representative.
3. If a Representative is not required, you (Employer) may still ask for a Voluntary Representative.
4. The Representative may be a family member, friend, or another person who willingly accepts responsibility for performing tasks that the Employer is unable to perform.

A Representative Is Required when the Managing Employer Needs Support with:

-  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

Following are the requirements for the Representative:

1. Demonstrate knowledge and understanding of the person's needs and preferences and respect those preferences.
2. Show a commitment to follow the individual's wishes while using sound judgment to act on the participant's behalf
3. Agree to a predetermined level of involvement and contact with the participant
4. Be at least 18 years of age

5. Be willing and able to comply with the Innovations Waiver requirements
6. Be approved by the Individual or his/her legal representative to act in this capacity
7. Representatives **may not** be paid for being the representative
8. Representatives **may not** provide paid services to the Individual. This includes being employed by a provider agency that is serving the person. However, Representatives may provide guardianship services.

Other Things to Know about the Representative:

Trillium makes the final determination about the need for a Representative, and approves the person chosen by the Managing Employer to be the Representative.

A Managing Employer who needs a Representative will continue to receive Provider-Directed Services until one is identified and approved.

The Representative **may not** have a history of inflicting physical, mental, or financial abuse or be on the Health Care Registry for inflicting abuse.

AGREEMENTS IN INDIVIDUAL & FAMILY-DIRECTED SUPPORTS

This chapter focuses on the four types of Agreements used in Individual & Family-Directed Supports. Each of these Agreements is important in stating the responsibilities of the partners involved in Individual & Family-Directed Supports.

INDIVIDUAL & FAMILY-DIRECTED SUPPORTS AGREEMENT

The Individual & Family Supports Agreement is completed at the time the Individual Support Plan (ISP) is developed to request participation in Individual & Family-Directed Supports. The Agreement outlines the responsibilities of the Employer and Representative (if needed) and how Trillium will support the Employer. This Agreement is reviewed with the prospective Employer by the Care Manager. The Agreement is standardized by the Division of Medical Assistance, and must be completed/signed by the Employer prior to submitting a request for participation in Individual & Family-Directed Supports.

FINANCIAL SUPPORT SERVICES AGREEMENT FOR EMPLOYERS OF RECORD

Once the individual is approved for the Employer of Record Model of Individual & Family-Directed Supports, the Employer of Record completes a Financial Support Services Agreement that outlines the functions the Financial Support Services Agency will perform. The Agreement also details the information that the Employer of Record and Representative (if needed) will provide to the Agency. The Agency provides the Financial Support Services Agreement at the time of the initial meeting with the Employer of Record.

AGENCY WITH CHOICE AGREEMENT FOR MANAGING EMPLOYERS

When an individual elects and is approved for the Agency with Choice Model of Individual & Family-Directed Supports Services, the Managing Employer and Representative (if applicable) and Agency with Choice complete an Agency with Choice Agreement. This Agreement outlines the functions that the Agency with Choice will perform and the responsibilities of the Managing Employer and Representative (if applicable). Any employment laws that the Managing Employer must follow also are included. The Agency with Choice provides the Agency with Choice Agreement to the Managing Employer as part of the Start-Up Package.

EMPLOYEE SUPPORT AGREEMENTS

A written Employee Support Agreement must be used with each employee. In the Employer of Record Model, the Employee Support Agreement also serves as the employee's supervision plan. A written Employee Support Agreement must also be used with each employee in the Agency with Choice Model. The Agency with Choice determines the content of the Employee Support Agreement, explains how to document the employee supervision plan, and provides the Employer with copies of the Employee Support Agreement and employee supervision plan.

MANAGING THE INDIVIDUAL & FAMILY-DIRECTED SERVICES BUDGET

This chapter focuses on many aspects of Individual & Family-Directed Services budget. Each person who participates in the NC Innovations Waiver has an Individual Budget. Individuals who choose to direct all or a part of their services will have an **Individual & Family-Directed Supports (Self-Directed) Budget** that is a part of the Individual Budget. The amount of the Individual Budget will not change just because a person decides to participate in Individual & Family-Directed Supports.

The Care Manager informs the Employer of the total cost of self-directed services that is reflected in the Individual & Family-Directed Supports portion of the Individual Budget. The Community Navigator is available to train and assist the Employer in managing the Individual & Family-Directed Supports Budget.

Individual & Family-Directed Supports Budget

The Individual and Family Supports Budget (Individual/Family/Self-Directed) is the total amount of authorized self-directed services. For example, John decides to self-direct his respite services. John's respite services cost \$5,000 annually, so his annual Individual & Family-Directed Supports (Self-Directed) Budget is \$5,000.

USING THE INDIVIDUAL & FAMILY-DIRECTED SUPPORTS (SELF-DIRECTED) BUDGET

NC Innovations funds are Medicaid dollars that the Employer and Trillium must use wisely. Laws and regulations must be followed and funds must be used to obtain services in the ISP.

The Employer must be a careful purchaser of services and remember to use existing personal and community resources before using NC Innovations and other public funds.

Medicaid payment rates include two parts: the administrative portion; and a direct service portion.

- 🌱 The Administrative portion of the rate is used to pay for billing, required staff training, forms, and items to meet other regulations. A portion of the rate pays for these expenses.
- 🌱 The direct services portion of the rate is used to pay costs for staffing and benefits.

The Employer of Record has control over how the Individual & Family-Directed Supports Budget is spent within NC Innovations and Medicaid Guidelines. In the Agency with Choice Model, the Agency with Choice follows NC Innovations and Medicaid Guidelines in spending NC Innovations funds on behalf of the Individual.

Individual and Family-Directed Supports Budget

Reminder: Managing the Individual Budget

The Individual Budget, the waiver cost limit, and the Individual & Family-Directed Supports Budget may not be exceeded. If additional funds are needed, they must be authorized by the Trillium Utilization Management Department.

Funds may only be used for expenditures that meet NC Innovations and Medicaid requirements/guidelines.

In the Employer of Record Model, expenditures must be tracked so the Budget is not overspent. The Employer of Record is provided with a monthly expenditure report of the Individual & Family-Directed Supports Budget. The Employer of Record reviews this report against the records.

In the Agency with Choice Model, the Agency with Choice is responsible for billing and expenditures. The Agency with Choice provides the Managing Employer with a Monthly Report of units of service authorized and units of services billed.

EMPLOYMENT PROTECTIONS

This Chapter provides an overview of protections for Employers. Federal and State governments have established laws, rules and regulations that provide safeguards for individuals, Employees and Employers.

It is important to understand who employees work for in Individual & Family-Directed Supports.

- 🌱 In the Employer of Record Model, employees work for the Employer of Record.
- 🌱 In the Agency with Choice Model, employees work for the Agency with Choice Provider.
- 🌱 Employees do not work for the State of North Carolina, Trillium, the Financial Support Services Agency, the Community Navigator Agency, or any other company.

They are not licensed or bonded by any of these organizations nor will these organizations cover the cost of on-the-job injury or related disability or unemployment insurance coverage.

WORKERS' COMPENSATION INSURANCE

Workers' Compensation is a combined government and private insurance program mandated by state law, administered by state agencies and paid for by employers. In return, the employer is shielded from legal liability for those injuries. Workers' Compensation may include replacement of lost wages and payment of medical and rehabilitation costs. To be eligible for Workers' Compensation Insurance, the employee's injury or disease must be work-related. There are rates for each specific type or classification of employment (the type of work the employee is doing). These rates are applied on a percentage basis and applied to the employer's payroll dollars. The cost of Workers' Compensation Insurance may seem steep; however, it is only a fraction of what would be paid in penalties should an uninsured employee be injured. Additional information on Workers' Compensation in North Carolina can be found at: <http://www.ic.nc.gov/employers.html> or by contacting:


North Carolina Industrial Commission
4340 Mail Service Center
Raleigh, NC 27699-4340
919-807-2501

Workers' Compensation Insurance is required by NC Innovations in the Employer of Record Model of the Individual & Family-Directed Supports Option, and it is paid out of the Individual & Family-Directed Budget. It is included in the budget. The Financial Support Services Start-Up Package includes information that the Financial Support Services Agency needs to make the Workers' Compensation Insurance Application on behalf of the Employer of Record. Employees may not begin work until coverage is in place.

The Agency with Choice provides Workers' Compensation Insurance coverage for employees in the Agency with Choice Model. The service rate for each Individual & Family-Directed service includes payment for the Workers' Compensation Insurance coverage.




ABUSE, NEGLECT, EXPLOITATION, AND FRAUD

Employees, friends, or even family members can abuse, neglect, exploit and defraud individuals. Informed Employers and Representatives must recognize the signs of abuse, neglect, exploitation and fraud; and they must avoid those problems whenever possible. Since there is not a typical description of someone who is likely to commit abuse, neglect, exploitation and fraud, care should go into hiring employees. Signs of concern are applicants who ask questions about how much money there is to pay for their services or how much funds the individual has in the bank. This information could be used by someone planning to defraud, abuse, neglect, or exploit an individual. Definitions of the words are:

-  **Abuse:** Abuse is a deliberate act that causes physical or mental injury. This includes hitting, slapping, punching, or pushing the individual. The employee may not forcefully grab the Individual or restrain the individual unless part of a necessary therapeutic intervention.

This definition also includes sexual abuse: when someone touches the individual sexually, talks to the individual sexually, shows the individual sexual materials or makes the individual touch

them in a sexual way. The employee also may not verbally abuse the individual, and may not encourage or allow someone else to abuse the individual. For example, the employee may not call the individual names or talk to the individual as a child (unless the individual is a child). The employee may not say such things, as “I can’t believe you asked me such a stupid question.”

-  **Neglect:** Neglect is a repeated act of carelessness. The employee must not fail to provide the services that they are employed to provide. For example, if the employee is hired to get an individual who lives alone out of bed in the morning and the employee continually arrives several hours late, this behavior is neglectful. Neglect also includes refusing to help someone with a medical need or not assisting them with taking important medication.
-  **Exploitation:** Exploitation occurs when the individual trusts someone who lies or scares the individual to use the individual’s property or money for him/herself. An example of exploitation would be an employee taking something of value from the individual without permission.
-  **Fraud:** Fraud is the intentional twisting of the truth to trick someone into giving up something of value or to surrender a legal right. For example, the employee requests that the individual give them something valuable or asks to put their name on the individual’s bank account. If the individual does this, the individual risks never seeing the item of value again or losing the money in the checking account.

Any suspicion that the individual is a victim of abuse, neglect, exploitation, or fraud should be reported immediately. The Department of Social Services, the Health Care Registry and the Trillium Quality Management Department should be contacted at the numbers listed in Appendix C. The Police or Sheriff’s Office also may need to be contacted. In the Agency with Choice Model, the Agency with Choice should be contacted.

THEFT PREVENTION STRATEGIES

Regardless of the preventative steps taken, there may be instances when an employee steals from the individual. It is important not to accuse the employee if there is no proof. However, it is possible to mention to the employee that items are missing from the home. Letting the employee know that attention is being paid to the situation may prevent more theft. If the stealing is serious, the police should be contacted. The Community Navigator can provide the Employer with additional information about theft prevention strategies.

MEDICAID FRAUD

Medicaid fraud is a state and federal offense. Medicaid funds that are misused by dishonest people or spent inappropriately leave less money for other citizens of North Carolina who need Medicaid services. All suspected Medicaid fraud should be reported immediately by calling the Trillium Quality Management Department and the North Carolina Division of Medical Assistance.

Employers of Record who report such events, seek appropriate help in a timely manner, and who are not willing participants in fraud or misuse of funds are not subject to termination from the Individual

& Family-Directed Supports Option. However, if the report is not made in a timely manner, the incident could be considered unreported fraud and cause for termination from Individual & Family-Directed Supports.

Medicaid fraud includes obtaining, attempting to obtain, or aiding and abetting another person in obtaining assistance and benefits to which the person is not entitled through intentionally false statements, representation or the withholding of material information. For example, if an Employer signs a timesheet that states an employee provided 30 hours of NC Innovation Services when he only provided 20 that may be fraud. The Employer and/or employee may be held legally responsible.

The contact number for reporting Medicaid fraud is 1-800-662-7030 (English or Spanish). The caller should ask for the Division of Medical Assistance Program Integrity Section.

QUALITY ASSURANCE IN INDIVIDUAL & FAMILY-DIRECTED SUPPORTS

This chapter focuses on the responsibility of each partner involved in the Individual & Family Direct-Support model. The Employer helps Trillium make sure the individual receives quality services. The Care Manager, Trillium, and the State of North Carolina also have key roles in the quality of Individual & Family-Directed Supports option.



EMPLOYER ROLE

The Employer cooperates in monitoring, including announced/unannounced telephone calls and face-to-face visits by the Care Manager. The Employer also informs the Care Manager if the needs of the individual are not being met, and if safety and well-being are compromised. The Care Manager follows-up, including making a home visit to evaluate and assist. Follow-up is immediate if the situation appears to be an emergency. The assistance of the Care Manager does not replace other ways of addressing health and safety issues. The Employer may need to contact law enforcement, emergency medical services, the Department of Social Services or other agencies as needed.

The Employer determines if services provided under the Individual & Family-Directed Services Option are provided in a satisfactory way. One way the Employer can determine the level of service satisfaction is to complete a self-assessment to determine the strengths, progress, concerns, information about employees, quality of services, and the health and safety of the individual receiving services. A copy of this assessment may be shared with the Care Manager. A sample self-assessment form can be found in the Employer Resources and Forms. This document is provided to the Employer by the Community Navigator when the Employer is approved to participate in Individual & Family-Directed Supports.

See Employer Resources & Forms Book Appendix 47 – Employer of Record Self-Assessment

Other ways the Employer can ensure quality services are received:

-  Training employees
-  Telling employees about the quality of their work

- 🌱 Planning for emergencies in advance
- 🌱 Dealing with problems early so they do not grow into bigger problems

CARE MANAGER ROLE

The Care Manager monitors the provision of services through contacts with the Individual, including monthly face- to-face visits. The Care Manager also contacts the Employer monthly. The Care Manager compares the monthly expenditure reports produced by the Financial Support Services Agency or the Agency with Choice Provider against the Individual & Family-Directed (Self- Directed) Budget.

PROVIDER NETWORK ROLE

Agencies with Choice Providers and Employers of Record have a Provider Network Coordinator assigned to assist them in quality management activities. The Provider Network Department monitors all parts of the Individual & Family-Directed Supports option.

Activities include:

- 🌱 Monitoring the Financial Support Services Agency annually
- 🌱 Monitoring the Agency with Choice at a minimum of once every three years
- 🌱 Monitoring the Community Navigator Agency provider at a minimum of once every three years
- 🌱 Reviewing Employers of Record annually and following up on any required corrective action

STATE OF NORTH CAROLINA ROLE

The State (DMA and DMH/DD/SAS) has responsibilities in assuring quality. The State:

- 🌱 Reviews samples of ISPs and Individual Budgets, including the Individual & Family-Directed Portion of the Budget for individuals who are self-directing services
- 🌱 May make annual monitoring visits
- 🌱 Reviews Trillium oversight of Individual & Family-Directed Supports

Each discovery of non-compliance is documented and sent to Provider Network with the Care Manager assisting as needed. A Provider Network Coordinator determines the next action that could include, but is not limited to:

- 🌱 Referral to the Department of Social Services
- 🌱 Requiring submission and implementation of a formal plan of correction
- 🌱 Requiring additional technical assistance
- 🌱 Requiring a Representative be appointed to assist the Employer
- 🌱 Requiring addition of a Community Navigator Agency or additional Community Navigator services to the ISP
- 🌱 Recommendation to the Utilization Management Department the individual be terminated from the Individual & Family-Directed Supports option

COMPLAINTS

The Financial Support Services Agency, Agency with Choice Provider, and the Community Navigator Agency will maintain internal complaint logs with documented follow-up, which are reviewed by Trillium. Complaints may also be reported to Trillium. Those complaints will be investigated by Trillium. Employers have the right to file a written complaint or call a complaint into Trillium through our Call Center at 1-866-998-2597. Complaints remain anonymous with Trillium. Individuals receiving services through the NC Innovations Waiver will not be terminated or penalized in any way for making a complaint. The Care Manager or a Call Center Representative can assist Employers of Record or Representatives in filing complaints.

SERVICES AND SUPPORTS

This chapter provides an overview of services and supports offered through the NC Innovations Waiver. Many services may be self-directed while others may only be Provider-Directed. The chart below identifies services that may be self-directed under the Innovations Waiver.

Services	Self-Directed	Provider-Directed
Services where People Live <ul style="list-style-type: none">  Community Living and Supports  Community Navigator  Residential Supports  Supported Living 	✓ 	✓ ✓ ✓
Services where People Work and Engage in Meaningful Day Activities <ul style="list-style-type: none">  Community Networking  Day Supports  Supported Employment 	✓ ✓	✓ ✓ ✓
Services that Support Caregivers <ul style="list-style-type: none">  Natural Supports Education  Respite  Specialized Consultative Services 	✓ ✓	✓ ✓ ✓
Services that Provide Additional Supports* <ul style="list-style-type: none">  Assistive Technology  Community Transition  Crisis Services  Home Modifications  Individual Goods and Services  Vehicle Modifications 	✓	✓ ✓ ✓ ✓ ✓ ✓

SERVICE DEFINITIONS





Service descriptions are included in the following pages of this Guide. Your Care Manager can also provide additional information about any service you have questions about. If you are self-directing your services, you should use the Trillium web site to obtain a copy of the complete service definition(s) that you are self-directing. You may also ask your Community Navigator for a copy of the complete service definition(s) that you are self-directing.

SERVICES WHERE PEOPLE LIVE

Community Living and Supports

Community Living and Supports help you with eating, bathing, dressing, personal care, hygiene, and other activities of daily living. Personal care services also help you maintain skills gained during training services. This service also includes housekeeping chores, such as bed making, dusting and vacuuming if these are incidental to your care and essential to your health and welfare rather than your family's needs. Personal Care Services also include assistance with the monitoring of your health and assisting you with transferring, walking and use of special mobility devices, as well as providing supervision as needed.

Community Living and Supports provides training to enable you acquire and maintain skills that support you to be more independent. Community Living and Supports provides additional support to your family and natural supports and consists of an array of services needed to maintain your life in the community. Community Living and Supports 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 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; cannot be provided in the home of a direct support employee

Community Navigator

One of the most important roles of Community Navigators 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 & 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 Navigators 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 Navigators can assist you with advocating for your educational needs and attend meetings with your school.

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 to 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.

SERVICES PROVIDED WHERE PEOPLE WORK AND ENGAGE IN MEANINGFUL DAY ACTIVITIES

Community Networking Services

Community Networking services provide activities that support you in creating a day personally meaningful to you and with people who are not disabled. Community Networking Services are not provided in your home, anyone else's home, residential programs or day programs. 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 valued by other members of your community.

Community Networking Services can help you:

- 🌱 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 childcare fees, overnight camps, fees for summer programs whose primary purpose is child care or memberships.

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.

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 that 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 that 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.

SERVICES THAT SUPPORT CAREGIVERS

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.

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 ten (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.

SERVICES THAT PROVIDE ADDITIONAL SUPPORTS

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 \$50,000 over the duration of the waiver for this service (five years) in combination with Home Modification.

The limit does not include nutritional supplements and monthly alert monitoring system charges. The list of items covered includes certain daily living aids, items to help you control your environment, some types of positioning systems, and some types of alert systems. If you need equipment or supplies, let your Care Manager know and he/she 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, he/she can refer you to a Community Navigator who can help you locate community resources that may be able to meet your needs.

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 over, 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:

1. **Crisis Intervention & Stabilization Supports Response** - Your current provider of Community Living and 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 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. Consultations with other medical professionals (Occupational Therapist, Physical Therapist, Speech Therapist) with expertise in medical concerns are also available in the service.
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.

Home Modification





Home Modifications are physical modifications to the private home owned by you or your family (natural or foster family) needed to ensure your health, welfare, and safety or to help you be more independent.

Portable items may be requested if you live in a home that is 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, unless required for assessability and/or egress, and are limited to \$50,000 over the duration of the waiver in combination with Assistive Technology.

Individual Goods and Services

Individual Goods and Services are available to you if you self-direct one or more services through the Individual & Family-Directed Services option. The cost cannot exceed \$2,000 each year. It includes 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.

For more information on Individual Goods and Services, refer to Appendix B.




Vehicle Modifications

Vehicle Modifications are devices, service or controls to 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).

SERVICE LIMITATIONS

LIMITS ON SETS OF SERVICES






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 Living and Supports
-  Community Networking Services
-  Day Supports

Residential Supports 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: <ul style="list-style-type: none">  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: <ul style="list-style-type: none">  Community Networking  Day Supports  Supported Employment Services and/or  Community Living and Supports
Child during school year	No more than 20 hours per week any combination: <ul style="list-style-type: none">  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: <ul style="list-style-type: none">  Community Networking  Day Supports  Supported Employment Services and/or  Community Living and Supports
Child when school is not in session	No more than 40 hours per week of any combination: <ul style="list-style-type: none">  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: <ul style="list-style-type: none">  Community Networking  Day Supports  Supported Employment Services and/or  Community Living and Supports

OTHER TYPES OF LIMITATIONS

Each service definition has additional limitations 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

BACK-UP STAFFING AND EMERGENCIES

This chapter focuses on planning for emergencies, such as when an employee is unable to come to work or when there is emergency weather. There are six topics:

- 🌱 Risks and Planning
- 🌱 Planning for Employee Emergencies and Back-up Staffing
- 🌱 Planning for Medical Emergencies
- 🌱 Planning for Weather Emergencies
- 🌱 Review of Back-up and Emergency Plans
- 🌱 What to Include in Your Individual Support Plan

Planning for employee vacancies and absences is one of the most important things that an Employer and/or Representative will do to prepare to direct services. In Self-Direction, you must have a plan for managing risk, emergencies and staff absences. This plan will be part of your Individual Support Plan.

RISKS AND PLANNING

It is important plans are made for emergency situations. Potential emergency needs for the individual are identified as part of the Risk/Support Needs Assessment used in developing the ISP. The Care Manager shares the results of the Risk/Support Needs Assessment with the Employer. Each identified risk is addressed in the ISP. Employees must be trained to implement risk strategies that are specifically related to the individual's needs.

PLANNING FOR EMPLOYEE EMERGENCIES AND BACK-UP STAFFING

No matter how carefully you plan and no matter how good your employees are, you are likely to have some employee emergencies. Your employee may get sick or have a family problem.

Back-up staffing may include paid or unpaid supports. Using the back-up staffing plan may result in changes to the amount of funds used in the Individual & Family-Directed Service Budget (billed services available in the Budget), so it is important to consider the Individual & Family-Directed Services Budget in planning for back-up services. The hiring process must be completed for back-up employees providing service to the individual.

- 🌱 Agency with Choice providers are responsible for providing back-up staffing should the persons identified to meet your back-up staffing needs be unavailable.
- 🌱 For individuals who choose the Employer of Record Model, your Care Manager will work with you to select an agency to provide back-up staffing.

For more information on who to contact, refer to Appendix C.

PLANNING FOR MEDICAL EMERGENCIES

As you train your employees, make sure they know what to do in case of emergencies. After all, if you have a medical emergency, you may not be able to direct your employees.

Prepare your employees to handle both routine and serious emergencies. Make sure your employees understand where to find insurance information and have important contact information.

PLANNING FOR WEATHER EMERGENCIES

Developing a plan for weather or environmental emergencies and practicing them with your staff is important. Your Agency with Choice provider has procedures for emergency response plans related to weather and environmental emergencies that you could use.

On the other hand, you may create your own plan that is approved by Agency with Choice provider. If you are directing your services through the Employer of Record Model, you are responsible for preparing plans for weather emergencies and assuring your staff are trained to implement them. These plans will teach your employees what to do in case of weather emergencies should the need arise.

REVIEW OF BACK-UP AND EMERGENCY PLANS

In the Agency with Choice Model, the Agency with Choice is responsible for reviewing Back-Up and Emergency Plans. The Agency with Choice has policies and procedures about developing/reviewing Back-up and Emergency Plans and how the Managing Employer is involved in the development/review of Back-Up and Emergency Plans. In the Employer of Record Model, the Employer is responsible for developing and reviewing Back-Up and Emergency Plans.

Minimum Requirements for Back-up Plans in Individual & Family-Directed Supports are included in the Supplement Handbooks.




CRISIS RESPONSE SERVICES

Employers of Record who are self-directing Community Living and Supports, must have an identified Crisis Service Provider. The Employer of Record may choose an agency enrolled in the Trillium Network as needed for this service.

Agencies with Choice Providers provide or have a contract with an Agency to provide Crisis Services for individuals who are self-directing Community Living & Support. The Agency with Choice provides Managing Employees with contact information for potential situations when Crisis Service are needed.

What to Include in Your Individual Support Plan

Following are minimum requirements for back-up plans:

-  Back-up plans must describe the plan for immediate coverage when the absence of the employee would jeopardize the health and welfare of the participant.
-  The Plan indicates whom to call when back-up staffing is needed.
-  Procedures for testing back-up staffing plans must be clearly described in the ISP.

- 🌱 Any risks and ways to manage those risks are described and included in the ISP.
- 🌱 The use of formal (paid) and informal or natural supports is included in the ISP.

VOLUNTARY AND INVOLUNTARY TERMINATION FROM SELF-DIRECTION OPTION

This chapter reviews circumstances when a person's ability to continue to direct their services is ended.

There are several situations that may result in termination of a participant's enrollment in Self-Directed Services. Termination of a participant's option to self-direct services (voluntary or involuntary) **does not** result in the termination from the NC Innovations Waiver. You will continue to receive waiver-funded services. Self-directing services is voluntary and individuals may decide to change to Provider-Directed services at any time. To make sure you have all the support to be successful in self-directing your services, **the state may require you to utilize a Representative in situations as specified by the state** (such as when the participant's health and/or safety risks show necessity.)

We cover the following topics:

- 🌱 Voluntary Termination
- 🌱 Involuntary Termination
- 🌱 Transition Procedures back to Provider-Directed Supports
- 🌱 Return to Self-Determination

VOLUNTARY TERMINATION

If an individual no longer chooses to self-direct services, he/she can request a change by contacting the Care Manager. The Care Manager will assist the individual and/or family to identify Provider-Directed services available to meet the needs of the participant.

INVOLUNTARY TERMINATION

The following may result in involuntary termination.

Exceeding Funding Allocation

Any time utilization of funds exceeds planned expenditure levels, the Financial Support Services Agency will notify you, the legally responsible person, and the Care Manager. Your Care Manager will work with you and/or your Representative as needed to resolve issues related to overspending and identify additional supports you need to manage your budget. In the event utilization of funds continues to exceed planned expenditure levels and you are no longer able to maintain budget authority, your Care Manager will convene a team meeting to review the Individual Support Plan as appropriate and the choice of Self-Direction of services and budget authority may be terminated.

You will receive up to two (2) technical assistance contacts. The contacts will be documented in a Plan of Correction/Continued Plan of Correction that addresses required corrections of no more than two (2) occurrences within the 12-month Individual Service Plan year.

Plan of Correction (Initial and on-going until resolution has been reached):

Any and all efforts to provide technical assistance must be documented and included in a Plan of Correction. The Plan of Correction will include:

- 🌱 Problematic issues
- 🌱 Nature of assistance and possible solutions
- 🌱 Action plan and time lines
- 🌱 Responsibilities assigned to individuals

Termination from the Self-Direction option will result from failure to follow the Continued Plan of Correction due to:

- 🌱 a third instance of exceeding the approved budget within the plan year
- 🌱 exhausting needed resources prior to the end of the plan year

Inability to Self-Direct, Refusal to Appoint a Representative and/or Inappropriate Actions of the Representative

Employers will be required to select a Representative to assist them with the responsibilities of Self-Direction if the Employer demonstrates the inability to self-direct waiver services, whether due to misuse of funds, failure to comply with program rules, or presents ongoing health/safety risk, etc. You and your Care Manager will consider whether a Representative is needed. Your Care Manager will be available to support the Employer to identify and choose a potential Representative.

If you refuse to select a Representative within 30 days following a concern discussed by your support team, you will be required to transfer to the traditional model of provider-directed services. Your Care Manager will assist you in the transition.

If you lose your Representative, you and your team will immediately develop a plan that includes determining whether a Representative is still needed and for what specific reasons. If the consensus of the team is that a Representative is still needed, then the team will provide support to locate a new Representative, as well as plan how the tasks/supports typically provided by the Representative will be addressed until a new Representative is identified. The team will meet at regular intervals until a new representative is identified. If, after 60 days, a Representative is not identified and there is increased risk to the participant regarding health and safety, your Care Manager will assist you to transition to the Provider-Directed model.

Misuse of Medicaid Funds

Any confirmed activities determined to be illegal, or a fraudulent use of Medicaid funds will result in immediate termination from Self-Direction and the individual receiving services will be moved to a provider directed model.

Fraud or abuse of funds or evidence of unreported fraud may result in pay back to Medicaid and possible criminal charges.

Other Reasons for Involuntary Termination

The following examples would result in planned review by the individual's team for possible termination of Self-Direction in the NC Innovations Waiver:

- 🌱 Significant life changes resulting in needs not being able to be met by current resources
- 🌱 Immediate health and safety concern(s), including maltreatment of the individual receiving services
- 🌱 Failure/refusal to follow approved Individual Support Plan (ISP) despite reasonable efforts. The Employer will receive up to two (2) technical assistance visits by the Care Manager to understand the ISP and their responsibility to follow the plan. All technical assistance from Care Manager will be focused on supports to make required corrections.
- 🌱 Failure/refusal to comply with documentation requirements
- 🌱 The individual is not actively working toward outcomes within the ISP
- 🌱 Refusal to allow Care Manager to monitor services
- 🌱 Failure to comply with Individual and Family-Directed Supports Agreement

When circumstances indicate there has been a change in the Employer's ability to self-direct as demonstrated by non-compliance with the option requirements, it may be necessary to appoint a Representative.

- 🌱 The Care Manager assists in identifying a person to serve as a Representative.
- 🌱 The Care Manager assists in making sure the Representative understands his/her responsibilities and what resulted in a Representative being appointed.
- 🌱 Once a Representative has been obtained a team meeting will be held to discuss the circumstances and outline additional support that will be given to ensure correction occurs and return to compliance is achieved within 30 days.
- 🌱 Evidence of a lack on Representative's part to ensure the person receiving services is involved and agreement with all decisions in compliance with waiver rules.
- 🌱 When a concern is expressed by any team member (including the individual receiving services), regarding actions of a Representative, the team will convene and assess the Representative's actions.

TRANSITION PROCEDURES BACK TO PROVIDER-DIRECTED SUPPORTS

(DUE TO VOLUNTARY AND INVOLUNTARY TERMINATION)

Transition from the Self-Direction Option

In any case, the Care Manager will assist and support the individual receiving services in transitioning to the provider-directed model in the NC Innovations Waiver, another more appropriate waiver or to an ICF-I/DD facility.



In all cases, your Care Manager will be responsible for working with you and/or the Representative in identifying service providers and ensuring that there is no lapse in service delivery because of termination of Self-Direction option.

In the event of termination of an individual's option to engage in Self-Direction, your Care Manager will provide you with information regarding appeal rights and due process and assist if you choose to appeal.

Lapse in Services and Supports

Any lapse in services and supports funded through the Innovations Waiver that is more than 20 days must be addressed by the Care Manager to resolve the reason for the lapse before the 30th day of lapse in services and supports occur,

Involuntary termination may result if the reason for the lapse is for any of the following:

-  Refusal of services and supports
-  Repeated termination from employment of any paid employees selected by the Employer without a sufficient back up plan to ensure health and safety.

RETURN TO SELF-DIRECTION

If you experience voluntary or involuntary termination from the Self-Direction option, a sufficient period of time from the date of the termination must pass before the participant can be considered for participation for the Self-Direction option again to ensure that the reasons for the termination have all been resolved.

If you select the Self-Direction option after experiencing voluntary or involuntary termination, the participant shall complete all required training again and sign a new Self-Direction Option Agreement. If a participant selects the Self-Direction option after experiencing involuntary termination, the participant may be required to have a Representative depending on the reason for the initial termination from the Self-Direction option.

USING COMMUNITY RESOURCES

This chapter focuses on the topic of using community resources.

One of the most important parts of Self-Direction is that people with disabilities have much to give to their communities. As a Self-Direction participant, you have chosen to remain in your home and community with supports. There are studies that show that people who are integrated and involved in their communities have a better quality of life.

Your Care Manager can help identify and connect you to community resources. Many programs and agencies can be sources of support for you and can provide opportunities for you to participate meaningfully in community life. You may know of some already. There may be other resources that you have not explored.

Some of these resources include:

-  Community colleges

- 🌱 Public libraries
- 🌱 Community centers
- 🌱 Churches and faith communities
- 🌱 Senior centers
- 🌱 Parks and recreation programs
- 🌱 YMCA and YWCA
- 🌱 Neighborhood businesses
- 🌱 Social clubs
- 🌱 Hobby and leisure clubs
- 🌱 Civic clubs
- 🌱 Support groups
- 🌱 Museums

Each person will have somewhat different needs, and each community will have different resources. You should develop a list of resources to use in your community.

For more information about how to identify resources in your community, see Employer Resources and Forms Appendix 49 – Federal & State Employer Related Resources.

WORDS TO KNOW

Below are terms used in Self-Direction that are important. You may want to take some time to become familiar with them.

Advocate - means a person who helps others speak up about things that are important to and for them. An advocate listens carefully to what the person says to really understand what the person wants and needs. An advocate joins the person in making sure he or she is heard. An advocate helps people learn to speak up for themselves.

Agency with Choice Provider - is a provider agency and the Common Law Employer in Agency with Choice Model. Agency with Choice providers are responsible for activities such as processing payroll for employees. Additionally, they provide Qualified Professional Supervision of services.

Authorized Services - medically necessary services approved by the LME-MCO.

Back-Up Staffing – provision for alternative arrangements for the delivery of services that are critical to individual's well-being In the event that the provider responsible for furnishing the service fails to or is unable to deliver them.

Care Manager - is employed by the LME-MCO and has a role in assuring that the proper services are delivered as planned to meet the needs of individuals receiving services. The Care Manager has overall responsibility for coordinating NC Innovations services with other supports the participant is receiving.

Circle of support_(also called circle of friends) - means a group of people selected by a person that meets regularly to help plan, design and support ways for the person to achieve his or her personal

goals. Circles are based on the belief that the community is a place where everyone belongs. A circle can include friends, family, co-workers, neighbors, paid supports, and other community members.

CMS - Centers for Medicare and Medicaid Services; the federal agency which oversees Medicaid, including Trillium and North Carolina MH/DD/SAS Plan.

Community Inclusion - means meaningful participation by a person in activities, organizations and groups, and/or any other event of his or her choosing in the community.

Common Law Employer - the legal employer in the Agency with Choice Model of Individual & Family-Directed Supports. The Common Law Employer is the Agency with Choice in the Agency with Choice model.

Community Navigator - the paid service provider who helps the individual, family, and/or Representative get the services and supports they need.

Computing Overtime Pay - overtime pay must be paid at a rate of at least one and one-half times the employee's regular rate of pay for each hour worked in a workweek in excess of the maximum allowable.

CPR - cardio-Pulmonary Resuscitation- a way to help a person who has stopped breathing to get air until they breathe on their own again, or until a medical person can help them. Providers need to be trained in this technique before they are left alone with an individual.

DMA - the Division of Medical Assistance. This is the State Agency responsible for the administration of Medicaid funding.

DMH/DD/SAS - the Division of Mental Health/Developmental Disabilities/Substance Abuse Services is the State Agency that is responsible for the administration of services for persons with mental health, developmental disabilities, and substance abuse disabilities.

Employee - the person employed by the Employer of Record or Agency with Choice provider to provide services in the Individual & Family-Directed Supports Option, Agency with Choice Model.

Employer of Record - means person who hires a staff/workers perform services and directs and controls the services provided. This also includes training, scheduling, supervising and dismissing employees. The Employer of Record is also responsible for ensuring that services are provided as outlined in the Individual Support Plan.

Financial Support Services Agency – the agency that the Employer of Record has an agreement with to provide many Administrative functions. These include paying your employees, paying your Worker's Compensation Insurance and providing you with important information related to managing your employees and your budget

Generic services - means services, businesses, organizations or agencies that serve the general community rather than a specific disability group. The use of generic services by people with disabilities encourages community inclusion.

Guardian - an adult appointed by the courts who gives permission for, or makes decisions for another person. People who are 18 years of age or older do not need the permission of a guardian to make their decisions unless the courts have determined that the person needs someone else to assist them. The parents of children assume the role of legal guardian of their children unless the courts have determined that a different person will be the guardian of the child. The legal guardian of an individual participating in Individual Family Directed Supports option is Employer.

Independence (as defined by federal law) - means the extent to which persons with developmental disabilities exert control and choices over their own lives.

Community Mapping - means how to view a community based on where possible resources are located. When you hear the word "mapping" you probably think of a traditional street map that tells you where something is located and how to get there. Community mapping does the same thing, except the purpose is to evaluate your community in regards to allies, resources and assets. It is one way to find and build resources in the community.

Hourly Rate - the employee's established rate of pay per hours.

Hours Worked - this means employees must be paid for all hours worked in a workweek. In general, "hours worked" includes all time an employee must be on duty, or on the Individual's home or at any other place of work.

Individual & Family-Directed Supports - an approach to long-term care where individuals manage the support services they receive. It is also known as Self-Directed Services, and means that the individual, guardian, family, and/or trusted supporters make decisions about the individual's services, including designing the Individual Support Plan, the Individual & Family-Directed Supports Budget, and deciding whom to hire to provide services and supports.

Individual Protections - one of the important things about having freedom and responsibility in participating in Individual & Family-Directed Supports is to be sure that decisions are made in a way that is safe for the individual and their family. Trillium is responsible to ensure that an individual and their family think about safety and that their ISP includes information about keeping the individual safe and healthy.

Individual Support Plan (ISP) - the name of the plan of care in the Innovations Waiver. The ISP records the results of Individual Support Planning, and describes the person's desired outcomes as well as the amount, duration, and frequency of services that an individual needs.

Individual Support Planning - means an approach in which the individual directs his/her own planning process with the focus being on the expressed preferences, needs and plans for his/her future. Planning helps the Individual and their family think about their life, what is important to the Individual, and how they want to achieve the lifestyle that they would like to have. The Care Manager leads the Individual Support Planning process for Individuals who participate in the Innovation's Waiver

Individualized Budgets - means the person controls a budget that translates into how the person wants the money available to him or her to pay for services and supports.

The Individual Budget is the total cost of waiver services authorized in the Individual Support Plan (ISP). The Budget is a ISP for how the individual's Innovations waiver funds will be spent on services that the individual needs to live the way they want to live.

Inclusion - means exercising the equal right of individuals with developmental disabilities to access and use the same community resources as are used by and available to any individual.

Managing Employer - means person who hires a staff/worker in partnership with Agency with Choice to perform services and directs and controls the services provided. This also includes training, scheduling, supervising and dismissing employees.

Medicaid - is a health Insurance program for eligible low-income people. It is funded and administered through a state-federal partnership.

Medication Certification Training - training that teaches employees how to give medications to individuals who are not able to take medications by themselves. Not every employee needs this training but if it is needed it will be included in the Individual Support Plan.

Natural Supports - means support from non-paid resources such as people who commit to providing assistance that enables the person to participate in his or her home and/or in the community. Natural supports may include family members, friends or others in the community who are interested in providing the support a person needs to help the person achieve the desired outcome.






Non-Paid Participant Representative - means the person selects someone to assist him or her with decisions that the person will make or serve as the decision maker for the person as needed and designated.

Participant - means the person who is enrolled in the Innovations Waiver and has chosen the Self Direction option.

Representative - means a person who serves as an agent to the participant by helping make decisions. The representative cannot be paid for this role.

Self-Advocate - means a person who speaks up for himself or herself. A person who lets others know what he or she thinks.

Self-Determination - means that a person has control over his or her life. Self-determination has 5 basic principles:

-  Freedom to lead a meaningful life in the community;
-  Authority over dollars needed for support;
-  Support to organize resources in ways that are life-enhancing and meaningful;
-  Responsibility for the wise use of public dollars; and
-  Confirmation of the important leadership that self-advocates must hold in a newly designed system.

Self-Direction - means a person has an opportunity to:

-  Make choices – the power to control the money used to pay for support the person needs.

- 🌱 Make decisions – the power to decide what kind of support a person needs, how the support is given and by whom.

Social Roles - means the roles that a person performs and the contributions of time and assistance the person makes through those roles. It is through having an active role that his or her participation is recognized and valued. If the person stopped making the contribution of time and assistance, the person would have to be replaced by someone else to carry out the activity or task.

The opportunity to choose from a variety of roles helps each person express what is important to him or her. People who have a variety of social roles are more likely to be treated as valued members of their communities.

Supports Intensity Scale (or SIS) - means a standardized assessment tool that evaluates practical support requirements of a person with a developmental disability. The SIS measures supports a person needs to participate in specific activities by looking at the type of support, how frequently the support is needed, and the daily support time.

Support Network - means a group of family, friends, and people from the community who join together to help a person achieve personal outcomes such as participation in a civic organization, be a member of a neighborhood community watch, etc. An example of a support network is a circle of friends.

Supports - means the services or other kinds of help a person receives in order to live the life he or she wants. Supports can be paid and non-paid. This word is used many times instead of the work “service” and it is intended to mean that someone does something with the individual and in the way that they want, not “to” or “for” the person.

Utilization Management - means the person(s) that will look at your Individual Support Plan, budget and information so your plan can be approved as submitted or changed and then approved.

Taxes - Fees employers are required to pay on behalf of employees:

- 🌱 FICA (Federal Insurance Contributions Act) – funds for providing care for the aging, disabled, and survivors. Includes funding for Medicare for people who cannot afford medical insurance.
- 🌱 FUTA (Federal Unemployment Tax Act) – Finances employment programs at the federal level.
- 🌱 SUTA (State Unemployment Tax Act) – Finances employment programs at the state level.

Waiver - means a program through which the Federal government has “waived” certain statutory requirements of the Social Security Act to allow states to provide an array of home and community-based services options through Medicaid as an alternative to providing long-term services in institutional settings.

Worker’s Compensation - funds that provide for monetary awards paid to employees who are injured, disabled or killed while working on the job.

APPENDIX A – COMPARISON OF INDIVIDUAL & FAMILY-DIRECTED SUPPORTS MODELS










Focus Area	Provider Directed Services	Individual/Family Directed: Agency with Choice	Individual & Family-Directed : Employer of Record
Amount of Control	Least Control by Individual	Moderate Control by Individual	Most Control by Individual
Individual/Legally Responsible Person Role	Provider Agency is the Employer of Record and Managing Employer	*Individual Legally Responsible Person is the Managing Employer *Agency with Choice is the Employer of	Individual/Legally Responsible Person is the Employer of Record and the Managing
Common Law Employer	Provider Agency	Agency with Choice	Employer of Record
Reference and Background Checks	*Provider Agency requests and reviews *Individual cannot view background	*Agency with Choice requests and reviews *Managing Employer cannot view	Employer of Record requests and reviews
Hiring Decision	*Provider Agency *Provider Agency may choose to allow Individual to be involved to the degree the Agency	*Managing Employer makes recommendation to Agency with Choice *Agency has final decision making	Employer of Record makes decision to hire
Staff Orientation and Training	*Provider Agency *Provider Agency may choose to allow Individual to be involved in process of training day to day activities with oversight by Qualified Professional	*Agency with Choice arranges or provides formal training *Agency with Choice and Managing Employer determine process for other training with Managing Employer training on day to day	Employer of Record is responsible for providing or arranging for training

Focus Area	Provider Directed Services	Individual/Family Directed: Agency with Choice	Individual & Family-Directed : Employer of Record
Financial Support Services	*Not available *Functions performed by Provider	*Not available *Functions performed by Agency with Choice	Required service
Access to Individual Goods and Services	Not available to Individual	Available based on service definition appropriate need and within the \$135,000 waiver limit	Available based on service definition appropriate need and within the \$135,000 waiver limit
Termination of Employees	*Individual/Legally Responsible Person may determine that the employee will not work with the Individual *Decision to fire employee is the responsibility of the Provider Agency	*Managing Employer recommends termination and may determine that the employee will not work with the Individual *Decision to fire employee is the responsibility of the	*Employer of Record Decision
Time Sheets, Billing Sheets and Documentation Responsibilities	Provider Agency responsibility	Managing Employer and Agency with Choice Qualified Professional joint responsibility	Employer of Record responsibility, submits time sheets and billing to Financial Support Agency
Employee Rate of Pay and Benefits	Determined by Provider Agency according to Agency policy/procedure	Determined by Agency with Choice according to Agency policy/procedure	Determined by Employer of Record
Workers' Compensation Insurance	*Required *Provider Agency carries policy	*Required *Agency with Choice carries policy	*Required *Employer of Record carries policy *Financial Support Services Agency facilitates application
Financial Support Services	*Not available *Functions performed by Provider Agency	*Not available *Functions performed by Agency with Choice	Required service

Focus Area	Provider Directed Services	Individual/Family Directed: Agency with Choice	Individual & Family-Directed : Employer of Record
Access to Individual Goods and Services	Not available to Individual	Available based on service definition appropriate need and within the \$135,000 waiver limit	Available based on service definition appropriate need and within the \$135,000 waiver limit
Termination of Employees	*Individual/Legally Responsible Person may determine that the employee will not work with the Individual *Decision to fire employee is the responsibility of the Provider Agency	*Managing Employer recommends termination and may determine that the employee will not work with the Individual *Decision to fire employee is the responsibility of the Agency with Choice	* Employer of Record Decision
Individual and Family Directed Portion of Individual Budget	Provider Agency uses services billed to pay employees and other expenditures associated with Provider Agency	Agency with Choice uses services billed to pay employees and other expenditures associated with Agency with Choice duties	Employer of Record budgets the use of funds in the Individual & Family-Directed Services Budget
Individual and Family Directed Services Agreement	Not Applicable	Required	Required
Agreement with Financial Support Agency, Agency with Choice	Not Required	Agreement with Agency with Choice required	Agreement with Financial Support Agency required
Employee Agreement between Employees and Employer of Record or Managing	Not Required	Required	Required
Audits	Provider Agency Responsibility	Agency with Choice Responsibility	Employer of Record Responsibility

APPENDIX B – INDIVIDUAL GOODS AND SERVICES

If the Employer identifies a need that can be met under Individual Goods and Services, the following steps are followed.

-  Review the service definition to determine if the good (items that can be purchased) or service they wish to purchase is potentially covered under the Individual Goods and Services definition. Your Care Manager can provide a copy of the complete service definition.
 -  **Note:** Individual Goods and Services are an “add-on” to the Base Budget. Funds do not need to be “saved” from the Individual & Family-Directed Services Budget.
-  Determine who will provide the Good or Service (vendor name, address and contact person)
-  Determine the cost of the Good or Service, including any shipping charges, making sure that the total cost does not exceed the service limitation (\$2,000 annually). The cost must not result in the Individual Budget exceeding the waiver cost limit of \$135,000 per year.
-  Determine the payment process from the supplier/provider, including the ordering and payment addresses. For example the supplier or provider may require full payment with an order for an item rather than payment after the individual has received the item. The Community Navigator can assist the Employer with identifying suppliers and obtaining payment information.
-  Discuss the request with the Care Manager and determine if additional information is needed.
-  Assist in developing a statement of why the item is needed, including how it meets the service definition. Include a statement that the individual does not have the funds to purchase the Goods or Services. Items that are requested for Health and Safety reasons should be accompanied by an Assessment.
-  Obtain any additional information needed to process the request and submit it along with the previously obtained supporting documentation to the Care Manager, requesting that the Care Manager complete an Individual Support Plan Update. This information may include a supporting recommendation from a professional. Your Community Navigator can assist with this process.
-  Sign the revised Individual Support Plan so that the Individual Support Plan can be submitted to Utilization Management for review
-  Provide the Financial Support Services Agency or Agency with Choice with any form or payment information needed by the Agency.
-  The Financial Support Services Agency or Agency with Choice will not process the request or order/pay for the Individual Good or Service until an authorization is received from Utilization Management.

- 🌱 Unless prepayment is required by the supplier, the Financial Support Services Agency or Agency with Choice will not pay for the Good or Service until the Good or Service is received by the Individual.
- 🌱 Review the invoice/packing slip once the Good or Service is received, confirming that the Good or Service was provided as requested and at the rate requested.
- 🌱 Sign the invoice/packing slip and submit it to the Financial Support Service Agency or Agency with Choice so that the Agency can pay for the Good or Service.
If an invoice/packing slip is not included with the Good or Service, send written verification to the Agency that the Good/Service was received.
- 🌱 Notify the Care Manager that the Good or Service was received.
- 🌱 If there is a problem with the Good or Service, discuss the problem with the Care Manager prior to submitting the invoice/packing slip to the Financial Support Service Agency.
- 🌱 Remember that Individual Goods and Services are Medicaid funds. Medicaid funds must be used for the least costly alternatives that meet the individual's disability needs and must only be for the individual, not the individual's family.
- 🌱 Payment under Medicaid is payment in full for the approved service or good. The item cannot be funded if it exceeds the maximum annual allowable cost (\$2,000), or if the payment includes costs for other family members or staff.
- 🌱 An individual has access to Individual Goods and Services once an employee has begun delivering a billable service under Individual & Family-Directed Supports.

EXAMPLES OF GOODS AND SERVICES THAT MAY BE REQUESTED

The lists provided below are not exhaustive lists. It is important to remember that the criteria for the service definition must be met based on the individual's needs. Not all individuals will meet the criteria for a particular item listed.

- 🌱 Fitness items when there is an identified need for weight loss and/or increased physical activity and/or a plan for increasing community integration
- 🌱 Electric toothbrushes to decrease dependence on paid services
- 🌱 Health club membership or community pool membership when there is an identified need for weight loss and/or increased physical activity and/or a plan for increasing community membership (only for individual membership, will not cover family memberships)
- 🌱 Community membership when there is a plan for increasing community integration
- 🌱 Household appliances to decrease dependence on paid services
- 🌱 Adapted or specialized furniture to decrease dependence on paid services and/or will increase individual's safety in the home
- 🌱 Memory prompting devices to decrease dependence on paid service
- 🌱 Specialized activity devices to decrease dependence on paid service
- 🌱 Hippo therapy (horseback riding), play therapy, music therapy, art therapy, if this will increase community integration and/or decrease dependence on paid services



- 🌱 Camp fees, excluding payments for room and board when attendance will increase community integration and/or decrease dependence on paid services
- 🌱 Two way radios to decrease dependence on paid services
- 🌱 Rain capes for wheelchairs when the individual uses a wheelchair for mobility outside the home
- 🌱 Laundry service to decrease dependence on paid service









EXAMPLES OF GOODS AND SERVICES NOT COVERED




- 🌱 Items covered under Medicare, the State Medicaid Plan or NC Innovations
- 🌱 A third party is responsible for payment: private insurance, education, home schooling and vocational services covered by Vocational Rehabilitation, others
- 🌱 Items that benefit individuals other than the individual receiving NC Innovations services
- 🌱 Room and Board
- 🌱 Personal items not related to the individual's disability needs
- 🌱 Expenses or equipment related to living in a licensed facility or licensed/unlicensed alternative family living home
- 🌱 Lodging or meal costs for the individual or paid or unpaid caregiver
- 🌱 Experimental treatments
- 🌱 Pets and their related costs
- 🌱 Vacation expenses
- 🌱 Vehicle maintenance that is not related to the person's disability; disability related vehicle modifications are requested under Vehicle Modifications
- 🌱 Special diets

APPENDIX C WHO TO CONTACT: INDIVIDUAL & FAMILY-DIRECTED-SUPPORTS

Care Management Contact Number	
Member & Recipient Service Line:	1-877-685-2415

Issue	Responsible	Contact Person	Telephone Number
Contacting Trillium Departments	Member Services will assist you	Access	1-877-685-2415
My Care Manager is	Care Management	Care Manager	1-877-685-2415
My Community Navigator is	Community Navigator Agency	Community Navigator	
Plan of Care Approval	Utilization Management	Access	1-877-685-2415
Initial Orientation Training and Individual Support Plan (ISP)  Referral for Initial Training  ISP Revisions	Care Management	Your Care Manager	1-877-685-2415
Training Handbooks and Training Certificate	Your Community Navigator Agency	Community Navigator	
Appointing a Representative	Care Management	Your Care Manager	1-877-685-2415
Medicaid Issues	Care Management	Your Care Manager	1-877-685-2415
Individual Support Plan Individual Support Plan Revision, and/or Changes in Goals	Care Management	Your Care Manager	1-877-685-2415
Task Analysis/Strategies Training for Employers of Record	Your Community Navigator Agency	Your Community Navigator	
Emergency Preparedness	Your Community Navigator Agency or Your Agency With Choice	Your Community Navigator	

Issue	Responsible	Contact Person	Telephone Number
Back Up Staffing General Questions (Agency with Choice Only)	Your Community Navigator Agency or Your Agency with	Your Community Navigator	
Back Up Staffing Agency (Employer of Record Only)	Back Up Staffing Point of Contact	On Call Staff as identified in your ISP	
Health and Safety Issues	Care Manager		1-877-685-2415
Forms/Locked File (Employers of Record only) Documentation Forms Personnel Forms Incident Report Forms	Your Community Navigator Provider Agency	Your Community Navigator	
<ul style="list-style-type: none">  Financial Support  Services Employer of Record Only and Forms Employer of Record Only  Employer Start Up  Employee Hire Packet  Times/ Billing Sheet  Background  Check Forms  Workers' Compensation Application 	Financial Supports Services Agency		
Assistance With Completing Financial Support Forms	Your Community Navigator Provider Agency	Your Community Navigator	
Community Resources	Your Community Navigator Provider Agency	Your Community Navigator	
Service Documentation Training	Your Community Navigator Provider Agency	Your Community Navigator	

Issue	Responsible	Contact Person	Telephone Number
Assistance with locating resources for obtaining a good or service to be requested	Your Community Navigator Provider Agency	Your Community Navigator	
Goods and Services: Adding to Individual Support Plan	Care Management	Your Care Manager	1-877-685-2415
Incident Reports and Complaints	Quality Management		1-877-685-2415
Changing Back to Provider Directed Services or Changing Models of Individual Family Directed Supports	Care Management	Your Care Manager	1-877-685-2415
Managing Employee Issues  Understanding Background Checks and Hiring, Firing	Your Community Navigator Agency or Your Agency With Choice	Your Community Navigator	
Individual Budgeting	Care Management	Your Care Manager	1-877-685-2415
Understanding Employee Training:  CPR/First Aide  Blood Borne Pathogens	Your Community Navigator Provider Agency or Your Agency with Choice	Your Community Navigator	
Adding Optional Staff Training to the Budget Tool EOR Only	Your Community Navigator Provider Agency	Your Community Navigator	
Arranging Payment for Staff Training EOR Only	Financial Supports Services Agency		
Arranging for Employees to Attend Training EOR Only	Resource that you select	Your Community Navigator can help research	
Assist with Completing the Agency with Choice Start Up Package	Agency with Choice (AWC)	Your Designated AWC Contact	

Issue	Responsible	Contact Person	Telephone Number
Questions about the Monthly Employer of Record Budget Report	Financial Supports Services Agency and/or Your Community Navigator		
Questions about Filing a Workers Compensation Claim EOR Only	Financial Supports Services Agency		
Obtaining the Budget Tool EOR Only	Financial Supports Services Agency		
Understanding How to Use and Update the Budget Tool EOR Only	Your Community Navigator Provider	Your Community Navigator	
Agency with Choice Employee Hiring	Your Agency with Choice Provider (AWC)	Your Designated AWC Contact	