



Innovations Budget Basics

Training manual for completing
the Innovations budget.

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Budget Basics: The Form

Client: Member's full name Record Number: ACS number

1 Effective Date: _____ Individual Budget

Service Code:	Provider:	Unit Interval	Qualifier:	Units Requested:	Rate:	Total	Service Cost When No Rate	Start Date:	End Date:	Notes:	Discontinued Date:
2	3	4	5	6	7	8	9	10	11	12	13

1. Effective Date

- Annual ISP: First of the month after the birthday.
- Update: Date you want the update to start.

2. **Service Code:** This is a drop down and provides the service code for every Innovations service. Services and codes are tabbed at the bottom of the individual budget form: "NC Waiver Service Codes."

3. **Provider:** Type in the provider's name for that service.

4. **Unit Interval:** This typically auto-populates based on the service code that is entered You will see 15 minutes, hour, or monthly or per diem.

5. **Qualifier:** This is a drop down to describe the category of service.

- Medicaid: All other Innovations services that are not add-ons or provided through AWC or EOR.
- Add-ons: Specialized consultative services, community navigator, vehicle modifications, crisis response, natural supports education, natural supports conferences, home modifications, assistive technology, individual good/services.
- Agency with Choice (AWC).
- Employer of Record (EOR).

6. **Units Requested:** The amount of service you are requesting. One unit could be a 15-minute increment, a day or an hour depending on the service. Units for each service type are located on the "NC Waiver Service Codes" tab on the individual budget form.

7. **Rate:** Auto-populates based on the service code entered except for the services that have no standardized rate.

8. **Total:** Total cost for that service.

9. **Service Cost when No Rate:** Will need to manually be added for nutritional supplements, community networking class/conference, home modifications, vehicle modifications, assistive technology equipment/supplies, individual goods and services and financial supports.

10. **Start Date:** Input the date you want the service to begin

11. **End Date:** Input the date the service will end.

- Annual ISP: The end date is the last date of the birth month.
- Update: Will need to coincide the annual ISP end date.

				Innovations					
Total Budget Employer of Record Self Directed	Total Budget Agency w/Choice Self Directed		Provider Directed	Equipment and Consultative Services	Base Budget Total (Must put Medicaid Qualifier above)		Add Ons (Must put Add-Ons Qualifier above)	Total of Service Costs Without Rates	Total Budget
1	2		*Same as Medicaid Qualifier (Do Not Use)	3	4		5	6	7
\$ -	\$ -				\$ -		\$ -	\$ -	\$ -

1. **Total Budget Employer of Record Self-Directed:** Auto-populates the total cost based on EOR qualifier.
2. **Total Budget Agency w/Choice Self Directed:** Auto-populates the total cost based on the AWC qualifier.
3. **Equipment and Consultative Services:** Auto-populates the total cost based on service codes.
4. **Base Budget:** Auto-populates the total cost of based on the Medicaid qualifier.
5. **Add Ons:** Auto-populates the cost total based on the add-ons qualifier.
6. **Total of Service Costs Without Rates:** Auto-populates the total cost based on the codes for invoiced services: home modification, community networking class/conference, natural supports education class/conference, vehicle modifications, assistive technology equipment/supplies, individual goods/services, financial supports.
7. **Total Budget:** Sum of all the member's services for the plan year. (annual budget + consultative + add-ons and service costs without rate i.e., equipment).

Budget Basics: General Information:

The budget year is from the first of the month after the birthday to the last day of the birth month. No service request can be approved beyond the last day of the member's birth month.

Example: Member's birthday is June 15. Budget year is July 1-June 30.

Budget Capitation (Maximum budget): 135,000/year unless a member is receiving Supported Living Level 3.

Budgets are to be turned in with SARS and all supporting documents for Initial draft submissions, initial requests, annual requests, and updates. The entire package should be uploaded with the paper SAR and faxed to the UMoutofnetwork fax number or via email to UMoutofnetwork@AllianceHealthPlan.org.

You must enable editing to ensure the drop downs are active.

Service requests on the budget need to match the amounts in the ISP.

If the budget is not calculating it is best to get a new budget and start over.

Budget Basics: Calculations

Annual Plans

[Date Duration Calculator: days between dates \(timeanddate.com\)](#) The date duration calculator allows you to determine the number of days between two dates.

For daily services the calculated days will be the number of units.

If you are requesting a weekly service, look at the weeks under Alternative Time Units. If there is a partial week, round the weeks up by one.

1. Go to the Date Duration Calculator to determine the number of days in the authorization request for the specific service. Ensure you are on the Count Days option.
2. Enter the start and end date for the service.
3. Click include end date in calculation.

1 Count Days Add Days Workdays Add Workdays Weekday Week No

2 Start Date **2** End Date

Day: Month: Year: Date: Day: Month: Year: Date:

dd / mm / yyyy Today dd / mm / yyyy Today

3 ☒ Include end date in calculation (1 day is added)

Add time fields
Add time zone conversion

Count only workdays

Calculate Duration

From and including: **Friday, 1 December 2023**
To and including: **Saturday, 30 November 2024**

Result: 366 days

It is 366 days from the start date to the end date, end date included.

Or 1 year including the end date.

Or 12 months including the end date.

Days=units for a daily service.

Alternative time units

366 days can be converted to one of these units:

- 31,622,400 seconds
- 527,040 minutes
- 8784 hours
- 366 days
- **52 weeks and 2 days**
- 100.27% of a [common year](#) (365 days)

Round up to 53 weeks.

Example #1: Member requests 20H/W of CLS and 300 H/Y of respite.

1. Take the number of hours requested per week for CLS and multiply by 4 to get to the number of units.
 $20 \times 4 = 80$ units per week.
2. Multiply the number of units per week by the number of weeks (rounded up)
 $80 \times 53 = 4240$.
3. This amount is entered into the units requested box.

Respite

1. Since respite is a yearly amount or for the total authorization period you multiply hours requested by four.
 $300 \times 4 = 1200$ units.
2. This amount is entered into the units requested box.

Notes: Enter the requested hourly amounts for each service.

Effective Date:		12/1/2023									
Service Code:	Provider:	Unit Interval	Qualifier:	Units Requested:	Rate:	Total	Service Cost When No Rate	Start Date:	End Date:	Notes:	Discontinued Date:
T2013 TF Community Living and Supports (Base Budget)	ABC Services INC	15 minutes	Medicaid	4240	\$ 6.33	\$ 26,839.20		12/1/2023	11/30/2024	20 hours a week	
SS150 Respite Care-Community Individual (Base Budget)	ABC Services INC	15 minutes	Medicaid	1200	\$ 4.25	\$ 5,100.00		12/1/2023	11/30/2024	300 hours a year	

The budget will auto populate the amounts below.

			Innovations					
Total Budget Employer of Record Self Directed	Total Budget Agency w/Choice Self Directed		Provider Directed	Equipment and Consultative Services	Base Budget Total (Must put Medicaid Qualifier above)	Add Ons (Must put Add-Ons Qualifier above)	Total of Service Costs Without Rates	Total Budget
			*Same as Medicaid Qualifier (Do Not Use)					
\$ -	\$ -				\$ 31,939.20	\$ -	\$ -	\$ 31,939.20

Example #2: Member requests 30 H/W of Day Supports Individual and 15 HW CLS EOR.

Day Supports Individual Hourly

1. Take the number of hours requested per week for DS and multiply the number of weeks (rounded up).
 $30 \times 53 = 1590$ units per year.
2. This amount is entered into the units requested box.

CLS (Employee of Record)

1. Take the number of hours requested per week for CLS and multiply by 4 to get to the number of units.
 $15 \times 4 = 60$ units per week.
2. Multiply the number of units per week by the number of weeks (rounded up).
 $60 \times 53 = 3180$.
3. This amount is entered into the units requested box.

Notes: Enter the requested hourly amounts for each service.

Service Code:	Provider:	Unit Interval	Qualifier:	Units Requested:	Rate:	Total	Service Cost When No Rate	Start Date:	End Date:	Notes:
12 T2021 22 Day Supports Hourly - Individual (Base Budget)	ABC Services INC	Hour	Medicaid	1590	\$ 26.68	\$ 42,421.20		12/1/2023	11/30/2024	30 hours a week
13 T2013 1F Community Living and Supports (Base Budget)	GTI	15 minutes	Employer of Record	3180	\$ 6.33	\$ 20,129.40		12/1/2023	11/30/2024	15 hours a week

Innovations										
Total Budget Employer of Record Self Directed	Total Budget Agency w/Choice Self Directed		Provider Directed	Equipment and Consultative Services	Base Budget Total (Must put Medicaid Qualifier above)			Add Ons (Must put Add-Ons Qualifier above)	Total of Service Costs Without Rates	Total Budget
			*Same as Medicaid Qualifier (Do Not Use)							
\$ 20,129.40	\$ -				\$ 42,421.20			\$ -	\$ -	\$ 62,550.60

EOR Amount

Base Budget Amount

Example #3: Member requests Supported Living Level 2 and Community Transition Supports.

Supported Living Level 2

1. Go to the Date Duration Calculator to determine the number of days in the authorization request for the specific service. Ensure you are on the Count Days option.
2. Click Include end date in calculation.
3. Take the amount of days/year from the duration calculator and put it in the units requested box. (Each day is one unit for Supported Living.)

Community Transition Supports (CTS)

1. Request one unit per item on the invoice. If you are requesting 10 items from Amazon you would put 10 in the units requested box.
2. Put the total cost of the item(s) on the invoice/purchase order in “Service Code When No Rate” box.

Notes: For CTS add some specifics related to the purchase order.

Individual Budget										
Effective Date:	12/1/2023									
Service Code:	Provider:	Unit Interval	Qualifier:	Units Requested:	Rate:	Total	Service Cost When No Rate	Start Date:	End Date:	Notes:
T2033 HI Supported Living Level II	ABC Services INC	Per diem	Medicaid	366	\$218.65	\$ 80,025.90		12/1/2023	11/30/2024	366 days leap year
T2038 Community Transition Supports (Add-on)	Amazon	1 time	Add-Ons	1	\$ -		\$ 3,075.12	12/1/2023	1/29/2024	Amazon Purchase Start up funds

Innovations									
Total Budget Employer of Record Self Directed	Total Budget Agency w/Choice Self Directed	Provider Directed	Equipment and Consultative Services	Base Budget Total (Must put Medicaid Qualifier above)			Add Ons (Must put Add-Ons Qualifier above)	Total of Service Costs Without Rates	Total Budget
\$ -	\$ -	*Same as Medicaid Qualifier (Do Not Use)		\$ 80,025.90			\$ 3,075.12	\$ 83,101.02	

Base Budget Amount

CTS Amount

Plan Updates

For additional service units on the individual budget. The individual budget will need to be updated to reflect the start date under the new service/provider. The budget will need to coincide with the ISP update.

Every revision is a new authorization and ends the previous authorization.

If a service is ending: You will need to recalculate the units from the start date to the new end date.

If services are increasing. For each service that is increasing or decreasing you will have one line to show service that is ending and an additional line to show the service updates.

Discontinued date: Should always be the end date of the discontinued service.

Any request to UM generates a new authorization and ends the previous authorization. The new authorization must reflect the entire units required for the rest of the plan year.

Example 1: Member increases CLS from 15H/W to 25H/W.

Community Living and Supports

1. Change effective date to the start date of the newly added service.
2. End date the original amount of CLS that was approved (1/30/24).
 - a. Go to the Date Duration Calculator to determine the number of weeks in the authorization for the discontinued service using the start date of 12/1/23 and the end date of 1/31/24 (9 weeks).
 - b. Multiply the H/W x 4x the number of weeks and $15 \times 4 \times 9 = 540$ units.
 - c. Put this amount in units requested box.
 - d. The discontinued date should be the end date (1/31/24).
3. New request for increased CLS
 - a. Add an additional line item for the increased amount of CLS (25H/W) with a new start and end date (end date should not go beyond the end date of the annual plan).
 - b. Go to the Date Duration Calculator to determine the number of weeks in the new authorization request from 2/1/24-11/30/24 (44 weeks).
 - c. Multiply the new H/W x 4 x number of weeks ($25 \times 4 \times 44 = 4400$ units).
 - d. Put this amount in the units requested box.
 - e. Notes: Add brief description of the service change.

Individual Budget											
Effective Date:	2/1/2024										
Service Code:	Provider:	Unit Interval	Qualifier:	Units Requested:	Rate:	Total	Service Cost When No Rate	Start Date:	End Date:	Notes:	Discontinued Date:
T2013 TF Community Living and Supports (Base Budget)	ABC Services INC	15 minutes	Medicaid	540	\$ 6.33	\$ 3,418.20		12/1/2023	1/31/2024	15 hours a week	2/1/2024
T2021 22 Day Supports Hourly - Individual (Base Budget)	ABC Services INC	Hour	Medicaid	1590	\$ 26.68	\$ 42,421.20		12/1/2023	11/30/2024	30 hours a week	
T2013 TF Community Living and Supports (Base Budget)	ABC Services INC	15 minutes	Medicaid	4400	\$ 6.33	\$ 27,852.00		2/1/2024	11/30/2024	increase by 10H/W to 25 H/W	

Discontinued CLS

Increased CLS

Innovations									
Total Budget Employer of Record Self Directed	Total Budget Agency w/Choice Self Directed	Provider Directed	Equipment and Consultative Services	Base Budget Total (Must put Medicaid Qualifier above)			Add Ons (Must put Add-Ons Qualifier above)	Total of Service Costs Without Rates	Total Budget
\$ -	\$ -	*Same as Medicaid Qualifier (Do Not Use)			\$ 73,691.40		\$ -	\$ -	\$ 73,691.40

Change in Provider

Example 1: Member decides that they want to change service providers for CLS.

Community Living and Supports

1. Change effective date to the start date of the newly added service.
2. End date the original amount of CLS that was approved (1/30/24).
 - a. Go to the Date Duration Calculator to determine the number of weeks in the authorization for the discontinued service using the start date of 12/1/23 and the end date of 1/31/24 (9 weeks).
 - b. Multiply the H/W x 4x the number of weeks and 15 x 4 x 9 = 540 units.
 - c. Put this amount in units requested box.
 - d. The discontinued date should be the end date (1/31/24).
3. New request for increased CLS
 - a. Add an additional line item for the new service provider of CLS with a new start and end date. (End date should not go beyond the end date of the annual plan.)
 - b. Go to the Date Duration Calculator to determine the number of weeks in the new authorization request from 2/1/24-11/30/24 (44 weeks).
 - c. Multiply the new H/W x 4 x number of weeks (15 x 4 x 44=2640 units).
 - d. Put this amount in the units requested box.
 - e. Notes: Add brief description of the service change.

Effective Date:	2/1/2024										
Service Code:	Provider:	Unit Interval	Qualifier:	Units Requested:	Rate:	Total	Service Cost When No Rate	Start Date:	End Date:	Notes:	Discontinued Date:
T2013 TF Community Living and Supports (Base Budget)	ABC Services INC	15 minutes	Medicaid	540	\$ 6.33	\$ 3,418.20		12/1/2023	1/31/2024	15 hours a week	2/1/2024
T2021 22 Day Supports Hourly - Individual (Base Budget)	ABC Services INC	Hour	Medicaid	1590	\$ 26.68	\$ 42,421.20		12/1/2023	11/30/2024	30 hours a week	
T2013 TF Community Living and Supports (Base Budget)	XYZ Service Provider	15 minutes	Medicaid	2640	\$ 6.33	\$ 16,711.20		2/1/2024	11/30/2024	15 hours new provider	

Original Provider

New Provider

Innovations									
Total Budget Employer of Record Self Directed	Total Budget Agency w/Choice Self Directed	Provider Directed	Equipment and Consultative Services	Base Budget Total (Must put Medicaid Qualifier above)			Add Ons (Must put Add-Ons Qualifier above)	Total of Service Costs Without Rates	Total Budget
		*Same as Medicaid Qualifier (Do Not Use)							
\$ -	\$ -			\$ 62,550.60			\$ -	\$ -	\$ 62,550.60

Budget Basics: Standardized Service Frequencies Cheat Sheet

Services: Each Innovations service is calculated differently based on the unit interval for the service.

A. Community living and supports, community networking, supported employment, and natural supports education	<p>1 unit = 15 minutes</p> <p>How to calculate:</p> <ol style="list-style-type: none"> Take the number of hours requested per week for the service and multiply by 4 to get to the number of units. Multiply the number of units per week by the number of weeks (rounded up).
B. Day supports individual, day supports group	<p>1 unit = 1 hour</p> <p>How to calculate:</p> <ol style="list-style-type: none"> Take the number of hours requested per week for and multiply the number of weeks (rounded up).
C. Supported living, residential supports	<p>1 unit = 1 day</p> <p>How to calculate:</p> <ol style="list-style-type: none"> Determine the number of days in the authorization request for the specific service. This will be the number of units you request.
D. Natural supports education conference, community networking-class/conference	<p>1 unit = 1 conference/class</p> <p>How to calculate:</p> <ol style="list-style-type: none"> Use the invoice total for the service cost no rate.
E. Home modifications, vehicle modifications	<p>2 units = 1 modification</p> <p>How to calculate:</p> <ol style="list-style-type: none"> Use invoice amount for the service cost no rate. Make sure to put in Alliance along with the provider in the provider box.
F. Assistive technology equipment and supplies (except for nutritional supplements)	<p>1 unit = 1 piece of equipment or supplies</p> <p>How to calculate:</p> <ol style="list-style-type: none"> Use invoice amount for the service cost no rate. Make sure to put in Alliance along with the provider in the provider box.

<p>G. Assistive technology equipment and supplies: nutritional supplements</p>	<p>1 unit = 1 shipment. The units are based on the number of shipments for each supplement added together. If you receive a shipment every month you will put 12 under units requested.</p> <p>Any midyear changes in prescription volume or type need a new prescription, quote, ISP update and a new budget reflecting the change and uploaded in Jiva. (This is not sent to UM for approval and update to purchase order is needed).</p> <p>Need to verify number of shipments/month from the provider agency.</p> <p>How to calculate:</p> <ol style="list-style-type: none"> Use invoice amount for the year. Service cost no rate. Make sure to put in Alliance along with the provider in the provider box.
<p>H. Financial support services</p>	<p>Units: 1 unit per month</p> <p>How to calculate:</p> <ol style="list-style-type: none"> Use the invoice amount; certain bills that need to be paid monthly will be multiplied by the number of months.
<p>I. Respite, primary crisis response, specialized consultative services</p>	<p>1 unit = 15 minutes: These two services can be figured based on hours/year, hours/month or hours/week based on the choice of the member or guardian.</p> <p>How to calculate:</p> <ol style="list-style-type: none"> Yearly: Number of hours x 4 = total number of units. Monthly: Number of hours/month x 4 x number of months. Weekly: Number of hour/week x 4 x number of weeks.
<p>J. Community transition</p>	<p>1 unit for each item on the invoice. If you are requesting 10 items from Amazon you would put 10 in the units requested box.</p> <p>How to calculate:</p> <ol style="list-style-type: none"> Total cost on the invoice (service cost when no rate).
<p>K. Employer supplies and individual goods and services (EOR and AWC only)</p>	<p>1 unit = one item.</p>

Budget Basics: Standardized Service Cost Limits

Assistive Technology and Home Modifications	These combined services are limited to expenditures of \$50,000 over the life of the waiver. This limit does not include nutritional supplements or monthly alert monitoring/connectivity charges.
Community Transition	Limit of \$5,000 over the life of the waiver and has an exclusion list.
Community Networking-Class/Conference	Payment for classes and conferences cannot exceed \$1,000/per plan year.
Individual Goods and Services	Limit of \$2,000 per plan year. Only for members who self-direct.
Natural Supports Education	Conference limit of \$1,000 per plan year.
Vehicle Modifications	Limit to expenditures of \$20,000 over the life of the waiver.
Limits on Sets of Service	View Attachment F in Clinical Coverage 8P Clinical Coverage Policy8P .