



## Innovations Submission Document Checklist

This form serves as a checklist for member documents associated with the NC Innovations Waiver submission.

### Member information

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First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Alliance Claims System (ACS) ID:

### Innovations submission document checklist

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- ☐ Individual support plan annual update/revision
- ☐ NC Innovations individual budget
- ☐ NC Innovations risk/support needs assessment (if applicable)
- ☐ Service schedule
- ☐ Two vendor quotes (if applicable by policy)
- ☐ Behavior plan/behavior logs (if applicable)
- ☐ Medical plans (if applicable) ex. seizure log
- ☐ Sleep log (if applicable)
- ☐ Guardianship paperwork (if applicable)
- ☐ Letter of medical necessity/prescription (if required by policy)
- ☐ Other assessments to support medical necessity (if applicable)
- ☐ Human Rights Committee review of restrictive interventions (if applicable)

## Submission instructions

This form is to be submitted to [UMoutofnetwork@AllianceHealthPlan.org](mailto:UMoutofnetwork@AllianceHealthPlan.org) along with the Service Authorization Request.