

APPENDIX K: Emergency Preparedness and Response

Background:

This standalone appendix may be utilized by the state during emergency situations to request amendment to its approved waiver. It includes actions that states can take under the existing Section 1915(c) home and community-based waiver authority in order to respond to an emergency. Other activities may require the use of various other authorities such as the Section 1115 demonstrations or the Section 1135 authorities.ⁱ This appendix may be completed retroactively as needed by the state.

Appendix K-1: General Information

General Information:

A. State: North Carolina

B. Waiver Title: NC Innovations

C. Control Number:

NC.0423.R03.03

D. Type of Emergency (The state may check more than one box):

<input checked="" type="radio"/>	Pandemic or Epidemic
<input type="radio"/>	Natural Disaster
<input type="radio"/>	National Security Emergency
<input type="radio"/>	Environmental
<input type="radio"/>	Other (specify):

E. **Brief Description of Emergency.** *In no more than one paragraph each*, briefly describe the: 1) nature of emergency; 2) number of individuals affected and the state's mechanism to identify individuals at risk; 3) roles of state, local and other entities involved in approved waiver operations; and 4) expected changes needed to service delivery methods, if applicable. The state should provide this information for each emergency checked if those emergencies affect different geographic areas and require different changes to the waiver.

North Carolina is submitting this Appendix K in order to implement flexibilities to prepare for and support waiver participants during COVID-19.

There are currently 13,139 Innovations beneficiaries served by the MCOs throughout the State. The State is having calls with the MCOs to offer support, provide information and to get updates on the status of their programs and beneficiaries. The MCOs will be providing updates on the status of waiver

beneficiaries. The State will continue to work with the LME-MCOs as ongoing status determinations are made. North Carolina is requesting that these flexibilities be effective statewide.

North Carolina operates under a 1915(b)(c) waiver where the LME-MCOs are PIHPs who operationalize the waiver under a contract with the State. The State is in regular communications with the LME-MCOs on the status of waiver operations in their areas.

This application is additive to the previously approved Appendix K. All changes from the originally approved document will be effective as of 4/30/2020. Those changes are identified in highlighted text.

F. Proposed Effective Date: Start Date: March 13, 2020
Anticipated End Date: March 12, 2021

G. Description of Transition Plan.

Individuals will transition to pre-emergency service status as soon as they are able. Waiver participants who qualify for additional services or waiving of waiver rules and requirements because of COVID-19 will be reassessed at least 30-days before the expiration of this appendix to determine ongoing needs.

H. Geographic Areas Affected:

All 100 counties

I. Description of State Disaster Plan (if available) *Reference to external documents is acceptable:*

Refer to the DHB COOP and Disaster Plan

Appendix K-2: Temporary or Emergency-Specific Amendment to Approved Waiver

Temporary or Emergency-Specific Amendment to Approved Waiver:

These are changes that, while directly related to the state's response to an emergency situation, require amendment to the approved waiver document. These changes are time limited and tied specifically to individuals impacted by the emergency. Permanent or long-ranging changes will need to be incorporated into the main appendices of the waiver, via an amendment request in the waiver management system (WMS) upon advice from CMS.

a. X Access and Eligibility:

i. X Temporarily increase the cost limits for entry into the waiver.

[Provide explanation of changes and specify the temporary cost limit.]

Waive \$135k individual limit on a case-by-case basis for individuals who are currently receiving waiver services. A new waiver limit will not be established.

ii. X Temporarily modify additional targeting criteria.

[Explanation of changes]

Waiver participants who do not use waiver services during this amendment will not lose their ability to continue to receive waiver services. This applies to participants who are not receiving services due to complications related to COVID-19.

b. x Services

i. X Temporarily modify service scope or coverage.

[Complete Section A- Services to be Added/Modified During an Emergency.]

ii. X Temporarily exceed service limitations (including limits on sets of services as described in Appendix C-4) or requirements for amount, duration, and prior authorization to address health and welfare issues presented by the emergency.

[Explanation of changes]

Allow for an increase in service hours from what is in the person-centered plan without prior authorization for this time period.

Respite may be provided when family is out of state due to evacuation/displacement until they return home. Out of home Respite may be provided in excess of 30 days on a case by case basis. If the out of state respite provider is outside of 40 miles from the North Carolina border, then NC Medicaid will need a provider agreement with the out of state provide per Olmstead.

Add Home Delivered Meals as an additional service. Home Delivered Meals consists of two Home Delivered Meals per day.

Waive requirement for the Letter of Medical Necessity or Prescription from the Physicians, Nurse Practitioner or Physician's Assistant for ongoing supplies or replacement equipment for which member has an already established authorization. This applies to Assistive Technology, Equipment and Supplies.

iii. X Temporarily add services to the waiver to address the emergency situation (for example, emergency counseling; heightened case management to address emergency needs; emergency medical supplies and equipment; individually directed goods and services; ancillary services to establish temporary residences for dislocated waiver enrollees; necessary technology; emergency evacuation transportation outside

of the scope of non-emergency transportation or transportation already provided through the waiver).

[Complete Section A-Services to be Added/Modified During an Emergency]

Add Home Delivered Meals as an additional service. Home Delivered Meals consists of two Home Delivered Meals per day.

iv. X Temporarily expand setting(s) where services may be provided (e.g. hotels, shelters, schools, churches) Note for respite services only, the state should indicate any facility-based settings and indicate whether room and board is included:

[Explanation of modification, and advisement if room and board is included in the respite rate]:

Direct care services may be provided in a hotel, shelter, church, or alternative facility-based setting or the home of a direct care worker because of COVID-19 related issues.

Allow Day Supports, Community Living and Supports, Supported Employment and Community Networking to be provided in the home of the participant, the home of the direct care worker, or the residential setting. Residential setting refers to the setting types listed in the Residential Service definition in the approved NC Innovations Waiver.

The State confirms that there will not be duplication of Medicaid services.

Allow primary Alternative Family Living (AFL) Providers to provide Supported Employment, Day Supports or Community Networking to the participant living in the AFL during times that Supported Employment, Day Supports or Community Networking would be regularly provided.

v. X Temporarily provide services in out of state settings (if not already permitted in the state's approved waiver). [Explanation of changes]

Currently, policy does not allow services out of state without prior approval by LME-MCO and does not allow for Respite to be provided out of state. Waive prior approval for individuals who are displaced and allow for Respite to be provided out of state.

c. X Temporarily permit payment for services rendered by family caregivers or legally responsible individuals if not already permitted under the waiver. Indicate the services to which this will apply and the safeguards to ensure that individuals receive necessary services as

authorized in the plan of care, and the procedures that are used to ensure that payments are made for services rendered.

Allow for relatives of adult waiver beneficiaries to provide services to beneficiaries in Supported Living arrangements prior to background checks and training for 90 days.

It is recommended that a relative residing in the home of the beneficiary provide no more 40 hours per week of service to the person. This must be reported to the PIHP, but does not require approval by the PIHP. If over 40 hours are needed to be provided by relatives residing in the home of the beneficiary, then the provider must maintain justification on the individual's needs and why there is no other qualified provider.

The PIHP provides an increased level of monitoring for services delivered by relatives/legal guardians. Services delivered by relatives/legal guardians are monitored telephonically monthly. Care Coordinators monitor through telephonic monitoring and documentation review to ensure that payment is made only for services rendered and that the services are furnished in the best interest of the individual. This Telephonic assessment / monitoring will be conducted in accordance with HIPAA requirements.

The relative of the adult waiver beneficiary will work through a self-directed option or a provider agency to bill for services rendered. The relative of the adult waiver beneficiary will complete the needed service grid documentation as evidence that services were rendered.

Allow legally responsible persons of minor waiver beneficiaries who reside in the home and out of the home to provide, Day Supports, Supported Employment, Community Living and Supports, and Community Networking when other providers are not available.

d. ___ Temporarily modify provider qualifications (for example, expand provider pool, temporarily modify or suspend licensure and certification requirements).

i. X Temporarily modify provider qualifications.

[Provide explanation of changes, list each service affected, list the provider type, and the changes in provider qualifications.]

Allow relatives of adult and minor waiver beneficiaries who reside in the home and out of the home to provide services prior to background check and training for 90 days. It is understood that the background check will be completed by the agency as soon as possible after the service begins and training will occur as soon as possible without leaving the beneficiary without necessary care. Once conducted, if the background check demonstrates the individual should not continue working with the participant long-term, that individual will be immediately determined unqualified to render services. Relatives of adult waiver beneficiaries may provide Community Living and Supports, Day Supports, Supported Employment and Supported Living.

Allow for existing staff to continue to provide service, for 90 days, when CPR and NCI re-certification has lapsed. This applies to Community Living and Supports, Crisis Services, Community Networking, Day Supports, Respite, Residential Supports, Supported Living, and Supported Employment.

Allow for additional services to be provided by relatives who live in the home of the adult waiver beneficiary (current waiver only allows for Community Living and Supports) to include Community Networking, Day Supports and Supported Employment for 90 days. There may be more than one 90 day period.

ii. ___ Temporarily modify provider types.

[Provide explanation of changes, list each service affected, and the changes in the provider type for each service].

N/A

iii. ___ Temporarily modify licensure or other requirements for settings where waiver services are furnished.

[Provide explanation of changes, description of facilities to be utilized and list each service provided in each facility utilized.]

N/A

e. X Temporarily modify processes for level of care evaluations or re-evaluations (within regulatory requirements). [Describe]

Annual reassessments of level of care that exceeds the 60-calendar day approval requirement beginning on 3/13/2020, will remain open, and services will continue for three months to allow sufficient time for the care coordinator to complete the annual reassessment paperwork. Additional time may be awarded on a case-by-case basis when conditions from COVID-19 impedes this process. Annual reassessments of level of care may be postponed by 90 calendar days to allow sufficient time to complete the annual reassessment and accompanying paperwork.

f. ___ Temporarily increase payment rates

[Provide an explanation for the increase. List the provider types, rates by service, and specify whether this change is based on a rate development method that is different from the current approved waiver (and if different, specify and explain the rate development method). If the rate varies by provider, list the rate by service and by provider].

g. ___ Temporarily modify person-centered service plan development process and individual(s) responsible for person-centered service plan development, including qualifications.

[Describe any modifications including qualifications of individuals responsible for service plan development, and address Participant Safeguards. Also include strategies to ensure that services are received as authorized.]

h. ___ Temporarily modify incident reporting requirements, medication management or other participant safeguards to ensure individual health and welfare, and to account for emergency circumstances. [Explanation of changes]

N/A

i. X Temporarily allow for payment for services for the purpose of supporting waiver participants in an acute care hospital or short-term institutional stay when necessary supports (including communication and intensive personal care) are not available in that setting, or when the individual requires those services for communication and behavioral stabilization, and such services are not covered in such settings.

[Specify the services.]

Community Living and Supports may be provided in acute care hospital or short-term institutional stay, when the waiver participant is displaced from home because of COVID-19 and the waiver participant needs direct assistance with ADLs, behavioral supports, or communication supports on a continuous and ongoing basis and such supports are otherwise not available in these settings.

The supplemental services provided in the hospital will not exceed 30 consecutive days; however, there may be more than one 30 consecutive day period.

Room and board is excluded.

j. X Temporarily include retainer payments to address emergency related issues.

[Describe the circumstances under which such payments are authorized and applicable limits on their duration. Retainer payments are available for habilitation and personal care only.]

Include retainer payments to direct care workers to address emergency related issues. Retainer payments cannot be provided for more than 30 consecutive days There may be more than on 30 consecutive day period. If nursing facility has a bed hold that is less than 30 days, the retainer payment will not exceed that amount.

The State confirms that retainer payments are for direct care providers who normally provide services that include habilitation and personal care, but are currently unable to due to complications experienced during the COVID-19 pandemic because the waiver participant is sick due to COVID-19; or the waiver participant is sequestered and/or quarantined based on local, state, federal and/or medical requirements/orders. The state will implement a distinguishable process to monitor payments to avoid duplication of billing.

Retainer payments cannot be made for Respite.

k. ___ Temporarily institute or expand opportunities for self-direction.

[Provide an overview and any expansion of self-direction opportunities including a list of services that may be self-directed and an overview of participant safeguards]

N/A

l. ___ Increase Factor C.

[Explain the reason for the increase and list the current approved Factor C as well as the proposed revised Factor C]

N/A

m. _X Other Changes Necessary [For example, any changes to billing processes, use of contracted entities or any other changes needed by the State to address imminent needs of individuals in the waiver program]. [Explanation of changes]

- Allow beneficiaries to receive fewer than one service per month during this amendment without being subject to discharge
- Waive the face-to-face requirements for monthly and quarterly care coordination/beneficiary meetings for individuals receiving residential supports, new to waiver, or relative as provider during this amendment. Waive the face-to-face requirements for quarterly care coordinator/beneficiary meetings. Individuals who do not receive at least one service per month will receive monthly monitoring (which can be telephonic) as quarterly meetings are not sufficient for such individuals. Monthly and quarterly monitoring will occur telephonically. This Telephonic assessment / monitoring will be conducted in accordance with HIPAA requirements.
- Waive Support Intensity Scale Assessments/reassessment during this amendment.
- Waive requirement for beneficiary to attend the Day Supports provider once per week.

Contact Person(s)

A. The Medicaid agency representative with whom CMS should communicate regarding the request:

First Name:	Melanie
Last Name	Bush
Title:	Deputy Director
Agency:	DHHS-Division of Health Benefits
Address 1:	1985 Umstead Drive
Address 2:	2501 Mail Service Center
City	Raleigh
State	NC
Zip Code	27609-2501
Telephone:	919-527-7042
E-mail	Melanie.Bush@dhhs.nc.gov
Fax Number	919-832-0615

B. If applicable, the State operating agency representative with whom CMS should communicate regarding the waiver is:

First Name:	
Last Name	
Title:	
Agency:	
Address 1:	
Address 2:	
City	
State	
Zip Code	
Telephone:	
E-mail	
Fax Number	

8. Authorizing Signature

Signature:

_____/S/_____
State Medicaid Director or Designee

Date:

5/26/2020

First Name:	Dave
Last Name	Richard
Title:	Deputy Secretary
Agency:	DHHS-Division of Health Benefits
Address 1:	1985 Umstead Drive
Address 2:	2501 Mail Service Center
City	Raleigh
State	NC
Zip Code	27609-2501
Telephone:	919-855-4101
E-mail	Dave.Richard@dhhs.nc.gov
Fax Number	919-832-0615

Section A---Services to be Added/Modified During an Emergency

Complete for each service added during a time of emergency. For services in the approved waiver which the state is temporarily modifying, enter the entire service definition and highlight the change. State laws, regulations and policies referenced in the specification are readily available to CMS upon request through the Medicaid agency or the operating agency (if applicable).

Service Specification	
Service Title:	Day Supports
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	

Day Supports is a service that may originate from a facility and that provides assistance to the individual with acquisition, retention, or improvement in socialization and daily living skills and is one option for a meaningful day.

Individuals who receive Day Supports only have to attend the Day Supports Facility once per week and therefore are often in the community with individuals without intellectual and developmental disabilities. Once per week attendance means a weekly check in at the Day Supports facility. Developmental Day is provided in day care settings with children who do not function with an intellectual or developmental disability.

Day Supports emphasizes inclusion and independence with a focus on enabling the individual to attain or maintain his/her maximum self-sufficiency, increase self-determination and enhance the person's opportunity to have a meaningful day. To ensure informed choice among a variety of options for a meaningful day, individuals new to the service and 16 years of age and older, will receive education on available options during the planning meeting and on an ongoing basis through service delivery. Education must include exposure to the same day activities as others in the community and the structure of Day Supports must provide the opportunity to discover his or her skills, interests, and talents in his or her community. Grouping of individuals must be appropriate to the age and preferences of the person.

For individuals who are aging, Day Supports can provide a structured day program of service and support with nursing supervision in an Adult Day Care Program. Additionally, Adult Day Health services similar to adult day care programs in that they provide an organized program of services during the day in a community group setting to support the personal independence of older adults and promote their social, physical, and emotional well-being.

For school-aged or younger children, Developmental Day is a service which provides individual habilitative programming in a licensed child care center. It is designed to meet the developmental needs of the child in an inclusive setting to promote skill acquisition in areas such as self-help, fine and gross motor skills, language and communication, cognitive and social skills in order to facilitate their functioning in a less restrictive environment. For individuals who are eligible for educational services under the Individuals with Disability Educational Act, Day Supports will be the payer of last resort for Developmental Day.

For working-age individuals (ages 16 or older) not also working in competitive integrated employment, Day Supports may include career and employment exploration through educational and experiential opportunities designed to identify a person's specific interests and aptitudes for paid work, including experience and skills transferable to competitive integrated employment, and also typically includes business tours, informational interviews and job shadows, related to the person's identified interests, experiences and/or skills, in order to explore potential opportunities for competitive integrated employment in the person's local area.

When Day Supports are provided in facility-based setting, the setting must be compliant with the standards outlined in the Home and Community-Based Settings Rule (as of 3/19/22) and must not isolate participants from community members not receiving HCBS services. Facility-based Day Supports must be provided by a licensed Day Supports provider that serves individuals with Intellectual and Developmental Disabilities. Individuals who receive facility-based Day Supports only have to attend the Day Supports Facility once per week and therefore are able to maximize their time in the community with individuals without intellectual and developmental disabilities. Developmental Day is provided in day care settings with children who do not function with an intellectual or developmental disability.

Day Supports provided in a facility-based setting, including licensed community day programs, may include prevocational activities. Individuals receiving prevocational services must have employment-related goals in their ISP; Competitive integrated employment in the community at or above the minimum wage is considered to be the optimal outcome of prevocational services.

Individual Day Supports are available to meet specific and well documented needs of the person. These circumstances may include the provision of individual supports due to behavioral or psychiatric destabilization, medical concerns/necessity, or other infrequent and exceptional circumstances.

Individual Day Supports related to medical / behavioral / physical support needs shall require supporting medical or behavioral records and accompanying documentation in the ISP supporting the need for individual services as the most appropriate option.

Day Supports are furnished in a non-residential setting, separate from the home or residential setting where the individual resides. Individuals may receive Day Supports outside the facility as long as the outcomes are consistent with the goals described in the Individual Support Plan.

Transportation to/from the individual's home, the day supports facility and travel within the community is included in the payment rate. Transportation to and from the licensed day program is the responsibility of the Day Supports provider. It is expected that individuals physically attend the Day Supports facility once per week unless approved by the LME/MCO. This minimum requirement does not apply to individuals who attend Adult Basic Education classes.

Transportation to/from school settings is not included for individuals who are eligible for educational services under the Individuals With Disability Educational Act. This includes transportation to/from the individual's home or any community location where the individual may be receiving services before or after school.

NC Innovations Day Supports Group can be provided in a group setting that includes State-funded Day Supports / Activity as long as the NC Innovations definition is met and the staff meet the qualifications of NC Innovations Day Supports Group.

Day Supports is billed in 1 hour unit increments. An individual must receive Day supports 15 minutes before the 1 hour unit may be billed.

EXCLUSIONS:

This service may not duplicate services, nor shall they be furnished or billed at the same time of day as services, provided under Community Networking, In-Home Intensive Supports, Community Living and Supports, Supported Living, In-Home Skill Building, Residential Supports, Supported Employment and/or one of the State Plan Medicaid Services that works directly with the beneficiary.

Waiver funding is not available for vocational services delivered in facility based or sheltered work settings. The following criteria differentiate between prevocational and vocational services:

- a. Prevocational services are provided to individuals who are not expected to join the general work force within one year of service initiation, except if expected to join the general workforce through the use of Supported Employment services .
- b. Prevocational services include activities that are not directed at teaching job-specific tasks but at underlying skills that may support the individual to increase his/her ability to pursue competitive integrated employment with the assistance of Supported Employment services as needed.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The amount of Day Supports is subject to the Limits on Sets of Services.

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
			Supervised Living Facilities, Type F	
			Unlicensed Supervised Living Facilities	
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	

<p>Supervised Living Facilities, Type F</p>	<p>NC Administrative Code 10 A 27G.560; statutory authority: NC General Statute 143B-147</p> <p>Tribal providers are not subject to licensure but substantial equivalency.</p>	<p>NA</p>	<p>Supervised Living Facilities, type F, serve no more than 3 minors or 3 adults with a developmental disability.</p> <p>Supervised Living Facilities, type F, must be approved as a provider in the PIHP provider network and meet the following qualifications:</p> <ul style="list-style-type: none"> • Are at least 18 years old • If providing transportation, have a valid North Carolina or other valid driver's license, a safe driving record and an acceptable level of automobile liability insurance • Criminal background check presents no health nor safety risk to participant • Not listed in the North Carolina Health Care Abuse Registry • Staff that work with participants must be qualified in CPR and First Aid • Staff that work with participants must have a high school diploma or high school equivalency (GED) • Staff that work with participants must be qualified in the customized needs of the participant as described in the ISP. • Paraprofessionals providing this service must be supervised by a qualified professional. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 (b) (c) (f) and according to licensure or certification requirements of the appropriate discipline. • Enrolled to provide crisis services or has an arrangement with an enrolled crisis services provider to respond to participant crisis situations. The participant may select any enrolled crisis services provider in lieu of this provider however. • Upon enrollment with the PIHP, the organization must have achieved national accreditation with at least one of the designated accrediting agencies. • The organization must be established as a legally constituted entity capable of meeting all of the requirements of the PIHP. Site must be the primary residence of the AFL provider (includes couples and single
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			persons) who receive reimbursement for cost of care. • Back up staff must be employees of the agency
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<p>Unlicensed Supervised Living Facilities</p>	<p>N/A</p>	<p>N/A</p>	<p>Unlicensed Supervised Living Facilities may serve only one adult in accordance with State Rule at 10A NCAC 27 G.5601(b)(1)(2).</p> <p>Unlicensed Supervised Living Facilities must be approved as a provider in the PIHP provider network and meet the following qualifications:</p> <ul style="list-style-type: none"> • Are at least 18 years old • If providing transportation, have a valid North Carolina or other valid driver's license, a safe driving record and an acceptable level of automobile liability insurance • Criminal background check presents no health nor safety risk to participant • Not listed in the North Carolina Health Care Abuse Registry • Staff that work with participants must be qualified in CPR and First Aid • Staff that work with participants must have a high school diploma or high school equivalency (GED) • Staff that work with participants must be qualified in the customized needs of the participant as described in the ISP. • Paraprofessionals providing this service must be supervised by a qualified professional. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 (b) (c) (f) and according to licensure or certification requirements of the appropriate discipline. • Enrolled to provide crisis services or has an arrangement with an enrolled crisis services provider to respond to participant crisis situations. The participant may select any enrolled crisis services provider in lieu of this provider however. • Upon enrollment with the PIHP, the organization must have achieved national accreditation with at least one of the designated accrediting agencies. • The organization must be established as a legally constituted entity capable of meeting all of the requirements of the PIHP. Site must be the primary residence of the
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			provider (includes couples and single persons) who receive reimbursement for cost of care. • Back up staff must be employees of the agency.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Supervised Living Facilities, Type F	The DHHS Division of Health Service Regulation (DHSR) licenses Supervised Living Facilities, type F. Facility employee verification of employee qualifications is conducted upon hiring. PIHP credentialing is conducted no less than every 3 years.		DHSR licensure: Annually The facility verifies employee qualifications upon hiring. PIHP credentialing is conducted no less than every 3 years.
Unlicensed Supervised Living Facilities	Local Management entity (LME)/PIHP		The facility is monitored by the PIHP according to the requirements of the DHHS Provider Monitoring Process. The PIHP credentials the facility initially and at least every 3 years.
Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>
			Provider managed

Service Specification	
Service Title:	Community Networking
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	

Community Networking services provide individualized day activities that support the individual's definition of a meaningful day in an integrated community setting, with persons who are not disabled. If the person requires paid supports to participate / engage in the activity once connected, Community Networking can be used to refer and link the individual. This service is provided separate and apart from the individual's private residence, other residential living arrangement, and/or the home of a service provider. These services do not take place in licensed facilities and are intended to offer the individual the opportunity to develop meaningful community relationships with non-disabled individuals. Services are designed to promote maximum participation in community life while developing natural supports within integrated settings. Community Networking services enable the individual to increase or maintain their capacity for independence and develop social roles valued by non-disabled members of the community. As individuals gain skills and increase community connections, service hours may fade.

Community Networking services consist of:

1. Participation in adult education (College, Vocational Studies, and other educational opportunities);
2. Development of community based time management skills;
3. Community based classes for the development of hobbies or leisure/cultural interests;
4. Volunteer work;
5. Participation in formal/informal associations and/or community groups;
6. Training and education in self-determination and self-advocacy;
7. Using public transportation;
8. Inclusion in a broad range of community settings that allow the beneficiary to make community connections;
9. For children, this service includes staffing supports to assist children to participate in day care/after school summer programs/camps that serve typically developing children and are not funded by Day Supports.
10. Payment for attendance at classes and conferences is also included.
11. Payment for memberships can be covered when the individual will be participating in an integrated class.
12. Transportation when the activity does not include staffing support and the destination of the transportation is an integrated community setting or a self-advocacy activity. Payments for transportation are an established per trip charge or mileage.

Community Networking integrated, community-based employment-focused skill development consists of:

1. Career Exploration
2. Discovery and Career Planning
3. Participation in Workshops and Classes on Topics Related to integrated employment
4. Skill and Education-Focused Activities
5. Volunteering Opportunities (Career Focus)
6. Social Networking and Skills for Social Capital to Obtain/Maintain community based integrated employment

This service includes a combination of training, personal assistance and supports as needed by the beneficiary during activities. Transportation to/from the beneficiary's residence and the training site(s) is included.

Exclusions:

This does not include the cost of hotels, meals, materials or transportation while attending conferences.

This service does not include activities that would normally be a component of a beneficiary's home/residential life or services.

This service does not pay day care fees or fees for other childcare related activities.

The waiver beneficiary may not volunteer for the Community Networking service provider.

Volunteering may not be done at locations that would not typically have volunteers (i.e. hair salon, florist, etc.) or in positions that would be paid positions if performed by an individual that was not on the waiver.

<p>This service may not duplicate or be furnished/claimed at the same time of day as Day Supports, Community Living and Support, Residential Supports, Respite, Supported Employment or one of the state plan Medicaid services that works directly with the beneficiary.</p> <p>For beneficiaries who are eligible for educational services under the Individuals with Disability Educational Act, Community Networking does not include transportation to/from school settings. This service includes transportation to/from beneficiary's home or any community location where the beneficiary may be receiving services before/after school.</p> <p>This service does not pay for overnight programs of any kind.</p> <p>Classes that offer one-to-one instruction are not covered. Classes that are in a nonintegrated community setting are not covered.</p>				
Specify applicable (if any) limits on the amount, frequency, or duration of this service:				
Payment for attendance at classes and conferences will not exceed \$1000/ per beneficiary plan year. The amount of Community Networking is subject to the Limits on Sets of Services.				
Provider Specifications				
Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Supervised Living Facilities, Type F
				Unlicensed Supervised Living Facilities
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	

<p>Supervised Living Facilities, Type F</p>	<p>NC Administrative Code 10 A 27G.560; statutory authority: NC General Statute 143B-147</p> <p>Tribal providers are not subject to licensure but substantial equivalency.</p>	<p>NA</p>	<p>Supervised Living Facilities, type F, serve no more than 3 minors or 3 adults with a developmental disability.</p> <p>Supervised Living Facilities, type F, must be approved as a provider in the PIHP provider network and meet the following qualifications:</p> <ul style="list-style-type: none"> • Are at least 18 years old • If providing transportation, have a valid North Carolina or other valid driver's license, a safe driving record and an acceptable level of automobile liability insurance • Criminal background check presents no health nor safety risk to participant • Not listed in the North Carolina Health Care Abuse Registry • Staff that work with participants must be qualified in CPR and First Aid • Staff that work with participants must have a high school diploma or high school equivalency (GED) • Staff that work with participants must be qualified in the customized needs of the participant as described in the ISP. • Paraprofessionals providing this service must be supervised by a qualified professional. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 (b) (c) (f) and according to licensure or certification requirements of the appropriate discipline. • Enrolled to provide crisis services or has an arrangement with an enrolled crisis services provider to respond to participant crisis situations. The participant may select any enrolled crisis services provider in lieu of this provider however. • Upon enrollment with the PIHP, the organization must have achieved national accreditation with at least one of the designated accrediting agencies. • The organization must be established as a legally constituted entity capable of meeting all of the requirements of the PIHP. Site must be the primary residence of the AFL provider (includes couples and single
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			<p>persons) who receive reimbursement for cost of care.</p> <ul style="list-style-type: none">• Back up staff must be employees of the agency
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<p>Unlicensed Supervised Living Facilities</p>	<p>N/A</p>	<p>N/A</p>	<p>Unlicensed Supervised Living Facilities may serve only one adult in accordance with State Rule at 10A NCAC 27 G.5601(b)(1)(2).</p> <p>Unlicensed Supervised Living Facilities must be approved as a provider in the PIHP provider network and meet the following qualifications:</p> <ul style="list-style-type: none"> • Are at least 18 years old • If providing transportation, have a valid North Carolina or other valid driver's license, a safe driving record and an acceptable level of automobile liability insurance • Criminal background check presents no health nor safety risk to participant • Not listed in the North Carolina Health Care Abuse Registry • Staff that work with participants must be qualified in CPR and First Aid • Staff that work with participants must have a high school diploma or high school equivalency (GED) • Staff that work with participants must be qualified in the customized needs of the participant as described in the ISP. • Paraprofessionals providing this service must be supervised by a qualified professional. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 (b) (c) (f) and according to licensure or certification requirements of the appropriate discipline. • Enrolled to provide crisis services or has an arrangement with an enrolled crisis services provider to respond to participant crisis situations. The participant may select any enrolled crisis services provider in lieu of this provider however. • Upon enrollment with the PIHP, the organization must have achieved national accreditation with at least one of the designated accrediting agencies. • The organization must be established as a legally constituted entity capable of meeting all of the requirements of the PIHP. Site must be the primary residence of the provider (includes couples and single
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			persons) who receive reimbursement for cost of care. • Back up staff must be employees of the agency.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Supervised Living Facilities, Type F	The DHHS Division of Health Service Regulation (DHSR) licenses Supervised Living Facilities, type F. Facility employee verification of employee qualifications is conducted upon hiring. PIHP credentialing is conducted no less than every 3 years.		DHSR licensure: Annually The facility verifies employee qualifications upon hiring. PIHP credentialing is conducted no less than every 3 years.
Unlicensed Supervised Living Facilities	Local Management entity (LME)/PIHP		The facility is monitored by the PIHP according to the requirements of the DHHS Provider Monitoring Process. The PIHP credentials the facility initially and at least every 3 years.
Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed
Service Specification			
Service Title:	Community Living and Support		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			

Community Living and Support is an individualized or group service that enables the person to live successfully in his/her own home, the home of his/her family or natural supports and be an active member of his/her community. The individual is assisted to learn new skills and/or supports the person in activities that are individualized and aligned with the person's preferences. The intended outcome of the service is to increase or maintain the person's life skills or provide the supervision needed to empower the person to live in the home of his/her family or natural supports, maximize his/her self-sufficiency, increase self-determination and enhance the person's opportunity to have full membership in his/her community.

Community Living and Support enables the person to learn new skills, practice and/or improve existing skills. Areas of skill acquisition may include: interpersonal, independent living, community living, self-care, and self-determination.

Community living and Support provides supervision and assistance for the person to complete an activity to his/her level of independence. Areas of support include assistance in monitoring a health condition, nutrition or physical condition, incidental supervision, daily living skills, community participation, and interpersonal skills.

Community Living and Support provides technical assistance to unpaid supports who live in the home of the individual to assist the individual to maintain the skills they have learned. This assistance can be requested by the unpaid support or suggested by the Individual Support Planning team and should be a collaborative decision. The technical assistance should be incidental to the provision of Community Living and Support.

Exceptional Needs:

Community Living and Support Exceptional Needs may be used to meet exceptional, short term situations that require services beyond 12 hours per day. The Individual Support Plan documents the exceptional supports needed based on the SIS® or other assessments that explain the nature of the issue and the expected intervention. A plan to transition the individual to sustainable supports is required. The plan may include the use of assistive technology or home modifications to reduce the amount of the support for behavioral and/or safety issues. Medical, behavioral, and support issues require documentation of when the situation is expected to resolve, evaluations/assessments needed to assist in resolving issues, and other service options explored. EPSDT and other appropriate state plan services should always be utilized before waiver services are provided.

All Requests for Community Living and Support require prior approval by the PIHP.

- Requests for up to 12 hours daily may be authorized for the entire plan year.

- Requests for up to 16 hours daily may be authorized for a six-month timeframe, within the plan year.

- Requests for more than 16 hours daily are authorized for up to a 90 day period within the plan year. In situations requiring an authorization beyond the initial 90 day period, the PIHP must approve such authorization based on review of the transition plan that details the transition of the participant from Community Living and Support to other appropriate services.

The service may be provided in the home or community. The involvement of unpaid supports in the generalization of the service is an important aspect to ensure that achieved goals are practiced and maintained. Services may be allowed in the private home of the provider or staff of an employer of record at the discretion and agreement of the support team and when consistent with the ISP goals. If services are provided in the home of the provider or staff of the employer of record the Health and Safety Checklist must be completed before service begins and annually thereafter.

EXCLUSIONS

A. This service includes transportation to/from the person's home or any community location where the person is receiving services.

B. The school system is responsible for transportation to and from the school setting.

C. The paraprofessional is responsible for the individual and incidental housekeeping/meal preparation for the individual.

D. A beneficiary who receives Community Living and Supports may not receive Residential Supports or Supported Living at the same time and may only receive the community component of Community Living and Supports.

e. This service is not available at the same time of day as Community Networking, Day Supports, Supported Living, Supported Employment or one of the State Plan Medicaid Services that works directly with the person such as Private Duty Nursing.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The amount of Day Supports is subject to the Limits on Sets of Services.

Provider Specifications

Provider Category(s) (check one or both):	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/>	Agency. List the types of agencies:
				Supervised Living Facilities, Type F
				Unlicensed Supervised Living Facilities
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input checked="" type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):				
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)	

<p>Supervised Living Facilities, Type F</p>	<p>NC Administrative Code 10 A 27G.560; statutory authority: NC General Statute 143B-147</p> <p>Tribal providers are not subject to licensure but substantial equivalency.</p>	<p>NA</p>	<p>Supervised Living Facilities, type F, serve no more than 3 minors or 3 adults with a developmental disability.</p> <p>Supervised Living Facilities, type F, must be approved as a provider in the PIHP provider network and meet the following qualifications:</p> <ul style="list-style-type: none"> • Are at least 18 years old • If providing transportation, have a valid North Carolina or other valid driver's license, a safe driving record and an acceptable level of automobile liability insurance • Criminal background check presents no health nor safety risk to participant • Not listed in the North Carolina Health Care Abuse Registry • Staff that work with participants must be qualified in CPR and First Aid • Staff that work with participants must have a high school diploma or high school equivalency (GED) • Staff that work with participants must be qualified in the customized needs of the participant as described in the ISP. • Paraprofessionals providing this service must be supervised by a qualified professional. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 (b) (c) (f) and according to licensure or certification requirements of the appropriate discipline. • Enrolled to provide crisis services or has an arrangement with an enrolled crisis services provider to respond to participant crisis situations. The participant may select any enrolled crisis services provider in lieu of this provider however. • Upon enrollment with the PIHP, the organization must have achieved national accreditation with at least one of the designated accrediting agencies. • The organization must be established as a legally constituted entity capable of meeting all of the requirements of the PIHP. Site must be the primary residence of the AFL provider (includes couples and single
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			<p>persons) who receive reimbursement for cost of care.</p> <ul style="list-style-type: none">• Back up staff must be employees of the agency
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<p>Unlicensed Supervised Living Facilities</p>	<p>N/A</p>	<p>N/A</p>	<p>Unlicensed Supervised Living Facilities may serve only one adult in accordance with State Rule at 10A NCAC 27 G.5601(b)(1)(2).</p> <p>Unlicensed Supervised Living Facilities must be approved as a provider in the PIHP provider network and meet the following qualifications:</p> <ul style="list-style-type: none"> • Are at least 18 years old • If providing transportation, have a valid North Carolina or other valid driver's license, a safe driving record and an acceptable level of automobile liability insurance • Criminal background check presents no health nor safety risk to participant • Not listed in the North Carolina Health Care Abuse Registry • Staff that work with participants must be qualified in CPR and First Aid • Staff that work with participants must have a high school diploma or high school equivalency (GED) • Staff that work with participants must be qualified in the customized needs of the participant as described in the ISP. • Paraprofessionals providing this service must be supervised by a qualified professional. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 (b) (c) (f) and according to licensure or certification requirements of the appropriate discipline. • Enrolled to provide crisis services or has an arrangement with an enrolled crisis services provider to respond to participant crisis situations. The participant may select any enrolled crisis services provider in lieu of this provider however. • Upon enrollment with the PIHP, the organization must have achieved national accreditation with at least one of the designated accrediting agencies. • The organization must be established as a legally constituted entity capable of meeting all of the requirements of the PIHP. Site must be the primary residence of the provider (includes couples and single
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			persons) who receive reimbursement for cost of care. • Back up staff must be employees of the agency.

Verification of Provider Qualifications

Provider Type:	Entity Responsible for Verification:	Frequency of Verification
Supervised Living Facilities, Type F	The DHHS Division of Health Service Regulation (DHSR) licenses Supervised Living Facilities, type F. Facility employee verification of employee qualifications is conducted upon hiring. PIHP credentialing is conducted no less than every 3 years.	DHSR licensure: Annually The facility verifies employee qualifications upon hiring. PIHP credentialing is conducted no less than every 3 years.
Unlicensed Supervised Living Facilities	Local Management entity (LME)/PIHP	The facility is monitored by the PIHP according to the requirements of the DHHS Provider Monitoring Process. The PIHP credentials the facility initially and at least every 3 years.

Service Delivery Method

Service Delivery Method (check each that applies):	<input checked="" type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/>	Provider managed
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Service Specification

Service Title:	Meal Preparation and Delivery		
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>			
Service Definition (Scope):			
<p>A service for a waiver participant who requires special assistance with nutritional planning per an assessment of needs. This service is often referred to as “Meals on Wheels” and provides for the preparation and delivery to the waiver participant’s home of no more than two nutritious meal per day. 10A NCAC 06K.0101</p> <p>Food and Nutritional Supports should adhere as much as possible to the Dietary Guidelines for Americans</p>			
Specify applicable (if any) limits on the amount, frequency, or duration of this service:			
<p>Oral nutritional supplements are excluded</p> <p>No more than two meals per day</p>			
Provider Specifications			
Provider Category(s)	<input type="checkbox"/>	Individual. List types:	<input checked="" type="checkbox"/> Agency. List the types of agencies:
			Nutrition

(check one or both):			Federally Recognized Tribes
			Specialized Vendors
Specify whether the service may be provided by (check each that applies):	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/> Relative/Legal Guardian
Provider Qualifications (provide the following information for each type of provider):			
Provider Type:	License (specify)	Certificate (specify)	Other Standard (specify)
Nutrition	N/A	10A NCAC 06K.0101 Meet Medicare requirements for Tribal Governments	Agencies/organizations that meet Division of Aging and Adult Services requirements for home delivered meals. Meet Medicare requirements for Tribal Governments
Federally Recognized Tribes	Section 221 of the IHCA, 25 U.S.C 1621t, exempting a health care professional employed by an Indian tribe or tribal organization performs services, provided the health care professional is licensed in any state. Section 408 of the IHCA, 25U.S.C 1647a, provides that a health program or entity operated by an Indian tribe or tribal organization shall be deemed to have met a requirement for a license under state or local law if such program meets all the applicable standards for such licensure, regardless of whether the entity obtains a license or other documentation under such state or local law.		

Specialized Vendors	Applicable state/local business license Tribal providers are not subject to licensure but substantial equivalency.	N/A	All services are provided in accordance with applicable state or local building codes and other regulations. All services must meet Division of Aging and Adult Services requirements for home delivered meals.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Nutrition	NC Division of Aging and Adult Services Tribal Governments		Annually and five years thereafter by MMIS
Unlicensed Supervised Living Facilities	NC Medicaid		The facility is monitored by the PIHP according to the requirements of the DHHS Provider Monitoring Process. The PIHP credentials the facility initially and at least every 3 years.
Specialized Vendors	PIHP		Prior to first use
Service Delivery Method			
Service Delivery Method <i>(check each that applies):</i>	<input type="checkbox"/>	Participant-directed as specified in Appendix E	<input checked="" type="checkbox"/> Provider managed

Service Specification	
Service Title:	Supported Employment
<i>Complete this part for a renewal application or a new waiver that replaces an existing waiver. Select one:</i>	
Service Definition (Scope):	

Supported Employment-Individual services provide assistance, based on individual circumstances and need, to explore, seek, choose, acquire, maintain, increase and/or advance in competitive integrated employment. Competitive integrated employment is an individual job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage.

This service is available to any beneficiary ages 16 and older for whom individualized, competitive integrated employment has not been achieved, and/or has been interrupted or intermittent. Assistance with increasing or advancing in competitive integrated employment is available to beneficiaries, ages 16 and older, for whom their current competitive integrated employment is insufficient in terms of meeting the beneficiary's goals for hours worked and income earned, or is considered underemployment in that the beneficiary desires, and could reasonably be expected to achieve, a promotion to a position with increased responsibilities and pay.

Documentation is maintained in the file of each provider agency specifying that the particular service(s) being provided under this Supported Employment-Individual service category is not otherwise available, without undue delay, to the individual under a program funded under Section 110 of the Rehabilitation Act of 1973, or under the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).

Initial Supported Employment-Individual services may include any of the following, based on individual beneficiary circumstances and needs:

a. Services that support a beneficiary to explore, and make an informed choice about pursuing, competitive integrated employment. When this service is used to assist a beneficiary to explore, and make an informed choice about pursuing, competitive integrated employment, this service includes, at minimum:

- Sufficient but time-limited job and career exploration activities to identify a person's specific interests and aptitudes for paid work, including experience and skills transferable to competitive integrated employment;
- Uniquely arranged business tours, informational interviews and/or job shadows, that are specifically related to the person's identified interests, experiences and/or skills, to explore potential opportunities for competitive integrated employment in the person's local area;
- Introductory, basic education on the numerous work incentives for individuals receiving publicly funded benefits (e.g. SSI, SSDI, Medicaid, etc.);
- Introductory education on how Supported Employment-Individual services work (including Vocational Rehabilitation services).

Educational information is provided to the person and the legal guardian and/or most involved family member(s), if applicable, to ensure legal guardian and/or family support for the person's choice to pursue competitive integrated employment. The educational aspects of this service shall include addressing any concerns, hesitations or objections of the person and the legal guardian and/or most involved family member(s), if applicable.

b. Targeted and time-limited employment navigation assistance that is designed to assist a beneficiary who wants to pursue and obtain competitive integrated employment to access needed employment services and supports from non-Medicaid sources [e.g. Vocational Rehabilitation; NC Works programs and services; Special Education; Ticket to Work; Work Incentives Planning and Assistance (WIPA) program].

c. Services to support an individual to successfully seek, choose, acquire, increase and/or advance in competitive integrated employment which may include career/educational counseling, discovery, job shadowing, job development/placement, customized job development, training or assistance in resume preparation, job interview skills and/or learning other skills necessary for success, and assistance in the use of educational resources and development of study skills. When this service is used to assist a beneficiary to seek, choose, acquire or advance in competitive integrated employment, the employment or self-employment outcome must be consistent with the individual's interests, preferences, strengths, skills and conditions identified as necessary for success, in order to maximize the likelihood of sustained and satisfying work. Job finding is not based on a pool of jobs that are available or set aside specifically for individuals with disabilities.

d. Initial coaching and employment support activities that enable an individual to complete initial job training, develop skills necessary to maintain employment, and transition successfully to Long-Term Follow-Along

Supported Employment-Individual services. These activities typically include but are not limited to assistance in: learning job tasks (e.g. systematic instruction); learning company policies and expectations, developing skills for traveling to/from work, and getting to know/interacting effectively with supervisors and co-workers. Initial coaching and employment support activities should be expected to continue the person successfully completes any probation period that the employer may impose. Fading of initial coaching and employment support activities should begin at some level within the first month of employment and incremental fading gains should be expected to continue over time, as the person becomes more independent on the job and can rely on natural supervisors and co-workers for needed supports, until fading has been maximized and/or the person completes their probation period, at which point the person should transition to Long-Term Follow-Along Supported Employment-Individual services. Feedback regarding the performance and integration of the individual into their workplace should be obtained from the employer, through employee evaluations or other means that provide information on the level and type of coaching and support that the individual requires. The transition to Long-Term Follow-Along Supported Employment-Individual services should typically occur within one year of the individual starting competitive integrated employment.

e. As part of Initial coaching employment support activities, consultation, technical assistance and education for the employer, including supervisors and co-workers as needed. This can include education on reasonable accommodations and other strategies that can contribute to long-term success of the competitive integrated employment situation and the satisfaction of the employer.

f. Services to assist an individual to achieve self-employment or ownership of a micro-enterprise. This assistance consists of:

1. Aiding the individual to identify potential business opportunities;
2. Assistance in the development of a business plan, including potential sources of business financing and other assistance;
3. Assistance, based on needs related to disability, in launching the self-employment or micro-enterprise venture;
4. Identification of the long-term follow-along supports that are necessary in order for the individual to maintain self-employment or operate the micro-enterprise.

LONG TERM FOLLOW ALONG: Supported Employment- Long Term Follow Along services provide assistance, based on individual circumstances and need, to maintain, increase and/or advance in competitive integrated employment. Competitive integrated employment is an individual job in competitive or customized employment, or self-employment, in an integrated work setting in the general workforce for which an individual is compensated at or above the minimum wage.

This service is available to any beneficiary ages 16 and older for whom individualized, competitive integrated employment has not been achieved, and/or has been interrupted or intermittent. Assistance with increasing or advancing in competitive integrated employment is available to beneficiaries, ages 16 and older, for whom their current competitive integrated employment is insufficient in terms of meeting the beneficiary's goals for hours worked and income earned, or is considered underemployment in that the beneficiary desires, and could reasonably be expected to achieve, a promotion to a position with increased responsibilities and pay.

Documentation is maintained in the file of each provider agency specifying that the particular service(s) being provided under this Supported Employment-Individual service category is not otherwise available, without undue delay, to the individual under a program funded under Section 110 of the Rehabilitation Act of 1973, or under the Individuals with Disabilities Education Act (20 U.S.C. 1401 et seq.).

Long-Term Follow-Along Supported Employment-Individual services include:

- a. Coaching and employment support activities necessary to enable an individual to maintain competitive integrated employment, such as on-the-job supports that do not supplant or discourage natural supports, services necessary to maintain and improve skills needed to complete job tasks, supports to manage impact of disability in relation to employment. Feedback regarding the performance and integration of the individual into their workplace should be obtained from the employer at regular intervals, through employee evaluations or other means that provide information on the level and type of coaching and support that the individual requires. A

focus on identifying and implementing strategies for fading should continue in Long-Term Follow-Along Supported Employment-Individual services.

b. Ongoing assistance, counseling and guidance for an individual who is self-employed or operates a micro-enterprise

c. Ongoing employer consultation, technical assistance and education, including supervisors and co-workers as needed, with the objective of ensuring long-term success of the competitive integrated employment situation and the satisfaction of the employer and supported employee. This includes proactively identifying issues and offering assistance to resolve these issues in order to prevent the supported employee's loss of employment, and advising the employer regarding reasonable accommodations and other legal requirements.

The amount and duration of Long-Term Follow-Along Supported Employment-Individual services authorized should be individually determined and based on individual need. Services must involve, at minimum:

- Monthly face-to-face contact with the supported employee, which may or may not be at the workplace, depending on the preferences of the individual and his/her employer;
- Monthly contact with the employer

Long-Term Follow-Along Supported Employment-Individual services may be needed on an on-going basis to meet specific and well documented needs of supported employees and/or to provide for minimum contacts with the supported employee and employer as a preventative measure to avoid otherwise preventable job loss.

If Long-Term Follow-Along Supported Employment-Individual services are discontinued at some point because it is determined the supported employee no longer has a need for these services, a re-authorization of the services may be needed at a future point if the individual's job duties change, a supervisor or key co-worker leaves, the individual's disability or health creates a new need for Long-Term Follow-Along Supported Employment-Individual services, or there is an issue that must be resolved in order to ensure the job is sustained. Long-Term Follow-Along Supported Employment-Individual services that are needed to address medical, behavioral and/or physical support needs shall require documentation of such needs and accompanying narrative/documentation in the ISP supporting the need for Long-Term Follow-Along Supported Employment-Individual services as the most appropriate and viable option for enabling the individual to maintain competitive integrated employment.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

The service includes transportation to and from the service and/or the job site, only if there is no other viable and more cost-effective alternative available to the beneficiary. The provider agency's payment for transportation from the individual's residence and the place of service or job site is authorized service time. When the individual has a need for transportation, but not on-the-job support, to maintain competitive integrated employment, payments for transportation are established as a per trip charge or mileage.

The exact amount and duration of Initial Supported Employment-Individual services authorized should be individually determined and based on individual need.

An authorization of Initial Supported Employment-Individual services may be needed after transition to long-term follow-along, if the individual's job duties change or if a new job is acquired.

Exclusions:

FFP is not to be claimed for incentive payments, subsidies, or unrelated vocational training expenses such as the following:

1. Incentive payments made to an employer to encourage or subsidize the employer's participation in a supported employment program;
2. Payments that are passed through to users of supported employment programs; or
3. Payments for training that are not directly related to a beneficiary's supported employment program.

The following types of situations are indicative of a provider subsidizing its participation in supported employment:

1. The job/position would not exist if the provider agency was not being paid to provide the service.
2. The job/position would end if the individual chose a different provider agency to provide service.
3. The hours of employment have a one to one correlation with the amount of hours of service that are authorized.

For individuals who are eligible for educational services under the Individuals with Disability Educational Act, Supported Employment does not include transportation to/from school settings. This includes transportation to/from the individual's home, provider home where the individual may be receiving services before or after school or any other community location where the individual may be receiving services before or after school.

Supported Employment services occur in integrated environments with non-disabled individuals or is a business owned by the beneficiary.

Supported Employment services do not occur in licensed community day programs.

While it is not prohibited to both employ an individual and provide service to that same individual, the use of Medicaid funds to pay for Supported Employment Services to providers that are subsidizing their participation in providing this service is improper.

The amount of Supported Employment is subject to the Limits on Sets of Services.

This service is not available at the same time of day as Community Networking, Day Supports, Community Living and Support, Residential Supports, Respite or one of the State Plan Medicaid services that works directly with the person.

Provider Category(s) <i>(check one or both):</i>	<input type="checkbox"/>	Individual. List types:	X	Agency. List the types of agencies:
			Supervised Living Facilities, Type F	
			Unlicensed Supervised Living Facilities	
Specify whether the service may be provided by <i>(check each that applies):</i>	<input type="checkbox"/>	Legally Responsible Person	<input type="checkbox"/>	Relative/Legal Guardian
Provider Qualifications <i>(provide the following information for each type of provider):</i>				
Provider Type:	License <i>(specify)</i>	Certificate <i>(specify)</i>	Other Standard <i>(specify)</i>	

<p>Supervised Living Facilities, Type F</p>	<p>NC Administrative Code 10 A 27G.560; statutory authority: NC General Statute 143B-147</p> <p>Tribal providers are not subject to licensure but substantial equivalency.</p>	<p>NA</p>	<p>Supervised Living Facilities, type F, serve no more than 3 minors or 3 adults with a developmental disability.</p> <p>Supervised Living Facilities, type F, must be approved as a provider in the PIHP provider network and meet the following qualifications:</p> <ul style="list-style-type: none"> • Are at least 18 years old • If providing transportation, have a valid North Carolina or other valid driver's license, a safe driving record and an acceptable level of automobile liability insurance • Criminal background check presents no health nor safety risk to participant • Not listed in the North Carolina Health Care Abuse Registry • Staff that work with participants must be qualified in CPR and First Aid • Staff that work with participants must have a high school diploma or high school equivalency (GED) • Staff that work with participants must be qualified in the customized needs of the participant as described in the ISP. • Paraprofessionals providing this service must be supervised by a qualified professional. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 (b) (c) (f) and according to licensure or certification requirements of the appropriate discipline. • Enrolled to provide crisis services or has an arrangement with an enrolled crisis services provider to respond to participant crisis situations. The participant may select any enrolled crisis services provider in lieu of this provider however. • Upon enrollment with the PIHP, the organization must have achieved national accreditation with at least one of the designated accrediting agencies. • The organization must be established as a legally constituted entity capable of meeting all of the requirements of the PIHP. Site must be the primary residence of the AFL provider (includes couples and single
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			persons) who receive reimbursement for cost of care. • Back up staff must be employees of the agency
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Unlicensed Supervised Living Facilities	N/A	N/A	<p>Unlicensed Supervised Living Facilities may serve only one adult in accordance with State Rule at 10A NCAC 27 G.5601(b)(1)(2).</p> <p>Unlicensed Supervised Living Facilities must be approved as a provider in the PIHP provider network and meet the following qualifications:</p> <ul style="list-style-type: none"> • Are at least 18 years old • If providing transportation, have a valid North Carolina or other valid driver's license, a safe driving record and an acceptable level of automobile liability insurance • Criminal background check presents no health nor safety risk to participant • Not listed in the North Carolina Health Care Abuse Registry • Staff that work with participants must be qualified in CPR and First Aid • Staff that work with participants must have a high school diploma or high school equivalency (GED) • Staff that work with participants must be qualified in the customized needs of the participant as described in the ISP. • Paraprofessionals providing this service must be supervised by a qualified professional. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 (b) (c) (f) and according to licensure or certification requirements of the appropriate discipline. • Enrolled to provide crisis services or has an arrangement with an enrolled crisis services provider to respond to participant crisis situations. The participant may select any enrolled crisis services provider in lieu of this provider however. • Upon enrollment with the PIHP, the organization must have achieved national accreditation with at least one of the designated accrediting agencies. • The organization must be established as a legally constituted entity capable of meeting all of the requirements of the PIHP. Site must be the primary residence of the
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			provider (includes couples and single persons) who receive reimbursement for cost of care. • Back up staff must be employees of the agency.
Verification of Provider Qualifications			
Provider Type:	Entity Responsible for Verification:		Frequency of Verification
Supervised Living Facilities, Type F	The DHHS Division of Health Service Regulation (DHSR) licenses Supervised Living Facilities, type F. Facility employee verification of employee qualifications is conducted upon hiring. PIHP credentialing is conducted no less than every 3 years.		DHSR licensure: Annually The facility verifies employee qualifications upon hiring. PIHP credentialing is conducted no less than every 3 years.
Unlicensed Supervised Living Facilities	Local Management entity (LME)/PIHP		The facility is monitored by the PIHP according to the requirements of the DHHS Provider Monitoring Process. The PIHP credentials the facility initially and at least every 3 years.



ⁱ Numerous changes that the state may want to make necessitate authority outside of the scope of section 1915(c) authority. States interested in changes to administrative claiming or changes that require section 1115 or section 1135 authority should engage CMS in a discussion as soon as possible. Some examples may include: (a) changes to administrative activities, such as the establishment of a hotline; (b) suspension of general Medicaid rules that are not addressed under section 1915(c) such as payment rules or eligibility rules or suspension of provisions of section 1902(a) to which 1915(c) is typically bound.