

MCH

SECTION 6: COMMUNITY-BASED SERVICES POLICIES, PROCEDURES & OPERATIONS

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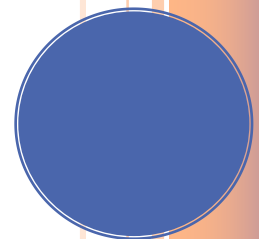


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INTRODUCTION

MCH offers a variety of services within the community. MCH adheres to the standards set within the definition of each service. The goal of these services is to provide the level of assistance individuals, adult or child, need to live, work and be activity involved in their communities. Persons seeking these services complete an application and meet with the QP and/or Executive Director to discuss services. At the time of the initial meeting, information regarding the variety of services is discussed in such a manner that is understandable to the person and their family. If, after this initial meeting, the person chooses to receive their services through MCH, the person, MCH QP and HR manager work together to hire an employee that the person wants to work with them. Each person receiving these services is provided an MCH Handbook which gives an overview of multiple topics, including service delivery, rights, provider choice and other MCH policies which govern service delivery. The handbooks are reviewed at the time services start and annually thereafter.

[See Attachment—Handbook for Community-Based Services](#)

[See Attachment—Supported Employment Brochure](#)



INTEGRITY OF SERVICES

MCH uses documentation through the electronic health record to verify Innovations Waiver services have been provided before seeking reimbursement. Services are documented to meet requirements as outlined by the Innovations Waiver and Service Records Manual for Providers (APSM). MCH also keeps related personnel, financial and other management records as required. These records are maintained for 5 years from the date of service.

MCH provides information regarding its Medicaid payments as requested by the MCO and its agents, DMH/DD/SAS (including the local lead agencies), the Office of the Attorney General, the Department of Health and Human Services, the Centers for Medicare and Medicaid Services, and any other entities specified in the Medicaid Provider Participation Agreement.

MCH allows staff from the MCO, DMH/DD/SAS, DMA, CMS and/or any other governing body to review the documentation that supports a claim for Innovations services rendered and billed. MCH must bring/mail documents to designated sites during state and/or federal reviews. AFL staff are required to allow monitoring visits from MCH, the MCO and the Division of Health Service Regulation as mandated.

MCH strives to be in full compliance with standards established in the NC Innovations Waiver, APSM-45, state-funded service definitions and MCO contractual requirements. MCH ensures all staff providing services meet the qualifications necessary, including privileging, credentialing, supervision and core training requirements, prior to service delivery. Documentation of these areas can be found in individual personnel files.

ALTERNATIVE FAMILY LIVING (AFL)

Persons with intellectual and developmental disabilities have the inherent right to fulfill their potential as human beings. The Alternative Family Living (AFL) was created to assist eligible persons to realize that potential, to provide a residential alternative to institutionalization or group home living and to provide the necessary level of care and services for eligible individuals to live in the community.

Alternative Family Living (AFL) is residential setting where an individual lives in a private home with a person or family and receives supports designed to address the care and training needs of the individual. Any AFL serving a child under the age of 18 or two or more adults requires a license (as defined by NC General Statutes 122C-3 27G .5600F). Waiver funding may not be utilized as payment for room and board costs.

General Practices

1. The Alternative Family Living Arrangement is monitored by Macon Citizens Habilities, Inc., and is referred to herein as the AFL.
2. The AFL provides individuals with I/DD who are suitable for a family-style living arrangement in a community setting with residential placement.
3. Priority is given to citizens of Macon, Jackson, Swain, Clay, Cherokee, Graham, and Haywood Counties, or the catchment area of Vaya Health Managed Care Organization.
4. Provider choice is offered at least annually to the person served and, if applicable, their guardian(s).
5. For individuals who have it, Residential Supports through the NC Innovations waiver addresses what support an individual needs to live successfully in the community, ensures person-centered planning, provides for simplicity and ease of service delivery and promotes movement of individuals to the community from intermediate care facility for individuals with intellectual disabilities (ICF-IID) group homes and state developmental centers.
6. MCH is responsible for maintaining a current license (if required), internal quality improvement plans and a human rights advocacy committee.
7. The AFL provides services according to the principles of normalization and person-centered planning with a positive, person-centered approach to habilitation.
8. An individual may choose an AFL setting if they receive the paid supports necessary to ensure their health and safety in such a setting. Funding eligibility is determined by the MCO.

9. The AFL promotes a family-like atmosphere and provides the training necessary to help the person served become as independent as possible. The person served is assisted to develop skills which allow for self-sufficiency, independence and social engagement in their community.
10. An agreement, which meets the full intent of North Carolina Tenant Laws, is reviewed and signed by the person receiving services, AFL provider and MCH before a person moves into an AFL.
11. At least annually, provider choice will be reviewed with the person served and, if applicable, their guardian(s). If a change is desired, assistance will be offered to find a more suitable provider.

[See Attachment—AFL Agreement](#)

Service Delivery Method

MCH will ensure the following criteria are met:

- Staff are at least 21 years of age and meet minimum qualifications as outlined in either contract or job description
- Ensure staff pass a criminal record check including fingerprinting if the staff has not lived in NC for the past 5 years as well as a healthcare registry check and no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry
- Staff will pass training in CPR and First Aid as well as all curriculum required under the waiver
- Verify staff providing services have at least a high school diploma or high school equivalency (GED)
- 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.
- Staff receive training on all competencies as outlined by the Innovations waiver service definition for this service
- Enrolled to provide Crisis Services or an arrangement with an enrolled Crisis Services Provider to respond to participant crisis situations has been established. The individual, however, may select any enrolled Crisis Services provider instead of MCH.
- MCH will maintain a national accreditation for at least 1 year prior to providing services
- MCH will remain established as a legally constituted entity, capable of meeting all the requirements of PIHP.
- Should services be approved to be provided in the private home of the MCH employee, their home will be subject to the PIHP Health and Safety assurances checklist and monthly monitoring by the Employer of Record or provider agency Qualified Professional. MCH does not provide personal care in the staff home.
- There shall be no discrimination with regard to race, color, sex, religion, national origin, or political affiliation in considering placement. MCH complies with the Title VI (Civil

Rights, 1964), Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act.)

- A person served may be discharged from services in accordance with MCH's discharge policy, which is reviewed at the initial start of services as well as annually via the services handbook. Unless it is the event of an emergency, the person served and their legal guardian(s), if applicable, must receive a 30-day notice of discharge. In addition, MCH is responsible for letting the MCO know of an impending discharge and reasons for discharge.

Medical/Emergency Preparedness

1. The AFL staff shall be trained in CPR and first aid which must be kept current and documented in their file.
2. In the event of a medical emergency, the AFL staff must call 911 and proceed with training skills learned in CPR and first aid until medical responders arrive.
3. In the event, the situation does not require immediate action, staff should contact the primary physician, use Angel Urgent Care or Angel Medical Services Emergency Room.
4. If gas or propane is used in the home or anyone smoke in the home, there must be a CO₂ monitor in the home.
5. AFL staff must be trained in crisis intervention.
6. A crisis plan based on the specific needs of the person being supported will be developed and documented within his/her annual service plan.
7. Plans to ensure back up staff are available should the regular AFL staff is unable to provide scheduled services will be outlined in the person's annual service plan.
8. Prior to the person supported moving into the AFL, the MCH QP, AFL contractor and the Executive Director will develop a site/person-specific Emergency Disaster Plan which will be readily available.

COMMUNITY NETWORKING

Community Networking services provide individualized day activities that support the person's definition of a meaningful day in an integrated community setting, with people who are not disabled. If the person served requires paid supports to participate/engage once connected with the activity, Community Networking can be used to refer and link the individual. This service is provided outside of the primary 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 person served 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 person served to increase or maintain their capacity for independence and develop social roles valued by non-disabled members of the community. As the person gains skills and increases community connections, service hours may fade.

Community Networking services consist of:

- Participation in adult education (College, Vocational Studies, and other educational opportunities);
- Development of community-based time management skills;
- Community-based classes for the development of hobbies or leisure/cultural interests;
- Volunteer work;
- Participation in formal/informal associations and/or community groups;
- Training and education in self-determination and self-advocacy;
- Using public transportation;
- Inclusion in a broad range of community settings that allow the beneficiary to make community connections;
- For children, staffing supports are covered to assist children to participate in day care/after school summer programs that serve typically developing children and are not funded by Day Supports;
- Payment for attendance at classes and conferences is also included.
- Payment for memberships can be covered when the beneficiary participates in an integrated class; and
- 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.

This service includes a combination of training, personal assistance and supports as needed by the person during activities. Transportation to/from the person's home and the training site(s) is covered. Payment for attendance at classes and conferences is also covered.

Exclusions

- This does not cover the cost of hotels, meals, materials or transportation while attending conferences.
- This service does not cover 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 (that is, hair salon or florist) or in positions that would be paid positions if performed by an individual that was not on the waiver.
- 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.
- For a beneficiary who is eligible for educational services under the Individuals With Disability Educational Act, Community Networking does not cover transportation to/from school settings. (Transportation to/from beneficiary's home or any community location where the beneficiary may be receiving services before/after school is covered for this service.)
- This service does not pay for overnight programs of any kind.
- Classes that offer one-to-one instruction are not covered.
- Classes that are in a nonintegrated community setting are not cover.

Limits on Duration, Amount or Frequency

Payment for attendance at classes and conferences cannot exceed \$1,000/ per beneficiary plan year. The amount of community networking services is subject to the "Limits on Sets of Services."

COMMUNITY LIVING AND SUPPORT

Community Living and Support is an individualized service that enables a 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. Staff the person 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 or her self-sufficiency, increase self-determination and enhance the person's opportunity to have full membership in his/her community.

Community Living and Support is a blended service that offers training and assistance for a person to increase skills and complete an activity to his/her level of independence. Areas of training include interpersonal, independent living, community living, self-care, and self-determination. Areas of assistance consist of assistance in monitoring a health condition, nutrition or physical condition, incidental supervision, daily living skills, community participation, and interpersonal skills.

Community Living and Support also 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 Plan (ISP) team and must be a collaborative decision. The technical assistance is incidental to the provision of Community Living and Supports.

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

- a. Requests for up to 12 hours daily may be authorized for the entire plan year.
- b. Requests for up to 16 hours daily may be authorized for a six-month timeframe, within the plan year.
- c. 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 shall approve such authorization based on review of the transition plan that details the transition of the participant from Community Living and Supports 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.

Exclusions

- Transportation to and from the school setting is not covered under the waiver, and is the responsibility of the school system.
- This service includes only transportation to/from the person's home or any community location where the person is receiving services.
- Incidental housekeeping and meal preparation for other household members is not covered under the waiver.
- The paraprofessional is responsible for incidental housekeeping and meal preparation only for the beneficiary.
- A person receiving Community Living and Supports may not receive Residential Supports or Supported Living at the same time.
- 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.

COMMUNITY NAVIGATOR

The purpose of Community Navigator (Guide) Services is to promote self-determination, support the individual in making life choices, provide advocacy and identify opportunities to become a part of their community. Community Navigator (Guide) provides support to individuals and planning teams in developing social networks and connections within local communities. Community Navigator (Guide) Services also emphasizes, promotes and coordinates the use of generic resources to address the individual's needs in addition to paid services. Community Navigator (Guide) provides an annual informational session on Self-Determination and Self Direction. Individuals and legally responsible persons may choose to opt out of this requirement.

Community Navigator (Guide) Services may be intermittent and fade as community connections develop and skills increase in individual direction. Community Navigators (Guides) assist and support (rather than direct and manage) the individual throughout the service delivery process. Community Navigator (Guide) Services are intended to enhance, not replace, existing natural and community resources. If the individual requires paid supports to participate or engage once connected with the activity, Community Networking (Guide) is the appropriate service to utilize to refer and link the individual. Specific functions are listed below.

Informational Session

- Annual Informational Session on Self Direction
- Annual Informational Session on rights and self-determination

Self-Determination

- Encourage exploration of possibilities related to life goals, defining what those are and the steps that they need to take in order to have those met.
- Support an individual to make decisions that are important to them.
- Promote choice making to support the individual's strengths and interests.
- Provide education on decision making, risk taking, and natural consequences.
- Provide education which guides the individual in problem solving, decision making and navigating multiple state systems.
- Promote advocacy and collaborating with other individuals and organizations on behalf of the individual
- Guidance with managing their individual budget.

- Supporting the person in preparing, participating in and implementing plans of any type (IEP, ISP, or service plans outside of NC Innovations)
- Supports the person in the person centered planning process (i.e. development of ELP, MAPs, Circles, etc.)
- Assistance with guardianship or establishing alternatives to guardianship, restoration of rights, Supplemental Security Income issues, disability determination issues, Division of Social Services issues, and financial / legal planning.
- Provide education about appropriate accommodation needs.
- Supports the individual in devising / negotiating roommate agreements.
- Supports and educates the individual in preparing and participating in staff interviews.
- Assistance with the development of Life related emergency plans.

Community Connections

- Support the individual in identifying the resources in his/her community and determine steps to increase the individual's opportunity to expand valued social relationships and build connections within the individual's local community through unpaid supports.
- Assist with locating and accessing non-Medicaid community supports and resources that are related to achieving the individual's life goals.
- Assist with locating options for renting or purchasing a personal residence, assisting with purchasing furnishings for the personal residence

Self-Direction

- Coordinate services with the Financial Support Services provider such as guidance on use of the Individual and Family Directed Budget (Employer of Record Model)
- Provide information/coaching/technical assistance on recruiting, hiring, managing, training, evaluating, and changing support staff (Agency with Choice and Employer of Record Models)
- Provide information/coaching/technical assistance with the development of schedules and outlining staff duties (Agency with Choice and Employer of Record Models)
- Provide information/coaching/technical assistance to understand staff financial forms, staff qualifications and employee record keeping requirements (Agency with Choice and Employer of Record Models)
- Provide information/coaching/technical assistance on maintenance of records in accordance with the Employer of Record Model (Employer of Record Models)
- Coordinate services with the Agency with Choice if the individual is directing services under the Agency with Choice Model
- Provide information/technical assistance to the individual on setting staff pay rates (Employer of Record).

CRISIS SUPPORTS

Crisis Supports provide intervention and stabilization for individuals experiencing a crisis. Crisis Supports are for individuals who experience acute crises and who present a threat to the person's health and safety or the health and safety of others. These behaviors may result in the person losing his or her home, job, or access to activities and community involvement. Crisis Supports promote prevention of crises as well as assistance in stabilizing the individual when a behavioral crisis occurs. Crisis Supports are an immediate intervention available 24 hours per day, 7 days per week, to support the individual. Service authorization can be granted verbally or planned through the ISP to meet the needs of the individual. Following service authorization, any needed modifications to the ISP and individual budget will occur within five (5) working days of the date of verbal service authorization.

The Comprehensive Crisis Plan must be updated as warranted in collaboration with the team within 14 days of a crisis, in an effort to ensure it meets the individual's needs and is reflective of anything learned from the crisis.

Crisis Intervention & Stabilization Supports

Staff trained in Crisis Services Competencies is available to provide "first response" crisis services to individuals they support, in the event of a crisis. These activities are:

- Assess the nature of the crisis to determine whether the situation can be stabilized in the current location or if a higher-level intervention is needed
- Determine and contact agencies needed to secure higher level intervention or out-of-home services
- Provide direction to staff present at the crisis or provide direct intervention to de-escalate behavior or protect others living with the individual during behavioral or medical episodes.
- Contact the care coordinator within 48 hours following the intervention to arrange for a treatment team meeting for the individual and/or provide direction to service providers who may be supporting the individual in day programming and community settings, such as direct intervention to de-escalate behavior or protect others during behavioral episodes. This may consist of enhanced staffing provided by a QP to provide one additional staff person in settings where the participant may be receiving other services.

Out-of-Home Crisis Supports

Out-of-home crisis is a short-term service for an individual experiencing a crisis and requiring a period of structured support and/or programming. The service takes place in a licensed facility.

Out of-home crisis may be used when an individual cannot be safely supported in the home, due to his/her behavior, and implementation of formal behavior interventions have failed to stabilize the behaviors, and all other approaches to ensure health and safety have failed. In addition, the service may be used as a planned respite stay for individuals who have heightened behavioral needs.

Crisis Consultation

Crisis consultation is for individuals that have significant, intensive, or challenging behaviors that have resulted or have the potential to result in a crisis situation. Consultation is provided by staff that meets the minimum staffing requirements of a Qualified Professional, who have crisis experience. Non-licensed staff must meet the core competency requirements outlined in the Waiver and the activities performed by non-licensed staff must be overseen by licensed staff with experience serving individuals with IDD and behavioral health needs

RESPITE SERVICES

Respite services provide periodic or scheduled support and relief to the primary caregiver(s) from the responsibility and stress of caring for the individual. NC Innovations respite may also be used to provide temporary relief to individuals who reside in Licensed and Unlicensed AFLs, but it may not be billed on the same day as Residential Supports. This service enables the primary caregiver to meet or participate in planned or emergency events, and to have planned time for him/her and/or family members. This service also enables the individual to receive periodic support and relief from the primary caregiver(s) at his/her choice. Respite may be utilized during school hours for sickness or injury. Respite may include in and out-of-home services, inclusive of overnight, weekend care, or emergency care (family emergency based, not to include out of home crisis). The primary caregiver(s) is the person principally responsible for the care and supervision of the beneficiary and must maintain his/her primary residence at the same address as the beneficiary.

Exclusions

- The cost of 24 hours of respite care cannot exceed the per diem rate for the average community ICF-IID Facility.
- This service may not be used as a regularly scheduled daily service in individual support.
- This service is not available to beneficiaries who reside in licensed facilities that are licensed as 5600B or 5600C. Staff sleep time is not reimbursable.
- Respite services are only provided for the individual; other family members, such as siblings of the individual, may not receive care from the provider while Respite Care is being provided/billed for the individual.
- Respite Care is not provided by any person who resides in the individual's primary place of residence.
- Respite 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.
- Federal Financial Participation (FFP) will not be claimed for the cost of room and board except when provided, as part of respite care furnished in a facility approved by the State that is not a private residence.
- For individuals who are eligible for educational services under Individuals with Disability Educational Act, Respite does not include transportation to/from school settings.
- Respite may not be used when the person lives alone or has a roommate.

- This service is not available at the same time of day as Community Networking, Day Supports, Community Living and Supports, Supported Employment or one of the State Plan Medicaid Services that works directly with the person such as Private Duty Nursing.
- Residential Support AFL cannot be billed on the same day as Respite.

SUPPORTED EMPLOYMENT SERVICES

Supported Employment Services provide assistance with choosing, acquiring, and maintaining a job for individuals ages 16 and older for whom competitive employment has not been achieved and/or has been interrupted or intermittent.

Initial Supported Employment Services

1. Pre-job training/education and development activities to prepare a person to engage in meaningful work-related activities which may include career/educational counseling, job shadowing, assistance in the use of educational resources, training in resume preparation, job interview skills, study skills and assistance with learning skills necessary for job retention.
2. Assisting to develop and operate a micro-enterprise. This assistance consists of:
 - Aiding to identify potential business opportunities;
 - Assistance in the development of a business plan, including potential sources of business
 - financing and other assistance; and
 - Identification of the supports which are necessary to operate the business
3. Coaching and employment support activities that enable an individual to complete initial job training or maintain employment such as monitoring, supervision, assistance in job tasks, work adjustment training and counseling.

Long-term Follow-Up Supports

1. Coaching and employment support activities that enable an individual to maintain employment in a group such as an enclave or mobile crew
2. Ongoing assistance, counseling and guidance for an individual who operates a microenterprise once the business has been launched
3. Assisting to maintain employment through activities such as monitoring, supervision, assistance in job tasks, work adjustment training and counseling
4. Employer consultation with the objective of identifying work related needs of the individual and proactively engaging in supportive activities to address the problem or need.

The service includes transportation from the person's residence and to and from the job site.

Exclusions

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

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

While it is not prohibited to both employ a beneficiary and provide service to that same beneficiary, 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 following types of situations are indicative of a provider subsidizing its participation in supported employment:

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

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

This service is not available at the same time of day as Community Networking, Day Supports, In-Home Intensive Services, In-Home Skill Building, Personal Care Services, Community Living and Supports, Supported Living, Residential Supports, Respite or one of the State Plan Medicaid services that works directly with the person