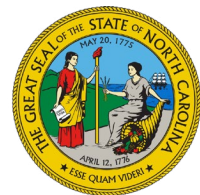




NC Medicaid Managed Care  
Behavioral Health and Intellectual/  
Developmental Disabilities  
**Tailored Plan Traumatic Brain Injury  
Waiver Member Handbook**

Effective October 1, 2023



NC DEPARTMENT OF  
**HEALTH AND HUMAN SERVICES**  
Office of Communications

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# Welcome to the Alliance Health’s North Carolina Medicaid Managed Care Tailored Plan Traumatic Brain Injury Waiver

<b>Introduction to the North Carolina Traumatic Brain Injury Waiver .....</b>	<b>01</b>
Purposes and Goals of the NC TBI Waiver .....	01
Basic Features of NC TBI Waiver .....	03
<b>Services and Supports from the Community and the Individual Support Plan .....</b>	<b>04</b>
Risk/Support Needs Assessment .....	04
Individual Support Plan .....	04
<b>Choosing NC TBI Waiver Services .....</b>	<b>06</b>
Non-paid Supports .....	06
Limitations on Services .....	06
Equipment and Supplies .....	07
Location of Services .....	07
Services in Residential Settings .....	07
Choosing Who Provides Your Services .....	08
Service Definitions .....	08
<b>Monitoring Your Services .....</b>	<b>13</b>
What Does Your Care Manager Monitor? .....	13
Monitoring Methods .....	13
Care Manager Individual Monitoring Schedule .....	13
<b>Concerns About Abuse, Neglect and Exploitation .....</b>	<b>14</b>
<b>Continuing Eligibility for Waiver Participants .....</b>	<b>14</b>
Clinical Eligibility .....	14
Medicaid Eligibility .....	15
Counties Where Waiver Services Can Be Delivered .....	15
Residential Settings Where Waiver Services Can Be Delivered .....	15
Leaving the NC TBI Waiver (Disenrollment) .....	15
<b>Additional Resources .....</b>	<b>16</b>
Other State Waivers That May Meet Your Needs .....	16
Other Services That Might Meet Your Needs .....	16
Ways to Share Experiences with TBI Waiver .....	16

<b>Abbreviations and Acronyms .....</b>	<b>17</b>
<b>Key Words Used in This Handbook .....</b>	<b>18</b>
<b>Appendix A .....</b>	<b>22</b>
Participant Responsibilities of NC TBI Waiver .....	22
<b>Appendix B .....</b>	<b>25</b>
NC TBI Limitations .....	25
Services Not Subject to Limits on Sets of Services .....	25

## **Introduction to the North Carolina Traumatic Brain Injury Waiver**

As a North Carolina Traumatic Brain Injury (NC TBI) Waiver participant, certain community-based services and supports are available to help you live and take part in the many activities in your community. NC TBI Waiver services are available to qualifying Medicaid members who are age 18 and older. These services also help you create and maintain relationships with families and friends.

North Carolina supports serving individuals with disabilities in the least restrictive and most inclusive settings possible. We use a person-centered planning process to figure out the best way to do this. These settings may be different for NC TBI Waiver participants because of their choices and the supports they need to live in the community.

This handbook helps you understand the services and supports available through the NC TBI Waiver and your rights as a participant in this program. It is important that you know and understand your rights so you can make sure they are observed and enforced. Along with your rights come certain responsibilities. This handbook discusses:

- The purposes and goals of the NC TBI Waiver
- The processes in place to support and serve you
- How to address potential problems you may face

We recommend that you read this as a guide to the NC TBI Waiver alongside any other materials about the program. Keep this handbook handy so you can use it as a reference tool.

This chapter of the handbook explains:

- The purpose and goals that guide the services and supports provided by the NC TBI Waiver
- The basic services provided by the NC TBI Waiver



### **Purposes and Goals of the NC TBI Waiver**

The NC TBI Waiver provides community-based services and supports to allow participants to make their own choices and participate in their communities. The goals of the waiver are to:

- Promote dignity and treat with you with respect
- Allow you to choose your services and say no
- Support you to live and work within your community
  - Support where you choose to live
  - Support your right to take part in community activities
  - Provide you opportunities to find employment and work side by side with everyone else
- Give you the opportunity to make meaningful life choices and decisions
- Support you to choose your services and develop an Individual Support Plan (ISP)
- Support your right to privacy, which includes:
  - The chance to have private living and sleeping spaces
  - Having privacy when visiting with family and friends
  - Being able to be alone
- Protect you from neglect, harm, other people taking advantage of you, and any abuse or actions that make you feel unsafe





## Freedom of Choice

If you choose to get NC TBI Waiver services, this means you are choosing to receive services in the community rather than placement in a long-term facility (skilled nursing facility or specialty hospital). As part of the initial and annual ISP process, you will sign a “Freedom of Choice Statement” to receive or continue receiving NC TBI Waiver services. You are free to choose between long-term care facility services and NC TBI Waiver services. Individuals receiving NC TBI Waiver services may choose providers within the Alliance Health network and may change providers at any time.

## NC TBI Waiver Participant Responsibilities

As an NC TBI Waiver participant, you have some responsibilities. Your care manager will help you review and sign the Participant Responsibilities form. This form lists the responsibilities of each person participating in NC TBI Waiver, and important waiver policies each person needs to be aware of before they agree to participate. Your care manager will discuss your responsibilities with you when you enter the waiver and each year that you continue to receive NC TBI Waiver services.

**If you do not follow NC TBI Waiver requirements, you may lose NC TBI Waiver funding and services. The form is signed each year you participate.**



## Basic Features of NC TBI Waiver

### Tailored Care Management

Each individual getting NC TBI Waiver services will receive tailored care management or care coordination services from Alliance Health. A care manager is a trained health professional who works with you, your doctors, and other waiver service providers to make sure you get the right care when and where you need it. Alliance Health will give you a single care manager who will address all your needs, including TBI, physical health, behavioral health, pharmacy, long-term services and supports, and other health-related needs. NC TBI Waiver participants have the choice to keep their care coordinator if the current care coordinator meets Alliance Health care manager requirements. For more information on tailored care management, see the Alliance Health Tailored Plan Member Handbook section called "Extra Support to Manage Your Health" (page 20), or call Member and Recipient Services with questions at 800-510-9132.

If you decide to leave Alliance Health tailored care management, you will continue to get NC TBI Waiver services and Alliance Health will provide a care coordinator to help you access TBI Waiver services. While a care manager can help you with all of your health needs, the care coordinator works specifically on getting you NC TBI Waiver services. You may have only a care coordinator or a care manager, but not both at the same time.

It is important you stay in contact with your care manager about changes in your needs. Notify them immediately of any emergency happenings that may affect your life and could require a change to your Individual Support Plan (ISP). Emergencies may include serious changes in your health or the health of your primary caregiver, the need for assistance following your own hospital stay, or the death of your primary caregiver. Emergency situations could also include natural disasters such as hurricanes, tornados, floods and fires.

Your care manager can help you:

- Identify your needs to get services and create an ISP that lists your goals and ways to reach them
- Find information about services available in the community
- Monitor your services to make sure they meet your needs and you are happy with them
- Keep safe and healthy
- Get information on how to direct your services
- Work through problems or complaints about services or crisis situations, if needed

### Individual Support Plan

As an NC TBI Waiver participant, you will have an Individual Support Plan (ISP) that includes important information about you, your life goals, and the services and supports needed to help you reach your goals. The planning process identifies your strengths, abilities, wishes and support needs, and helps you develop a plan for your life.

Your ISP includes information on how you can reach your goals through the combined support of TBI Waiver services, family and friends as supports, and the use of community supports. You, along with your planning team made up of your care manager, family and friends, and community supports and service providers, will create your ISP and revise it as you progress or your needs change. More information on the ISP is included on page 4.

### Quality Monitoring and Improvement

We want to make sure you are happy with the services and care that you are getting, and that they are helping you meet your ISP goals. Alliance Health works together with the state and federal government departments that monitor the use of waiver funding to make sure it helps meet your goals and you are safe and healthy.

As you participate in the NC TBI Waiver, you and your family or guardian will be asked to take part in some or all of the following quality processes:

- Tailored care management monitoring visits to your home and to other places you receive services
- Individual satisfaction surveys
- Reviews of the services you receive from Alliance Health

### **Re-Enrollment in NC TBI Waiver**

NC TBI Waiver operates on a “waiver year,” which runs from April 1 through March 31. If you leave the NC TBI Waiver during the waiver year, you may re-enter the NC TBI Waiver before the current waiver year ends, provided that you continue to meet the requirements of the NC TBI Waiver. Your care manager can help you with this process if needed.

If you leave the NC TBI Waiver and return after the current waiver year has ended, you may be unable to enter the NC TBI Waiver right away. If funding is not available, you will be placed on an NC TBI Waiver waitlist.

Individuals who want to leave Alliance Health Plan and move to another Medicaid health care option outside of the Tailored Plan must leave the NC TBI Waiver first. More information on how to change your health plan can be found in the Alliance Health Tailored Plan Member Handbook section called “Changes to Your Health Care Option (Disenrollment)” (page 40), or on the website at [www.alliancehealthplan.org/tp/members/member-handbooks-and-provider-directory/member-handbooks/](http://www.alliancehealthplan.org/tp/members/member-handbooks-and-provider-directory/member-handbooks/). Your care manager can also answer any questions you may have.

## **Services and Supports from the Community and the Individual Support Plan**

You will be involved in a person-centered planning process to help determine what services and supports you will receive in the community. Person-centered planning puts you at the center of the process and focuses on your strengths, interests, and needs. The planning process allows you to make your own choices about your care and the services you receive in the community. You will have many chances to share what you think and how you feel.

### **Risk/Support Needs Assessment**

A Risk/Support Needs Assessment is completed by your care manager with input from you, your family, and other team members. Your care manager makes sure these risks/needs are addressed in your ISP, and as needed, in a Crisis Plan. Potential risks and safety considerations can include health, medical and/or behavioral areas of concern.

### **Individual Support Plan**

The sections below have information on how to develop, approve, appeal and change your individual support plan (ISP).

#### **Individual Support Plan Development**

Your care manager works with you to develop an ISP. In your ISP, you set goals for living in the community and determine what supports you need to meet your goals. Your ISP lists NC TBI Waiver program services, and other NC Medicaid services and informal supports. If there is more than one provider that can provide a service, you are involved in choosing the provider you want from available waiver providers and determining the schedule for the services you choose.

To create your ISP, your care manager will:

- Ask you, your family, and the legally responsible person, if applicable, whom you want included

in your planning team and what part you want to take in leading the planning meeting

- Document the results of your planning meeting after the team develops the plan

Your ISP should:

- Be clear to you and the important individuals supporting you
- Identify the services and supports (paid and unpaid) that will help you achieve the goals you identified, and the providers of those services and supports, including family and friends
- Include a schedule of when you need support and the kinds of support you need at different times of day
- Clearly demonstrate medical necessity for services you need
- Be shared with you and other people involved in the health plan
- Help identify risks that are present and ways to address them
- Reflect the decisions you make
- Be respectful of you and those who support you
- Assist you and the people who support you to find information easily
- Identify how required emergency back-up services will be furnished for direct support staff providing your services
- Not allow for services that are not needed or inappropriate to be provided

### **Individual Support Plan Approval**

When your ISP is completed, you (or your guardian, if applicable) will be asked to sign it. If the plan is missing information or you or your guardian have any concerns, talk with your care manager. You cannot receive NC TBI Waiver services if you do not have an approved ISP. Your care manager submits the ISP to Alliance Health Utilization Management, and requests approval of the services in the ISP.

**The ISP approval process is separate from the service approval. Not all services are approved on an annual basis.**

The Alliance Health Utilization Management Department has 14 days to review the ISP to either approve or deny it, or request additional information. If additional information is requested up to an additional 14 days may be needed to complete the review. You will receive a letter notifying you if additional information has been requested. You will receive a copy of your ISP.

### **Appealing Individual Support Plan Decisions**

You have the right to appeal a decision, action, or inaction about your ISP.

For example, you can appeal if the Alliance Health's Utilization Management:

- Denies your service request
- Does not act on your service request within 14 days of receiving it if no additional information was requested
- Denies your choice of an available service provider
- Reduces the services that are within your ISP
- Changes the services that are within your ISP
- Stops the services that are within your ISP

Your care manager and Member and Recipient Services at 800-510-9132 (TTY:711) can tell you more about the appeals process. See Alliance Health's Tailored Plan Member Handbook for more information on the appeals process.

### **Changing the Individual Support Plan**

You will review your ISP with your care manager to make sure that it still reflects your goals, needs and supports to attain your goals. This review will occur once every year and when there is a need to make a



change. A change in services may happen if there is a change to your goals or support needs, or may be due to your experiences.

You or your legal representative will review and sign the document when the ISP is fully developed and when a change to the ISP is made.

You can discuss your wishes and needs for services and supports with your care manager at any time.

### Starting Your Services

Implementation of the ISP is a shared responsibility between you, your family members, and the members of your planning team. Services must start within 45 calendar days of initial ISP approval.

### After Your Individual Support Plan is Approved

- The provider agency of your choice develops short-term goals and ways for the agency staff to consistently implement longer-term goals
- Back-up staffing will be identified in the event that a direct support provider is unable to help you due to staff absence

The next chapter includes the NC TBI Waiver services you can choose to receive and how you want to manage those services in your ISP.

## Choosing NC TBI Waiver Services

Each NC TBI Waiver participant can choose the services and supports they want to receive, the provider they want to receive the services from and, for certain services, how they want to manage their services. Work with your care manager to choose the NC TBI Waiver services that will best meet your needs.

### Non-paid Supports

When developing your ISP, remember that NC TBI Waiver services are not supposed to replace or double the services and resources that are already available to you. Non-paid supports are an important part of everyday life, and Medicaid services are not supposed to replace supports that are currently working for you. Non-paid supports are people who provide support, care, and assistance without payment for that support, and may include spouses, siblings, children, extended family members, neighbors, church members and co-workers.

### Limitations on Services

NC TBI Waiver services help you continue living in and participating as an active member of your home community. It is important to understand there are special limitations on services. You cannot go above the limit in any service definition or the Limits on Sets of Services listed in Appendix B. **The total of your base and “add-on” services cannot exceed the NC Innovations waiver cost limit of \$135,000 per year, with the following exceptions:**

- NC Innovations beneficiaries may exceed \$135,000 NC Innovations waiver cost limit to ensure health, safety and wellbeing, if the following criteria are met:
  - Individual lives independently without their family in a home that they own, rent or lease; and
  - Individual receives Supported Living Level 3, and

- Individual requires 24-hour support. Individuals requesting services and supports in excess of the \$135,000 cost limit must make this request through the ISP or follow the ISP update process (reference section **Changing the Individual Support Plan** on page 5).

Services and supports that exceed \$135,000 must be first approved by Alliance Health and must be related to the participant's needs and not for the convenience of the provider agency or caregiver.

If another Medicaid or other available service will meet your needs instead of an NC TBI Waiver service, the other service must be used.

Your care manager will help you understand the limits on your services, which also include services that:

- Cannot be provided at the same time of day as other services
- Cannot be provided on the same day as other services
- Cannot be provided if you receive other services
- Have spending limits per year or over the duration of the NC TBI waiver (5 years)
- Cannot be provided in certain locations

**Early and Periodic Screening, Diagnostic and Treatment (EPSDT)** is Medicaid's Comprehensive Child Health Program for individuals under age 21. EPSDT is authorized under the Medicaid Act and includes periodic screening of children, including vision, dental and hearing services. The Act requires any medically necessary health care service that is listed in the Act be provided to an EPSDT beneficiary even if the state Medicaid plan does not cover those services. Your care manager can provide you with additional information about EPSDT.

## Equipment and Supplies

If you need equipment or supplies, discuss your needs with your care manager. Your care manager can help you in getting the equipment and supplies you need. NC TBI Waiver funds cannot pay for

equipment or supplies covered by your private health insurance, Medicare, TRICARE or NC Medicaid. For more information on durable medical equipment available under Medicaid, visit [medicaid.ncdhhs.gov/providers/programs-services/medical/durable-medical-equipment](https://www.ncdhhs.gov/providers/programs-services/medical/durable-medical-equipment).

Some equipment and supplies are covered under certain NC TBI Waiver services. Each service has a list of covered items and how they are approved. Because gathering the information needed for approval takes time, you should let your care manager know your needs as soon as possible so the needed items can be added to your ISP and the supporting documentation obtained.

Your care manager can try to help you locate another way to pay for an item or supply that is not otherwise covered through NC Medicaid, NC TBI Waiver, your private health insurance, Veteran Services, applicable grants or Medicare.

## Location of Services

You can get services at locations that best meet your needs. Some services must be provided at a specific location. See the service definitions on page 8 for specific information about any limitation where a service can be provided.

In very special cases, you, your planning team or both may decide that you should receive periodic services in the home of a direct support provider. There is a special process that the network provider agency must complete with your approval before you can receive services in the direct care worker's home. Your care manager can answer any questions you may have on the process.

## Services in Residential Settings

To get NC TBI Waiver services, you may live in a private home or residential setting that meets the NC TBI Waiver criteria.

## Choosing Who Provides Your Services

Alliance Health maintains and monitors a network of qualified provider agencies for NC TBI Waiver services. You choose the provider agency in the network to deliver your services. Alliance Health monitors the provider agency to make sure it protects your health and safety, and that you are happy with the care you receive.

The Alliance Health NC TBI Waiver provider network agency that you choose has responsibilities, including:

- Working with you, your family and your care manager to develop your ISP
- Hiring, training and supervising staff who provide direct waiver services
- Developing short-term goals, and training strategies/task analysis to achieve your goals
- Monitoring services to ensure they are consistent with your ISP
- Notifying the care manager of significant changes in your situation, needs, and service delivery

During the development of your ISP, you decide which service provider best meets your needs. Your care manager provides you with a list of approved providers in your area who offer the services you need. You decide which ones will be the best for you.

You may choose your provider agency from Alliance Health's network providers. If your needs cannot be met by one of these providers, Alliance Health may contract with an out-of-network provider.

## Service Definitions

Service definitions are included in the handbook. Your care manager can also provide additional information about any service. Your care manager can provide a copy of service definitions for the services you are receiving.

## Assistive Technology Equipment and Supplies

The assistive technology equipment and supplies service covers purchases, rentals, shipping costs and, as needed, fixes to equipment required to increase, maintain or improve your ability to do daily life tasks. You can spend up to \$20,000 over the duration of the NC TBI Waiver for this service and home modifications (combined over 5 years). The limit does not include nutritional supplements and monthly alert monitoring system charges. The list of items covered includes certain daily living aids, items to help you control your environment, some types of positioning systems, and some types of alert systems. If you need equipment or supplies, let your care manager know and they can help you determine if it can be covered by the NC TBI Waiver, Medicaid or other resources.

## Cognitive Rehabilitation

Cognitive rehabilitation is an individual therapy to develop thinking skills to improve functional abilities including, but not limited to, attention, memory and problem solving, and to help spot impaired thinking. The first goal of therapy is to improve thinking to the fullest extent possible. Compensatory strategies will be introduced as progress slows. This phase will help to achieve an understanding of your ongoing cognitive limitations, if any, maintain skills learned, teach functional strategies necessary to increase the quality of life, and improve your ability to live successfully in the community of your choice.

Compensatory strategies also include the training of significant people in your life. Cognitive rehabilitation includes a traditional approach that focuses on the individual cognitive impairment and tries to remediate or teach compensatory strategies if restorative objectives are unsuccessful. This approach is most often provided in an office setting. Cognitive rehabilitation also includes a contextual approach that helps individuals achieve their real-world participation in their chosen real-world activities that are blocked by cognitive impairment. This approach is most often provided in the community or in the home.



## Community Networking Services

Community networking services include activities that support you in creating a day that is personally meaningful to you, and with people who are not disabled. Community networking services are not provided in your home, anyone else's home, residential programs, or day programs. Some of the things community networking services can help you do include:

- Participate in classes at a community college—for example, take a class in photography
- Participate in community classes to develop hobbies, leisure, or cultural interests—for example, take a class to learn to knit—other people in the class may later decide to meet weekly at a community center where everyone could work on their own knitting project together
- Perform volunteer work such as stocking food at a food pantry
- Join a group that meets regularly in the community—for example, a group that meets at a coffee shop every morning to discuss community events
- Learn to use public transportation
- Take classes on self-determination and participate in a self-advocacy group
- Pay for you to attend a class or conference (but not hotel, meals, transportation to the conference or day care fees) up to \$1,000 per year

## Community Transition

Community transition funds are one-time set-up expenses for adult individuals to live in homes of their own. It can help you if you are moving from a Developmental Center (state-run ICF-IID), community ICF-IID group home, nursing facility, or other licensed living arrangement (such as a group home, foster home or alternative family living home) to a living arrangement where you are directly responsible for your own living expenses. The lease must be in your name, the name of your legal guardian or representative, or you must own the home.

## Crisis Services (Crisis Intervention and Stabilization, Crisis Consultation, Out-of-Home Crisis)

Crisis services help you if a situation is a threat to your health and safety or the health and safety of others. This service could help you if you are at risk of losing your job, your home or other important activities in your life, and it can help prevent you from needing institutional placement or hospitalization. Crisis services are available to help you 24 hours per day, 7 days per week. There are 3 types of crisis services that can help you:

- **Crisis Intervention and Stabilization:** Trained staff are available to provide first response crisis services to you. They can help identify the type of help you need, contact other agencies to help you, and help staff or caregivers work with you during the crisis.
- **Crisis Consultation:** Psychologists or psychological associates are available to you if you have challenging behaviors that have resulted in a crisis situation requiring the development of a comprehensive crisis plan.
- **Out-of-Home Crisis:** A short-term service that can help you if you experience a crisis and require a period of regular support. The service takes place in a licensed facility or licensed private home respite setting, separate from your living arrangement.

## Day Supports

Day supports help you get, keep or improve socialization and daily living skills and is one option for you to have a meaningful day. If you receive day supports, your day supports provider is responsible for transporting you from your home to and from the day supports facility. Usually you receive day support services in a group. One-on-one day support services are available only if you have special needs that require individual support.

## Home Modifications

Home modifications are physical changes to the private home where you live or will be living and

owned by you or your family (including your foster family, if applicable) that are needed to protect your health, welfare, and safety or to help you be more independent. The adaptations cannot add total square footage to your home and are limited to \$20,000 over the duration of the NC TBI Waiver (limit includes assistive technology equipment and supplies).

### **In-Home Intensive Supports**

In-home intensive supports are available to support you in your private home if you need a great deal of supervision and support. Training, support and supervision are provided to help you with positioning, intensive medical needs, elopement and behaviors that would result in injury to you or other people.

Your ISP will include a plan for reducing the amount of in-home intensive supports needed. The need for in-home intensive supports is reviewed for reauthorization every 90 days.

### **Life Skills Training**

Life skills training provides rehabilitation and skill building to allow you to develop and maintain skills which support more independence. This training gives rehabilitative and skill building supports if you live in community and home settings. This training adds to your family and friends' supports and includes a set of services required to maintain and help you live in community settings. Life skills training includes:

- Training in interpersonal skills and development and maintenance of personal relationships
- Skill building to develop community living skills, such as shopping, personal banking, grocery shopping and other community activities
- Training with therapeutic exercises, supervision of self-administration of medication and other services essential to health care at home, including transferring, ambulation and use of special mobility devices
- Transportation to support life skills training

### **Natural Supports Education**

Non-paid supports education provides training to your family and your support network to educate and train them about the nature and impact of your disability, on strategies to help you, and on the specialized equipment and supplies you use.

Natural supports are relationships with people that include coworkers, classmates, activity individuals, neighbors, family and others. These relationships are typically developed in the community through associations in schools, the workplace, and participation in clubs, organizations and community activities.

This service will also pay up to \$1,000 for enrollment fees and materials related to attendance at conferences and classes by your primary caregiver that help them develop skills to support you in having greater access to the community.

### **Occupational Therapy**

Occupational therapy services improve quality of life by developing or recovering competence, preventing further injury or disability, and improving your ability to perform tasks required for independent functioning.

Occupational therapy NC TBI Waiver services are provided when the limits of the approved occupational therapy under Medicaid state plan service are used up. Therapeutic treatments above the Medicaid state plan are provided according to your needs as identified by the licensed provider and in keeping with the rehabilitative intent of the NC TBI Waiver.

### **Personal Care Services**

Personal care services help you with eating, bathing, dressing, hygiene and other activities of daily living. These services also include housekeeping chores, such as bed making, dusting and vacuuming if these are incidental to your care and are essential to your health and welfare rather than to your family's needs. Personal care services also include help

with monitoring your health and with transferring, walking and using special mobility devices, and providing supervision as needed.

## Physical Therapy

Physical therapy services are necessary to develop functions or skills or to address a loss, impairment or reduction of physical function as a result of an acute or chronic medical condition, congenital anomaly or injury. Through physical therapy, you receive treatment to move and perform functional activities in your daily life, and it helps prevent conditions associated with loss of mobility through fitness and wellness programs that achieve healthy and active lifestyles.

Physical therapy NC TBI Waiver services are provided when the limits of the approved physical therapy state plan service are used up. Therapeutic treatments above the state plan are provided according to your needs as identified by the licensed provider and in keeping with the rehabilitative intent of the NC TBI Waiver.

## Remote Supports

Remote supports increase independent living skills with the help of assistive technology and staff working remotely. Staff can use live video, live audio or the internet to communicate with you in real time and help you remain safely in your home. This service allows for supervision while keeping your privacy and encouraging your independence and ability to do things on your own.

## Residential Supports

Residential supports are individually designed training activities, assistance and supervision. Residential supports are provided in licensed/unlicensed community residential settings that include group homes and alternative family living homes. Residential supports include:

- Habilitation services that help you develop, improve and maintain self-help skills, general household management, meal preparation

skills, personal financial management skills and socialization skills

- Assistance and support in activities of daily living to ensure your health and safety
- Transportation to/from your residence and community activities/licensed day programs

## Resource Facilitation

Resource facilitation promotes the coordination of medical, behavioral, social and unpaid supports to address your needs. Resource facilitation also informs the planning process. The service includes:

- Compiling and reviewing existing assessments and determining needs and risks
- Coordinating with the medical, behavioral, social and unpaid supports along with the team and tailored care management to determine the needed services/supports
- Working with you, your family (as appropriate), and your team as needed to assess, plan, identify, reassess, educate, train, and develop resources, and provide emotional support, outreach and advocacy

## Respite

Respite services are provided on a short-term basis to replace absent caregivers or relieve informal caregivers from the daily demands of caring for a participant and to strengthen the informal support system.

## Specialized Consultation Services

Specialized consultation services provide training and help in a specialty area. The specialty areas include psychology, behavior intervention, speech therapy, therapeutic recreation, augmentative communication, assistive technology equipment, occupational therapy, physical therapy and nutrition. Family members and other paid/unpaid caregivers are trained by a certified, licensed, and/or registered professional or qualified assistive technology professionals to carry out therapeutic interventions, increase the effectiveness of the



specialized therapy, and participate in your team meetings. This service is very important as it can help your family, caregivers, and paid service providers learn how to provide the right supports for you.

## **Speech-Language Therapy**

Speech-language therapy is the assessment and treatment of speech and language disorders. Your assessment and treatment may include language (listening, talking, reading, writing), cognition (attention, memory, sequencing, planning, time management, problem solving), motor speech skills, articulation and conversational skills.

It may also address issues related to swallowing and respiration. Speech-language therapy is intended to help you regain lost skills and achieve a greater level of independence for skills that have permanently changed.

Speech-language therapy NC TBI Waiver services are provided when the limits of the approved speech-language therapy state plan service are used up. Therapeutic treatments above the state plan are provided according to your needs identified by your licensed provider and aligns with the rehabilitative intent of the NC TBI Waiver.

## **Supported Employment Services (Initial and Long-term Follow-up)**

Supported employment services help you choose, get and maintain a job in settings with people who do not have disabilities. Before you can get supported employment services funded by the NC TBI Waiver, you must first use any services vocational rehabilitation offers you.

Supported employment services include:

- Pre-job training to prepare you to start work and may include career counseling, job shadowing, help using educational resources, training in resume preparation, job interview skills, and help learning skills necessary to keep the job
- Training and support to get employment in a

group such as an enclave or mobile crew (groups of workers with disabilities who work in a business in the community)

- Assisting you in starting and running a small business you own
- Training and support to complete job training or maintain employment
- Transportation between work/home or between activities related to employment
- Consultation with your employer to address any problems or needs you may have

## **Supported Living**

Supported living services allow you to live in your own home with support that is suited to your individual needs. You can choose who lives with you (up to two other people) and how you want help. The purpose of this service is for you to live independently, so you cannot live with family members, with certain exceptions. This service also cannot pay for your rent or room and board unless to pay for a live-in caregiver.

Supported living services include:

- Direct assistance with daily activities, household chores, budget management, attending appointments and building social skills
- Training activities, supervision and assistance to help you participate in home or community life
- Help with keeping track of your health and physical condition
- Help with transportation, emergencies that require ambulances, and using devices that help you move around

## **Vehicle Modifications**

Vehicle modifications are devices, services or controls that can help you increase your independence or physical safety by enabling your safe transport in and around the community. The installation, repair, maintenance and training in the care and use of vehicle modifications are included. You or your family must own or lease the vehicle

being modified. Modifications do not include the cost of the vehicle or lease. Modifications include door handle replacements, door modifications, installing a raised roof, lifting devices, devices for securing wheelchairs or scooters, adapted steering, acceleration, signaling and braking devices, handrail and grab bars, seating modifications, lowering the floor of the vehicle, and safety/security modifications. Vehicle modifications are limited to \$20,000 over the duration of the NC TBI Waiver (5 years).

## Monitoring Your Services

Your care manager is responsible for monitoring your person-centered Individual Support Plan (ISP), including all of your waiver services, and all other Medicaid services provided to you, and your overall health and safety. Monitoring will take place in all service settings and on a schedule outlined in your ISP.

### What Does Your Care Manager Monitor?

Your care manager monitors that:

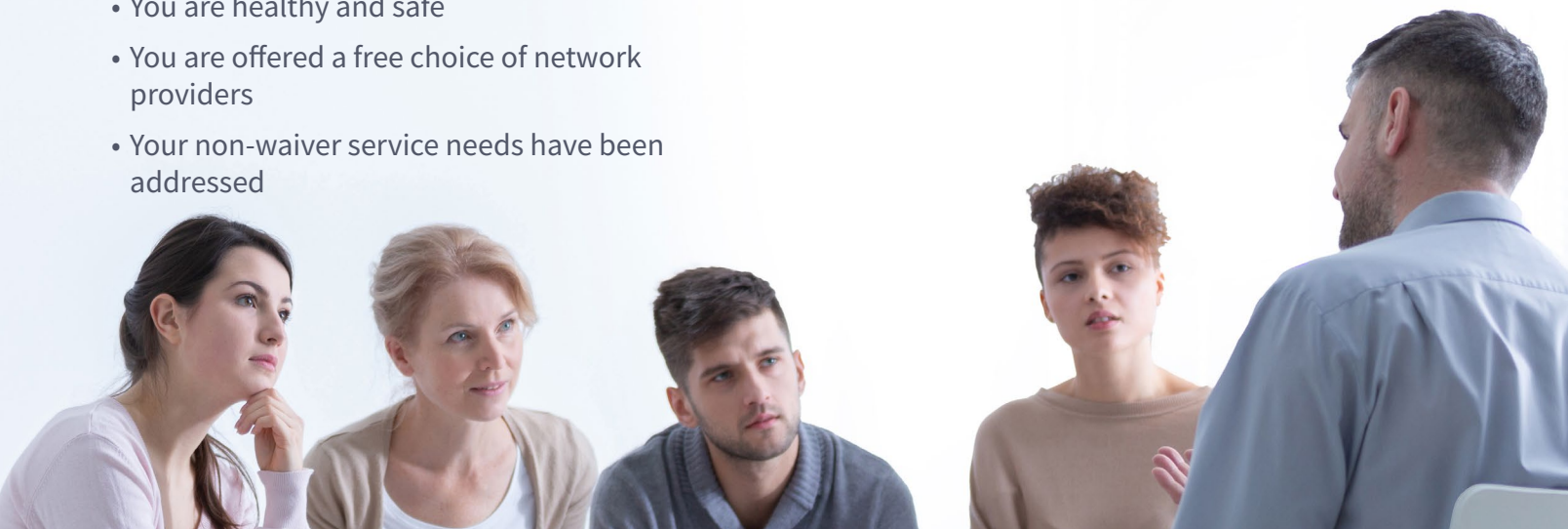
- Services are provided as written in your ISP
- You can access services
- Problems that happen are identified and addressed
- Services meet your needs
- Back-up staffing plans are implemented
- You are healthy and safe
- You are offered a free choice of network providers
- Your non-waiver service needs have been addressed

## Monitoring Methods

- Face-to-face contact with you and members of the ISP
- Telephone contact with you and members of the ISP
- Observation of services
- Review of documentation and billing

## Care Manager Individual Monitoring Schedule

- If you are new to the NC TBI Waiver, you receive at least monthly in-person visits for the first 6 months and then according to the schedule in your ISP, but no less than quarterly.
- If your services are provided by guardians and relatives living in your home, you receive at least monthly in-person visits.
- If you live in a residential program, you receive at least monthly in-person visits.
- If you are not listed in one of the above categories, you will receive in-person visits according to the schedule in your ISP, but no less than quarterly.
- If you do not receive an in-person visit during the month, your care manager will have contact with you by telephone.



## Concerns About Abuse, Neglect and Exploitation

Your health and safety are very important. You should be able to lead your life without fear of abuse or neglect by others or someone taking advantage of you (exploitation). Anyone who suspects any allegations of abuse, neglect or exploitation of a child (age 17 or under) or disabled adult must report these concerns to the local Department of Social Services (DSS). Local Department of Social Services can be found at [ncdhhs.gov/divisions/social-services/local-dss-directory](https://ncdhhs.gov/divisions/social-services/local-dss-directory). There are also rules that no one will be punished for making a report when the reporter is concerned about the health and safety of an individual.

Providers are required to report any concerns of abuse, neglect or exploitation of a child or disabled adult from an unlicensed staff for a potential investigation to the local DSS at [ncdhhs.gov/divisions/social-services/local-dss-directory](https://ncdhhs.gov/divisions/social-services/local-dss-directory) and the Health Care Personnel Registry section of the North Carolina Division of Health Service Regulation at [www.ncnar.org/verify\\_listings1.jsp](http://www.ncnar.org/verify_listings1.jsp). The provider will also take steps to ensure the health and safety of individuals receiving services.

For additional information on how to report concerns, contact your care manager or Member and Recipient Services at 800-510-9132 (TTY:711).

## Continuing Eligibility for Waiver Participants

As an NC TBI Waiver participant, you have already gone through an initial eligibility process. To remain in the program, you must continue to meet certain clinical and financial criteria. This section provides information about ongoing clinical and Medicaid eligibility.

### Clinical Eligibility

- You must not live in a long-stay facility but continue to require skilled nursing facilities, like nursing homes, and specialized hospital level of care.
- You must continue to need and use one or more of the services or supports offered under the NC TBI Waiver services monthly.
- You must be able to maintain your health, safety and well-being in the community with NC TBI Waiver services.
- You must reside in a qualified setting in which NC TBI Waiver services can be delivered.

Continuing clinical eligibility assessments take place annually and as needed due to changes in your circumstances. It is important for you to provide information about changes in your circumstances. Changes that affect one or more of the clinical eligibility criteria may also affect your eligibility for the waiver program. If you do lose eligibility for the NC TBI Waiver, your eligibility will end on the last day of the month that your clinical eligibility changed.

For additional information on clinical eligibility, contact your care manager or Member and Recipient Services at 800-510-9132 (TTY:711).

## Medicaid Eligibility

In addition to continuing to meet clinical eligibility you must continue to meet Medicaid eligibility in order to remain in the NC TBI Waiver.

It is important that you provide your local Department of Social Services (DSS) with all of the information they need to update your Medicaid eligibility, and that you read and respond to all letters they send you. It is also important to let your care manager know of any address change, as this change can affect Medicaid eligibility and your NC TBI Waiver services. Your care manager and local DSS will let you know if a move will affect your Medicaid eligibility and Alliance Health enrollment.

For additional information and questions you have on Medicaid eligibility, contact your care manager or Member and Recipient Services at 800-510-9132 (TTY:711).

## Counties Where Waiver Services Can Be Delivered

You must continue to live in Durham, Wake, Cumberland or Johnston counties. If you move to another county, you must leave the NC TBI Waiver.

## Residential Settings Where Waiver Services Can Be Delivered

You must continue to live in private homes or residential facilities licensed for 6 or fewer beds that meet certain home and community-based requirements.

## Leaving the NC TBI Waiver (Disenrollment)

You can choose to leave the NC TBI Waiver at any time. Contact your care manager or Member and Recipient Services at 800-510-9132 (TTY:711). If you want to leave Alliance Health and move to another Medicaid health plan, you must leave the NC TBI Waiver first.

There are reasons why you must leave the NC TBI Waiver even when you do not ask to leave, including:

- You are no longer eligible for Medicaid
- Your ISP is not approved (this can be appealed)
- You choose to live in a facility or setting that is not a qualified setting for the NC TBI Waiver
- You move out of Johnston, Wake, Durham or Cumberland county
- You die
- You do not use at least one waiver service (other than assistive technology, community transition, home modifications, vehicle modifications or respite) each month
- You no longer meet skilled nursing facility or specialty hospital level of care (this can be appealed)

When you must leave the NC TBI Waiver when you did not ask to leave, appeals rights are provided to you or your legal guardian in writing by the agency disenrolling you from the NC TBI Waiver, Medicaid or both. For most disenrollments, the effective date is the last day of the month.





## Additional Resources

### Other State Waivers That May Meet Your Needs

Your care manager can help you if you have questions about any of the other North Carolina waivers. **You may receive funding from only one waiver at a time.**

The other waiver in North Carolina that you may be eligible for is the **CAP/DA: Community Alternatives Program for Disabled Adults**. CAP/DA provides an alternative to nursing facility care for persons with disabilities who are age 18 and older and who live in a private residence (<https://medicaid.ncdhhs.gov/providers/programs-and-services/long-term-care/community-alternatives-program-disabled-adults-capda>).

### Other Services That Might Meet Your Needs

If you are disenrolled from the NC TBI Waiver, you should ask your care manager about other services that you may be eligible for that could meet your needs. Available services will vary from person to person since some individuals will no longer have Medicaid coverage when they are disenrolled from the NC TBI Waiver. Your local DSS will let you know if you will continue to have Medicaid coverage.

### Ways to Share Experiences with TBI Waiver

Alliance Health wants to hear about your experiences getting NC TBI Waiver services and about ways Alliance Health can make sure you are happy with the services you are receiving. You can contact your care manager or Member and Recipient Services at 800-510-9132 (TTY:711) to share your experiences.

You can also participate in the Alliance Health NC TBI Waiver stakeholder group that meets every 3 months and share your ideas for improving the delivery of NC TBI Waiver services. You will have the opportunity to meet with NC TBI Waiver participants, families, providers and other individuals during these meetings. Contact your care manager or Member and Recipient Services at 800-510-9132 (TTY:711) to learn more about how you can participate.

## Abbreviations and Acronyms

<b>ABI</b>	Acquired Brain Injury
<b>AFL</b>	Alternative Family Living
<b>CAP</b>	Community Alternative Program
<b>CAP/DA</b>	Community Alternatives Program for Disabled Adults
<b>CMS</b>	Centers for Medicare & Medicaid Services
<b>DHHS</b>	Department of Health and Human Services
<b>DHB</b>	Division of Health Benefits
<b>DSS</b>	Department of Social Services
<b>HCBS</b>	Home and Community Based Services
<b>ICF-IID</b>	Intermediate Care Facility for Individuals with Intellectual Disabilities
<b>I/DD</b>	Intellectual or Developmental Disability
<b>IDEA</b>	Individuals with Disabilities Education Act
<b>ISP</b>	Individual Support Plan
<b>LME/MCO</b>	Local Management Entity/Managed Care Organization
<b>MD</b>	Medical Doctor or Physician
<b>MFP</b>	Money Follows the Person
<b>MH/DD/SA</b>	Division of Mental Health, Developmental Disability, Substance Abuse
<b>NCDHHS</b>	North Carolina Department of Health and Human Services
<b>PIHP</b>	Prepaid Inpatient Health Plan
<b>QP</b>	Qualified Professional
<b>SNF</b>	Skilled Nursing Facility
<b>TBI</b>	Traumatic Brain Injury
<b>UM</b>	Utilization Management

# Key Words Used in This Handbook

As you read this handbook, you may see some new words.  
Here is what we mean when we use them.

<b>Appeal</b>	If the health plan makes a decision you do not agree with, you can ask them to review it. This is called an "appeal." Ask for an appeal when you do not agree with your health care service being denied, reduced, stopped or limited. When you ask your plan for an appeal, you will get a new decision within 30 days. This decision is called a "resolution." Appeals and grievances are different.
<b>Behavioral Health and Intellectual/Developmental Disabilities (I/DD) Tailored Plan</b>	A North Carolina managed care health plan that provides Medicaid members with services to meet their health care needs, and additional care for behavioral health, intellectual or developmental disabilities (I/DD) and traumatic brain injuries (TBI). Behavioral Health and Intellectual/Developmental Disability (I/DD) Tailored Plan covers additional services not available in standard plans.
<b>Care Coordination</b>	A service where a care coordinator or care manager helps organize your health goals and information to help you achieve safer and more effective care. These services may include, but are not limited to, identification of health service needs, determination of level of care, addressing additional support services and resources or monitoring treatment attendance.
<b>Care Management</b>	A service where a care manager can help you meet your health goals by coordinating your medical, social and behavioral health services and helping you find access to resources like transportation, healthy food and safe housing.
<b>Care Manager</b>	<p>A health professional who can help you meet your health goals by coordinating your medical, social and behavioral health services and helping you find access to resources like transportation, healthy food and safe housing.</p> <p>For NC TBI Waiver participants, they also have special training to support waiver services such as tracking progress on goals in the Individual Support Plan (ISP), making recommendations, and referring for additional or different services and amounts of services and supports based on their findings. Care Managers also monitor waiver compliance.</p>
<b>Community Supports</b>	Organizations that provide support to a person. Community supports may include advocacy organizations, community service organizations, faith-based organizations, civic organizations and educational organizations.
<b>Complaint</b>	Dissatisfaction about your health plan, provider, care or services. Contact your plan and tell them you have a "complaint" about your services. Complaints and appeals are different.

<b>Department of Health and Human Services (NCDHHS)</b>	The state agency that includes NC Medicaid (Division of Health Benefits), Division of Mental Health, Developmental Disabilities and Substance Abuse Services, the State Division of Social Services, the Division of Aging and Adult Services and other health and human services agencies. The NCDHHS website is <a href="http://www.ncdhhs.gov">www.ncdhhs.gov</a> .
<b>Excluded Services</b>	Services covered by the NC Medicaid Direct program, but not by your health plan. You can get these services from any provider who takes Medicaid.
<b>Freedom of Choice</b>	An individual who requires long-term facility-based care has the ability to choose either facility-based or home- and community-based services.
<b>Habilitation Services and Devices</b>	Health care services that help you keep, learn or improve skills and functioning for daily living.
<b>Health Care Option</b>	Health care options include Standard Plans, Tailored Plans, EBCI Tribal Option and NC Medicaid Direct. These options are based on individual eligibility.
<b>Health Insurance</b>	A type of insurance coverage that helps pay for your health and medical costs. Your Medicaid coverage is a type of insurance.
<b>Health Plan</b>	The company providing you with health care services.
<b>Hospitalization</b>	Admission to a hospital for treatment that lasts more than 24 hours.
<b>Institution</b>	For the purposes of NC TBI Waiver, an “institution” is equivalent to a hospital level of care and a skilled nursing facility that provides skilled nursing care and related services for residents who require medical or nursing care, or rehabilitation services for injured, disabled or sick people.
<b>Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF-IID)</b>	Facility that provides residential, medical and other supports to people with intellectual and developmental disabilities who have behavioral and/or medical conditions.
<b>Legal Guardian or Legally Responsible Person</b>	A person appointed by a court of law to make decisions for an individual who is unable to make decisions on their own behalf (most often a family member or friend unless there is no one available, in which case a public employee is appointed).
<b>Local Department of Social Services (DSS)</b>	The local public agency that is responsible for determining eligibility for Medicaid, NC Health Choice and other assistance programs.



<b>Managed Care</b>	A health care program where North Carolina contracts with health plans, called managed care organizations (MCOs), to arrange for integrated and coordinated physical, behavioral health and other health services for Medicaid and NC Health Choice beneficiaries. In North Carolina, there are 3 types of managed care plans.
<b>Medicaid</b>	Medicaid is a health coverage program that helps certain families or individuals who have low income or serious medical problems. It is paid with federal, state and county dollars and covers many physical health, behavioral health and I/DD services you might need. You must apply through your local Department of Social Services. When you qualify for Medicaid, you are entitled to certain rights and protections.
<b>Member and Recipient Services</b>	A phone number you can call to speak with someone and get help when you have a question. The number for Alliance Health is 800-510-9132 (TTY:711).
<b>NC Innovations Waiver</b>	The special federal program designed to meet the needs of people with intellectual or developmental disabilities (I/DD) who prefer to get long-term services and supports in their home or community rather than in an institutional setting.
<b>NC Medicaid (State Medicaid Agency)</b>	The agency that manages the state’s Medicaid and NC Health Choice health care programs, pharmacy benefits and behavioral health services.
<b>Network (or Provider Network)</b>	A group of doctors, hospitals, pharmacies and other health professionals who have a contract with your health plan to provide health care services for members.
<b>Network Provider</b>	A provider that is in your health plan’s provider network.
<b>Non-paid Supports</b>	People who provide support, care and assistance to a person with a disability without payment for that support. Non-paid supports may include parents, spouses, siblings, children, extended family members, neighbors, church members or coworkers.
<b>Participant/ Individual/Member</b>	The person who is approved to receive services under the NC TBI Waiver.
<b>Physician</b>	A person who is qualified to practice medicine.
<b>Plan (or Health Plan)</b>	The organization providing you with health care services.
<b>Primary Care Provider or Primary Care Physician (PCP)</b>	Your primary care provider (PCP) is the doctor or clinic where you get your primary care (immunizations, well-visits, sick visits, visits to help you manage an illness like diabetes.) Your PCP should also be available after hours and on weekends to give you medical advice. They also refer you to specialists (cardiologists, behavioral health providers) if you need it. Your PCP should be your first call for care before going to the emergency department.

<b>Private Living Arrangement</b>	The home that an individual owns or rents in their name or the home where an NC TBI Waiver participant resides with a spouse, other family members or friends. A living arrangement (house or apartment) that is owned or rented by a service provider is not a private residence.
<b>Provider Network</b>	Agencies or professionals under contract with Alliance Health to provide authorized services to eligible individuals.
<b>Registry of Unmet Needs</b>	A list of individuals who are waiting for NC TBI Waiver funding for identified needs.
<b>Rehabilitation and Therapy Services and Devices</b>	Health care services and equipment that help you recover from an illness, accident, injury or surgery. These services can include physical or speech therapy.
<b>Service Limit</b>	The maximum amount of a specific service that can be received.
<b>Skilled Nursing Facility (SNF)</b>	A facility that provides skilled nursing care and related services for residents who require medical or nursing care, or rehabilitation services for injured, disabled or sick people.
<b>Standard Plan</b>	A Standard Plan is a NC Medicaid and NC Health Choice health plan that offers physical health, pharmacy, care management and basic mental health and substance use services for members. Standard Plans offer added services for members who qualify. Some added services may be different for each Standard Plan.
<b>Supplemental Security Income (SSI)</b>	Social Security program that pays benefits to disabled adults and children who have limited income and resources.
<b>Tailored Care Management</b>	Care management for members enrolled in Behavioral Health I/DD Tailored Plans that is coordinated by a care manager who can help people with behavioral health, intellectual and developmental disability and/or traumatic brain injury needs. The care manager works with you and a team of medical professionals and approved family members or other caregivers to consider your unique health-related needs and find the services you need in your community.
<b>Traumatic Brain Injury Waiver (TBI Waiver)</b>	The special federal program that provides long-term services and supports to allow people who experienced a traumatic brain injury (TBI) on or after their 18th birthday to remain in their homes and communities. The Tailored Plan providing services in Cumberland, Durham, Johnston, and Wake counties manages this special program. The NC TBI Waiver does not operate in all geographic areas of the state.

# Appendix A

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Record Number: \_\_\_\_\_

Medicaid ID: \_\_\_\_\_ ISP Start Date: \_\_\_\_\_

## **BENEFICIARY RESPONSIBILITIES NORTH CAROLINA TRAUMATIC BRAIN INJURY WAIVER**

I understand that enrollment in a North Carolina (NC) Traumatic Brain Injury waiver is voluntary.

I also understand that if enrolled I will be receiving Waiver services instead of services in an Skilled Nursing Facility or Specialty Hospital for Individuals with Traumatic Brain Injury. My Medicaid eligibility must continue to come from a county in a North Carolina TBI Waiver area for me to continue to be eligible for the NC TBI Waiver and I must continue to meet all other waiver eligibility criteria.

- I understand that by accepting NC TBI Waiver funding that I am in need of waiver services to prevent an immediate need for Skilled Nursing Facility or Specialty Hospital services.
- I understand that to maintain my eligibility for this waiver I require the provision of at least 1 waiver service monthly and that failure to use a waiver service monthly will jeopardize my continued eligibility for the NC Traumatic Brain Injury waiver. The services approved in my Individual Support Plan have been determined necessary to improve/support my disability.
- I understand that as a participant in the NC TBI Waiver I may live in a private home or in a residential facility licensed for 6 or fewer beds and if living in a facility the facility must meet the home and community based service characteristics defined in the waiver. If I am currently a participant in NC TBI Waiver or am transitioning to the NC TBI Waiver from other services, my Care Coordinator has explained to me how these requirements apply to my current living arrangement.
- I understand if I choose to move to a facility during my participation in the waiver that is larger than 6 beds or does not meet the home and community characteristics defined in the waiver, I will no longer be eligible for the waiver.
- I understand that the total of my waiver services cannot exceed \$135,000 when I enter the waiver. The only exceptions are:
  - Individuals utilizing Supported Living Level 3 may request medically necessary services that exceed the typical \$135,000 Waiver limit, and
  - Beneficiaries not utilizing Supported Living Level 3 may exceed the \$135,000 waiver limit, to ensure health, safety and wellbeing, through the use of Assistive Technology, Home Modifications and Vehicle Modification.
  - Assistive Technology, Home Modifications, and Vehicle Modification service definitions each have expenditure limits of \$20,000 over the 5 year life cycle of the TBI Waiver.
- I understand that at any time during my plan year, the total of my waiver services cannot exceed \$135,000 or I will no longer be eligible for the waiver (unless I am utilizing Supported Living Level 3 or through the use of Assistive Technology, Home Modification or Vehicle Modifications).

- I understand if I select the NC TBI waiver, I will have an Individual Support Plan (ISP) developed that reflects services to meet my needs. My Care Coordinator will explain the planning process and the establishment of my Individual Budget Guideline to me.
- My ISP will be re-developed annually prior to my birth month. I understand the NC TBI Waiver will deliver services according to my ISP.
- I understand that I may be required to pay a monthly Medicaid deductible if that is part of my financial eligibility for waiver services. My Care Coordinator can assist me in obtaining information on Medicaid deductibles from my local Department of Social Services.
- I understand that I will cooperate in the assessment process to include but not be limited to a NC TBI Waiver Assessment tool, NC TBI Risk/Support Needs Assessment, and a Level of Care eligibility evaluation.
- I understand that my ISP will be monitored by my Care Coordinator, and that I can contact my Care Coordinator at any time if I have questions about my ISP, Individual Budget or the services that I receive.
- I understand that I have the right to choose a provider within Alliance Health Provider Network.
- I understand that I am required to meet with my Care Coordinator for care coordination activities in the home or wherever my family member lives and/or settings where services are provided to allow my Care Coordinator access to all settings where services are provided. The Care Coordinator will schedule meetings as often as needed in order to ensure appropriate service implementation and the beneficiary's needs are met. I may also request meetings.
- I understand that I am required to notify the Care Coordinator of any concerns regarding services provided.
- I understand that I am required to give adequate notice to the Care Coordinator of any change in address, phone number, insurance status, and/or financial situation prior to or immediately following the change.
- I understand that I am required to give adequate notice to the Care Coordinator of any behavior or medication changes as well as any change in health condition.
- I understand that I am required to attend appointments set by the Department of Social Services (DSS) to determine continued Medicaid eligibility to ensure my continued Medicaid eligibility.
- I understand that I will be provided a copy of educational information about the NC TBI Waiver to assist with my understanding of the services available through this waiver along with what guidelines need to be followed to ensure continued waiver eligibility.
- I understand that Alliance Health is responsible for ensuring an adequate network of provider agencies is available to promote choice.
- I understand that Alliance Behavioral Healthcare will make a Care Coordinator available to provide care coordination supports which include:
  1. An assessment to determine service needs to include but not be limited to a NC TBI Waiver Risk and Support Needs Assessment.
  2. Working with the Individual Support Planning Team to coordinate and document the Individual Support Plan (ISP).
  3. Requesting any and all services under the TBI Waiver as listed in the ISP.



4. Informing the beneficiaries of the amount of their Individual Budget, the process used to establish their budget and make any needed changes.
5. Monitoring all authorized services to ensure they are provided as described in the ISP and meet the beneficiary's needs.
6. Assisting the beneficiary with the coordination of benefits through Medicaid and other sources to include, if needed, linkage with the local Department of Social Services regarding coordination of Medicaid deductibles.
7. Responding to any complaints or concerns and reach resolution within 30 days of the complaint regarding NC TBI Waiver services.
8. Promoting the empowerment of the beneficiary to lead as much of his/ her Individual Support Planning, decision making regarding the use of waiver dollars/their budget and oversight of waiver services choose.
9. Obtaining an order from the beneficiary's physician for needed medical supplies, specialized equipment and/or any service needs that require such.
10. Supporting the beneficiary in obtaining all needed information to make an informed choice of provider within the Alliance Behavioral Healthcare network, inclusive of notifying the Alliance Network Management Department if providers are needed outside of the current Alliance Network.

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**Name of Participant**

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**Date**

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**Signature of Participant  
(Or Authorized Representative)**

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**Date**

# Appendix B

## NC TBI Limitations

Participant Level of Care	Living in Residential Setting	Living in Private Home
<b>Nursing Facility</b>	<p>No more than 30 hours/week for any combination of services below:</p> <ul style="list-style-type: none"> <li>• Community Networking</li> <li>• Adult Day Health</li> <li>• Day Supports</li> <li>• Supported Employment Services</li> </ul> <p>May receive up to 1 unit of Residential Supports daily</p>	<p>No more than 49 hours/week is authorized for any combination of the services below:</p> <ul style="list-style-type: none"> <li>• Community Networking</li> <li>• Adult Day Health</li> <li>• Day Supports</li> <li>• Supported Employment Services</li> <li>• Personal Care</li> <li>• Life Skills Training</li> </ul>
<b>Specialty Hospital/ Neuro-Behavioral</b>	<p>No more than 40 hours/week for any combination of services below:</p> <ul style="list-style-type: none"> <li>• Community Networking</li> <li>• Adult Day Health</li> <li>• Day Supports</li> <li>• Supported Employment Services</li> </ul> <p>May receive up to 1 unit of Residential Supports daily</p>	<p>No more than 84 hours/week is authorized for any combination of the services below:</p> <ul style="list-style-type: none"> <li>• Community Networking</li> <li>• Adult Day Health</li> <li>• Day Supports</li> <li>• Supported Employment Services</li> <li>• Life Skills Training</li> </ul>

## Services Not Subject to Limits on Sets of Services

Participant Level of Care	Living in Residential Setting	Living in Private Home
<b>Additional Services</b>	<ul style="list-style-type: none"> <li>• Assistive Technology Equipment/Supplies</li> <li>• Cognitive Rehabilitation</li> <li>• Community Transition Services</li> <li>• Crisis Services</li> <li>• Non-Paid Supports Education</li> <li>• Resource Facilitation</li> <li>• Specialized Consultative Services</li> </ul>	<ul style="list-style-type: none"> <li>• Assistive Technology Equipment/Supplies</li> <li>• Cognitive Rehabilitation</li> <li>• Crisis Services</li> <li>• Home Modifications</li> <li>• Non-Paid Supports Education</li> <li>• Resource Facilitation</li> <li>• Specialized Consultative Services</li> <li>• Vehicle Modifications</li> </ul>

