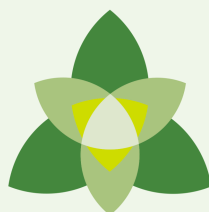


INNOVATIONS WAIVER SERVICE DEFINITION GUIDE

Effective July 1, 2019



Trillium
HEALTH RESOURCES

Transforming Lives. Building Community Well-Being.

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Assistive Technology Equipment & Supplies

Code: T2029

Purpose

- To provide for purchase, lease, or repair of equipment/technology/supplies that increase or maintain community independence and reduce reliance on staffing, and increase control over their daily lives while maintaining health and safety.
- Decrease reliance on staff.
- Supports members to have more control over all aspects of their lives.
- Supports members to remain in the most inclusive environment of their choice.

Information

- Provides funding for connectivity and smart home technology.
- Covers the cost of monthly monitoring.
- Broad categories and a non-exhaustive list; however, the request must be a direct benefit to the member.
- Medical necessity is a requirement.
- Allows for the repair of equipment.
- NC Innovations Waiver funding is the payer of last resort. DME or other insurance will be used prior to Innovations.

Exclusions

- Items that are not of direct remedial benefit to the member are excluded from this service.
- Recreational items that would normally be purchased by the family.
- **Non adaptive** computer desks and other furniture items.
- Service and maintenance contracts and extended warranties.
- Equipment or supplies purchased for exclusive use at school.

Continued

Assistive Technology Equipment & Supplies

Code: T2029

Exclusion

- Computer hardware to solely improve socialization or educational skills, provide recreation, provide diversion activities, or to be used by any person other than the member.
- Hot tubs or Jacuzzis.
- Restraints.
- Items that are unsafe, ineffective, or experimental or investigational.

Limitations

- Limit of \$50,000 of combination of Assistive Technology, Equipment & Supplies & Home Modifications over the duration of the waiver, excluding Nutritional supplements and Monthly connectivity and Alert charges.
- Service and maintenance contracts and extended warranties for 1 year.

Community Living & Supports

Codes: T2013TF - Individual / T2021TF- HQ- Group

Purpose

- The intended outcome of the service is to increase or maintain the member's life skills or provide the supervision needed to empower the member to live in the home of his/her family or natural supports, maximize his/her self-sufficiency, increase self-determination and enhance the member's opportunity to have full membership in his/her community.
- To support members to move towards less dependence on other paid support by learning new skills and retaining skills to maintain health and safety.
- The service is flexible to adapt to a member's changing schedule.
- The service occurs in a naturally occurring way and matches the member's typical day.

Information

- Blended habilitation (teaching new skills) and personal care service.
- There is no wrong amount of habilitation or wrong amount of personal care. Members will receive a combination of habilitation (teaching) and personal care based on their support needs.
- This service is individualized and based on the member's needs.
- **The only service that "Relatives as Providers" can provide.**
- Provides technical assistance to unpaid supports who live in the home of the member to assist the member to maintain the skills they have learned. This assistance can be requested by the unpaid support or suggested by the Member Support Planning team and should be a collaborative decision. The technical assistance should be incidental to the provision of Community Living & Supports.

Continued

Community Living & Supports

Codes: T2013TF - Individual / T2021TF- HQ- Group

Exclusions

- **May not** be provided at the same time of day as Community Networking, Day Supports, Respite, Supported Employment or other state plan Medicaid services that work with the member
- **Does not** provide transportation to/from school or to any community location before/after school.

Limitations

- Typically 12 hours per day maximum – may receive 16 hours per day with prior approval for 90 to 180 day periods dependent upon circumstances.

Community Navigator

Code: T2041 U1- Periodic / T2041- Monthly

Purpose

- To promote self-determination.
- To support the member in making life choices, planning for the future and identifying opportunities for community integration.
- Facilitating less reliance on paid supports.
- To provide advocacy.

Information

- Clarifies the roles and functions of Community Navigator and Care Administrator.
- Promotes Home Community Based Standards (HCBS).
- Supports the member in the person centered planning process.
- Optional informational session on Self Determination and Self Direction presented by the Community Navigator.

Continued

Community Navigator

Code: T2041 U1- Periodic / T2041- Monthly

Information

- Assists member/family with the Person Centered Planning Process.
- Promotes a neutral advocate in Community Navigator role.
- Supports the person in preparing, participating in and implementing a plan of any type (IEP, ISP, or service plans outside of NC Innovations).
- Provides Tenancy Supports to promote independent living
- Support the Employer of Record through information/coaching/technical assistance:
 - To write short-range goals & task analysis strategies per established guidelines.
 - To perform review of service documentation to ensure data is collected per established guidelines.
 - On maintenance of records in accordance with the Employer of Record Model.
- Coordinate services with the Agency with Choice if the member is directing services under the Agency with Choice Model.

Exclusions

- Shall not duplicate care coordination as defined at 42 CFR 428.208(c)

Limitations

- If a provider does not provide Agency with Choice services, the only other service that they may provide to the same member in addition to Community Navigator Services is Community Transition.

Continued

Community Navigator

Code: T2041 U1- Periodic / T2041- Monthly

Limitations

- An agency may provide both Community Navigator Services and Agency with Choice Services to the same member, in addition to Community Transition, Financial Support Services, Individual Goods and Services, and Primary Crisis Response Services.
- The Community Navigator Self-Directed activities can only to be used to provide support to the member under Member and Family Directed Supports: Employer of Record and Agency with Choice Models, as approved in the Innovations Waiver.

Community Networking

Codes: H2015- Individual / H2015 HQ- Group

Community Networking Classes & Conferences

Code: H2015U1

Community Networking Transportation

Code: H2015U2

Purpose

- Provides individualized day activities that support the member's definition of a meaningful day in an integrated community setting, with persons who are not disabled.
- Designed to promote maximum participation in community life with their non-disabled peers/community members.
- Encourage the member to increase or maintain their capacity for independence and develop social roles valued by all members of the community.
- Provides payment for member to attend a class or conference to increase knowledge / further education.

Continued

Community Networking

Codes: H2015- Individual / H2015 HQ- Group

Community Networking Classes & Conferences

Code: H2015U1

Community Networking Transportation

Code: H2015U2

Information

- Supports participation in college classes.
- Payment for memberships can be covered when the member will be participating in an integrated class.
- May be used to support volunteering that occurs in an integrated setting.
- If the member requires paid supports to participate / engage once connected with the activity, Community Networking can be used to refer and link the member.
- Occurs in settings separate from a member's private residence
- There is not a requirement for a fading plan, but the service is intended to fade as community connections are gained.

Exclusions

- **Does not** take place in a licensed facility or any residential setting.
- **Does not** cover cost of hotels, meals, materials or transportation when not attending conferences.
- Activities that would normally be a component of home/ residential life or services.
- **May not** volunteer for the agency providing the service or in places that would not typically have volunteers.
- **May not** be provided at the same time of day as Day Supports, Community Living & Support, Residential Supports, Respite, Supported Employment, or one of the state plan Medicaid services that works directly with the member.

Continued

Community Networking

Codes: H2015- Individual / H2015 HQ- Group

Community Networking Classes & Conferences

Code: H2015U1

Community Networking Transportation

Code: H2015U2

Exclusions

- Does not provide transportation to/from school to any community location before/after school.
- Payment is not made for overnight programs of any kind
- Classes that offer one-to-one instruction and are in a nonintegrated community setting are not covered.

Limitations

- Payment for attendance at classes and conferences will not exceed \$1,000 per plan year.

Community Transition

Code: T2038

Purpose

- To provide initial set-up expenses for adults to facilitate transition from provider operated residential settings or other settings that are not owned or leased by the member to a living arrangement where the member is directly responsible for his or her own living expenses.
- Members have more control over their lives.
- Promotes independence and self-determination.

Information

- Can be used once over the lifetime of the waiver, instead of only once for the lifetime of the member.
- Member can transition from a residential setting or a family home to an independent leased / owned.

Continued

Community Transition

Code: T2038

Information

- Can cover pest eradication, one-time cleaning prior to occupancy, and coordination of care pre-transition.

Exclusions

- **Only available** when the member is unable to meet the expense or cannot be obtained from other sources.
- **Available only once** over the life of the waiver (one month prior and up to three months after move from provider operated setting.)
- **Cannot** cover monthly expense or diversional/recreational/entertainment items (TV, DVD players, computer, etc.)
- **Cannot** include monthly mortgage and rental payments.
- **May only** be provided in a private home or apartment with a lease in the member's/legal guardian's/representative's name.

Limitations

- \$5,000 over the life of the waiver.
- **Cannot** include provider overhead expenses.

Crisis Services

Crisis Intervention & Stabilization Supports

Codes: H2011

Crisis Consultation

Code: T2025-U3

Out of Home Crisis

Code: T2034

Purpose

- To provide for intervention and stabilization for the member experiencing a crisis and the need for a higher level of care.
- To promote the prevention of a crisis through implementation of strategies to prevent further crisis.
- Can be used for out of home planned behavioral support.

Information

- Allows for the use of Qualified Professionals with specialized training in addition to licensed staff to provide service.
- Focused on the prevention of a crisis.
- Crisis Supports are an immediate intervention available 24 hours per day, 7 days per week, authorization can be granted verbally or planned through the ISP.
- Any needed revisions to the Individual Support Plan and individual budget will occur within five (5) working days of the date of verbal service authorization.

Exclusions

- Crisis Prevention and Stabilization Services is distinct from and may not duplicate services provided through Specialized Consultative Services.

Limitations

- Crisis Prevention and Stabilization: Authorized for periods of up to 14 calendar days per event.
- Out of Home Crisis: Authorized for periods of up to 30 calendar days per event.

Day Supports (Individual & Group)

Code: T2021- Individual / T2021HQ- Group

Day Supports – Developmental Day

Code: T2027

Purpose

- To support day activities in a facility-based setting separate from residential settings – typically in groups that are age and support need appropriate and meet the preferences of the member.
- Emphasizes inclusion & independence with a focus on enabling the member to attain or maintain maximum self-sufficiency, to increase self-determination & enhance the member's opportunity to have a meaningful day.

Information

- Day Supports can start or end in the community.
- Members physically attend the Day Supports facility once per week.
- Members attending Adult Basic Education are not required to attend the facility once per week.
- Members new to the service and 16 years of age and older will receive education on all available options for activities / supports to have a meaningful day.
- Primarily a group service for a meaningful day.
- Individual Day Supports are available to meet specific and well documented medical, behavioral or physical support needs.
- For members ages 16 or older not also working in competitive integrated employment service may include career & employment exploration through education & experiential opportunities designed to identify a member's specific interests & aptitudes for paid work.

Continued

Day Supports (Individual & Group)

Code: T2021- Individual | T2021HQ- Group

Day Supports – Developmental Day

Code: T2027

Exclusions

- May not be provided at the same time of day as Community Networking, Community Living & Support, Residential Supports, Respite, Supported Employment, or one of the state plan Medicaid services that works directly with the member.
- Does not provide transportation to/from school to any community location before/after school.

Limitations

- Members 16 years of age and older new to the service will receive ongoing educations on available support options.
- Grouping of members must be appropriate to the age & preferences of the member.

Employer Supplies

Code: T2025-U2

Purpose

- To assist with the purchase of supplies and training of support staff to enhance the Employer of Record's ability to be successful.

Information

- Items are purchased through the Financial Support Service Agency.
- Covers laptop/computer/printers used to carry out administrative duties of Employer of Record.
- Electronic Health Records (EHR) Software used to perform Employer of Record Duties.
- Monthly monitoring/connectivity charges to perform Employer of Record Duties.

Continued

Employer Supplies

Code: T2025-U2

Exclusions

NA

Limitations

- Available to members participating in Employer of Record.

Financial Support Services

Code: T2025-U1

Purpose

- Provided to assure that funds for self-directed services are managed and distributed as intended.
- Facilitates employment of support staff.

Information

- Activities covered include:
 - Filing claims for support services delivered.
 - Payment of payroll to employees.
 - Deducting all required federal, state & local taxes, including unemployment fees, prior to issuing paychecks to employees.
 - Administering benefits for employees.
 - Maintaining ledger accounts for IW funds.
 - Producing expenditure reports.
 - Requesting criminal background check, drivers licenses checks, & health care registry checks.
 - Tracking & monitoring member budgets.
 - Facilitating Workers Compensation Application.
 - Serving as the Internal Revenue approval Fiscal Employer Agent .

Continued

Financial Support Services

Code: T2025-U1

Information

- May bill for Community Transition Services & Individual Goods & Services.

Exclusions

- Provider of Financial Support Services **may only** additionally provide Community Navigator services.

Limitations

- **Available ONLY** to members participating in Employer of Record.

Home Modifications

Code: S5165

Purpose

- Physical modifications to a private residence that are necessary to ensure the health, welfare, and safety of the member or to enhance the member's level of independence.
- Intended to increase the member's capability to access his/her environment and are of direct or remedial benefit to the member or in some way related to the member's disability.
- Covers purchases, installation, maintenance, and as necessary, the repair of home modifications required to enable members to increase, maintain or improve their functional capacity to perform daily life tasks that would not be possible otherwise.
- Provides for portable modifications in rented/leased residences.

Information

- \$50,000 combined max to use for Assistive Technology and Home Modifications over the life of the waiver. excluding nutritional supplements and monthly alert monitoring/connectivity system charges.
- Increased flexibility in access of items and cost limit.

Continued

Home Modifications

Code: S5165

Information

- No exhaustive list; however, the request must be directly related to the member's disability and related support needs.
- Medical necessity is required.
- NC Innovations Waiver funding is the payer of last resort. DME or other insurance will be used prior to Innovations.

Exclusions

- Members who receive Residential Supports may not receive this service
- Modifications shall be made only to already existing structures (bathrooms, kitchens, etc.)
- Adaptations that add to the total square footage of the home are excluded from this benefit except when necessary to complete an adaptation (e.g., in order to improve entrance/ egress to a residence or to configure a bathroom to accommodate a wheelchair)
- Central air conditioning
- General plumbing
- Swimming pools
- Jacuzzis
- Fences
- Service and maintenance contracts
- Extended warranties
- Locks that restrict a member's rights
- Equipment or supplies purchased for exclusive use at the school/home school
- Replacement of equipment that has not been reasonably cared for and maintained
- Items that would ordinarily be provided by the family of a minor child.

Continued

Home Modifications

Code: S5165

Exclusions

- New construction, costs associated with building a new home, financing of a new home, down payment of a new home.
- Modifications that are not for the direct or remedial benefit of the member.
- Adaptations, improvements or repairs to the residence which are of general utility or in some way not related to the member's disability.

Limitations

- Expenditures of \$50,000 of add-on supports (ATES & Home Modification) over the Life of the Waiver.

Individual Goods & Services

Code: T1999

Purpose

- Services, equipment or supplies not otherwise provided through Innovations Waiver or Medicaid State Plan that address an identified need.

Information

- Request must meet the following requirements:
 - Item or service would decrease the need for other Medicaid services.
 - Promote inclusion in the community.
 - Increase the member's safety in the home.
 - Member does not have the funds to purchase the item or service.
- Individual Support Plan must outline how each of the applicable requirements are met.

Continued

Individual Goods & Services

Code: T1999

Exclusions

- **Does not** include experimental goods & services.
- **Does not** include items considered restrictive under NC G.S. 122C-60.
- Purchasing/leasing/renting of a vehicle is **not permissible**
- Purchase of animals, food, nutritional supplements, alcohol, & tobacco are **not coverable** under this definition.

Limitations

- **Only available** for members participating in one of the Individual & Family Directed Support Models for Innovations Waiver (EOR/AWC).
- Cost cannot exceed \$2000 per plan year.

Natural Supports Education

Code: S5110

Natural Supports Education Conference

Code: S5111

Purpose

- Provides training to families & the member's natural support network to enhance decision making capacity of the natural support network.
- Provide orientation regarding the nature & impact of the I/DD diagnosis.
- Provide education & training on intervention/strategies.
- Provide education & training in the use of specialized equipment & supplies.

Information

- Requested education & training must have outcomes directly related to the needs of the member or natural support's ability to provide care & support to the member.

Continued

Natural Supports Education

Code: S5110

Natural Supports Education Conference

Code: S5111

Information

- Reimbursement can be made for enrollment fees & materials related to attendance at conferences & classes by the primary caregiver.

Exclusion

- Transportation, lodging & meals are **not included** in this service.
- **Excludes** trainings furnished to family members through Specialized Consultative Services.
- Training & education, including reimbursement for conferences are **excluded** for family members & natural support networks when those members are employed to provide supervision & care to the member.

Limitations

- Reimbursement for conference & class attendance will be limited to \$1000 per member planning year.

Residential Supports / AFL

Codes: H2016- Level 1 / T2014- Level 2 / T2020- Level 3
H2016H1- Level 4

Purpose

- To support successful living in a group home or alternative family living (AFL) setting that meets the home and community based characteristics.
- The intended outcome of the service is to increase or maintain the person's life skills, provide the supervision needed, maximize his/her self-sufficiency, increase self-determination and ensure the member's opportunity to have full membership in his/her community.

Information

- Considered a non-base budget service
- Levels tied to resource allocation model:
 - **Level 1:** Individual Budgeting Category A
 - **Level 2:** Individual Budgeting Category B
 - **Level 3:** Individual Budgeting Categories C and D
 - **Level 4:** Individual Budgeting Categories E, F, and G
- **Cannot be** provided by a relative as provider.
- Respite is available to members residing in AFL homes. Residential Supports can be billed on the same day as respite if the member is receiving respite to participate in a summer camp or support group. Residential Supports cannot be billed on the same day as Respite if the member is accessing respite for an overnight camp.
- Provider required to be enrolled to provide Crisis Services
- Vehicle Modifications are available to members, if the vehicle is owned by the member and can transition with the member.
- Primary AFL Staff who provide Residential Supports should not provide other waiver services to the member.

Continued

Residential Supports / AFL

Codes: H2016- Level 1 / T2014- Level 2 / T2020- Level 3
H2016H1- Level 4

Information

- Payments for Residential Supports do not include payments for room and board, the cost of facility maintenance and upkeep.

Exclusions

- Does not provide transportation to/from school or to any community location before/after school
- Members that receive Residential Supports are not eligible for Home Modifications
- May not be provided at the same time of day as Community Networking, Community Living & Support, Day Supports, Respite, Supported Living, Supported Employment, or one of the state plan Medicaid services that works directly with the member
- Payments do not include room & board or facility maintenance
- Primary AFL Staff who provide Residential Supports should not provide other waiver services to the member. Agencies providing Residential Supports can provide other waiver services to the member.

Limitations

- Subject to Individual Budgeting Tool

Respite (Group, Individual, RN, LPN, & Facility)

Codes: S5150 - Individual / S5150 HQ - Group

T1005TD - Nursing Respite/RN

T1005TE - Nursing Respite/LPN

S5150US - Facility

Purpose

- To provide periodic or scheduled support to the primary caregiver(s).

Information

- May be used by members in AFLs.
- Enables the member to receive periodic support and relief from the primary caregiver(s) at his/her choice.
- Respite may be used during school hours for sickness, injury, or when a student is suspended or expelled.
- The primary caregiver(s) is the person principally responsible for the care and supervision of the member and must maintain his/her primary residence at the same address as the member.

Exclusions

- **Cannot** be used as a regularly scheduled daily service.
- **Not available** for member who reside in facilities licensed as .5600B or .5600C.
- AFLs **may not** bill on the same day as per diem respite.

Limitations

- Cost of 24 hours cannot exceed the per diem rate for the average community ICF-IID facility.
- Respite is not provided by any person who resides in the member's primary place of residence.
- Respite services are only provided for the member; other family, such as siblings of the member, may not receive care from the provider while Respite is being provided/billed for the member.

Continued

Respite (Group, Individual, RN, LPN, & Facility)

Codes: S5150 - Individual / S5150 HQ - Group

T1005TD - Nursing Respite/RN

T1005TE - Nursing Respite/LPN

S5150US - Facility

Limitations

N/A

Specialized Consultative Services

Code: T2025

Specialized Consultative Services BCBA

Code: T2025 HO- BCBA

Purpose

- To support unique needs of members by providing expertise, training, and technical assistance in a specialty area (psychology, behavior intervention, speech therapy, therapeutic recreation, augmentative communication, assistive technology equipment, occupational therapy, physical therapy, nutrition, and other licensed professionals who possess experience with members with Intellectual / Developmental Disabilities) to assist family members, support staff and other natural supports in assisting members with developmental disabilities.
- Under this model, family members and other paid/unpaid caregivers are trained by a certified, licensed, and/or registered professional, or qualified assistive technology professional to carry out therapeutic interventions, consistent with the Individual Support Plan.

Continued

Specialized Consultative Services

Code: T2025

Specialized Consultative Services BCBA

Code: T2025 HO- BCBA

Information

- May be used for evaluations when State Plan benefit exhausted.
- **May not** duplicate services provided through Natural Supports Education and Crisis Supports.
- The member may or may not be present during service provision.
- The professional and support staff are able to bill for their service time concurrently.

Exclusions

- **Cannot** duplicate services provided through Natural Support Education and Crisis Supports

Limitations

- N/A

Supported Employment (Individual & Group)

Code: H2025- Individual

Supported Employment Long Term Follow-up (Individual & Group)

Code: H2025HQ- Group

Purpose

- To provide assistance with choosing, acquiring, and maintaining a job for members ages 16 and older for whom competitive employment has not been achieved and /or has been interrupted or intermittent.
- The intent of Initial Supported Employment is to assist member with developing skills to seek, obtain and maintain competitive employment or develop and operating a micro-enterprise. The employment positions are found based on member preferences, strengths, and experiences. Job finding is not based on a pool of jobs that are available or set aside specifically for members with disabilities.

Information

- The transition to Long-Term Supported Employment should occur within one year of successful competitive employment; at this time it is expected that staff time will reduce as the member becomes more independent in her/his job duties.
- Supported Employment may be needed if the member's job duties change or if a new job is acquired.

Exclusions

- Incentive payments to encourage or subsidize the employer's participation in a supported employment program **are not permitted**.
- Payments passed through to the member.
- Payments for training not directly related to the member's supported employment program.

Continued

Supported Employment (Individual & Group)

Code: H2025- Individual

Supported Employment Long Term Follow-up (Individual & Group)

Code: H2025HQ- Group

Exclusions

- Support in positions that would not exist without the supported employment service and/or require the use of a specific supported employment provider
- **Does not** provide transportation to/from school to any community location before/after school
- **May not** be provided at the same time of day as Community Networking, Community Living & Support, Day Supports, Respite, Residential Supports, Supported Living, or one of the state plan Medicaid services that works directly with the member

Limitations

- Subject to Individual Budgeting

Supported Living

Code: T2033- Level 1 / T2033 HI- Level 2

T2033 TF- Level 3 / T2033 U1- Periodic

Purpose

- Provides a flexible partnership that enables a member to live in their own home with individualized supports based on the unique needs of the member with up to 24 hours availability of staffing.
- The service includes direct assistance as needed with activities of daily living, household chores essential to the health and safety of the members, budget management, attending appointments, and interpersonal and social skills building to support the member to live in their own home in the community.

Information

- A member's own home is defined as the place the member lives and in which the member has all of the ownership or tenancy rights afforded under the law.
- Members living in a Supported Living arrangement shall choose who lives with him/her, are involved in the selection of direct care staff, and participate in the development of roles and responsibilities of staff.
- Members receiving Supported Living have the right to manage personal funds as specified in the Individual Support Plan.
- This service is distinct from Residential Supports in that it provides for a variety of living arrangements for members who choose to live in their own home versus the home of a provider.

Continued

Supported Living

Code: T2033- Level 1 / T2033 HI- Level 2

T2033 TF- Level 3 / T2033 U1- Periodic

Information

- Training activities, supervision, and assistance may be provided to support the member to participate in home life or community activities. Other activities include assistance with monitoring health status and physical condition, and assistance with transferring, ambulation and use of special mobility devices.
- Can be self-directed.
- A formal roommate agreement, separate from the landlord lease agreement, is established and signed by members whose name is on the lease.
- Family member is defined as a parent, grandparents, siblings, grandchildren, and other extended family members.
- Transportation is an inclusive component of Supported Living to achieve goals and objectives related to these activities.
- Transportation to and from the members and points of travel in the community is included to the degree that they are not reimbursed by another funding source.
- A periodic modifier can be used for members who use less than 4 hours of Supported Living per day.
- 3 levels of Supported Living are defined as:
 - **Level One: Level A and B Level 1** is intended to serve members who require minimal support to perform the activities of daily living and to remain safe and healthy. Staffing is based on the preferences and the assessed needs of the member but typically does not require staff to be in the home or awake at night.

Continued

Supported Living

Code: T2033- Level 1 / T2033 HI- Level 2

T2033 TF- Level 3 / T2033 U1- Periodic

Information

- **Level Two: Levels C and D Level 2** is intended to serve members who require moderate support to perform the activities of daily living and to remain safe and healthy. Staffing is based on the preferences and the assessed needs of the members. Typically, the live-in caregiver or staff must be onsite but not awake at night or appropriate technology may be used to ensure supervision.
- **Level Three: Levels E, F and G Level 3:** The member requires continuous supervision including awake overnight staff in order to remain safe and healthy. Typically, members receiving Level Three supports include arrangements in which a member is living in his/her own home with overnight and awake staff or appropriate technology may be used to ensure supervision as identified in the ISP.
- **Special Needs Adjustment** is available for Levels 1-3. The adjustment does not change the Level designated for the member, but adjusts the Level to meet one or more of the following circumstances.
 - The member is in circumstances that are time limited but that require support at a higher level than described by the identified Level and the current rate does not cover the cost.
 - The member needs a roommate and requires a special adjustment until one moves in.

Continued

Supported Living

Code: T2033- Level 1 / T2033 HI- Level 2

T2033 TF- Level 3 / T2033 U1- Periodic

Information

- The member is transitioning from a higher level of care setting and the rate adjustment is needed to ensure success during the transition process.
- Member who require a continued special needs adjustment due to medical or behavioral health issues may be reassessed for appropriateness of level.
- There is not a limit on the number of times Special Adjustments can be used.
- Each request for an adjustment is based on the member's unique circumstance, needs and care planning review process.
- Can be approved for up to 90 days and can be extended for an additional 90 days if needed.
- Member can utilize respite to access summer camps or support groups.

Exclusions

- Not available to anyone under 18 yrs. of age.
- May not be provided at the same time of day as Community Networking, Community Living & Support, Day Supports, Respite, Residential Supports, Supported Employment, or one of the state plan Medicaid services that works directly with the member.
- Home shall not be owned by the provider, or be affiliated with any entity that leases or rents a place of residence to a member if such entity requires, as a condition of renting or leasing, the member to move if the member wishes to change service provider.

Continued

Supported Living

Code: T2033- Level 1 / T2033 HI- Level 2

T2033 TF- Level 3 / T2033 U1- Periodic

Exclusions

- **Shall not** be provided in a home where a member lives with family unless such family is another member receiving Supported Living, a spouse, or a minor child.
- Family is defined as a parent, grandparent, sibling, grandchildren, step-parents, non-minor step-children and step-siblings and non-minor adoptive relationships.
- **Shall not** include payment for services provided by the spouse of a member or to family or legal guardian.
- **Does not** reimburse for room and board with the exception of a reasonable portion that is attributed to a live-in caregiver who is unrelated to the member and who provides services in the member's home.
- **Does not** reimburse for the cost of maintenance of the dwelling.
- **Not provided** in licensed settings.
- Members shall not receive Community Living and Supports or state plan Personal Care Services.
- Members may only receive permanent Home Modifications if the home is owned by the member.
- Member's home shall have **no more than** three residents including any live-in caregiver providing supports per Session Law 2011-202 House Bill 509.
- A live-in caregiver is defined as an individual unrelated to the member who provides services in the member's home through the Supported Living provider agency.
- The live-in caregiver **does not** own or lease the home.

Continued

Supported Living

Code: T2033- Level 1 / T2033 HI- Level 2
T2033 TF- Level 3 / T2033 U1- Periodic

Limitations

- Subject to Limits on Sets of Services.
- Subject to Individual Budgeting.

Supported Living Transition

Code: T2033 U2

Purpose

- Provide individuals with the supports they need to facilitate their transition into Supported Living.
- Covered transition services are:
 - Meeting the individual who is preparing to transition in an effort to get to know them and assess their support needs for Supported Living.
 - Meeting with treatment team members in an effort to gather, review, and discuss information that will help to better understand the individual and their support needs.

Exclusions:

- N/A

Limitations

- **Only** available during the 6 months prior to transition into Supported Living.

Vehicle Modifications

Code: T2039

Purpose

- To support increased community access for members with mobility issues through modifications to the member's vehicle.

Information

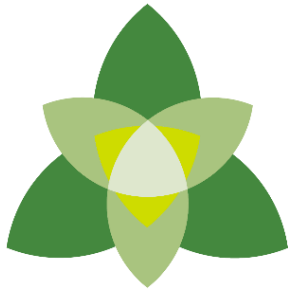
- Allows for lifting and lowering devices.
- Language to increase clarity.
- Vehicle Modifications are available to members who reside in a Residential Facility, if the vehicle is owned by the member and can transition with the member.
- The installation, repair, maintenance, and training in the care and use of these items are included.
- The member or his/her family must own the vehicle.
- The vehicle must be covered under an automobile insurance policy that provides coverage sufficient to replace the adaptation in the event of an accident.

Exclusions

- Does not cover renting/leasing a vehicle with adaptations, services and maintenance contracts, extended warranties, or adaptations for exclusive use at school.

Limitations

- Limited to \$20,000 over the life of the waiver.



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HEALTH RESOURCES

For information about treatment services and supports near you, referrals, or assistance in a behavioral health crisis, call Trillium Health Resources' 24-Hour Access to Care Line at:

1-877-685-2415

Toll-Free • 24 hours a day • 7 days a week

Administrative and Business Line: 1-866-998-2597

www.TriliumHealthResources.org



FULL

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