



NC DHHS Responses to Pilot Training Questions Session 1

Questions/Comments	Response
1 Are the licensure rules going to provide more flexibility to allow providers/individuals the dignity of risk component?	An important component of this process is the identification of barriers that exist in all rules. It is the state's intent to make the changes needed to remove these barriers. A comprehensive systems review has begun and will be ongoing over the course of the next 4 years as we achieve compliance with the Rule at all levels. Feedback is important from providers/individuals receiving supports/families regarding barriers that exist. DHSR has been involved and is in conversation with other state partners regarding the use of rule waivers. More information is forthcoming.
2 On the self-determination – MY LIFE slide – where is the guardian's role - in your presentation, it is not present.	Supporting the individual to plan for their life is a collaborative effort between all members of the team. Teams' will need to have conversations about everyone's role in helping the individual achieve what is important "to" and "for" them.
3 How do we overcome the adverse impact of restrictive guardians?	All team member's opinions needs to be considered and respected including the individual and guardian in the planning process. Guardians, who are often family members, can provide valuable information, critical to the planning process. It is recommended that all guardians be referred to information about guardianship roles that is available at http://www.disabilityrightsn.org/guardianship and at http://www.nccourts.org/Forms/Documents/1184.pdf .
4 Do "Residential Supports" refer to AFL settings or just group homes?	Residential Supports refers to both group homes and AFLs.
5 Are sheltered workshops expected to be inclusive of individuals with and without disabilities? If not, how are they considered community integration?	The Day Supports provider will need to show how the service provides inclusion. Inclusion may occur outside of the facility. People receiving services will make the decision regarding the degree to which they want connections in the community when receiving services in a day supports facility. While a few service locations have been identified as not meeting HCBS requirements, the Rule is not prescriptive about sheltered workshops. As stated in NC's HCBS Transition Plan, the Rule is about choice and what works or does not work for the individual.
6 Do they make minimum wage while working in the sheltered workshop?	In terms of the service provided, Day Supports (or prevocational training) may allow for subminimum wage. Supported Employment does not occur in a sheltered workshop and requires minimum wage be paid to all individuals who receive this service.
7 Please review the deadline date.	For the HCBS Transition Plan Self-Assessment Pilot, assessments must be



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	submitted by 5/24/15. For statewide implementation of the HCBS Transition Plan Self-Assessment, assessments must be submitted by 9/15/15.
8 For AFL's on the e-assessment, is the site and their name, address, the name of the AFL staff and their name and address? Isn't that PHI?	This information is not considered protected health information (ePHI).
9 Can the system time out? How long do we have to type it in?	The e-Assessment will not time out during the session; however, currently there is not a save feature. This will prevent you from adding information at a later date/time.
10 When we submit, will there be follow up as needed, from DHHS, if not clear?	Yes, in conjunction with the LME-MCOs/LLAs as noted on Slide 77 of the PPT.
11 Are bulleted lists ok to do in the e-assessment?	Yes.
12 Providers will need guidance to support a person who wants kitchen access but has diabetes/eating disorders/etc., etc., etc.	Providers should request guidance, initially, during planning meetings with the Care Coordinator.
13 We had a choice about being in the pilot?	Yes.
14 Six beds are institutions but four bed settings (used to be three beds) aren't? It is unclear what definition is being referred to.	6 bed settings are not necessarily considered institutions. It depends on licensure category. However, many 6 bed settings have characteristics comparable to institutional settings. Under the Innovations waiver, newly licensed group homes must be 3 beds or less. We are recommending that this be changed to 4 beds with the waiver amendment that is under development. Until this waiver amendment is approved, the current waiver limit of 3 beds must be applied. 4-6 bed homes which were already in existence at the time of the transition to the Innovations waiver were grandfathered.
15 A job if interested but understanding the impact of SSI or SSDI is complicated and can affect benefits – address this.	The Innovations waiver includes Health Care for Disabled Workers (HCDW) Basis Benefit as an eligibility category. This allows beneficiaries who are gainfully employed to buy in to Medicaid.
16 My adult and disabled child and I go to church Weds and Sun but no one ever calls him for coffee/movies from the church – even though they are pleasant at church there is no real relationship and, thus no unpaid supports.	It may be that other groups/organizations need to be explored. Community Guide could be used to connect the person to other activities that may lead to the development of relationships.
17 Choice of residential placement is challenged by lack of support for physical modifications (tub, ramp, lift) as \$ only available for personal home, not an AFL setting – where is choice?	The LME-MCO is responsible for having adequate provider choice within their Network. Within the choice available, the individual can choose a facility that has the adaptations needed to meet the individual's needs.
18 Person needs more than 12 hour/day of services could be assumed to have high needs that can't be addressed in 3 to 4 person homes where 1:1	Residential Support is a daily rate service. The LME-MCO's have the ability to develop an individualized rate to meet the unique needs of the individuals that



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	staff is not the norm and modifications not available – where is choice?	they support.
19	Are Care Coordinators receiving training on HCBS characteristics? For example, the person leads the PCP meeting. The person invited who she/he wants.	Care Coordinators will receive training on the HCBS Characteristics.
20	Why don't Care Coordinators have to complete a functional assessment since they are the ones who draft the plan?	The role of the Care Coordinator is to help the team identify needed functional assessments that are appropriate for the individual.
21	Can Community Support service constraints be lifted a bit to include more activities to give more choice to the people we serve?	Community Supports is not a service covered under either of the 1915(c) waivers.
22	If we want people receiving residential supports to have more choice in leisure activities can respite come back?	Respite is a service which gives the primary care giver a break from care. Leisure activities are supported by the Residential Supports service.
23	If no supplemental documents are submitted, will follow up be requested later, or reviewed later? During an audit?	It is the expectation that the supporting documentation will be maintained on site for later review.
24	Can you clarify the number of sites we have to review for Supported Employment?	1 for the corporate site and 10% or 10 assessments, whichever is larger.
25	In the assessment/companion guide it states that an ICF is not considered a Public Institution therefore does this mean that a HCBS facility can share grounds with a community based ICF?	A waiver facility should not be sharing grounds with an ICF-IID. Homes considered integrated in the community are those homes that are surrounded by homes or apartments that can be rented or purchased by any one.
26	Will there be an increase in rates for these services?	Data from the self-assessment will be used to determine what is needed to comply with the rule.
27	The assessment tool does not appear to discuss children services. How can you utilize this tool for children services?	Yes, children's services are included. You will have to take into consideration age appropriate choices.
28	Can providers assume that the conditions apply to children and those persons that have been adjudicated incompetent?	Yes. You will have to take into consideration age appropriate choices for children and individuals who are not their own legal guardians.
29	If a consumer adjudicated incompetent choses to become pregnant, can the provider prevent sex and prevention from pregnancy? The consumer has the right and refuses birth control medications? Can the provider restrict this activity? Can or must the provider over-rule their choices when the choices of the consumer are the opposite?	Concerns such as these must be considered on an individual basis, in consultation with the individual's guardian of the person. Providers should address concerns about health and safety and limitations or restrictions on activities with the individual's guardian of the person. Any restrictions that impact the client's rights set out in the HCBS regulation would have to be included in the individual's person centered plan, and if required, approved by the Human Rights Committee.
30	The consumers live in a group home and all wish to be involved in consensual sexual activity, must the group home permit it?	Whether or not a client has the capacity to consent to engage sexual activity is an individual determination. Teams will work together with the person to



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		address any concerns that sexual activity would negatively impact the health and safety of the client. This should include an assessment for the ability to make a consensual sexual decision. In addition, providers may need to work with each individual in the home regarding appropriate interactions with others in the home. The assessment and any subsequent restrictions must be documented in the individual's person centered plan.
31	Can a provider limit or restrict activities by having those activities be earned by the consumer?	Limitations or restrictions on activities must be ISP and rights restrictions must include HRC approval.
32	If a consumer is of age and wishes to drink legally, must the provider permit it?	Providers should inform individuals about any restrictions on alcohol consumption when the individual is considering moving into the provider operated home. Otherwise, it is assumed that individuals will be afforded dignity of risk and teams will work together with the person to address any concerns.
33	If the consumer refuses medication, can the medication be hidden in the food or drink?	No. Individuals should be involved in decisions about medication administration compliance.
34	The consumer has a right to a full night's sleep and has medication to assist with that. The State inspector states that the consumer must be awakened four times a year on third shift to practice fire drills. Is this permitted?	Providers should continue to follow rules and regulations required to operate a licensed facility. The provider should inform individuals that, as part of living in a licensed facility, fire drills will be conducted on a regular basis.
35	Can the provider HRCs provide exceptions and limitations to these HCBS rules?	The HRC cannot change the intent of the federal rule. However, HRCs can approve restrictions if appropriate for the individual. HRCs are encouraged to ensure the individual with potential restrictions be present at the meeting, ensure the individual understands the restriction and reason for restrictions, ensure the person has input regarding the restrictions, and understands time limited restrictions.
36	Does this include Developmental Day – T2027 services?	Yes.
37	Does this include: Medicaid State Plan Services (Personal Care Services, PsychoSocial Rehab, Private Duty Nursing) – specifically – personal care being provided in residential services?	No. The rule applies to services provided under a 1915(c) waiver or 1915(i) and (k) authorities only. Medicaid State Plan Services are basic Medicaid benefits and are not part of these waivers.
38	When will the individual assessment tool be developed and implemented?	We will be drafting an individual assessment tool within the next year. The task is on the timeline posted on the DHHS website.
39	For the full assessment (i.e. after pilot is complete) will the MCO receive a	Yes.



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	list of all providers/sites required to complete the self-assessment within their geography?
40	MCOs will have a list of all their network providers and out of network contacts, however those absent a contract that operate within the geography of MCO "X" will likely not be known to MCO "X" even if they provide Innovations services paid by MCO "Y"?
50	Who will be checking the providers for compliance once they submit the self-assessment?
51	What is reasonable in finding a staff the person chooses especially when it comes to Day Supports Individual versus Day Supports Group and with AFL Residential Supports?
52	MCO's have closed networks which limits a person's choices when choosing an AFL or Day Supports Program. Not all MCO's have a process for or allowing "client specific agreements." How does the team support a person in choosing when MCOs consider a choice between 2 places sufficient regardless of the person's wants?
53	Will the provider self-assessment be completed annually on providers?
54	For new providers added to a MCO network. What is the timeframe for the self-assessment to be completed on new providers after full implementation?
55	The proper tools to work with, that would make the consumer feel safe and healthy – need more funding to reduce waiting lists for Innovations waivers.
56	Can supported employment services support a person who wants to start



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	their own business? For example, photography.
57	How does a closed network support a person receiving residential supports? For example – a person lives in a group home meets someone he/she wants to live with who will provide paid supports for them. The customer wants to stay with their agency and have this person provide supports. Yet the closed network required the customer to consider the current available AFL's that have vacancies. How does this managed way of doing business honor personal choice for the customer?
58	Do you have a list of various assessment tools for all levels of ability?
	Choice does not have to be an unlimited choice. The LME-MCO is responsible for adequate provider choice to meet the needs of the individuals that they support. The planning team is responsible for ensuring that all of the choices within the LME-MCO Network are presented to the individual.
	A list of endorsed assessment tools is not available currently from the Department. However, it is recommended that you follow with the responsible LME-MCO/LLA for possible suggestions as it is an opportunity to partner in the identification of appropriate tools.