Managed Care 1915(b) and/or Home and Community-Based 1915(c) Waivers for Respite Support

Medicaid is a program in every state that pays for medical assistance for certain individuals and families with low incomes and resources. It is the largest source of funding for medical and health-related services for America's poorest people. Because Medicaid is funded jointly by the federal and state governments, the services paid for vary from state to state. In addition to medical services, Medicaid will pay for home and community-based services (HCBS) through the state plan as well as through Medicaid waivers that offer services as a lower-cost alternative to treatment in a medical or long term care facility, such as a nursing home. Respite is usually paid for through one or more of the following types of waivers: research and demonstration (1115), managed care (1915b) and HCBS (1915c) waiver programs. This state’s Medicaid waivers that include respite are:

**NC Comprehensive Waiver (3.5)**

Provides adult day health, day supports, personal care, residential supports, respite, supported employment, behavior consultant, community transition, crisis respite, crisis services, home and community supports, home modifications, individual caregiver training and education, individual goods and services (self-direction only), long term vocational supports, personal emergency response system (PERS), specialized consultative services, specialized equipment and supplies, transportation, and vehicle adaptations for individuals diagnosed with autism, developmental disabilities, and/or intellectual disabilities with no age restrictions.

**NC Supports Waiver (3.5)**

Provides adult day health, day supports, home and community supports, personal care, respite, supported employment, behavior consultation, crisis respite, crisis services, home modifications, individual and caregiver training, individual goods and services (SD only), long term vocational supports, personal emergency response system (PERS), specialized consultative services, specialized equipment and supplies, transportation, and vehicle adaptation for individuals diagnosed with autism, developmental disabilities, and/or intellectual disabilities with no age restrictions.

**NC 2008 Community Alternatives Program for Disabled Adults CAP/DA Waiver**

Provides adult day health, case management, institutional respite, personal care aide, care advisor, financial management services (FMS), personal assistance, assistive technology, community transition, home accessibility and adaptations, meal preparation and delivery, non-institutional respite, participant goods and services, personal emergency response system (PERS), specialized medical equipment supplies-nutritional supplements, specialized medical equipment supplies-reusable incontinence supplies, specialized medical equipment supplies-medications dispensing boxes, and training/education and consultative services for aged individuals 65 years and older and individuals between 18-64 years old diagnosed as disabled.

**NC Community Alternatives Program for Children Waiver**

Provides Community Alternatives Program for Children (CAP/C) personal care services in-home respite care, CAP/C personal care, case management, care advisor, financial management, CAP/C nursing services, CAP/C pediatric nurse aide in-home respite care, CAP/C pediatric nurse aide services, caregiver training and education, community transition funding, home modifications, in-home nurse respite, institutional respite, motor vehicle modifications, palliative care-counseling and bereavement counseling, palliative care-expressive therapies, personal assistant, waiver supplies-adaptive tricycle, waiver supplies-re-usable incontinence undergarments, and waiver supply-disposable liners for reusable incontinence undergarments for individuals, 0-20, diagnosed as medically fragile.

**NC Innovations Waiver**

Provides day supports, personal care, residential supports, respite, supported employment, assistive technology, community guide, community networking, community transition, crisis services, financial support services, home modifications, in home
intensive support, in home skill building, individual good and services, natural supports education, specialized consultation, and vehicle modifications for individuals diagnosed with developmental disabilities, and/or intellectual disabilities with no age restrictions.
**NC Comprehensive Waiver (3.5)(0662.R01.00)**  
**State Operating Agency:** North Carolina Division of Mental Health/Developmental Disabilities/Substance Abuse Services (DMH/DD/SAS)

**Description**
This waiver allows persons with developmental disabilities, mental retardation, and autism to remain living at home and in the community as an alternative to institutionalization. Participants in the Comprehensive Waiver have a Case Manager who assists them in finding and connecting with community resources, developing a Person Centered Plan, ensuring the participant’s health and safety needs are met, facilitating services and supports are provided in the Most Integrated Setting, and ensuring the participant is satisfied with the services and supports they are receiving. The Comprehensive Waiver does not apply to residents of Carrabus, Davidson, Rowan, Stanly and Union Counties, which are covered by the Piedmont Innovations Waiver.

The services provided by this waiver include: adult day health, day supports, personal care, residential supports, respite, supported employment, behavior consultant, community transition, crisis respite, crisis services, home and community supports, home modifications, individual caregiver training and education, individual goods and services (self-direction only), long term vocational supports, personal emergency response system (PERS), specialized consultative services, specialized equipment and supplies, transportation, and vehicle adaptations. This waiver relies on person-centered plans.

**Waiver Type**
1915(c)

**Target Population-Eligibility**
Individuals, regardless of age, who have been diagnosed with: Autism, Developmental Disability (DD), and/or Mental Retardation (MR). Individuals who reside in counties that are covered by the Innovations Waiver are not eligible for this Comprehensive Waiver.

**Level of Care**
Individuals require level of care available in an Intermediate Care Facility for the Mentally Retarded (ICF/MR)

**Respite Services**
Respite is a service that provides periodic relief for the family or primary caregiver. This service may be provided in the participant’s home or in an out-of-home setting. Respite must not be used for participants who are living alone or with a roommate.

Community Respite provides periodic relief for the family or primary caregiver and may be provided either as an individual or in a group service and is provided in the community and not at a State Developmental Center. It can be provided in any of the following locations: participant’s home or place of residence or within the participant’s community or LME approved Respite providers home meeting requirements, other community care residential facility approved by the state that is not a private residence including alternative family living arrangement or certified respite provider’s home.

Institutional Respite is provided in an ICF-MR bed in a State Developmental Center.

Enhanced Respite is for individuals who have intense medical needs and require the expertise and supervision of a Registered Nurse (RN) or Licensed Practical Nurse (LPN) due to the complexity or critical nature of the activities provided.

Crisis Respite is a short-term service providing relief to the caregiver when a participant is experiencing a crisis and a period of structured support, programming, or both is required. Crisis respite may be used when: the participant cannot be safely supported at home due to his or her behavior and implementation of a formal behavior intervention has failed to stabilize the behaviors or all other approaches to ensure health and safety have failed. In addition, the service may be used as a planned respite stay for waiver participants who are unable to access regular respite due to the nature of the behaviors they exhibit.

Crisis respite care is provider managed; other respite services may be participant-managed or provider managed.
### Respite Provider Eligibility

Information about provider eligibility: [http://www2.ncdhhs.gov/dma/provenroll/index.htm](http://www2.ncdhhs.gov/dma/provenroll/index.htm).

### Caregiver Eligibility

Crisis Respite: may not be provided by a legally responsible person, relative or a legal guardian of the client. Other respite services may be provided by a relative or a legal guardian of the participant as long as they not live in the participant’s home, and is a qualified employee of the respite provider agency, but may not be provided by a legally responsible person.

### Enrollment Limit

10325: Year ending 09/30/2016

### How to Apply


### Contact Information

Contact the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (919) 630-7582

### Link to Waiver Application

Link to application unavailable

### Expiration Date

09/30/2017

### Date of Last Update

11/06/2015
The Supports Waiver provides services and supports to participants with intellectual and developmental disabilities in their homes and communities as an alternative to institutionalization. This waiver relies on person-centered plans. Participants in the Comprehensive Waiver have a Case Manager who assists them in finding and connecting with community resources, developing a Person Centered Plan, ensuring the participant’s health and safety needs are met, facilitating services and supports are provided in the Most Integrated Setting, and ensuring the participant is satisfied with the services and supports they are receiving.

The services provided by this waiver include: adult day health, day supports, home and community supports, personal care, respite, supported employment, behavior consultation, crisis respite, crisis services, home modifications, individual and caregiver training, individual goods and services (SD only), long term vocational supports, personal emergency response system (PERS), specialized consultative services, specialized equipment and supplies, transportation, and vehicle adaptations.

**Waiver Type**
1915(c)

**Target Population-Eligibility**
Individuals, regardless of age, who have been diagnosed with: Autism, Developmental Disability (DD), and/or Mental Retardation (MR). North Carolina residents who live in their own home or reside with their family with some support and service needs that can be met within the cost limit of $17,500. Participants who choose not to self-direct can live in licensed residential facilities. Individuals who reside in counties that are covered by the Innovations Waiver are not eligible for this Supports Waiver.

**Level of Care**
The level of care that an individual requires is the care available in an Intermediate Care Facility for the Mentally Retarded (ICF/MR).

**Respite Services**
Respite is a service that provides periodic relief for the family or primary caregiver. This service may be provided in the participant’s home or in an out-of-home setting. Respite must not be used for participants who are living alone or with a roommate.

Community Respite provides periodic relief for the family or primary caregiver and may be provided either as an individual or in a group service and is provided in the community and not at a State Developmental Center. It can be provided in any of the following locations: participant’s home or place of residence or within the participant’s community or LME approved Respite providers home meeting requirements, other community care residential facility approved by the state that is not a private residence including alternative family living arrangement or certified respite provider’s home.

Institutional Respite is provided in an ICF-MR bed in a State Developmental Center.

Enhanced Respite is for individuals who have intense medical needs and require the expertise and supervision of a Registered Nurse (RN) or Licensed Practical Nurse (LPN) due to the complexity or critical nature of the activities provided.

Crisis Respite is a short-term service providing relief to the caregiver when a participant is experiencing a crisis and a period of structured support, programming, or both is required. Crisis respite may be used when: the participant cannot be safely supported at home due to his or her behavior and implementation of a formal behavior intervention has failed to stabilize the behaviors or all other approaches to ensure health and safety have failed. In addition, the service may be used as a planned respite stay for waiver participants who are unable to access regular respite due to the nature of the behaviors they exhibit.

Crisis respite care is provider managed; other respite services may be participant-managed or provider managed.
### Respite Provider Eligibility

Information about provider eligibility: [http://www2.ncdhhs.gov/dma/provenroll/index.htm](http://www2.ncdhhs.gov/dma/provenroll/index.htm).

### Caregiver Eligibility

Crisis Respite: may not be provided by a legally responsible person, relative or a legal guardian of the client. Other respite services may be provided by a relative or a legal guardian of the participant as long as they not live in the participant’s home, and is a qualified employee of the respite provider agency, but may not be provided by a legally responsible person.

### Enrollment Limit

1150: Year ending 09/30/2016

### How to Apply

To apply, contact your local Social Services Agency here: [http://www2.ncdhhs.gov/dss/local/index.htm](http://www2.ncdhhs.gov/dss/local/index.htm). Reference the DMA website before calling to determine other materials you will need here: [https://dma.ncdhhs.gov/medicaid/get-started/apply-for-medicaid-or-health-choice](https://dma.ncdhhs.gov/medicaid/get-started/apply-for-medicaid-or-health-choice)

### Contact Information

Contact the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (919) 630-7582

### Link to Waiver Application

Link to application unavailable

### Expiration Date

09/30/2017

### Date of Last Update

11/06/2015
The CAP/DA waiver has two options for an individual to select, traditional services or consumer-direction. The traditional services of the waiver allows providers to take the lead role in directing beneficiaries service; whereas, consumer-directed care allows the beneficiary, or their appointed representative, to take lead in the development of the plan of care. This lead role offers the authority and responsibility to manage and make decisions regarding waiver services.

Services provided by this waiver include: adult day health, case management, institutional respite, personal care aide, care advisor, financial management services (FMS), personal assistance, assistive technology, community transition, home accessibility and adaptations, meal preparation and delivery, non-institutional respite, participant goods and services, personal emergency response system (PERS), specialized medical equipment supplies-nutritional supplements, specialized medical equipment supplies—reusable incontinence supplies, specialized medical equipment supplies—medication dispensing boxes, and training/education and consultative services. In addition, participants are eligible for State Plan services when medical necessity is determined.

Target Population-Eligibility

Individuals who are 65 years and older or disabled and between the ages of 18 and 64 years old.

Level of Care

Individuals require level of care available in a Nursing Facility (NF).

Respite Services

Institutional Respite Care is the provision of temporary support to the primary caregiver(s) of the CAP/DA participant by taking over care of the participant for a limited period of time. The provision of this service takes place in a Medicaid, certified nursing facility or a hospital with swing beds. This service may be used to meet a wide variety of needs, including family or caregiver emergencies, relief of the caregiver, and planned vacations/special occasions when the caregiver needs to be away from town for some extended period of time. Institutional respite care is provider managed.

Non-Institutional Respite Care is the provision of temporary support to the primary unpaid caregiver(s) of the CAP/DA participant by taking over the tasks of primary caregiver for a limited period of time. These services are provided in the CAP/DA participant’s home and are provided by a Personal Care Aide working through a Homecare Agency Licensed by the State. This service may be used to meet a wide range of needs, including family emergencies; planned special circumstances (such as vacations, hospitalizations, or business trips); relief from the daily responsibility and stress of caring for a Beneficiary with a disability; or the provision of time for the caregiver(s) to complete essential personal tasks. Non-Institutional respite care may be provider managed or participant-directed.

The combined use of both Institutional Respite Care and Non-Institutional Respite Care must not exceed 30 calendar days or 720 hours in one fiscal year.

Respite Provider Eligibility

Information about provider eligibility: [http://www2.ncdhhs.gov/dma/provenroll/index.htm](http://www2.ncdhhs.gov/dma/provenroll/index.htm)

Caregiver Eligibility

Institutional Respite: Services may not be provided by a legally responsible person, relative or a legal guardian.

Non-Institutional Respite: Services may be provided by the legally responsible person, relative, or legal guardian.

Enrollment Limit

13936: Year ending 09/30/2016

How to Apply

To apply, contact the lead Community Alternatives Program for Disabled Adults Waiver (CAP/DA) lead agency in your area. [More](http://www2.ncdhhs.gov/dma/cap/CAPDA_ContactList_050214.pdf)
information on the waiver program is available at

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<th>Contact Information</th>
<th>Division of Medical Assistance, Clinical Policy Section</th>
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NC Community Alternatives Program for Children Waiver (CAP/C) (4141.R05.00)
State Operating Agency: North Carolina Health and Human Services (DHHS)

Description
The purpose of the CAP/C waiver is to provide a community alternative for children who have complex medical conditions who otherwise would be hospitalized or in a nursing facility. The program provides a package of services that support the recipient directly and indirectly by providing physical, educational, and emotional support to the recipient and his or her family and informal supports. With an appropriate package of supports, recipients will be able to remain safely at home, and they and their families can be independent, active members of their communities, all at a cost lower than that of institutionalization.

The services provided by this waiver include: Community Alternatives Program for Children (CAP/C) personal care services in-home respite care, CAP/C personal care, case management, care advisor, financial management, CAP/C nursing services, CAP/C pediatric nurse aide in-home respite care, CAP/C pediatric nurse aide services, caregiver training and education, community transition funding, home modifications, in-home nurse respite, institutional respite, motor vehicle modifications, palliative care-counseling and bereavement counseling, palliative care-expressive therapies, personal assistant, waiver supplies-adaptive tricycle, waiver supplies-re-usable incontinence undergarments, and waiver supply-disposable liners for reusable incontinence undergarments.

Referrals to the CAP/C program may come from any source; most often from case managers, but also from hospital discharge planners, Early Intervention workers, physicians’ offices, and recipients themselves. There is a ‘no wrong door’ policy for entrance into the waiver. CAP/C accommodates both a traditional service delivery method and a participant-directed option.

Waiver Type
1915(c)

Target Population-Eligibility
Individuals who: Are under the age of 21 (0-20), Are medically fragile, and Are residing in a private residential setting. The State defines ‘private residence’ as a traditional home that is not licensed or regulated as a group home or other board and care facility. Individuals may be living in licensed facilities or nursing facilities at the time of application but must be discharged to a private residence before they can actually begin participating in the waiver program.

Level of Care
The level of care that an individual requires is the care available in a Hospital or Nursing Facility (NF).

Respite Services
In-Home Respite: This waiver offers three types of in-home respite services: CAP/C Personal Care Services In-Home Respite; CAP/C Pediatric Nurse Aide In-Home Respite Care; and In-Home Nurse Respite. All in-home respite services are provided to participants unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those informal support persons who normally provide care for the participant. Foster care services are not billed during the period that respite is furnished for the relief of the foster care provider. In-Home Respite care is provided in the individual’s home or place of residence, including a level 1 foster home.

Institutional Respite: Service provided to participants unable to care for themselves that are furnished on a short-term basis because of the absence or need for relief of those informal support persons who normally provide care for the participant. Foster care services are not billed during the period that respite is furnished for the relief of the foster care provider. Institutional respite care is provided in a Medicaid certified hospital or Medicaid certified nursing facility.

All respite services are provider managed

Respite Provider Eligibility
Information about provider eligibility: http://www2.ncdhhs.gov/dma/provenroll/index.htm

Caregiver Eligibility
In-home respite may not be provided by a legal guardian or legally responsible person, but may be provided by a relative. Institutional respite may not be may not be provided by a legal guardian, legally responsible person, or relative.
### Enrollment Limit

1631: Year ending 06/30/2015; renewal application pending

### How to Apply

To apply, the child in question must be enrolled in Medicaid. If the child is not enrolled in Medicaid they can be enrolled online via the ePASS public portal at [https://epass.nc.gov/CitizenPortal/application.do](https://epass.nc.gov/CitizenPortal/application.do)

Families on CAP/C have a case manager to assist them with identifying their needs. The case manager will develop a plan of care to meet your child’s needs, monitor, and coordinate the services and supplies in that plan of care. Case Management Providers and DMA Consultants by County: [http://www2.ncdhhs.gov/dma/cap/capc/CAPC_Contacts_by_County_071514.pdf](http://www2.ncdhhs.gov/dma/cap/capc/CAPC_Contacts_by_County_071514.pdf)

### Contact Information

Department of Medical Assistance:

919-855-4100

Contact your local Social Services Agency for more information: [http://www2.ncdhhs.gov/dss/local/](http://www2.ncdhhs.gov/dss/local/)

More information about this program can be found on the NC Medical Assistance website: [https://dma.ncdhhs.gov/medicaid/get-started/find-programs-and-services/communityalternatives-program-for-children](https://dma.ncdhhs.gov/medicaid/get-started/find-programs-and-services/communityalternatives-program-for-children)

### Link to Waiver Application

Link to application unavailable

### Expiration Date

[06/30/2015]; renewal application submitted and pending

### Date of Last Update

11/06/2015
NC Innovations Waiver (0423.R02.00)
State Operating Agency: NC Department of Health and Human Services (DHHS), Division of Medical Assistance

Description
This waiver is designed to provide an array of community-based services and supports that promote choice, control and community membership. These services provide a community-based alternative to institutional care. The services provided by this waiver include: day supports, personal care, residential supports, respite, supported employment, assistive technology, community guide, community networking, community transition, crisis services, financial support services, home modifications, in home intensive support, in home skill building, individual good and services, natural supports education, specialized consultation, and vehicle modifications. Participants may elect to direct their own services.

Waiver Type
1915(c); 1915(b)

Target Population - Eligibility
Individuals of any age who have been diagnosed with developmental disabilities and/or intellectual disabilities. New participants must live with private families or in living arrangements in 6 beds or less.

Level of Care
Individuals require level of care available in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).

Respite Services
Respite services provide periodic support and relief to the primary caregiver(s) from the responsibility and stress of caring for the individual. This service enables the primary caregiver to meet or participate in planned or emergency events and to have planned time for him/her and/or family members. Respite may include in- and out-of-home services, inclusive of overnight, weekend care, and emergency care (family emergency based, not to include out-of-home crisis. This service may not be used as a daily service in individual support. This service is not available to individuals who receive residential supports and/or those who live in licensed residential settings or Alternative Family Living (AFL) Homes. Respite care is not provided by any individual who resides in the individual’s primary place of residence. Respite does not include transportation to/from school settings. This service is not available at the same time of day as in-home skill building, in-home intensive services, community networking, day supports, supported employment, residential supports, personal care, specialized consultation services, or one of the regular Medicaid services that works directly with the participant.
Respite may not be used for participants who are living alone or with a roommate.
Respite services may be participant-directed or provider managed.

Respite Provider Eligibility

Caregiver Eligibility
Respite may be provided by a relative or legal guardian, but may not be provided by a legally responsible person.

Enrollment Limit
12488: Year ending 07/31/2016

How to Apply
To apply, contact the Local Management Entity-Managed Care Organization in your county: http://www2.ncdhhs.gov/mhddsas/services/advocacyandcustomerservice/cetmap1-2013.pdf

Contact Information
Contact the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (919) 630-7582

Link to Waiver Application

Expiration Date
07/31/2018

Date of Last Update
11/06/2015