Trillium HEALTH RESOURCES

Transforming Lives. Building Community Well-Being.

Innovations Waiver Registry of Unmet Needs Instructions

NC Innovations Waiver is a Home and Community Based benefit plan to support persons with Intellectual and/or Developmental Disabilities (IDD) to maximize their potential in their natural community settings as an alternative to institutional settings. At the current time, there is no additional Waiver funding available. This application can be completed in order to be considered for the Registry of Unmet Needs (waitlist) for Innovations Waiver services.

To be considered for the Registry of Unmet needs for Innovations Waiver Funding the following information must be submitted:

- Completed Application for Innovations Waiver Registry of Unmet Needs
- Most recent psychological evaluation (must include the following)
  - Intellectual/Cognitive Testing such as IQ assessment
  - Adaptive behavior assessment
  - Diagnosis
- If member is over the age of 18, documentation supporting the diagnosis prior to the age of 18

If it is determined that the individual is not an appropriate referral- because the information provided indicates that the person likely does not meet criteria for participation in the Innovations Waiver- he/she will not be added to the Registry of Unmet needs. You will receive written notification about the decision.

If you have questions about the application process please call Trillium Health Resources at 1-866-998-2597.

Please return this completed application and supporting documentation to:

Mail: Trillium Health Resources
PO Box 7166
Greenville, NC 27835 - 7166
Attn: Review Committee for Registry
Email: RUN@TrilliumNC.org
Fax: 252-215-6878

--- Application begins on next page ---

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Innovations Waiver Registry of Unmet Needs

BACKGROUND INFORMATION

Name _____

Date of birth _____

Mailing Address _____

City _____ Zip _____

County _____

Telephone Number _____ Gender ☐ Male ☐ Female

Primary Language ☐ English ☐ American Sign Language ☐ Spanish ☐ Other: _____

Guardian/Legally Responsible Person _____

Mailing Address _____

City _____ Zip _____

Telephone Number _____

Email address _____

Type of Guardianship

☐ Parent of minor
☐ Guardian of the Person
☐ Guardian of the Estate
☐ Limited Guardianship (please specify): _____

Please include copy of guardianship document, if applicable.

Do you have Medicaid? ☐ Yes ☐ No

- If yes, what is the Medicaid ID? _____
- What is the Medicaid County? _____

Do you have Medicare? ☐ Yes ☐ No

Do you have private insurance? ☐ Yes ☐ No

- If yes, what is the insurance company? _____

Current Services and Supports

Where do you live?

- ☐ Independently
- ☐ With foster family
- ☐ In AFL (Alternative Family Living)
- ☐ Other (Specify _____)
- ☐ At home with biological family
- ☐ In group home
- ☐ In ICF-IID facility or nursing home

Do you attend school?

- ☐ Yes (specify school & grade) _____
- ☐ No

Are you employed?

- ☐ Yes (specify where): _____
- ☐ No

Do you receive specialized therapies? *(Check all that apply)*

- ☐ I do not receive any specialized therapies.
- ☐ physical therapy
- ☐ occupational therapy
- ☐ speech therapy
- ☐ recreational therapy
- ☐ psychology/behavior consultation
- ☐ dietary/nutrition specialist
- ☐ other (specify):

What services are you receiving now? (for example: personal assistance, respite, Medicaid personal care, CAP DA services, CAP C services, adult day program, supported employment)

Specialized Equipment & Supplies

Do you need specialized equipment or supplies that have been recommended by a physician or professional? (check all that apply)

- ☐ I do not need any specialized equipment or supplies.
- ☐ diapers/pull-ups
- ☐ Ensure
- ☐ positioning devices (i.e. special car seat)
- ☐ Aids for daily living (i.e. special utensils, weighted blanket)
- ☐ communication device
- ☐ Home modifications (i.e. roll-in shower, widened doorways)
- ☐ Mobility aids (i.e. ramp, wheelchair)
- ☐ Vehicle modifications (i.e. for wheelchair access)
- ☐ Other equipment needs not listed above: _____

Why Innovations?

What are the unmet needs of the individual? What are the pressing issues for the individual/family that could be addressed with Innovations funding? (Please specify in detail. Include additional pages if needed.)

Completed by: _____ Date: _____

Your relationship to applicant:_____

Has the legal guardian been notified of and approves of this application submission for the Registry of Unmet Needs for the Innovations Waiver? ☐ Yes ☐ No

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