

ATTENTION INNOVATIONS PROVIDERS: QUARTERLY PROGRESS SUMMARIES

Effective Immediately, Innovations Waiver Providers will no longer be required to submit Quarterly Progress summaries to Trillium however; progress summaries are needed prior to November 1st as applicable depending on the individual's ISP due date.

As a reminder Quarterly Progress Summaries follow the same schedule as the participant's ISP year. For instance, if a participant's birth month is in May, their plan year runs June 1st - May 31st, the Quarterly Progress Summary schedule will be as follows:

1st Quarter: June - August

2nd Quarter: September - November3rd Quarter: December - February

4th Quarter: March - May

In the above example, providers will need to complete and submit a progress summary that covers the months of September and October to finish out the participant's 2nd Quarter, prior to November 1st.

Provider agencies are expected to follow documentation requirements as outlined in the Records Management and Documentation Manual.

RESPITE/AFL

Per Clinical Coverage Policy 8P (effective 11/1/16), "NC Innovations Respite may also be used to provide temporary relief to individuals who reside in Licensed and Unlicensed AFLs, but it may not be billed on the same day as Residential Supports." The cost of 24 hours of respite care cannot exceed the per diem rate for the average community ICF-IID Facility.

Respite may be requested in either of the settings identified according to the service definition. If a provider bills facility respite, licensure is required and the following standards should be met: 10A NCAC 27G.5100 Community Respite Services for All Disability Groups or standards of their 131d or 122c residential license as outlined in NC Administrative Rule 10A NCAC 27G.5101.

DAY SUPPORTS

Per Clinical Coverage Policy 8P (effective 11/1/16), "Day Supports is billed in 1 hour unit increments. An individual must receive Day supports 15 minutes before the 1 hour unit may be billed."

Effective 11/1/16, Day Supports should be billed according to the Clinical Coverage Policy 8P. No changes are needed for previously approved TARs based on the 15 minute increment.

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COMMUNITY LIVING AND SUPPORT DOCUMENTATION

As individuals transition from Personal Care, In Home Skill Building and In Home Intensive Supports to Community Living and Supports, the expectation is the documentation will be completed, using the same format as has been previously used for Personal Care, In Home Skill Building and In Home Intensive Supports.

As indicated in the Records Management and Documentation Manual: For non-habilitative goals, provider agencies may document these goals using a modified service note, a service grid, or a combination of a grid/checklist and a modified service note, unless provided by a home care agency that is following the home care licensure rules; for habilitative goals, provider agencies may document these goals on a grid sheet.

The individual's service preferences and support needs determine the personal care and/or habilitative interventions that will be provided within the Community Living and Supports definition, therefore when transitioning to Community Living and Support it may be a simple cross-walk (from previous services received) or there may need to be changes in the personal care and/or habilitative components of the service based on the individuals' support needs.

Thank You for all you do to support the individuals and families and continued partnership with Trillium Health Resources.

HCBS FINAL RULE TRANSITION PLAN

Please be advised that the North Carolina Home and Community Based Services Final Rule Transition Plan has been posted to the NC DHHS-HCBS website. For your convince, attached you will find the memo announcing it is posted for public comment along with the Transition Plan.

- MEMO
- PUBLIC COMMENT
- FINAL RULE TRANSITION PLAN



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