Vaya Health

North Carolina Innovations Waiver Participant Responsibilities

I understand that participation in the North Carolina (NC) 1915(c) Medicaid Innovations Waiver (Waiver) managed by Vaya Health (Vaya) on behalf of the North Carolina Department of Health and Human Services, is voluntary. I also understand that, if I am enrolled in the Waiver, I will be receiving Waiver services instead of services in an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). I understand that for me to continue to be eligible for the Waiver, I must continue to be eligible for NC Medicaid within one of the designated categories of aid and I must continue to meet all other Waiver eligibility criteria.

Participant: _____ Medicaid ID#: _____

- I understand that by accepting a Waiver slot, this means I am in need of Waiver services to prevent an immediate need for ICF/IID services.
- I understand that to maintain my eligibility for this Waiver, I require the provision of **at least one Waiver service monthly** and that failure to use a Waiver service monthly will jeopardize my continued eligibility for the Waiver. The services approved in my plan of care (also called an Individual Support Plan, or ISP) have been determined necessary to improve/support my intellectual/developmental disability (I/DD) needs.
- I understand that Waiver participants must live in private homes or in residential facilities licensed for four or fewer beds (unless I was already living in a residential facility licensed for six or fewer beds). I also understand that if I reside in a licensed facility, that facility must also meet the Home and Community-Based Services (HCBS) characteristics defined in the Waiver. My Care Manager has explained to me how these requirements apply to my current living arrangement.
- I understand that if I choose to move to a facility that is licensed for more than six beds or does not meet the HCBS characteristics defined in the Waiver, I will no longer be eligible for the Waiver.
- I understand that the total of my Waiver services cannot exceed $184,000 during my plan year or I will no longer be eligible for the Waiver.
- I understand if I choose to accept a Waiver slot, my assigned Care Manager will develop a plan of care/ISP that reflects services to meet my needs. My Care Manager will explain the planning process and the establishment of my Individual Budget to me. My plan of care/ISP will be re-developed annually prior to my birth month. I understand that Waiver provider(s) will deliver services according to my plan of care/ISP.
- I understand that I may be required to pay a monthly Medicaid deductible if that is part of my financial eligibility for Waiver services. My Care Manager can help me get information on Medicaid deductibles from my local Department of Social Services (DSS).
- I agree to cooperate in the assessment process, which includes but may not be limited to the following:
  - Supports Intensity Scale® (SIS®) no less frequently than every two to three years
  - NC Innovations Risk/Support Needs Assessment (also called a Health Risk Assessment) annually
  - Assessment to validate that I need the ICF/IID Level of Care
- I understand that my plan of care/ISP will be monitored and reviewed by my Care Manager and that I can contact my Care Manager at any time if I have questions about my plan of care/ISP, Individual Budget, or the services that I receive.

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- I understand that I have the right to choose a provider within the Vaya provider network.
- I understand that I am required to meet with my Care Manager for care management activities in the home or wherever my family member lives and/or all settings where services are provided to allow my Care Manager **access to all settings where services are provided**. The Care Manager will schedule meetings as often as needed in order to make sure I am receiving the services in my plan of care/ISP, that my services are being delivered appropriately, and to monitor my health and safety. I may also request meetings with my Care Manager at any time to discuss concerns. I understand that if I refuse to meet with my Care Manager to develop the plan of care/ISP or to participate in monitoring, that I could be removed from the Waiver.
- I understand that I am required to notify the Care Manager of any concerns about my services.
- I understand that I am required to give adequate notice to the Care Manager of any change in address, phone number, insurance status, and/or financial situation prior to or immediately following the change. I understand that I also must notify my local DSS of these changes.
- I understand that I am required to give adequate notice to the Care Manager of any behavior or medication changes as well as any change in my health condition(s), including emergency department or hospital visits.
- I understand that I am required to attend appointments set by the local DSS to determine Medicaid renewals to ensure my continued Medicaid eligibility.
- I understand that I will be provided a copy of information about the Waiver to help me understand the services available through the Waiver and guidelines that need to be followed to ensure continued eligibility.
- I understand that Vaya is responsible for ensuring an adequate network of providers is available so that I can make an informed choice about my provider.
- I understand that Vaya, or a Tailored Care Management provider contracted with Vaya, will make a Care Manager available to provide care management supports, which include:
  - Conducting an assessment to determine service needs, including, but not be limited to, the NC Innovations Risk/Support Needs Assessment/Health Risk Assessment.
  - Working with the Care Planning Team to coordinate and document the plan of care/ISP.
  - Requesting all services that are determined necessary for me and listed in the plan of care/ISP.
  - Making me aware of the amount of my Individual Budget and the process used to establish this budget and make any needed changes.
  - Monitoring all authorized services to ensure that they are provided as described in the plan of care/ISP and that they meet my needs.
  - Helping me with the coordination of benefits through Medicaid and other sources to include, if needed, linkage with the local DSS regarding coordination of Medicaid deductibles.
  - Helping me file any complaint, grievance, or concern about my Waiver services or any matter other than an adverse benefit determination and helping me reach resolution within 30 days of when I file the complaint, grievance, or concern.
  - Empowering me to lead as much of my care planning, decision-making regarding the use of Waiver funding, and oversight of Waiver services as I choose.
  - Getting an order from my physician(s) for all needed medical supplies and specialized equipment.

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- Supporting me in obtaining all needed information to make an informed choice of provider within the Vaya network, inclusive of notifying the Vaya Health Provider Network Operations Department if providers are needed outside of the current Vaya network.

Signature of Participant	Date
Name of Participant (or Authorized Representative/Legally Responsible Person)	Date

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