

Rockingham County Community Education Session
I/DD Case Management to Care Coordination
3/19/2012

Question	Answer
How and when will I be assigned a Care Coordinator?	CenterPoint will be sending a series of letters to current recipients of case management services including education about waiver and what is involved when switching from case management to care coordination. All Care Coordination jobs at Centerpoint are currently posted to our website (www.cphs.org) While most care coordinators will not actually start working at Centerpoint until November or December 2012, we are reviewing applications already and will make offers to qualified applicants with a projected hire date. Not all case managers will be hired as care coordinators. If your current case manager is hired as a care coordinator, and you would like to continue to work with them, CenterPoint will work to preserve those relationships. If your current case manager is not hired as a care coordinator at CenterPoint, you will receive written notification of your care coordination assignment no later than November 2012.
Will Community Guide agencies contract with CenterPoint?	Yes. Centerpoint will be posting a Request for Applications in the early Summer 2012 after training is offered to existing providers and new providers interested in providing this service. As with Care Coordination, authorizations for Community Guide will be in place prior to 1/1/2013.
Is there going to be a difference in pay between Care Coordination and Community Guide?	Yes. The hiring salary ranges for Care Coordinators range between \$41,000-\$47,000 annually. Care Coordinators must be a Qualified Professional in I/DD which means they must have at least a Bachelor's degree in a human services field with a minimum of 2 years experience post degree working with people with I/DD. Community Guide providers do not have to have a degree, but must have a high school diploma or GED and be able to demonstrate competency and knowledge of local community resources and how to access them. The reimbursement for Community Guide has changed over the years and may be changing again soon among the PIHPs already providing this service. Centerpoint will include updated information about Community Guide reimbursement rates in the upcoming training on this service in April 2012.
Will all Care Coordinators work in Winston-Salem?	All CenterPoint Care Coordinators will have an office in Winston-Salem. Much of Care Coordination work, however, is field based and technology will be made available to Care Coordination staff to conduct many of their job duties in the office or in the field. There is no plan for there to be home based or satellite based

	offices for Care Coordinators.
Do I have to travel to Winston-Salem to get Care Coordination?	No. Consumers and families do not have to come to Winston-Salem to meet their Care Coordinators. Care Coordinators will be mobile and will conduct field and home visits for assessment, plan development and monitoring, much like case managers do now.
Does every person getting Case Management automatically get Care Coordination?	For persons with I/DD, it is most likely that every person currently getting Case Management will also get an assigned Care Coordinator. Not every recipient of Case Management will automatically receive Community Guide. I/DD Care Coordinators are assigned based on individual and family needs determined by CenterPoint's Customer Services Department. This may be more familiar to people as our Screening Triage and Referral phone line, where your need for services is assessed. Each person receiving Case Management now will be reviewed for their ongoing need for Care Coordination. If a person is on the waiting list for I/DD services, or is currently receiving any State funded or Medicaid reimbursed I/DD services, they will be assigned a Care Coordinator.
When /how soon will an evening Community Education be scheduled?	Consumers and families have provided feedback and requested that CenterPoint provide additional Community Education sessions after business hours. CenterPoint will post an updated Community Education session schedule to the website (www.cphs.org) , include an update in the Friday email, and distribute announcements through case management agencies and direct service providers. Please anticipate an updated schedule within the next few weeks.
How does CenterPoint becoming an MCO impact current CAP provider's endorsement?	This question will be forwarded to our Provider Network Management Dept and a response will be posted to the website in the near future.

Davie County Community Education Session
I/DD Targeted Case Management to Care Coordination
March 27, 2012

Question	Answer
This sounds like single portal. Is it the same thing?	The NC Single Portal law ordered that human services afford consumers a single port of entry into the system including a consolidated case management system. This transition from Targeted Case Management to Care Coordination is slightly different. The Care Coordination function provided by the MCOs will afford consumers assessment, plan development, provider referral, and monitoring services. Many non-billable case management activities can now be provided by Community Guide services.

Can another assessment be requested?	Yes. Consumers always have the right to due process and can challenge/appeal any clinical opinion or adverse decision related to their services and identified needs.
Is SIS for all age groups?	The Supports Intensity Scale has both a child tool and an adult tool. The Child tool was developed for children ages 5-15 and the Adult tool is for persons age 15+
Will budgets change with assessment scores?	The Supports Needs Matrix is a tool developed by Piedmont Behavioral Health Care which takes the scores from a Supports Intensity Scale assessment and considers where the needed supports are to be delivered to consumers to determine the base budget. In the Innovations waiver, there are base budgets and add-on budgets which together determine a consumer's overall service budget.
Under the managed care model, are I/DD services entitlements?	Medicaid is a federally mandated entitlement program. The CAP waiver (1915c) is not an entitlement program. The state sets the number of slots available for enrollment. This will not change with the implementation of managed care in NC.
Will Care Coordinators advocate?	The role of the Care Coordinator is to assess needs, educate consumers about services, develop individual service plans, offer choice of providers, and monitor services. Care Coordinators are not advocates for consumers.
Will Care Coordinators do the SIS?	At CenterPoint, each Care Coordinator will be trained to administer the SIS. A care coordinator who completes a SIS may not also develop a plan of care for the same consumer.
How will a Care Coordinator be assigned?	Consumer choice will be honored when possible to preserve case load sizes. CenterPoint anticipates that Innovations Care Coordinators will need to maintain case loads of no more than 35 people to provide quality service.
Can Community Guide services be provided by local people?	It is highly preferred that Community Guide agencies be located in the communities where the services will be delivered. Community guides must be at least 18 years old, have a high school diploma or GED, and have a criminal background check completed prior to going to work which presents to health and safety risks to the person who will be served.
Is the criteria for Community Guide going to be on the CenterPoint website?	Yes. As we restructure our website, consumers and prospective providers of this service will have access to the service definition and provider criteria.
The Community Guide reimbursement rate is low, how will we recruit professionals?	The minimum educational requirements for Community Guide are a high school diploma or GED and so recruitment of Community Guides should include professionals or paraprofessionals. CenterPoint is watching some current activity regarding rate setting for Community Guide with Managed Care Organizations already in operation. The rate has changed from a monthly rate of \$75/month to both a monthly and hourly rate (specifically used when Community Guides help consumers Self Direct their services and supports).
How many consumers will be on a	This will be determined by the provider of the service. It will

Community Guide's caseload?	likely be a greater number than the typical CAP caseload which individuals and families may be currently used to.
Is one of the MCO's new functions to weed out providers?	The purpose of the MCO is not to weed out providers. MCO's do operate a closed network of providers much like private insurance companies have a participating provider network. The reason for the closed network is to work with providers to develop robust, quality choices of service providers not to achieve a specifically lower number of participating providers.
If I like my current Targeted Case Manager, how can I keep them?	Current Targeted Case Managers may be working at CenterPoint as care coordinators, as Community Guides or as QPs working for direct service providers. If a case manager comes to work as a Care Coordinator at CenterPoint, a family can request retention of that case manager, but the ultimate decision for member assignment will be of the Lead Care Coordinators who are working to maintain feasible caseloads. In addition, there may be incidents where a change in care coordinator could improve the overall quality of service management and delivery.
Will there be a listing of Care Coordinators employed with CenterPoint to choose from?	Once all positions have been offered to qualified applicants and applicants have accepted the offer to work at CenterPoint, we will post the names of all care coordinators in the I/DD services care coordination department on the website.
How can a family give CenterPoint a positive reference for a Targeted Case Manager applying for a Care Coordinator position?	Targeted Case Managers are responsible for indicating their references on their application. Any addition kudos of a prospective candidate can be sent to Human Resources or to Jeff Payne at CenterPoint.

Stokes County Community Education Session
I/DD Targeted Case Management to Care Coordination
March 29, 2012

Question	Answer
What if your plan is revised in June 2012, do you have to do a new one in January 2013?	Current CAP plans developed by case managers will be crosswalked to comparable Innovations services by Care Coordinators in November 2012 without the need for a formal revision. If your CNR is in December, a new plan (not a crosswalk) will be expected to be developed by your new Care Coordinator and team.
On January 1, 2013, will there be a service gap for some people?	CenterPoint has a transition plan for Targeted Case Management to Care Coordination. The number one objective is that no consumer will experience a lapse in service.
Will there be consumer choice for Community Guide Services?	Yes. Consumers will always be given choice of Community Guide provider agencies as they are with other services.
Where will community meetings be held in the future?	Yes. We will announce future meetings in the following ways: Website, Friday email, and a US mailing to all current I/DD

	service recipients in May 2012.
What will a Care Coordinator's caseload be?	It will vary depending on the service that a person receives. All Innovations (currently CAP) Care Coordinators will have caseloads of 25-35. State funded Care Coordinators may have caseloads up to 80 people. The program enrollment expectations inform case load size.
When will hiring for Community Guide begin?	Centerpoint hopes to post a Request for Interest announcement for prospective Community Guide agencies in late Spring or early Summer.
How can parents make recommendations for potential Care Coordinators?	Targeted Case Managers are responsible for indicating their references on their application. Any addition kudos of a prospective candidate can be sent to Human Resources or to Jeff Payne at CenterPoint.
If you provide Home Supports, do I have to have backup documentation?	All Innovations services including In Home Supports will be required to identify back up staffing during annual planning development.
Will Community Guide be authorized by CenterPoint?	Yes. CenterPoint will authorize Community Guide services starting January 1, 2013.
Will private agencies provide Community Guide?	Yes
In the new system, how long will it take to start getting people off of the waiting list?	It is difficult to predict the speed with which folks will start moving off of the waiting list. Currently individuals may be waiting for CAP but are enrolled in other services. Others are not receiving any services at all. With the addition of Community Guide as a new service and Respite as a B3 non-waiver service, the hope is that we can offer many more folks waiting with no service, some type of support.
Will folks that currently receive CAP lose their current worker?	The transition from CAP to Innovations does not require a change in provider nor change in direct care staff.

Forsyth County Community Education Session
I/DD Targeted Case Management to Care Coordination
March 22, 2012

Question	Answer
Is the direct care provider responsible for fine tuning the "nuts and bolts" of the PCP?	The Direct Service provider will be responsible for the development of the short term goals and methodology for addressing those goals. The ISP will formally include long term goals related to needs assessed by the Care Coordinator.
Is the PCP sent back to the Care Coordinator for submission for authorization?	Care Coordinators at CenterPoint are responsible for submitting complete ISPs to Utilization management for authorization.
Is it true that clients do better with goals that are	Goal setting is a team process. The ISP should

below challenging, at level of reasonable expectation, or above expectation level?	include goals that accurately reflect the desired outcomes for the person and the needs for support identified in the SIS assessment.
Is Self-Direction a Comprehensive or Supports Waiver service?	Self Direction is not a service. Currently, recipients of CAP Supports waiver services may chose to self direct their CAP services. CAP Comprehensive recipients may not currently opt for self direction of their services. Self Direction means that the individual or family works closely with their service providers regarding direct care staff selection, retention and termination. Self Direction while giving more authority to consumers and families also has a shared accountability for these decisions. A separate training will be provided by CenterPoint in August related to Self Direction of Innovations services. If you are currently a CAP Supports waiver recipient and you are interested in Self Direction, please call Jeff Payne 336-714-9171.
What is a Care Coordinator's caseload size?	Innovations Care Coordinators will have caseloads of 25-35. State funded/b3 Care Coordinators may have case loads up to 80 people.
Will individuals transition prior to January 1, 2013?	There will be a gradual transition from Case Management to Care Coordination. Centerpoint's plan is to start providing Innovations Care Coordination in October, B3/IPRS Care Coordination in November, and High Cost /High Risk Care Coordination in December. Targeted Case Management will continue to be a Medicaid reimbursable service until December 31, 2012. Individuals currently receiving CAP services will receive CAP services until December 31, 2012.
How many Care Coordinators will be hired?	There will be 27 positions in the I/DD Care Coordination Dept. One I/DD Clinical Director, 3 Lead Coordinators, and 23 Care Coordinators for Innovations, High Cost High Risk, and B3/IPRS services.
How many additional people will get services?	It is difficult to predict the speed with which folks will start moving off of the waiting list. Currently individuals may be waiting for CAP but are enrolled in other services. Others are not receiving any services at all. With the addition of Community Guide as a new service and Respite as a B3 non-waiver service, the hope is that we can offer many more folks waiting with no service, some type of support.
When is a Care Coordination meeting going to	Each enrollee will meet at least annually with their

occur?	Care Coordinator to develop their ISP. Care Coordinators have a service monitoring responsibility also and will see consumers typically monthly.
Will Supports or Comprehensive Waivers change?	Yes. In January 2013, the NC Innovations will not have 2 tiers as the CAP waivers are structured now. All current comprehensive and supports waiver recipients will be crosswalked to the NC Innovations waiver. The budget limits of current Supports waiver recipients will be reassessed with the SIS and the Supports Needs Matrix in the future after the SIS is implemented statewide.
My daughter is served by CenterPoint but lives in Guilford. Will she have to switch to the Guilford Center?	If she has Guilford Medicaid she will be switched to The Guilford/Sandhills Center. The Medicaid county of origin drives which MCO will serve her. Care Coordinators and Case Managers help with transitions from one MCO to another.
Will all MCO's be the same?	The NC Innovations waiver will be standardized across all MCOs. DMA and DMH are working to standardize practices among all of the MCOs. There may still be some MCO specific qualities in the use of state funds and there may be unique service needs and gaps to address depending on the area of the state that the MCO is serving.
How does Medicaid between counties work?	If a person has Davie, Forsyth, Rockingham or Stokes Medicaid they will be served by Centerpoint. If their Medicaid comes from a county other than these stated 4, they will be assigned to a different MCO which serves the county of Medicaid origin.
Will Community Guides work for CenterPoint?	No. Community Guides will work for providers which are part of the CenterPoint network of providers.
Gap between Targeted Case Management and Care Coordination, what happens between October 1, 2012 and December 31, 2012?	There will be a slow phase in transitioning folks who receive targeted case management into the new Care Coordination and Community Guide system. CenterPoint plans to transition Innovations recipients receiving case management in October, Case Management only recipients in November, and ICF residents and folks on the waiting list with no services in December.