NC Innovations Training
Part 1

WHAT IS NC INNOVATIONS?
NC Innovations Goals

Waiver was designed with specific goals:

- To value and support waiver participants to be fully functioning members of their community; To promote Promising Practices that result in real life outcomes for participants;

- To offer service options that will facilitate each participant’s ability to live in homes of their choice, have employment or engage in a purposeful day activity of their choice and achieve their life goals;

- To provide the opportunity for all participants to direct their services to the extent that they choose;

- To provide educational opportunities and support to foster the development of stronger natural support networks and enable participants to be less reliant on formal (paid) support systems.

CMS never intended the Waiver to meet all the needs of the recipient. There are other services and resources outside of the waiver that may be needed to meet an individuals needs such as the Medicaid State Plan, Durable Medical equipment, and community organizations.
Purpose

- Purpose of NC Innovations is to move people to the level of independence they choose

- Some of the advantages through NC Innovations is:
  - closed provider network
  - 1915 (b)waiver is to assist with 1915 (c) waiver recipient needs
  - NC Innovations supports access to the Medical Director and other clinical staff to ensure people are getting the right care
  - There are base services and add on services reflected on the budget
    - It is set up this way to encourage the use of add on services such as assistive technology, home modifications, etc. to enhance independence and therefore eliminate the need for paid staff
The Details

- NC Innovations Waiver, also known as the (c) waiver, is in effect from April 1, 2008 to March 31, 2013.

- It operates concurrently with a 1915 (b) Waiver, the North Carolina Mental Health/Developmental Disabilities/ Substance Abuse Services Health Plan (NC MH/DD/SAS Health Plan).

- Center for Medicaid Services (CMS) approves the waiver.

- Division of Medical Assistance (DMA), operates the waiver and our contract along with oversight from DMH/DD/SAS.
What is Waived and Assured

Waived:
- State wideness
- Comparable Services
- Deeming of Income and Resources

Assured:
- Health and Welfare
- Financial Accountability
- Evaluation of Need
- Choice of Alternatives
- Average Per Capita of expenditures
- Actual Total Expenditures
- Institutionalization absent the waiver
- Reporting
- Habilitation services
Administrative Functions

• Alliance Behavioral Healthcare manages the local operations of the waiver such as utilization management, care coordination, provider network credentialing, and provider reimbursement for approved services.

• In return, Alliance Behavioral Healthcare receives a monthly capitated payment for each member enrolled in NC Innovations.
  - This payment is also referred to as a PMPM (per member, per month).

• Additional people may be served on the waiver if the North Carolina General Assembly provides more funding and CMS approves the request to serve more individuals.
  - New individuals can also come onto the waiver if a recipient comes off the waiver and does not come back on within that waiver year.

• Participants have free choice of Providers within the Provider Network and may change Providers as requested.
Medicaid Eligibility

- Not everyone who is Medicaid eligible is eligible for NC Innovations

- Care Coordinators, I/DD Access, or Care Managers are not expected to be Medicaid experts and should refer an individual to their county DSS or Social Security Administration office

- Some individuals have a deductible which is also known as a “spend-down”
  - Each deductible is different and based on the individuals income
Individual and Family Directed Services

- NC Innovations contains the framework for participants to self-direct services and supports. The services that can be participant directed are:
  - Community Guide Services
  - Community Networking Services
  - In-Home Intensive Supports
  - In-Home Skill Building
  - Individual Goods and Services
  - Natural Support Education
  - Personal Care Services
  - Respite Services
  - Supported Employment Services

- From the services listed above, a participant can choose to self direct all, some, or one of the services they are authorized
Individual and Family Directed Services continued

- Individual and Family Directed services which is also known as Self-Direction or Participant Direction, represents a divergence from the traditional provider agency approach in that many of the responsibilities assumed by provider agencies are transferred to the individual or family.

- The Agency with Choice model is the model that Alliance Behavioral Healthcare will follow at this time.

- Please notify your TCM or Care Coordinator if you are interested in learning more on Self Direction.

There is a separate training to address this service.
NC Innovations Training
Part 2

WHO WILL RECEIVE NC INNOVATIONS?
Access to Care

• Those who currently have a CAP I/DD slot will receive NC Innovations January 1, 2013

• Individuals who do not receive CAP I/DD services or NC Innovations services but would like to receive NC Innovations, will contact Alliance Behavioral Healthcare if they live in Cumberland, Durham, Johnston or Wake counties
  – The individual/ legally responsible person will need to contact the MCO that oversees NC Innovations in the county they have Medicaid

• The time and date of the initial request to receive NC Innovations is recorded. If determined potentially eligible for the waiver, they will be placed on the Registry of Unmet Needs based on that date and time
  – Registry of Unmet Needs is what is known now as the waitlist
Eligibility

• Alliance Behavioral Healthcare will screen individuals for potential eligibility for NC Innovations based on ICF-MR level of Care (separate hand out)

• The screening process will include:
  – Comprehensive clinical review
  – Assessments
  – NC Innovations Risk/Support Needs Assessment
  – The SIS or NC SNAP

If the individual is found potentially eligible for waiver funding and there is no funding, they will be placed on the Registry of Unmet Needs
Level of Care

- When funding is available, the Level of Care (LOC) is then completed
  - This form takes the place of the MR2

- For Initial submission, both a current Psychological and Adaptive Behavioral Assessment is required
  - Children will need one every 3 years and adults every 5 years.

- With initial submissions, Utilization Management (UM) completes the first section of the form and then the form will be sent on to be completed by a Psychologist or MD that is provider within Alliance Behavioral Healthcare network
  - If medical condition causes disability, physician can complete LOC

- UM then reviews the decision and the Medical Director can support or overturn that decision.
  - If the MCO disagrees with the Psychologist decision, the recipient will be given a notice of decision that is appealable.
  - If it was found that the recipient did not meet ICF-MR eligibility criteria by the psychologist or physician it is sent for a second opinion. After the second opinion, the decision is final and not eligible for appeal
New Waiver Slot

- Once eligibility has been determined, the individual is notified of the slot availability.

- The individual/legally responsible person will be given a copy of the NC Innovation Participant Responsibility form.

- The individual/legally responsible person is notified of their institutional alternatives and is documented in the Freedom of Choice Statement.

- Anyone that is currently living in a facility or institution is notified that they must move to a home that meets the waiver requirements if they accept the waiver slot.
Annual Redetermination

- Just like with CAP I/DD, the participant is reassessed annually to see if they continue to meet eligibility.
- Care Coordinator verifies that the person continues to need services.
- If it appears the person may no longer be eligible, they must go back through the entire eligibility process again.

- **Annual Assessments**
  - Risk Supports Needs, SIS or SNAP (SNAP is done annually, SIS every three years), and Level of Care are REQUIRED and will be signed and dated by the professional that completes them.

- DDTI and AAIDD will be completing SIS Evaluations for Alliance BHC starting in October.
Access to ICF-MR Facilities

- Community and Developmental Centers use same LOC form used for NC Innovations but requires a Physician signature

- The ICF-MR facility is given the form to complete and signed by the review team’s physician

- At 120 days there is a utilization review – this process serves as authorization
  - If the ICF-MR determines that level of care is no longer met, no appeal rights are given
  - If Alliance Behavioral Healthcare determines level of care is no longer met, appeal rights are given
Access to other Services

• If an individual is not eligible for waiver services or is determined potentially eligible but there are no waiver slots, there are other services available
  
  – State plan services may be appropriate based on the recipient’s diagnosis and needs
  
  – For those that have Medicaid, equipment can be purchased through Durable Medical Equipment. This includes items such as wheelchairs, gait trainers, shower chairs, augmentative communication devices*

• B3 Services for those that have Medicaid
  – B3 covers Respite and Community Guide

*some equipment requires prior approval
Individual Support Plan Development

• Annually an Individual Supports Plan (ISP) will be written to reflect services and goals for each participant

• Team members will be determined by the participant/guardian and invited by the Care Coordinator (CC) in writing

• The CC is responsible for turning in a ISP that reflects the long term goals.
  – The Provider agency is responsible for the short term goals which will not be submitted to Utilization Management
Individual Support Plan Development continued

- For an initial NC Innovations ISP, the effective date is whichever is latest of (1) Medicaid application; (2) Level of Care; or (3) day of deinstitutionalization (CANNOT manipulate any of these dates)

- The annual ISP is submitted to UM on the first day of the participant’s birth month and is effective the first day of the following month

- The participant/legally responsible person must sign the Freedom of Choice statement, Participant Responsibilities, and Signature page of ISP annually
A Back-Up Staffing Plan is included in the ISP and is designed to meet the needs of the participant to ensure that if the assigned staff person is unable to provide the service, another qualified familiar person is available when the absence presents a health and welfare risk to the participant.

The type of back-up arrangements could be provider agency staff or unpaid supports.

The provider agency is responsible for providing backup staffing, if the family chooses this as the back-up plan.

Failure to provide back-up staffing is a level one incident and is documented on the PIHP Back-Up Staffing Incident Reporting Form.
NC Innovations Training
Part 3
ACCESSING
NC INNOVATIONS SERVICES
Role of the Care Coordinator

- Care Coordinators (CC) manage the participant’s care across the continuum of care and in conjunction with the participant, providers, and others to improve outcomes with NC Innovation services.

- It is a hands-on, managed care administrative function that covers treatment plan development, referrals to services, monitoring the delivery of services, and monitors the health and welfare of the participant.

- The CC has ongoing communication with the recipient/legally responsible person to educate and assist with accessing services and can address needs both over the phone and in person.
  - Recipients will receive a minimum of quarterly face-to-face visits.
  - Recipients new to waiver services require monthly face-to-face visits for six months.
  - Recipients where services are provided by guardians and/or relatives living in the same home, require monthly face-to-face visits.

- The CC monitors the participants’ services monthly to ensure they are being provided as requested through the ISP.
Where a Person Lives Matters

- Effective April 1, 2010, any *new* participants in this waiver must live in private homes or in living arrangements with six or fewer licensed beds.
  - Those under Alliance Behavioral Healthcare or any MCO are not considered “new’ participants

- **Supervised living Type B (Children) Type C (Adults)**
  - No more then 6 beds unless grandfathered in
  - New facilities cannot have greater than 3 beds

- **Supervised Living Type F**
  - Licensed Alternative Family Living (AFL) that serves adults and children that has 3 beds or less

- **Family Care Homes**
  - Cannot exceed 6 beds; new facilities cannot have greater than 3 beds

- **Unlicensed AFL Homes**
  - Cannot serve more than 1 adult and this must be the primary residence of the individual receiving services
Individual Budget

• For now, we will use a similar system as CAP I/DD
  - The recipient and their team will discuss what they believe are the appropriate services for the individual that cannot exceed $135,000 a plan year

• Services are divided into types:
  - Base (direct care services) + Add-ons (such as Home Modifications) cannot exceed $135,000

• We will eventually use what is called the Supports Need Matrix
  - This is a way to standardize funding for individuals with similar needs and to ensure that funding is allocated in a fair way
Crosswalk from CAP I/DD to NC Innovations

- Crosswalk, or transition, from CAP I/DD to NC Innovations can occur now BUT the NC Innovations services cannot start prior to January 1, 2013

- The Care Coordinator will not rewrite the plan at the time of the crosswalk unless the participant’s plan expires 12/31/12

- With the current PCP, the Care Coordinator will cross out the CAP service and replace it with the NC Innovations service

- The new budget page will be used in place of the cost summary
Crosswalk continued

- If absolutely needed, services can be added at the crosswalk

- Some existing services that were not covered by CAP I/DD will need to be reflected on the NC Innovations budget.
  - For example, nutritional supplements by mouth for adults

- All Home Modifications, Vehicle Adaptations, Augmentative Communication Devices and Specialized Equipment and Supplies that have been approved under CAP I/DD should be completed/ purchased by December 31, 2012

- All Crosswalk authorizations will need to be reviewed and entered by the Utilization Management Department by December 31, 2012
The following section will explain the new services. There will be comparisons between CAP I/DD and NC Innovation service definitions but they are not the same. Please read the NC Innovation Policy and Manual.

There are two services that are not part of service array that were covered under CAP I/DD:

- Transportation- it is no longer a service but imbedded in many of the services and the rate of that service

- Augmentative Communication Devices- Are not covered through NC Innovations because they are covered through DME
Residential Supports

Residential Supports Level 1/ Level 1 AFL H2016, Level 2/ Level 2 AFL T2014, Level 3/ Level 3 AFL T2020, Level 4/ Level 4 AFL H2016 HI

• Is service provided in a community residential setting that meets the home and community based characteristics. It provides both habilitation to train the participant in being as independent as possible and PCS services as required by the individual. The NC SNAP is used to determine the Residential Supports level

• No longer based on contact hours
In Home Skill Building

In- Home Skill Building Individual T2013, Group T2013 HQ

- Provides habilitation and skill building support to assist the individual in becoming more independent. It is anticipated that the hours of this service will be reduced as the participant is trained in the tasks reflected on the ISP.

- This is a training service where goals are worked on in the private home of the participant or community- not in the staff’s home (unless family member living in same home as consumer is the provider).

- The point of the service is to train the person in their environment.

- Transportation is part of the service rate.
Personal Care Services S5125

- This service provides support, supervision, and engaging in activities of daily living. This service also is used to assist in maintaining skills learned through habilitation services.

- Similar to CAP I/DD

- PCS can be provided in the staff home if the justification is there

- Transportation is not billable
Intensive In-Home Supports

In-Home Intensive Supports T1015

- This service is available to recipients who live in a private home that require extensive support and supervision. This service is for individuals with exceptional medical or behavioral needs reflected on the SIS or NC SNAP by having a score of a 4 or 5 in Medical or Behavioral section. This service is authorized in 90 day periods and requires a fading plan.

- Each request for this service will be staffed with Medical Director.

- Our job is to make sure the right plan is in place and providers do not exceed what is allowed by non-medical staff per the Nursing Board.
Respite

Respite Individual S5150, Group S5150 HQ, Nursing-RN T1005 TD, Nursing-LPN T1005 TE, Facility S5150 US

• Provides periodic support and relief to the primary caregiver. This service allows for the primary caregiver to participate in planned or emergency events. This service may not be used as a daily, ongoing service but can be used up to 10 consecutive days.

• This service is **not** available to participants who receive Residential Supports and/or those who live in licensed residential settings or Alternative Family Living Homes.

• No limit on hours authorized as long as budget is within waiver limits.
Community Networking

- Community Networking: Service H2015, Class or Conference H2015 U1, Transportation H2015U2

- Is used to provide individualized day activities defined by the individual as being part of a meaningful day in an integrated setting. Activities that fall under this service are adult education, volunteer work, hobby classes, using public transportation, and assistance in day care environment for children.

- Can be used to assist the recipient integrate to an environment with non disabled individuals such as a child going to day care with his other siblings along with advocacy groups and conferences.
Day Supports

- Day Supports T2021 Individual, T202HQ Group, Developmental Day T2027

- Is primarily a group service that focuses on the participant maintaining and retaining their maximum functional level and is coordinated with any physical, occupational, or speech therapies listed in the ISP. This service may not be used in a sheltered workshop environment.

- Adult Day Health and Adult Day Care do not require CARF, NCQA – they have own accreditation

- Group Day Supports – no hard criteria about size of group and should be customized to individuals’ needs
Supported Employment

- **Supported Employment Individual H2025, Group H2025HQ**

- This service provides assistance in choosing, acquiring and maintaining a job for participants that are 16 years and older. This service includes both an initial, pre-job support and long term follow up.

- Similar to CAP service definition, that includes pre job training, on the job training and long term follow up
  - Long term vocational is embedded into service

- The service includes transportation from the participant’s residence and to and from the job site
Equipment, Home Modifications, and Vehicle Adaptations

- Each MCO has its own policy as to how many quotes are needed, assessments and signatures.

- If a person is approved for something before the crosswalk, please notify your Care Coordinator to ensure it will be completed by 12/31/12.

- All items or modification must be part of the exhaustive list and prior approved.

- Equipment belongs to the participant once approved.
Assistive Technology Equipment and Supplies

• Equipment and Supplies that are used to increase, maintain, or improve functional capabilities of participants

• Equipment must be equipment that cannot be purchased directly through Medicaid such as items available through Durable Medical Equipment (DME)

• Adult nutritional supplements and thickeners are covered by this service

• Some items that would be covered in this category are adaptive switches, GPS devices, positioning systems, and Alert systems
Home Modifications S5165

- Are modifications to a private residence that is necessary to ensure the health and safety of the recipient OR to enhance the recipient’s independence. Items that are portable may be purchased under this service for those that live in a rented home. It covers installation, maintenance and repair of the approved item. Some items covered under this service are ramps, lifts, roll in showers, shatterproof windows, and voice activated light system. The Home Modification list is exhaustive.

- Very similar to CAP I/DD

- Modification NOT renovation
Vehicle Adaptations

Vehicle Modifications T2039

- These are devices, services, or controls that increases safety and/or independence while enabling safe transportation in their community. Some items that are covered are door modifications, raised roof, lifts, and lowering of the floor. This service does not cover the cost of purchasing or leasing a vehicle.

- Similar to CAP I/DD
  - Cannot retro-actively pay for what was already purchased
  - It does not pay for the vehicle
Community Transition T2038

- A one time, in a life time set up expense for an individual transitioning from a Developmental Center, ICF/MR Group Home, Nursing facility or another licensed living arrangement into a place of their own.

- Lease needs to be in recipient/ legally responsible person or representative’s name or the home must be owned by the recipient.

- The service can cover items such as deposits, essential furnishings, moving costs, and pest eradication.
• Provides support to the participant and the planning team in developing social networks and connections within the community. There are specific functions of the community guide such as: assistance in accessing and locating non-Medicaid supports, supporting the individual in preparing for their IEP, guidance with managing individual and family directed services, and assistance with finding a place to rent or purchase.

• Care Coordinator coordinates Medicaid services where Community Guide assists in accessing non Medicaid services such as daycare or emergency housing

• Care Coordination cannot provide Community Guide tasks and Community Guide cannot provide Care Coordination
Crisis Services: H2011 Primary Response, T2025 U3 Behavioral Consultation, T2034 Out of Home

- This is a tiered approach to meet an individuals need when they have gone into crisis.

- These interventions are meant to prevent the need for hospitalization or institutionalization.
  - Primary Crisis Response- trained staff are available to provide intervention
  - Behavioral Consultation- developing and training on behavior plan
  - Out of Home- placement at a licensed facility
Crisis Services continued

- Prior approval is needed for this service (no longer 72 hour pass-through like CAP I/DD)

- DD Access can give verbal approval and will notify the Care Coordinator regarding the verbal authorization
  - CC will update the plan within 5 days from verbal authorization and submit to UM

- This service can be requested at the CNR.
  - It is recommended to plan ahead and request a 3 day period for those that have used crisis services within the last 6 months

- There are no limits on how many hours a year that can be authorized which is different from the current CAP I/DD Waiver*

* All authorized services cannot exceed $135,000 a year
Natural Supports Education

Natural Supports Education Individual S5110, Conference S5111

• Provides training to families and natural supports as defined by the participant in order to enhance decision making capacity for the natural support network such as education on how to use a specialized equipment and supply. The conference portion of this service will provide reimbursement for primary caregivers that attend conferences
Specialized Consultative Service

Specialized Consultative Services T2025

- Provides expertise, training, and technical assistance in a specialty area to assist family members, support staff, and other natural supports with the participant's long-term intervention needs. This service is most commonly used to develop a behavior plan. This service differs from Crisis Services-Behavior Consultation in that it can be used when the person is not in crisis even if crisis interventions are written into the behavior plan.

- Can be provided via tele-conference.

- Doesn’t cover a whole ABA program but will cover the assessment (only pays for professional to consult with family and the professionals that will implement ABA).

- Encourage use of this service to address behavior needs and crisis avoidance.
Individual Goods and Services T1999

- It covers services, equipment, or supplies not otherwise provided through this waiver or Medicaid State plan that would decrease the needs for other Medicaid services and/or promote inclusion and/or increases safety AND the individual does not have the funds to purchase the item.

- Very individualized (e.g. reduce personal care by purchase of a dishwasher)

- Only for those self directing by Agency With Choice
### Limits on Sets of Services cont.

<table>
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<tr>
<th>Participant Age/Status</th>
<th>Living in Residential Setting, including AFL</th>
<th>Living in Private Home</th>
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<tbody>
<tr>
<td>Adult</td>
<td>No more than 40 hours per week any combination:</td>
<td>No more than 84 hours/week any combination:</td>
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<td></td>
<td>x Community Networking</td>
<td>x Community Networking</td>
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<td></td>
<td>x Day Supports and/or Supported Employment Services</td>
<td>x Day Supports</td>
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<tr>
<td></td>
<td>May receive up to one daily unit of Residential Supports</td>
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<td></td>
<td></td>
<td>x In-Home Skill Building and/or Supported Employment Services</td>
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<td>x Personal Care</td>
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<tr>
<td>Child during school year (Ages 0 to 17 unless 18 and older and enrolled in school)</td>
<td>No more than 20 hours per week any combination:</td>
<td>No more than 54 hours/week any combination:</td>
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<td>x Community Networking</td>
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The I/DD Care Coordinator will submit the annual ISP to I/DD Utilization Management (UM) on the first day of the participant’s birth month with the following documents:
- LOC signed within 60 days of start date
- Freedom of Choice Statement
- Individual Budget
- Risk/Support Needs Assessment
- NC SNAP (until the SIS is implemented)
- Behavior Support Plan if applicable

The ISP approval authorization process verifies that there is a proper match between the participant need and the service provided. This is assessed through careful analysis of the participant’s needs, skills, resources and progress toward the participant’s life plan.

Revisions can be submitted throughout the year to modify and/or add services to address the recipient’s needs.
Relative as Staff

- The biological or adoptive parent of a minor child, step-parents of a minor child, or spouse of a waiver participant **may not be paid** to provide waiver services to a waiver participant.

- Legal guardians, parents of adult participants and other relatives who **live in the home of the participant**
  - Must complete the forms required through Provider Networks
  - Must meet the provider qualifications to provide the service
  - Will not be paid to provide any service that they would ordinarily perform in the household for an individual of similar age who does not have a disability.

- CMS has specific criteria as to why family members can provide services
  - It has to be shown that there are no staff available or willing to provide the service

- Limited hours for family members are encouraged (less than 40 hours) to provide services but does not limit the service hours for the individual.
Relative as staff continued:

Types of Applications

- There are four (4) applications:
  - 1\textsuperscript{st} application - new family member or first time family wants to provide service
  - 2\textsuperscript{nd} application - Request to provide more than 40 hours a week.
    - This is not a UM or Care Coordination concern but a Provider Networks concern
  - 3\textsuperscript{rd} application - termination and reinstatement
    - If terminated, the family member has the right to file a grievance
    - If terminated by the provider agency, the family member needs to follow the provider agency’s protocol
  - 4\textsuperscript{th} existing annual renewal
Health and Safety Checklist

- The Provider Agency verifies that this information is accurate and has been discussed with the Direct Service Employee providing Personal Care or Respite in their own home.

- This checklist is valid for the location where the assessment occurred.

- The provider completes and keeps in recipient chart.

- QM will be checking this form. If issues are found during QMs visit, corrective actions need to be in place.

- Complete before service is provided.
Conclusion

• Our goal is to facilitate as smooth a transition from CAP I/DD to NC Innovations as possible for each individual and their family

• If you experience difficulties with the crosswalk or have questions at any time you can contact:
  - Your current Targeted Case Manager
  - Your Care Coordinator once assigned
  - The Alliance Behavioral Healthcare Access and Information Center at (800) 510-9132
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<th>Phone</th>
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<td>Suzanne Goerger</td>
<td>919-651-8474</td>
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<td>Corporate</td>
<td>Andrea Kinnaugh</td>
<td>919-651-8422</td>
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<td>Cumberland</td>
<td>Jim Lampros</td>
<td>910-222-6382</td>
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<td>Durham</td>
<td>Terry Ames</td>
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<td>Johnston</td>
<td>Anna O’Neill</td>
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<td>Wake</td>
<td>Kay Birdwhistell</td>
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