



(b)(3) Service Definition

Title:	Community Navigator	Code:	T2041U4U5 T2041U4YI
Type:	(b)(3)		
Effective Date:	9/1/2021	Units:	per month
SERVICE DESCRIPTION			
<p>The purpose of Community Navigator Services is to promote self-determination, support the individual in making life choices, provide advocacy and identify opportunities to become a part of their community. Community Navigator provides support to individuals and planning teams in developing social networks and connections within the community. The Community Navigator Service also emphasizes, promotes and coordinates the use of generic resources to address the individual’s needs in addition to paid services. Community Navigator will have an annual informational session on Self Determination. Individuals and legal responsible persons may choose to opt out of this requirement.</p> <p>Community Navigators assist and support, rather than direct and manage, the individual throughout the service delivery process. Services are intended to enhance, not replace, existing natural and community resources. Community Navigator services may be intermittent and fade as the member’s skills increase in the areas discussed above</p>			
SPECIFIC FUNCTIONS			
<p>Informational Session (Optional)</p> <ol style="list-style-type: none"> 1. Annual Informational Session on rights and self determination (up to 2 units/sessions per year) <p>Self Determination</p> <ol style="list-style-type: none"> 1. Encourage exploration of possibilities related to life goals, defining what those are and the steps that they need to take in order to have those met 2. Support an individual to make decisions that are important to them 3. Promote choice making to support the individual’s strengths and interests 4. Provide education on decision making, risk taking, and natural consequence 5. Provide education which guides the individual in problem solving, decision making and navigating multiple state systems 6. Promote advocacy and collaborating with other individuals and organizations on behalf of the individual 7. Guidance with managing their individual budget [(b)(3) DI funding only] 8. Supporting the individual in preparing, participating in and implementing plans of any type (IEP, ISP, or service plans outside of NC Innovations) 9. Support the person in the person-centered planning process (i.e., development of ELP, MAPs, Circles, etc.) 10. Assistance with guardianship or establishing alternatives to guardianship, restoration of rights, Supplemental Security Income issues, disability determination issues, Division of Social Services issues, and financial/legal planning 			

11. Provide education about appropriate accommodation needs
12. Support the individual in devising/negotiating roommate agreements
13. Support and educate the individual in preparing and participating in staff interviews
14. Assistance with the development of Life related emergency plans

Community Connections

1. Support the individual in identifying resources in his/her community and determine the steps needed to increase the individual's opportunity to expand valued social relationships and build connections within the individual's local community through unpaid supports
2. Assist with locating and accessing non-Medicaid community supports and resources that are related to achieving the individual's life goals
3. Assist with locating options for renting or purchasing a personal residence, assisting with purchasing furnishings for the personal residence

Tenancy Support - Non-Medicaid funded housing

1. Develop an independent housing plan based on the participant's preferences and possible barriers
2. Assist with housing search process
3. Assist with housing application process, including assistance with applying for housing vouchers/applications
4. Identifying resources to cover expenses
5. Assisting the individual to create a budget to cover expenses
6. Ensure that the living environment is safe and move-in ready
7. Developing a housing support crisis plan that includes prevention and early intervention services when housing is jeopardized
8. Assistance with finding and establishing a relationship with a housemate
9. Assistance with obtaining and identifying resources to assist the participant with financial education and planning for housing
10. Assistance with budgeting for housing and living expenses
11. Assistance with coordinating resources to complete the move
12. Training on how to be a good tenant

Medicaid shall cover procedures, products, and services when they are medically necessary, and

- a. the procedure, product, or service is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the beneficiary's needs;
- b. the procedure, product, or service can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide; and
- c. the procedure, product, or service is furnished in a manner not primarily intended for the convenience of the beneficiary, the beneficiary's caretaker, or the provider.

PROVIDER REQUIREMENTS

Community Navigator providers must meet all NC Innovations Waiver provider requirements.

Agency staff that work with beneficiaries:

- a. Are at least 18 years old
- b. If providing transportation, have a valid North Carolina or other valid driver's license, a safe driving record and an acceptable level of automobile liability insurance

- c. Criminal background checks present no health and safety risk to beneficiary
- d. Not listed in the North Carolina Health Care Abuse Registry
- e. Qualified in CPR and First Aid
- f. Qualified in the customized needs of the beneficiary as described in the ISP
- g. High school diploma or high school equivalency (GED)
- h. Paraprofessionals providing this service must be supervised by a qualified professional. Supervision must be provided according to supervision requirements specified in 10A NCAC 27G.0204 (b) (c) (f) and according to licensure or certification requirements of the appropriate discipline.
- i. Upon enrollment with the PIHP, the organization must have achieved national accreditation with at least one of the designated accrediting agencies.
- j. The organization must be established as a legally constituted entity capable of meeting all of the requirements of the PIHP.
- k. Meets Community Navigator competencies as specified by NC Medicaid.

Professional Competency

By 11/1/2018, Support Professionals have competency in the following areas:

- a. Communication - The Support Professional builds trust and productive relationships with people he/she supports, co-workers and others through respectful and clear verbal and written communication.
- b. Person-Centered Practices-The Support Professional uses person-centered practices, assisting individuals to make choices and plan goals, and provides services to help individuals achieve their goals.
- c. Evaluation and Observation-The Support Professional closely monitors an individual’s physical and emotional health, gathers information about the individual, and communicates observations to guide services.
- d. Crisis Prevention and Intervention-The Support Professional identifies risk and behaviors that can lead to a crisis, and uses effective strategies to prevent or intervene in the crisis in collaboration with others.
- e. Professionalism and Ethics-The Support Professional works in a professional and ethical manner, maintaining confidentiality and respecting individual and family rights.
- f. Health and Wellness-The Support Professional plays a vital role in helping individuals’ to achieve and maintain good physical and emotional health essential to their well-being.
- g. Community Inclusion and Networking-The Support Professional helps individuals to be a part of the community through valued roles and relationships, and assists individuals with major transitions that occur in community life.
- h. Cultural Competency-The Support Professional respects cultural differences, and provides services and supports that fit with an individual’s preferences.
- i. Education, Training and Self-Development-The Support Professional obtains and maintains necessary certifications and seeks opportunities to improve their skills and work practices through further education and training.

ENTRANCE CRITERIA

Children ages 3 – 21 and adults who are functionally eligible for, but not enrolled in, the NC Innovations 1915(c) Waiver program.

<p>Each individual receiving this service is required to have a Service Plan, Individual Support Plan (ISP) or Person-Centered Plan (PCP) that is fully complete prior to or on the first date of service. The amount, duration, and frequency of the service, as well as any specialized interventions, must be included in the plan. If the member is receiving two or more services, a unified plan is required.</p> <p>The plan should reflect one or more identified need(s) or potential need(s) (as it relates to the specific functions of the service) for Community Navigator services.</p>
SERVICE ORDERS
The service plan serves as the service order for Community Navigator.
CONTINUED STAY CRITERIA
<p>The member continues to meet the entrance criteria listed above and continued need is reflected by the goals in the Service Plan.</p> <p>AND</p> <p>The member continues to require this service to maintain and assist the member in living in the community setting.</p> <p>AND</p> <p>The member is making measurable progress toward meeting the goals that emphasize, promote and coordinate the use of natural, generic and paid supports.</p> <p>AND</p> <p>There is documentation that supports that continuation of this service will be effective in assisting the member in meeting those goals identified in the Service Plan</p>
DISCHARGE CRITERIA
<p>The individual no longer meets the eligibility criteria for this service</p> <p>OR</p> <p>The member has met goals identified in the Service Plan and no longer requires this service to maintain and assist the member in living in the community setting.</p> <p>OR</p> <p>The member no longer meets Continued Stay Criteria</p> <p>OR</p> <p>The member or legally responsible person no longer wishes to receive Community Navigator.</p>
DOCUMENTATION REQUIREMENTS
<p>A daily full service note or grid that meets the criteria specified in the DMH/DD/SAS Records Management and Documentation Manual (APSM 45-2) is required. The DMH/DD/SAS Records Management and Documentation Manual can be found at: http://www.ncdhhs.gov/mhddsas/statpublications/Manuals/rmdmanual-final.pdf.</p>
SERVICE EXCLUSIONS
<ul style="list-style-type: none"> • Total expenditures on Community Navigator cannot exceed the 1915(b)(3) resources available in the waiver. [(b)(3) DI funding only] • Community Navigator does not duplicate Care Coordination/Management. • Community Navigator may not be provided at the same time of day as the following services: <ul style="list-style-type: none"> ○ Other 1915(b)(3) services or alternative services ○ Other State Plan Medicaid services that work directly with the member

- This service may not be provided to children ages three (3) to twenty-one (21) who are receiving Medicaid MH/SUD residential treatment.
- This service cannot duplicate services currently being provided by educational institutions or Vocational Rehabilitation (VR).
- Administrative activities such as writing service notes and Person-Center Plans (PCPs) or completing Treatment Authorization Requests (TARs) are not billable activities.
- Services may not be provided in a group setting.
- This service may not be provided by a legally responsible person, a relative or legal guardian.
- Services may not be provided outside of the State of North Carolina that do not comply with the Out of State Policy.