The Innovations Waiver

[Please also read the Policy Paper on Services and Supports, Medicaid, and the State Budget]

Innovations, formerly called Community Alternative Programs for people with Intellectual and Developmental Disabilities (CAP IDD) is a special Medicaid program started in 1983 to serve individuals who would otherwise require care in an intermediate care facility for people with developmental disabilities (ICF/MR). It allows these individuals the opportunity to be served in the community instead of residing in an institutional or group home setting. Innovations is a waiver program; in this case the program “waives” income requirements by looking only at the individual's income and not the family's or spouse’s income. Innovations waiver programs are not an entitlement – they are funded with state and federal funds for a specific number of slots based on the funding available. Other folks who are eligible, but for whom there is no slot available, are put on waiting lists. North Carolina currently has an estimated 10,000 people on waiting lists.

North Carolina’s Innovations program provides a selection of services, depending on individual need. People who qualify for Innovations and receive a slot are assessed and a person-centered plan is developed based on their needs and personal goals. The kinds of services provided under Innovations are:

- Personal Care
- Residential Supports
- Day Supports
- Crisis Services
- In-home skill building
- In-home Intensive Supports
- Respite
- Community Transition
- Assistive Technology
- Community Guide
- Natural Supports Education
- Home and Vehicle Modifications ($ limit over 3 years)
- Specialized Consultation
- Supported Employment
- Community Networking
- Financial Support Services
- Individual Goods and Services

This is a good array of services, but it may not meet all the needs of all individuals with Autism Spectrum Disorder. Individuals at the high-functioning and Asperger’s end of the autism spectrum may not meet the eligibility criteria for these Innovations services but still need services and supports. Individuals with high behavioral needs may not receive the support to live in community settings. ASNC and others are advocating for more flexible service definitions to cover the gaps in
Innovations as well as other sources of funding and health-care coverage for those on the high-functioning end of the spectrum.