

Supported Living – Individualized Budgeting

The [NC Innovations Waiver](#) is a Federally approved 1915(c) Medicaid Home and Community-based Services Waiver (HCBS Waiver) designed to meet the needs of individuals with intellectual or development disabilities (I/DD) who prefer to get long-term care services and supports in their home or community, rather than in an institutional setting.

The [NC Innovations Waiver](#) offers a wide array of [services and supports](#) intended to empower people with disabilities to live the life they choose in the community of their choice. Waiver services are administered by a [Local Management Entity /Managed Care Organization \(LME/MCO\)](#) which facilitates services and oversees a network of community-based service providers. Individuals who receive waiver funding work with their team to develop a Person-centered Plan of Care and request the [services and supports](#) they need to live in their home and community. The guidelines for budget limitations are outlined in the rules of the waiver. The provider agency or employer of record must work with the person with disabilities and the assigned LME/MCO to ensure that needed services and supports are within the individual budget. Each budget is unique and dependent on staffing patterns, natural supports, employment, etc. Therefore, person-centered practices must be used to develop the budget. If an individual's needs cannot be met within the budget, other service options in the waiver must be considered. Options to consider are Community Living and Supports while living with a family member or Residential Supports either in an alternative family living (AFL) setting or congregate living arrangement such as a group home. If these services options will not meet the individual's needs, an institutional service setting may be necessary.