



ROY COOPER • Governor MANDY COHEN, MD, MPH • Secretary DAVE RICHARD • Deputy Secretary, NC Medicaid

Date:	December 7, 2018
From:	Dave Richard
То:	Community Alternatives Program for Children Stakeholders
Subject:	Independent Assessment of Waiver Eligibility Approach and Next Steps

On behalf of the Department and the Community Alternatives Program for Children (CAP/C) Medicaid team, I want to thank you for providing thorough feedback on the proposed approach to use an independent assessment entity (IAE) for CAP/C eligibility determination. Especially helpful were the specific concerns about disrupting the continuity of care.

Your input contributed to modifying the initial proposed approach to a CAP/C eligibility assessment model that will address most issues while meeting the needs of our state and federal partners. This modified approach will be familiar as it was discussed between CAP/C stakeholders and the Department during the Nov. 14 CAP/C Advisory Committee meeting and recapped in a message from me¹ sent Nov. 16.

Medicaid staff heard your concerns about disruption of continuity of care, possible risks of transferring information between agencies, and increasing unfamiliar staff in the home. Our team reconsidered an alternative model that incorporates your concerns.

Modified CAP/C Eligibility Assessment Model

The modified CAP/C eligibility assessment model uses a statewide vendor, referred as the independent assessment entity, to conduct an independent assessment on the initial assessment of all CAP/C beneficiaries. The current case management entity will continue to conduct the annual assessments, any change of status requests, and develop and revise the service plans as they do today. The independent assessment entity will approve the annual assessments, change of status requests and service plans, and conduct quality assurance activities on all aspects of waiver eligibility and service plan development. NC Medicaid remains accountable for the performance of all waiver activities and services, eligibility determination and quality assurances.

To address the risk of transferring information between NC Medicaid, its vendor and the case management entities, the e-CAP system will continue as the CAP/C data repository, ensuring the case management entities and the State vendor have access to the same participant data.

¹ <u>https://medicaid.ncdhhs.gov/providers/programs-services/long-term-care/community-alternatives-program-for-children</u>

NC MEDICAID NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH BENEFITS

LOCATION: 1985 Umstead Drive, Kirby Building, Raleigh NC 27603 MAILING ADDRESS: 2501 Mail Service Center, Raleigh NC 27699-2501 www.ncdhhs.gov • TEL: 919-855-4100 • FAX: 919-733-6608 I understand the concern of an unnecessary number of unfamiliar staff in the home. This would be disruptive to the CAP/C beneficiary, you and your family. This new approach will introduce a new professional conducting the initial independent assessment; however, this approach recognizes and maintains the relationship between you, your child(ren) and your case management entity provider, who remains intact for the future activities. I feel this change supports compliance to the Centers for Medicare and Medicaid Services (CMS) conflict of interest regulations that require Medicaid to remain accountable for all waiver performance and oversee the eligibility determination and service provision business practices.

Next Steps

Medicaid will develop a Request for Proposal (RFP) which outlines the independent assessment scope of work for independent assessment entity services in the CAP/C program. Medicaid anticipates releasing the RFP in Jan. 2019 and having a vendor selected by April/May 2019. Please note that Medicaid will continue to seek feedback from our families and advocates in the assessment model design before implementation.

Medicaid is fortunate to collaborate with such knowledgeable and passionate families and advocates for CAP/C children. I sincerely appreciate your contributions to find the best approach for CAP/C to comply with federal requirements, continue the existing family relationships with case management providers and require the highest level of accountability from the independent assessment entity.

If you have questions or comments, please send an email to <u>Medicaid.capc@dhhs.nc.gov</u> or to me at <u>dave.richard@dhhs.nc.gov</u>.

Thank you again for your valuable input and interest.