



**Community Alternatives Program 1915 (c) HCBS
Waiver
February 2017**

**Department of Health and Human Services
CAP/C Waiver Training**



Agenda

Overview of the following areas:

- **1915 (c) HCBS waiver**
- **CAP/C Target Population**
- **CAP/C Waiver Objectives**
- **CAP/C HCBS waiver effective date**
- **CAP/C rollout training plan**



What is the Waiver?

- **Specialized Medicaid program for individuals with LTSS needs**
- **Supplemental services to assist to manage risk factors**
- **An array of home and community-based services for community integration and stabilization**
- **Specialized financial planning that deems income and assets using LTC Medicaid planning**
- **Person-centered**
- **Choice of providers and participation**



Target Population

Individuals under age of 21 who are determined to:

- Be medically-complex
- Meet an institutional level of care
- Be at risk of institutionalization and need at least one (1) waiver service to return to or maintain community placement
- Be eligible in the Medicaid categories of MAB or MAD or I-AS or H-SF



Waiver Objectives

1. No Wrong Door
2. Person-Centered Planning
3. Coordination of Care to Meet Needs of Medically-Complex Children
4. Assurances and Health, Safety, and Well-being
5. Continuous Quality Improvement
6. Reduction in Non-reimbursable Administrative Tasks



No Wrong Door

A referral for CAP/C participation may be initiated from anyone and anywhere:

- In-person**
- By phone**
- By mail**
- Online through the e-CAP portal**
- By a representative from a school, hospital, or other community resource**

Person-Centered Planning

A way of thinking and doing things that aligns the CAP beneficiary as an equal partner in planning, developing, and monitoring care to ensure needs are met based on preferences, likes, and dislikes.

CAP beneficiary:

- Is lead in service plan development
- Creates individual and family person-centered goals
- Informs of preferences based on family needs
- Assumes risk of choices
- Participates in multidisciplinary planning to monitor and address needs

Coordination of Care to Meet Needs of Medically-Complex Children

Through HCBS Planning:

- **Combination of informal and formal services**
- **Community integration – home and community-based characteristics**
- **Cost effective and efficient services**
- **Protection of health, safety, and well-being**

Coordination of Care to Meet Needs of Medically-Complex Children

Through State Assurances:

- **Participant Access**: SRF, LOC, LTC Medicaid application, comprehensive assessment, SP, CNRs and qualified providers
- **Person-Centered Service Planning and Delivery**: approved POC in amt., freq. & duration of needs, center of the MDT team, assumed risk, choice and PAs
- **Provider Capacity and Capabilities**: CAP specific training to qualified providers, electronic access to CAP info and approved provider enrollment for Medicaid
- **Participant's Safeguards**: Critical Incident Reporting System, monthly beneficiary contact, monthly-quarterly MDT, restraint, coercion and seclusion policy and approved PCP POC
- **Participant Rights and Responsibilities**: choice, assumed risk, access to community engagement and appeals
- **Participant Outcomes and Satisfaction**: surveys (beneficiary and provider), complaint and grievance resolution workflow, beneficiary at a glance and connection to medical home
- **System Performance**: desk audits for discovery and remediation of CAP workflow, Medicaid routine audits and quarterly case management score cards

Coordination of Care to Meet Needs of Medically-Complex Children

Through Federal Assurances:

- Level of Care: Needs are consistent with individuals in institution
- Service Plan: Needs are addressed and monitored
- Qualified Providers: Trained and accessible
- Administrative Authority: Oversight of waiver performance
- Financial Accountability: Oversight of CAP claims
- Health and Welfare: Reduction of risk and occurrences of ANE

Coordination of Care to Meet Needs of Medically-Complex Children

Through Case Management:

- **Assessing**: Referral, LOC, comprehensive assessment and COS
- **Planning**: Development of PCP and revisions and MDT meetings
- **Referring and Linking**: Medicaid services, waiver and non-waiver and community resources
- **Monitoring and Follow-up**: Monthly contact, monthly-quarterly MDT, quarterly face-to-face and CNRs

Goals of Case Management

- **Improve or maintain beneficiary capacities for self-performance of activities of daily living and instrumental activities of daily living**
- **Improve beneficiary compliance with accepted health and wellness prevention, screening, and monitoring standards**
- **Reduce beneficiary health and safety risks**
- **Implement strategies to avoid unplanned hospitalizations**
- **Coordinate with medical health to assist with avoiding emergency room visits**
- **Enhance beneficiary socialization and reduce social isolation**



Goals of Case Management

- Reduce risks of caregiver burnout
- Increase caregiver capacities
- Enhance beneficiary/primary caregiver's awareness self-management of chronic conditions
- Foster a more engaged beneficiary
- Promote a positive beneficiary personal outlook
- Improve informal caregiver(s) outlook and confidence in their caregiving role



Assurance of Health, Safety, and Well-being

- Reasonable Promptness for Waiver Decisions:
 - SRF –15 days
 - Slot availability – 10 business days to schedule and initiate assessment appointment
 - Assessment completion – 45 calendar days of the scheduled appointment
 - POC development/approval – 5 business days from approved assessment
 - POC revision – 10 calendar days
- Critical Incident Reporting System
 - Level I – report within 72 hours – monitored by CM
 - Level II – report within 72 hours – approved by DMA and monitored by CM and DMA
 - Risk agreement – collaboration between beneficiary and CM
 - Grievance and complaint monitoring and resolution
- Waiver Quality Framework
 - Remediation, discovery, and continuous quality improvement



Continuous Quality Improvement

Monthly reports to monitor:

- Trends
- Utilization
- Defects
- Non-compliant areas
- Status of waiver beneficiary from month to month

Monthly beneficiary and CM experience surveys to monitor:

- Service provision
- Access to care
- Knowledge of community resources and systems
- Access to e-CAP and ease of navigation/use
- Health, safety, and well-being

Monthly reports of DMA and CME compliance rate to state and federal assurances



Reduction in Non-Reimbursable Administrative Tasks

e-CAP functionality to:

- Create LOC prior approvals
- Generate approval notices to beneficiary and DSS
- Generate service authorization and participation notices and electronically submit to direct service provider (3/27)
- Generate waiver services prior approval records to eliminate pre-claim reviews
- Submission of adverse notices to PCG
- Respite tracking



Reduction in Non-Reimbursable Administrative Tasks

e-CAP functionality cont.:

- Scheduling function
- Mapping function
- Dashboard of waiver workflow activity
- Electronic interface with direct service provider (3/27) and beneficiary (8/2017)



Effective Date of the New CAP/C HCBS Waiver

Effective date - Mar. 1, 2017 – Feb. 28, 2022

5 year waiver cycle:

Year 1 - 3/01/17 - 2/28/18

Year 2 – 3/01/18 - 2/28/19

Year 3 - 3/01/19 – 2/29/2020

Year 4 – 3/01/2020 - 2/28/2021

Year 5 – 3/01/2021- 2/28/2022

Rollout CAP/C Training Plan

Introductory Case Management Entity Trainings:

- Feb. 23 – New Waiver Objectives
- Feb. 27 - Waiver Eligibility Criteria

Beneficiary Waiver Introductory Training:

- Feb. 28 – CAP/C Beneficiary Training- What I Need to Know about the Waiver

Direct Service Provider Training:

Feb. 21

Feb. 23

Feb. 27

Feb. 28

Rollout CAP/C Training Plan

Future trainings planned in March:

1. Case management- Four Core Activities
2. Person-Centered Planning - The Waiver Service Package
3. Waiver Compliance:
 - Assurances –State and Federal
 - Score Cards
 - Training Requirements
4. Critical Incident Reporting System
 - Critical incident reports
 - Grievances and complaints

Additional future trainings will be announced in March

Support and Assistance

- DMA Nurse consultants
- e-CAP Telephone Assistance- (888) 705-0970
- e-CAP Assistance on-line- e-CAP portal
- DMA office – 919-855-4340

Q&A

Q: What is meant by “No Wrong Door”?

A: “No Wrong Door” refers to the various methods that individuals may use to apply for CAP/C services.

Q: What is the definition of the “life of the waiver”?

A: The life of the waiver is the 5 year waiver cycle, which is March 1, 2017 to February 28, 2017.