Waiver Appendix	Public Comments	NC Medicaid Responses to Comments	NC Medicaid Actions to Revise the Waiver Application Based on Comments
Main	What is the effective date of this proposed plan?	The proposed date to submit the renewal waiver application to CMS is Mar 1, 2019.	No revision required
Main	When will the changes in the proposed waiver application take place?	The proposed date to submit the renewal waiver application to CMS is Mar 1, 2019. The CMS will have 90 days from the waiver application submission date to provide an effective date for the proposed changes to take effect.	No revision required
Main	Is it possible that someone who is receiving services will no longer qualify due to changes that are being proposed?	No; the proposed changes in the renewal waiver application will not restrict a participant from receiving currently approved services. The proposed changes are intended to promote more flexibility and offer easier access to services.	No revision required
Main	Do the changes to CAP/DA also include CAP/Choice?	Yes	No revision required
Main	Can you have CAP and Managed Care simultaneously?	No	No revision required
A	What role will NC Medicaid play once the IAE is up and running?	Administrative Oversight	No revision required
A	Who will be the new independent assessment entity; will the county need to find one or one will be given to us?	An Request for Proposal (RFP) will be used to procure an independent assessment entity (IAE) that will provide statewide coverage.	No revision required
A	Will it be a different assessment for new clients, CNRs, or COS?	No	No revision required
A	A new independent entity will do the assessment, but will the SW still do the POC or will they complete the whole process?	The IAE will complete initial assessments. The case management entity (CME) will assist with the development of the service plan (SP) and conduct all annual assessments and COS.	No revision required
A	Will active waiver participants have to be assessed by the independent assessment entity? Will only individuals applying for CAP/DA from now forward have to have an assessment by the independent entity?	The IAE will assess new initial applicants wishing to participate in CAP/DA. The IAE may conduct change in status assessments and annual assessments, when directed by NC Medicaid.	No revision required

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A	Can the case manager attend with the IAE nurse to complete the initial assessment to better coordinate services?	No	No revision required
A	What is the process for the IAE to take approved SRFs from CME wait list for completing initial assessments?	The e-CAP system will electronically manage service requests. When a name from the wait list reaches the assessment and assignment workflow step, the e-CAP system will notify the IAE to initiate the assessment. Prior to the rollout of the IAE, specific deadline dates will be implemented to redirect service request workflow from the CME to the IAE.	No revision required
A	Will the IEA coordinate Medicaid eligibility with DSS in confirming CAP codes?	No; this activity is the responsibility of the CME.	No revision required
A	How will the IAE and the Medicaid application integrate?	The IAE will start the Medicaid application by completing an on-line Medicaid application to complete preliminary identifying information such as name, DOB, and other essential information to open and active Medicaid application. The applicant will need to work closely with the Department of Social Services (DSS) to provide other essential information to finalize the Medicaid application.	No revision required
A	Can you explain in more detail the process for potential new CAP/DA clients when they are not current Medicaid recipients?	Services offered through the CAP/DA waiver will not start until a long-term care (LTC) Medicaid application is approved. The applicant will be given a specific time to complete the LTC application to avoid closure of the CAP SP. CAP participation must be approved for the LTC Medicaid application to be approved.	No revision required
A	Will the IAE be responsible for informing to the potential beneficiary the deductible and the estate recovery and making sure they want to go forward with CAP services when they meet the deductible and sign the estate recovery?	No; the IAE will provide information about the LTC application process and potential patient liabilities. The IAE will not coordinate care for the waiver participant but will determine eligibility to participate in the waiver program.	No revision required

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A	Is the IAE involved at any other point along the client's involvement in CAP other than initial approval?	The IAE will be primarily responsible for all eligibility decision which includes the SRF and initial assessments. The IAE will also perform quarterly quality reviews of annual and change in status assessments & SP.	No revision required
A	How many IAE's will be working in NC? Do we know at this point?	One	No revision required
A	How do you see the IAE coordinating with all CME's in all 100 counties, in a timely manner?	The selected Vendor must have statewide capacity and resources to meet the needs of all individuals seeking participation in CAP/DA.	No revision required
A	Does the CIAE have to be in place before the new CAP-DA waiver can begin?	The IAE deliverables will occur in a phase-in approach. It is possible that the waiver application may be approved and rolled out prior to the assignment of specific tasks to the IAE.	No revision required
B	What is the maximum number of people who can be served on the CAP-DA waiver?	11,524	No revision required
B	If there is an Alzheimer's referral and the county has a slot available, will that person rise to the top of the list as priority or go to the bottom of the wait list.	The waiver application has a special reserve for individuals meeting specific priority groups. Individuals with a diagnosis of Alzheimer's Disease and Related Disorders are included in the priority groups and assigned 320 slots. When the 320-capacity limit is reached, an individual with this priority designation will be placed on a waitlist until a slot becomes available. If a slot other than the Alzheimer's Disease and Related Disorders priority slot becomes vacant, the individual with Alzheimer's Disease and Related Disorders may be assigned to that slot but not when there is an active waitlist for non-priority individuals.	No revision required
B	If an assessment is completed by the IAE and the county's CME slots are full will the beneficiary go on the wait list or have options to go to another county's CME?	Each county will be provided a specific number of slots. The management of slots and a waitlist will be county-specific.	No revision required

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B	If there become other CME in your county will they get their own slots, or will they get the current lead agencies slots?	Each county will be provided a specific number of slots. The management of slots and waitlist will be county-specific.	No revision required
B	Have the cost limits for CAP been adjusted from what they were?	Participants in the waiver will not have an individual cost limit. The cost of care will be evaluated based on the projections outlined in Appendix J.	B-2 was updated to clearly state how cost limits will be managed.
C	Under this new CAP/DA waiver, case monitoring will no longer be monthly or quarterly, but based on an intensity of need scale. What is the intensity of need scale? And how is it used to determine the frequency of case monitoring?	The intensity of need scale is a composite score of complexity of need in the areas of ADLs, risk factors, informal and formal supports, age, medication and diagnosis.	No revision required
C	In coordinated caregiving, caregivers are paid a per diem payment. How is the provider agency paid for the skilled oversight? Is coordinated caregiving a combined payment? Does the state have a sense of how much of the per diem will be for the caregiver and how much covers the provider agency's responsibilities?	The provider of this service will be provided the daily rate. The provider will provide a stipend to the live-in caregiver.	No revision required
C	In coordinated caregiving, the provider agency is expected to provide skilled nursing services? In addition to paying a caregiver per diem, how will 33.91 cover these services?	The skill indication is based on the complexity of need score of the beneficiary, essential to hands-on care needs of the beneficiary, not skilled services.	Section updated to provide clarity
C	What are the per diem rates for Coordinated Caregiving?	Low daily rate is $33.29. High daily rate is $54.91.	No revision required
C	Will the live-in caregiver receive payment as well as the beneficiary will also receive IHA services and other CAP services such as ADH at the same time?	The live-in caregiver under Coordinated Caregiving will receive a stipend for performing ADLs for the waiver beneficiary which is like in-home aide services. Specific CAP services may be excluded for individuals enrolled in Coordinated Caregiving at the low or high levels.	Section updated to provide clarity
C	Will the live-in caregiver have to give up employment outside of the home?	No, when the employment does not impact the care needs of the waiver participant.	No revision required

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C	In coordinated caregiving, skilled nursing devices are included in the daily per diem rate?	Coordinated Caregiving assists with the hand-on personal care needs of the waiver participant. Equipment and supplies are not included in the proposed rate.	Section updated to provide clarity
C	With Coordinated care should the provider be required to do 24 hr. care?	No	Section updated to provide clarity
C	Will family members still be eligible to provide IHA services?	Yes	Section updated to provide clarity
C	On Page 53 of the proposed waiver it states a legal guardian cannot be hired as a PCA for a client's care. Can this be grandfathered in for a current client situation?	A legal guardian is not authorized to receive payment for performing personal care services. However, under special circumstances and extraordinary conditions, a legal guardian may be paid to perform specific personal care services.	Section C-2 was updated to clearly articulate special circumstances and extraordinary conditions for a legal guardian to receive pay for performing personal care.
C	If a client currently has tasks that require a CNA I or CNAII, will this waiver allow a family member with no certification training to perform these tasks and work with the client?	Yes, when the qualifying conditions are met.	No revision required
C	Will a legal guardian be able to work through an In-Home aide agency and get paid for providing care for the beneficiary? If no, will they be grandfathered in?	Relatives can perform personal care tasks and receive payment when all qualifying conditions are met. This requirement has not changed. Legal guardians may be paid to perform personal care tasks and receive payment when special circumstances/extraordinary conditions are met. This requirement has not changed.	Section C-2 was updated to clearly articulate special circumstances and extraordinary conditions for a legal guardian to receive pay for performing personal care.
C	What are the qualifying conditions for a responsible individual to perform personal care services and receive reimbursement?	The qualifying conditions for an individual to provide in-home aide services through the CAP/DA waiver is listed below. The requirements have not changed. a. Must be 18 years of age or older; b. Be a relative or individual who is not acting as the legal guardian or legal representative of the beneficiary; and	No revision required

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		c. Meet the requirements for hire by an in-home agency or consumer-direction.	
	What are the special circumstances for legal guardian to provide services and receive reimbursement?	Payment to a legal guardian to provide in-home aide services to a waiver participant may be made when any one of the following special circumstances or extraordinary conditions is met: 1. There are no available C NAs in the waiver participant's county or adjunct counties through a Home Health Agency/In-Home Aide Agency due to a lack of qualified providers, and the waiver participant needs extensive to maximal assistance with bathing, dressing, toileting and eating daily to prevent an out-of-home placement. 2. The waiver participant requires short-term isolation, 90-days or less, due to experiencing an acute medical condition/health care issue requiring extensive to maximal assistance with bathing, dressing, toileting and eating, and the waiver participant chooses to receive care in their home instead of an institution. 3. The waiver participant requires physician-ordered 24-hour direct observation and/or supervision specifically related to the primary medical condition(s) to assure the health and welfare of the participant and avoid institutionalization, and the legal guardian is not able to maintain full or part-time employment due to multiple absences from work to monitor and/or supervise the waiver participant; regular interruption at work to assist with the management of the	Section C-2 was updated to clearly articulate special circumstances and extraordinary conditions for a legal guardian to receive pay for performing personal care.

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		waiver participant's monitoring/supervision needs; or an employment termination. 4. The waiver participant has specialized health care needs that can be only provided by the legal guardian, as indicated by medical documentation, and these health care needs require extensive to maximal assistance with bathing, dressing, toileting and eating to assure the health and welfare of the participant and avoid institutionalization. 5. Other documented extraordinary circumstances not previously mentioned that place the waiver participant's health, safety and well-being in jeopardize that may result in an institutional placement. For each of the extraordinary circumstances described, the maximum number of hours approved for payment for providing personal care services is up to 40 hours per week. The approved hours are based primarily on the assessed needs identified in the assessment. The legal guardian will not receive payment for instrument activities of daily living such as meal preparation, laundry, money management, home maintenance, shopping, and medication management. When the legal guardian is authorized to receive payment for providing personal assistance services, the waiver participant will be enrolled in the coordinated caregiving waiver service. The enrollment in this service will	

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		provide quality assurance of the health, safety and well-being of the waiver participant and provides the controls to ensure that payments are made only for the services authorized to provide. The assigned case management entity will perform bi-monthly in-person monitoring visit to ensure the services are provided in accordance with the service plan and the waiver participation business requirements. A legal guardian will not be approved to provide personal care services and receive payment when he/she voice a dislike for the Home Health Agency/In-Home Aide Agency without a valid cause or when the waiver participant has been discharged from a Home Health Agency/In-Home Aide Agency because of non-compliant or violent behavior displayed by the participant or legal guardian.	
C	The "extraordinary circumstances" only applies to "responsible" relatives (spouse) who have a duty to provide care. Legal Guardians only "shall make provision for the ward's care" NCGS 35A-1241(a)(1).	Relatives can perform personal care tasks and receive payment when all qualifying conditions are met. This requirement has not changed. Legal guardians may be paid to perform personal care tasks and receive payment when special circumstances/extraordinary conditions are met. This requirement has not changed.	Section C-2 was updated to clearly articulate special circumstances and extraordinary conditions for a legal guardian to receive pay for performing personal care.
C	Are vehicle modifications allowed under this waiver? Is it included in the $13,000 cap for AT and Home modifications?	Minor modifications to a vehicle are coverable using the service named home accessibility and adaptation and assistive technology.	No revision required
C	Will NC Medicaid help with transportation issues?	Yes; when transportation requests do not duplicate the non-emergency transportation policies.	No revision required

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D	Can the SW continue to complete the annual assessment with RN and are they able to bill for their part? Are nurses going to be a part of the CME agency to assist in the health, safety and well-being of the clients, as they are now?	The case management entity (CME) will be responsible for the SP development and annual and change in status (COS) assessments. A team approach is required for annual/COS assessments, but an RN can perform the home visit (HV) independently. The CME can design assessments that best aligns with CM monthly reimbursement rates.	No revision required
D	Is the assessment going to change due to RN only completing?	The assessment will not change, however, the sections that state RN or SW only will be removed.	No revision required
D	There may be instances when Medicaid will fall through, ex: beneficiary decides not to sign Estate Recovery. Will CME be able to get paid for the work done to complete the initial POC?	Yes	No revision required
D	Who makes the final decision on application for services, IAE or CME.	CME	No revision required
D	Will the completion of the initial assessment by the IAE open a new POC in eCAP the way it does now? Or will this process change?	The workflow for completing the SP will not change. The IAE is only responsible for the initial assessments.	No revision required
D	What is being done to address the rate of the deductible with the beneficiary. The current rate prevents many physically eligible beneficiaries to decline participation because they cannot afford to be on the program and live alone.	The post-eligibility requirements did not change in the proposed application.	No revision required
D	How can CME's develop an accurate service plan without having attended the initial assessment?	A summary of findings as well as the completed assessment will be made available to the CME for review. The CME may reach out to the IAE for questions and clarification.	No revision required
D	Dr. Cohen has indicated that MCO will use an assessment for Social Determinants of Health, will this be used for CAP/DA clients as well?	Issues related to social determinants of health will be assessed in the assessment and quarterly, thereafter.	No revision required
D	In what way will the CME receive the Summary Report from the IAE? In eCAP? In writing?	Electronically through the e-CAP system.	No revision required

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D	Will the report from IAE include both waiver and non-waiver needs?	Yes	No revision required
D	How will the client's low, moderate, high risk indicators affect their monitoring?	The case management entity will be provided a complexity of need score that identifies level of care needs for waiver participants.	No revision required
D	Will the IAE determine the amount of IHA hours that a beneficiary receives, or will the CME determine this when developing the POC.	No, the IAE will not determine the amount of IHA hours. A complexity of care score will be provided to the CME to develop the SP based on complexity of need.	No revision required
D	Can a beneficiary choose a CME outside of the county they reside? For example, our CME is the only CME in our county so can beneficiaries choose a CME outside of our county to provide their services?	Yes, if that CME is willing to and able to provide case management services in that county.	No revision required
D	What if client does not choose provider for case management? Who determines agency to provide case management. Clients are known to say, "you pick the best one".	Through a random selection process.	No revision required
D	Will the primary Lead Agency in the county have priority? If they can't bring on the new beneficiary, the other Lead Agencies can be selected?	Conflict of interest protection must be in place to address choice of providers.	No revision required
D	Can CMEs be made aware if other CMEs are providing services in the county? How are CMEs supposed to staff accordingly based on the allowed slots for the county...The new waiver application suggests 40 beneficiaries per FTE	Yes; a provide selection form will be made available for use by the beneficiary and other CMEs.	No revision required
D	Are the terms Service Plan and Plan of Care being used interchangeably, or are they two separate items?	The Service Plan is the instrument to use to document person-centered goals, the POC is used to outline the services in the amount, frequency and duration to manage health care needs.	No revision required
D	How will you determine a beneficiary cost of expenditures at initial service plan when the POC is not created until it is passed to the CME	The assessment determines eligibility to participate in the waiver. The SP identifies the services, both informal and formal and the cost	No revision required

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		of expenditures, to manage the waiver participant while living in the community.	
D	So, once the annual reassessment is released by eCAP, the case manager can begin working on the assessment? We have always worked on the assessment only during the CNR month	Yes	No revision required
D	Once the waiver is renewed, will current CAP beneficiaries that do not receive 1 in home supportive service to assist with ADLs and IADLs be withdrawn from the program or made to adopt 1 in home supportive service? example - current client receives case management, adult day health and PERS? Will this client be made to also have in home aide services?	No	No revision required
D	If a county only has one CM agency, can the client choose an agency from another county?	Yes, conflict of interest protection must be in place to address concerns voiced by a waiver participant as well as free choice of providers.	No revision required
D	Can we cut the number of pages clients need to sign?	A waiver participant will be required to sign four mandatory documents to participate in the waiver program. 1. A consent form; 2. A form indicating their desire to participate in the waiver program; 3. A rights and responsibility form 4. Service Plan. There are other forms that will require a signature but are not mandatory to participate in the waiver program.	No revision required
E	Will there be any changes that directly impact CAP Choice?	Initial and annual refresher trainings. This change to consumer direction took place in July 2018	No revision required
E	Do you go through the new employment training before or after being officially hired? Do you get paid during training?	Training is provided after hire. The employee receives payment for training.	No revision required
F	Current Rights and Responsibilities does not include information about the recipient's responsibility to report hospitalizations and critical incidents. Also, does not mention the	Comments noted	The updated Rights and Responsibilities Form will be reviewed carefully to

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	importance of reporting changes in address, phone number or needs. I would like to suggest that these items be added.		ensure those area is clearly articulated.
G	If a beneficiary and their caregiver has been problematic, not following SP or IRA, and decide they want to switch to a new CME, is there going to be a process to let new CME know of issues/problems?	Yes	No revision required
G	The beneficiary must have a disaster and emergency plan on file. Where is this filed and is it available to give to the beneficiary, so they can update it easier?	The emergency and disaster plan will be maintained in the e-CAP system and will be easily accessible. The CM will print a copy of the finalized plan and present to the participant to place in a visible area in the home and to share with In-home Aide providers, first responders and other caregivers.	No revision required
J	Just to have a base knowledge of cost neutrality, what is the cost of an individual in an institutional care?	Appendix J provides the cost modeling to ensure cost of waiver expenditures are less than expenditure provided in an institutional setting.	No revision required
J	With the increased number of potential clients; how do you plan to control the budget?	The renewal application will continue to serve the same number of individuals served in the previous approved CAP/DA waiver. Cost expenditures to administer the renewed waiver were predicted as modeled in Appendix J. Each newly assessed individual seeking waiver participation will be evaluated to determine if cost of care needs is equal to or less than the cost of care needs in an institution setting as illustrated Appendix J. An analysis of CAP expenditures will be performed quarterly to ensure waiver expenditures continue to be equal to or less than institutional expenditures through the duration of the approved waiver cycle.	No revision required

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J	Is the budget control done in concert with the new Medicaid managed care organizations	No	No revision required