

Overview of Proposed Changes and its Impact

Waiver Categories			
Proposed requirements in the consolidated waiver	Current waiver requirements	Reason for proposed waiver requirements	Implications
<p>Target Population: Individuals between the ages of 0-115 years, who meet the level of care (LOC) eligibility at a nursing facility or hospital and are at risk for institutionalization</p>	<p>CAP/C: 0-20</p> <p>CAP/DA: 18-115+</p>	<ol style="list-style-type: none"> 1. Allows for a seamless transition from childhood into adulthood 2. Waiver services follow the individual with no gaps in service provision 3. Eliminates the overlapping age of eligibility in the two waivers of 18-20 4. Allows individuals between the ages of 18-20 who are not medically fragile but disabled to enter the waiver seamlessly 	<p>No implications if waivers merge; a transition plan will be created at age 17.5 for the following purposes:</p> <ol style="list-style-type: none"> 1. Completion of an adult Medicaid application; and 2. Create a transition plan of care that takes into account EPSDT services that end at age 20
			<p>If waivers are not merged; the implications will leave a gap in services provisions. Services available under the children waiver and EPSDT will not carry over to the adult waiver</p>
<p>Medicaid eligibility criteria:</p> <ul style="list-style-type: none"> • Aged • Blind • Disabled • Medically fragile • Individual receiving assistance through foster care 	<p>CAP/C: blind, disabled and foster care</p> <p>CAP/DA: aged, blind, disabled</p>	<p>Meet the federal requirements of the 1915(c) HCBS waiver and the state's long-term care Medicaid definition</p>	<p>None</p>

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<p>LOC instrument to use: Service request form (SRF)</p>	<p>CAP/C : FL-2</p> <p>CAP/DA: SRF</p>	<p>CAP/C:</p> <ol style="list-style-type: none"> 1. Replaces the referral form for children and consolidates the LOC determination into one assessment tool 2. Reduces duplicative processes 3. Accurate determination of eligibility 4. One adverse decision notice 5. Eliminates the administrative burden of processing a prior approval decision through NCTracks 	<p>None</p>
<p>Individual budget limits to manage cost neutral service provisions</p> <ul style="list-style-type: none"> • Intermediate: \$2,530 • Skilled: \$3,537 • Hospital: \$ \$110,000 <p>Limit on waiver services to assure the cost doesn't exceed institutional cost when other non-waiver services are received</p>	<p>CAP/C: Aggregate budget planning</p> <p>CAP/DA: Individual budget limits</p>	<ol style="list-style-type: none"> 1. Better control or management of resources 2. Quick identification and management of service provision when the cost of care is more than the cost of care for individuals in an institution 3. Complies with federal regulation of services offered to children while participating in a waiver 	<p>CAP/C: Intensive type services such as nursing will shift to non-waiver services to maintain proposed waiver service limits</p>

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<p>Eligibility for waiver beneficiaries to direct own care through consumer direction</p>	<p>CAP/C: Not an option</p>	<p>Allows waiver beneficiary:</p> <ol style="list-style-type: none"> 1. More flexibility in care planning to meet needs 2. Select employees of preference 3. Negotiate wages and hours 4. Create an untraditional service plan 5. Provides additional qualified assistants such as CNAs and nurses in certain regions of the state 	<p>CAP/C:</p> <ol style="list-style-type: none"> 1. Hiring and training employee(s) who can manage the medical-complexes of the waiver beneficiary 2. Consumer-direction will not be available for non-waiver type services

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<p>Performance measures and quality outcomes of case management agencies</p> <ul style="list-style-type: none"> - Case management agencies to maintain a 90% compliance rate of waiver processes 	<p>CAP/C: No performance measures are in place</p>	<p>Ensures:</p> <ol style="list-style-type: none"> 1. Federal and state requirements of the waiver are met on time 2. Established benchmarks are met monthly 3. Satisfaction of waiver beneficiary 4. Providers are qualified to render waiver and non-waiver services 5. Claims are processed accurately per the service plan 6. Cost neutrality per waiver beneficiary and the waiver as a whole 	<p>CAP/C:</p> <ol style="list-style-type: none"> 1. Higher standards of requirement to become a case management agency 2. Closer supervision and monitoring of waiver workflow 3. Temporary suspension or termination to provide case management when out of compliance 4. Notification to waiver beneficiary of compliance rate to waiver practices

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<p>Waiver Services and limits:</p> <ul style="list-style-type: none"> • Day health services (adult day health and day care services for children) • Assistive technology- max \$3,000 per waiver period for all beneficiaries • Case management- 288 units for all waiver beneficiaries • Community transition service- \$2,500 one-time within 90 days of transition • Financial management services • Home accessibility and adaptation - \$10,000 over waiver period • Institutional respite services: 30 days or 720h per fiscal year • Meal preparation and delivery- 1 meal per day • Motor vehicle modifications - \$5,000 over waiver period • Nursing services for 	<p>CAP/C:</p> <ul style="list-style-type: none"> • Case management • Nursing • Pediatric nurse • Respite • Community transition funding • Vehicle and home modification • Caregiver training and education • Aide services • Palliative care <p>CAP/DA:</p> <ul style="list-style-type: none"> • Adult day health • Personal care • Home modification mobility aids • Meal preparation and delivery • Respite • Personal emergency response services • Waiver supplies • Transition services • Training and education 	<ol style="list-style-type: none"> 1. Seamless transition from CAP/C to CAP/DA waivers 2. Waiver services follow the individual with no gaps in service provision 3. Provides for a comprehensive package of home and community-based services to maintain community inclusion 	<ol style="list-style-type: none"> 1. Reduction in the vehicle modification budget to ensure cost neutral service provisions.

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<p>beneficiaries not eligible for State plan or EPSDT</p> <ul style="list-style-type: none"> • Participant goods and services- \$ 800 per fiscal year • Pediatric and Geriatric Nurse Aide Personal assistant • Personal Emergency Response Services – specifically for 21 and over, but for medically necessary reasons, waiver beneficiaries between ages 0-20 may qualify • Personal care services • Specialized medical equipment and supplies • Training, education and consultative services 	<p>services</p> <ul style="list-style-type: none"> • Assistive technology • Case management • Financial management services 		
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