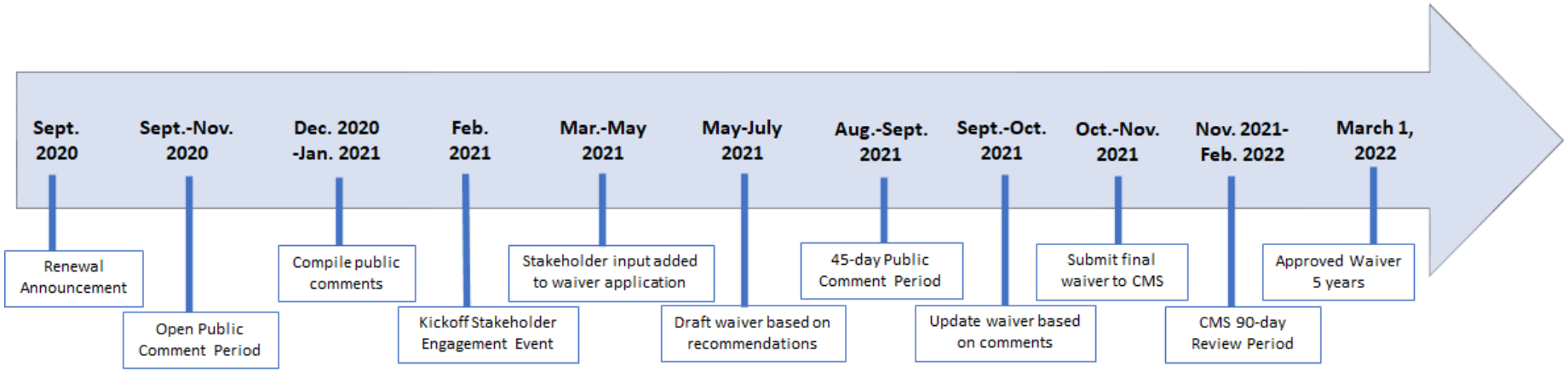
Timeline for CAP/C Waiver Renewal



Community Alternatives Program for Children Waiver Renewal Activities

Renewal announcement – A Medicaid Bulletin posted on the NC Medicaid webpage to announce the Community Alternatives Program for Children (CAP/C) 1915 (c) Home- and Community-Based Services (HCBS) waiver would expire on February 28, 2022.

Open public comment period – A designated timeframe for stakeholders to offer comments about the CAP/C clinical coverage policy and the CAP/C waiver application in the areas of accessibility, clarity, and community integration.

Compiling and organizing public comments – A designated period set aside to review all submitted comments during the public comment period to organize the comments by category.

Kick-off Stakeholder Meeting – An organized stakeholder meeting that is held by webinar or another engagement platform to discuss the waiver renewal process, review the submitted comments by category, plan the average per capita costs, and seek feedback and plan for the next steps in the waiver renewal process.

Working with internal and external stakeholders – Designated meetings with internal and external stakeholders to review and discuss efficient and effective ways to ensure accessibility, clarity of waiver processes/terms, community integration, and financial impact and program accountability.

Drafting of the waiver application – A designated time to incorporate the approved recommended changes/edits in the waiver application and in the CAP/C clinical coverage policy that includes an internal review process.

Public Comment Period - A designated timeframe for stakeholders to offer comments about the proposed updated CAP/C waiver application and the clinical coverage policy.

Update to waiver application and clinical coverage policy – A designated time used to make edits and updates to the waiver application and the clinical coverage policy based on comments received from the public comment period

Submission the waiver application to the Centers for Medicare and Medicaid Services (CMS) -The official submission of the waiver application to CMS for review and approval.

Review period by CMS – CMS has 90 days to grant approval or request additional information after the waiver application's official submission. CMS may halt the 90-day review period if additional information is requested.

Approval – CMS must approve the waiver application within 90-days or stop the review process to request additional information to support the waiver application methodology. If the review process is halted and the waiver is near to expire, CMS will grant an extension of the waiver expiration date, which allows the waiver to remain active until final approval.