

NC Department of Health and Human Services

# Community Alternatives Program for Children

## Waiver Renewal Planning

April 2021

# Waiver Renewal Planning

- CAP/C waiver scheduled to expire Feb. 28, 2022
- Renewal request due to CMS by November 2021 (minimum 90 of days prior to the expiration of the waiver application). NC Medicaid anticipates submitting in October 2021.
- Additional policy revision required for CCP, 3K-1 to update the clinical operation of the waiver.



# CAP/C Waiver Overview

- Target population: medically fragile children (0-20 years old) who meet a level of care (LOC)
- 12 distinct, approved home- and community-based services (HCBS)
- Consumer-directed services
- Amendment approved in May 2020, added new services and processes
- Complies with EVV requirements

# CAP/C Waiver Demographics

## Average Age/Count Beneficiaries with Active POCs

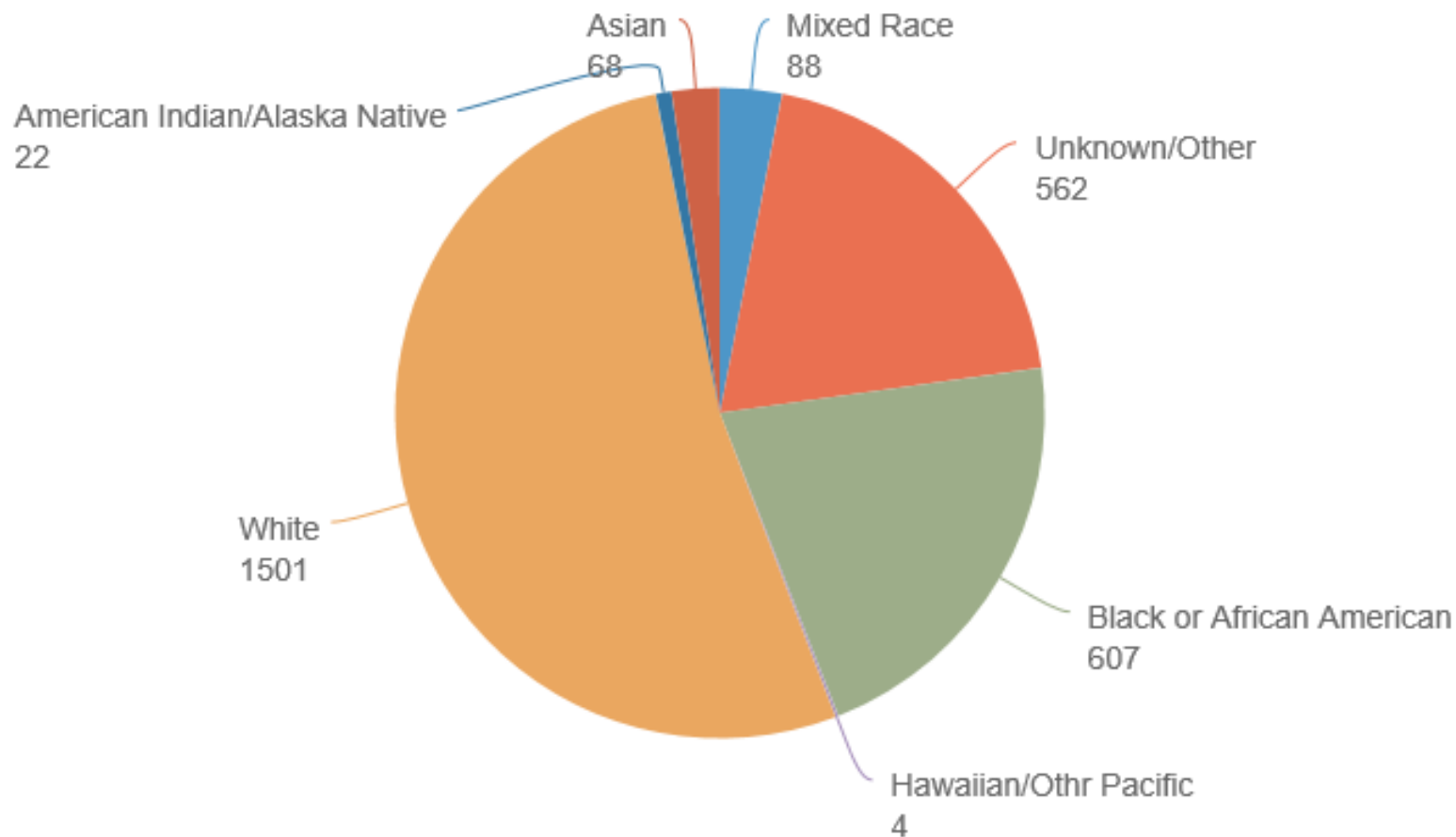
Avg Female Age	# Female Beneficiaries
10	1296

Average Age Male	# Male Beneficiaries
10	1556

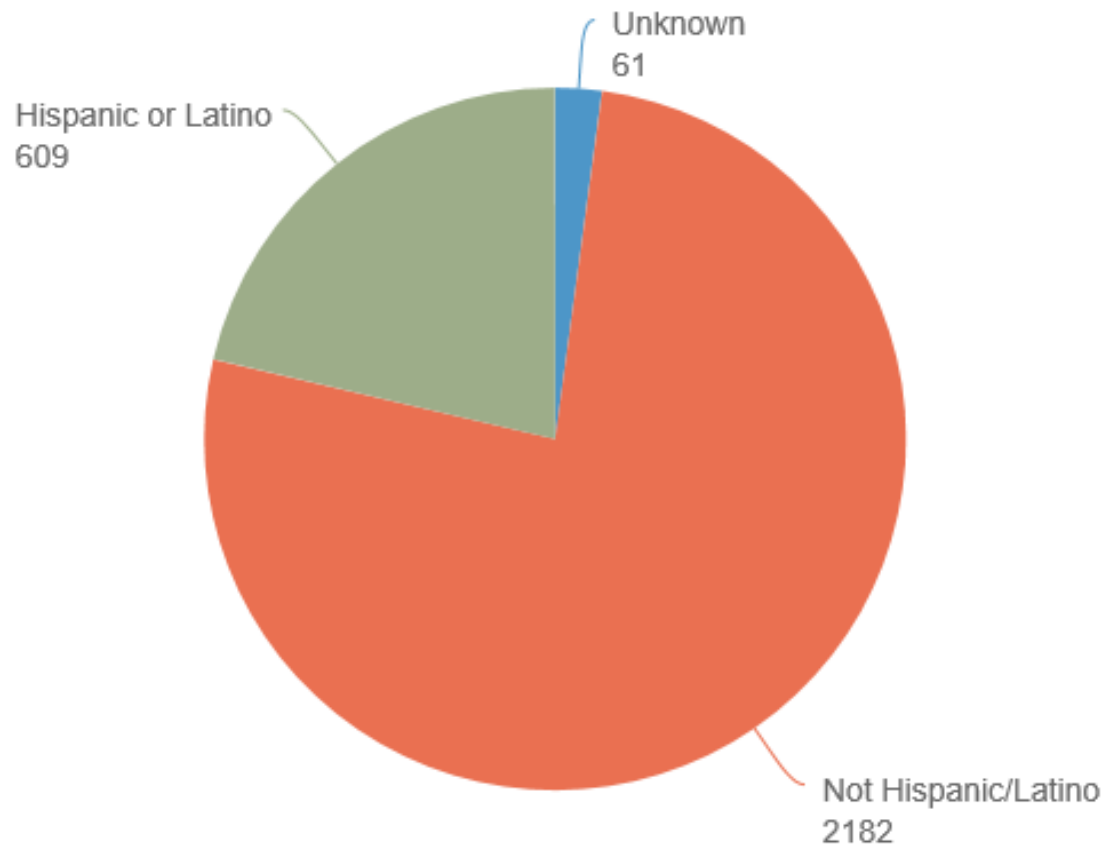
# CAP/C Waiver Demographics (cont.)

## Race



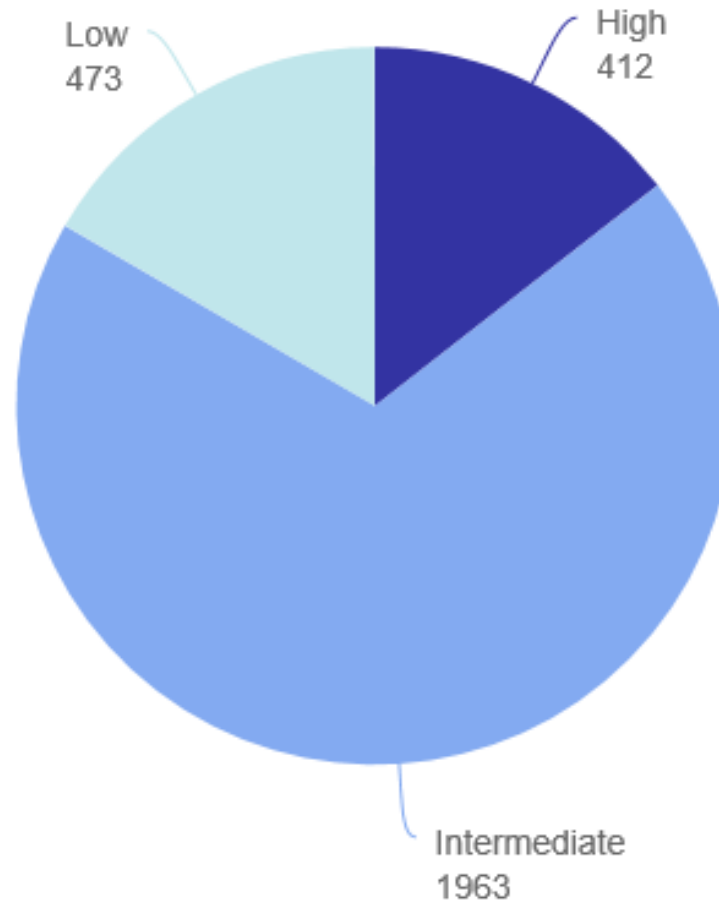
# CAP/C Waiver Demographics (cont.)

## Ethnicity



# CAP/C Waiver Demographics (cont.)

## Acuity Level

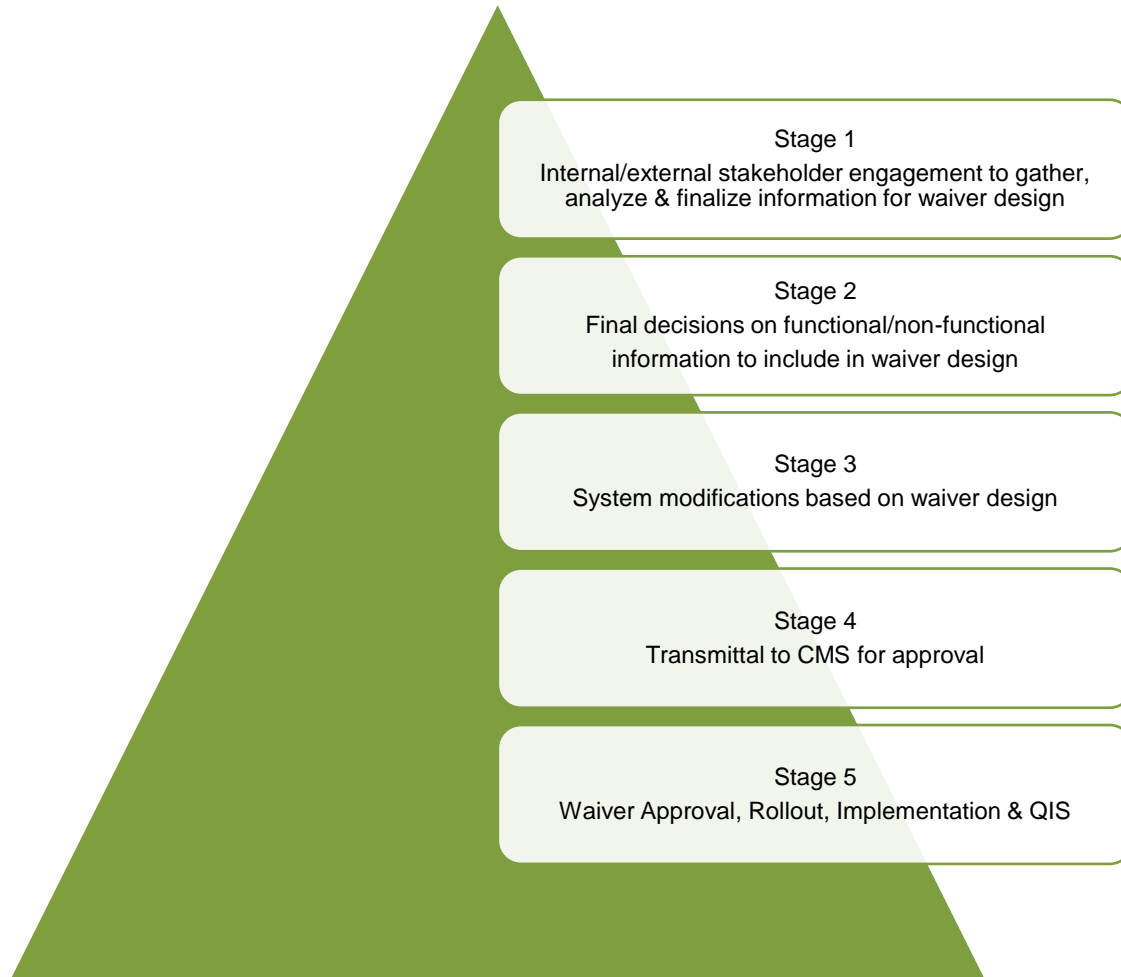


# Waiver Quality Assurance Areas

- Level of care
  - All participants assessed for LOC, initially and annually
- Administrative oversight/operations
  - Written business rules/processes
- Service plan development
  - Person-centered and interest-free
- Qualified providers
  - Willing & fully qualified to render HCBS
- Health and welfare
  - Critical incident management
- Financial accountability
  - Assurance of proper claims adjudication



# Stages of the Renewal Process



# Waiver Application Areas to be Reviewed

- Waiver administration & operations
- Participant access & eligibility
- Participant services
- Participant-centered planning & service delivery
- Consumer-directed services
- Participant rights & safeguards
- Systems improvement
- Financial accountability
- Cost neutrality

# High-level CAP/C Renewal Plan



# Information Gathering

- Research of other states' waiver programs
- Internal focus discussions
- Rate modeling
- Fiscal forecasting
- External discussion groups
- Advisory Group recommendations
- Comments and public feedback



# Internal and External Discussion Groups

<u>Discussion Group 1-I</u> Fiscal impact Program integrity Operations and administration Post-eligibility treatment of income	<u>Discussion Group 2-E</u> Services that are working well	<u>Discussion Group 3-E</u> Meaningful quality measures in monitoring service provision	<u>Discussion Group 4-E</u> Assure waiver access for HMP for Medicaid enrollees statewide
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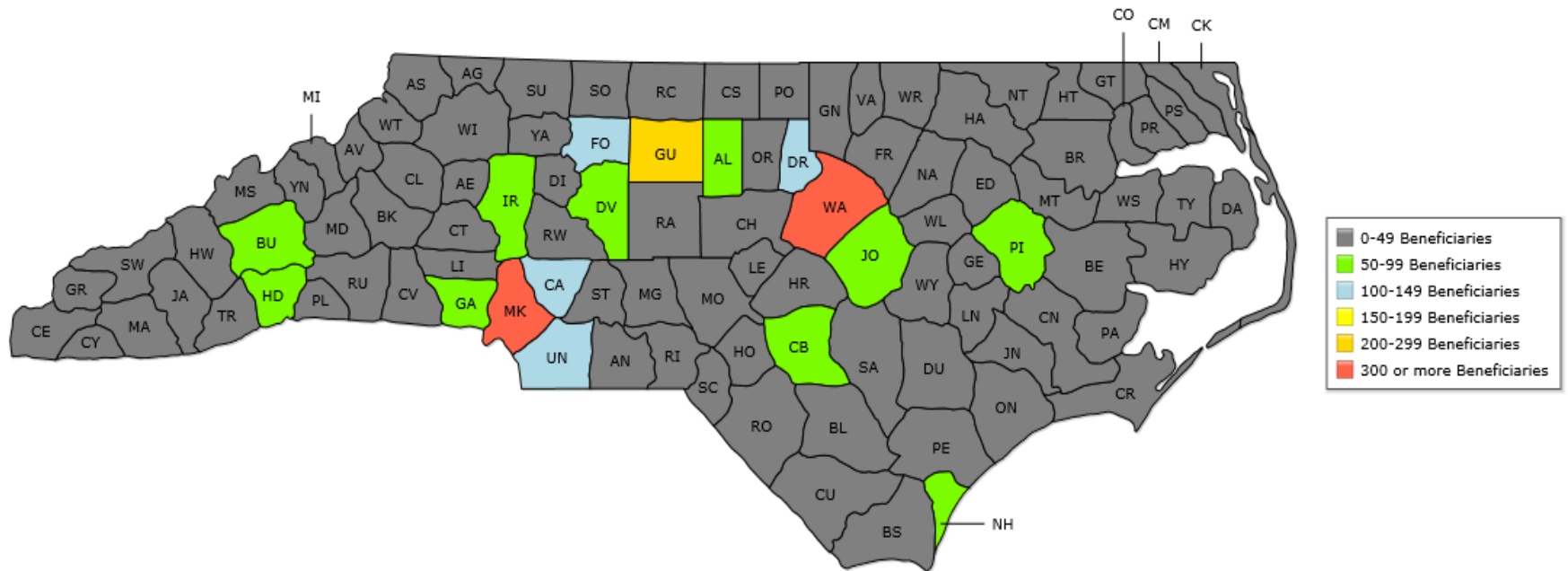
Key:

Internal (I)

External (E)

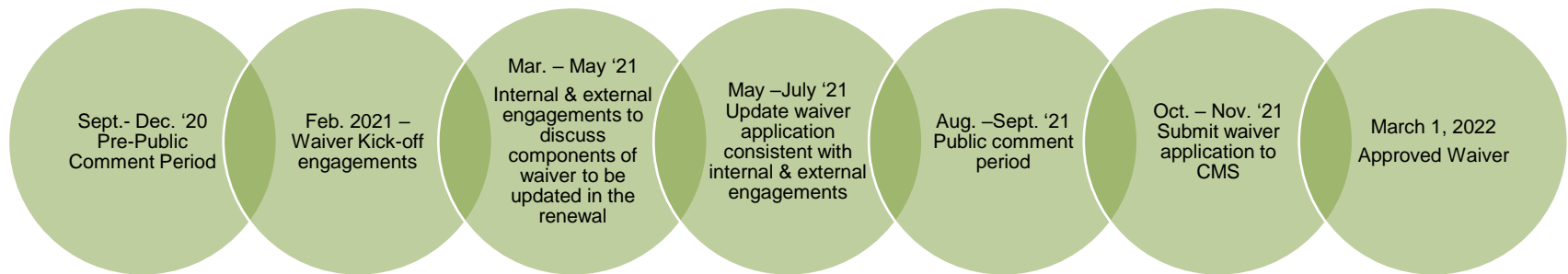
Historically marginalized populations (HMP)

# Current Beneficiaries by County



Refer to slides 4 & 5

# High Level CAP/C Renewal Timeline



# Intended outputs

**1**

**Service  
Interventions**

**2**

**HCBS  
Expenditure  
Control**

**3**

**Quality  
Assurance &  
Improvement**

**4**

**Equity &  
Diversity**

1. Best practice service interventions to meet needs of medically fragile/complex children
2. Confirmed demonstration that average per capita cost of HCBS expenditures can be managed at a cost equal to or less than institutional cost
3. A comprehensive quality assurance and improvement plan to ensure beneficiary satisfaction and provider effectiveness
4. An equity and diversity plan to ensure statewide enrollment of all eligible individuals, including historically marginalized populations



# Why is your participation needed?

Subject matter expertise in specific areas of the waiver application:

- Medicaid Eligibility Unit – Identification of Medicaid eligibility groups to be served in the waiver
- OCPI Unit – Creating assurances of financial integrity and accountability
- Provider Reimbursement Unit – Establishing rates, billing and claims practices to ensure financial accountability
- Financial Planning and Analysis Unit – Analyzing paid expenditures to project waiver cost and fiscal impact
- External Stakeholders, HCBS Providers and Participants/Applicants - Quality assurance review in areas of service plan development, rights and responsibilities, and health and well-being of waiver participant

# Next steps

- Recurring meetings for each discussion group beginning March 10
- Internal discussion groups will receive PDF section of the waiver application pertaining to their subject area to review and update based on changes
- Recommendations for changes in subject area to be returned to the operations manager by May 14

# Resource materials

- [CAP/C Clinical Coverage Policies](#)
- [1915\(c\) Technical Guide](#)
- [CAP/C Approved Waiver](#)



# Contact information

- **Waiver Operations manager**

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- **Email to submit comments about waiver renewal**

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