



**Community Alternatives Program 1915(c) HCBS  
Waiver  
Sept. 21, 2016**

**Department of Health and Human Services  
Stakeholder Engagement**



# Our Journey

- CAP/C Stakeholder Engagement Activities

| Engagement Activity | Number of Sessions | Number of Attendees  | Overall Theme  |
|---------------------|--------------------|--|--|
| Listening session   | 9                  | 24 parents<br>25 provider agencies<br>35 CAP agencies<br>3 NC representatives<br>50 by phone | Services are needed to allow families opportunity to have normal lives; don't cut service hours                                  |
| Workgroup sessions  | 6                  | 45   | Cost neutrality<br>Due process<br>Waiver service package   |
| One-on-one sessions | 15                 | 15   | Services are needed to allow families opportunity. to have normal lives; don't cut service hours<br>Implement consumer-direction |

# Communication plan

| Goal  | Timeline       | Progress  | Results   |
|---|----------------|---|---|
| Update DHHS/DMA website                         | September 2016 | Met   | Transparency and collaboration                          |
| Create a beneficiary listserv                   | October 2016   | Ongoing   | Transparency and real-time information                  |
| Inform stakeholders upcoming events/information | September 2016 | Information posted to DMA and e-CAP websites and emailed to workgroup   | Transparency and collaboration                          |
| Communicate directly with agencies              | September 2016 | Information posted to DMA and e-CAP websites and emailed to workgroup   | Transparency, collaboration and real-time information   |
| Add consumer and provider interface to e-CAP    | March 2017     | Under development and design  | Role-base access to all pertinent information about CAP |
| Quarterly stakeholder meetings                  | November 2016  | Meeting invitation to posted to DMA and e-CAP website in October 2016   | Training, collaboration and engagement                  |
| Biannual listening sessions                     | April 2017     | Dates and locations are being finalized and will be posted by Dec. 2016 | Collaborative engagement                                |

# Requirements of cost neutrality

- Cost neutrality equation:  $\text{HCBS} \leq \text{Institution cost}$

## HCBS cost:

- Historical claims data from SFY14 and SFY15 of all HCBS beneficiaries in target population = HCBS average per capita cost (APC)

## Institutional cost:

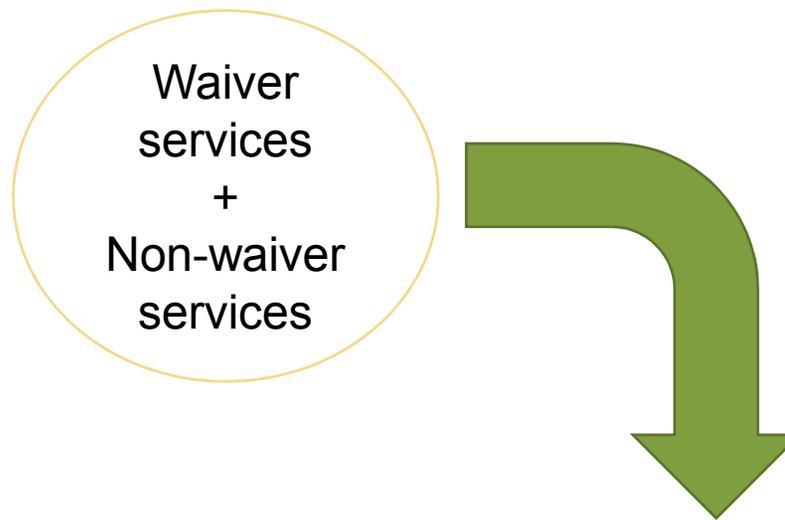
- Historical claims data from SFY14 and SFY15 of all in-patient/NF claims for individuals similar to target population = the institutional average per capita cost (APC)

# Cost neutrality equation data

| <b>Home Community-Base Services (HCBS) Data</b>   | <b>Institutional Data</b>   |
|---|---|
| <p><b>Paid claims for all waiver services (case management, cap nursing, pediatric nurse aide, in-home care aide, home/vehicle modifications, palliative and bereavement counseling, respite (all types) incontinence waiver supplies, adaptive tricycles)</b></p> <p><b>Paid claims for all professional services such as Home Health, durable medical equipment, physical, occupation and speech therapy, dental, and optical</b></p> | <p><b>Inpatient hospitalization for specific diagnosis codes represented in target population</b></p> <p><b>All professional claims for in-patient hospitalizations</b></p> <p><b>All nursing facility claims for individuals under age 21</b></p> <p><b>Claims were pulled from Tar River, Hilltop home, LTACs, Broughton hospital, Central Regional hospital, Cherry Hospital, O’Berry Center and Long-leaf</b></p> |

## Cost neutral point

- Cost neutrality includes the management of both waiver and non-waiver services to ensure the average cost of care is less than or equal to the average cost of institutional care



- HCBS APC = 86,950  $\leq$  Institutional APC = 129,066

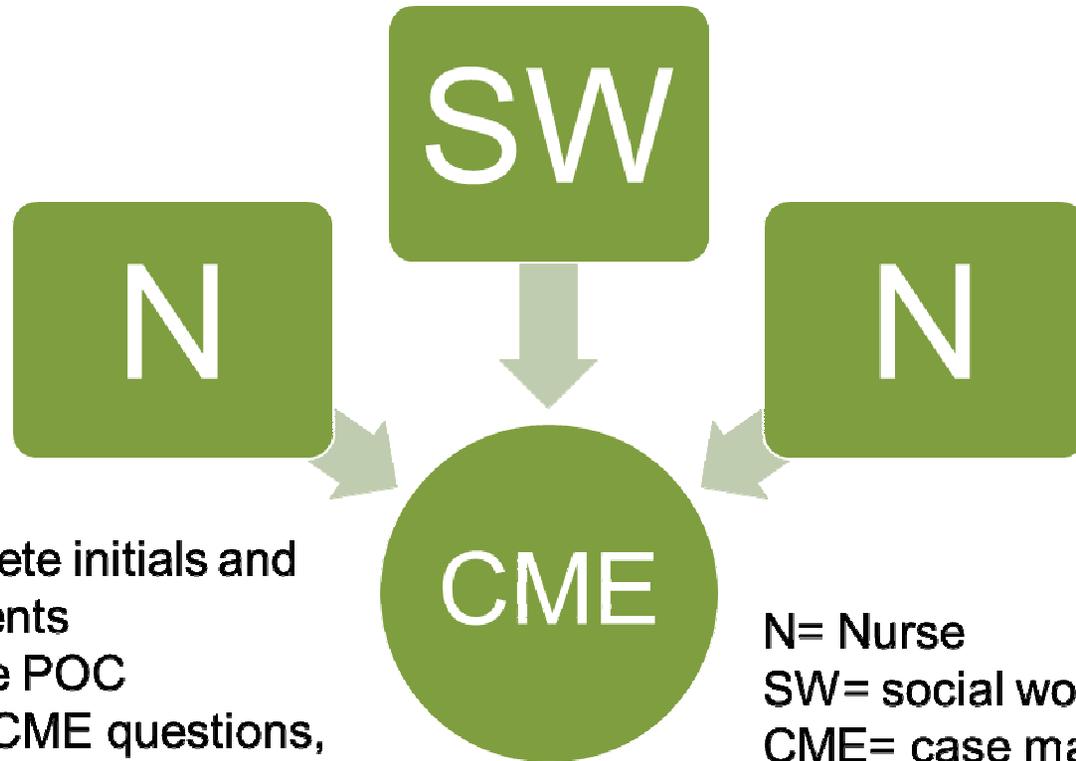
# Example of future plan of care

|                              | start   | end      | Service hours | Billing | Per              |                           |
|------------------------------|---------|----------|---------------|---------|------------------|---------------------------|
| <b>HCBS Plan</b>             | 2/12/17 | 1/31/18  | 98            | units   | week             | <b>Provider</b>           |
| <b>Nurse Care Respite</b>    | 2/12/17 | 1/31/18  | 720           | units   | Duration of plan | <b>ABC Nurse Services</b> |
| <b>Disposable liners</b>     | 2/12/17 | 1/31/18  | 2200          | each    | Duration of plan | <b>YZE Medical Supply</b> |
| <b>Case management</b>       | 1/15/17 | 1/31/18  | 72            | unit    | Duration of plan | <b>ST CME</b>             |
| <b>Modification</b>          | 2/12/17 | 12/31/21 | 0             | each    | Waiver cycle     | <b>ST CME</b>             |
| <b>Average Cost of HCBS:</b> |         |          |               |         |                  | <b>\$ 95,493.68</b>       |

# Timeline for meeting the needs of CAP/C children

| Services   | Process   | Timeline                                       | Planning Needs  |
|--|---|--|---|
| Completed requests:<br>Referrals: 15 business days<br>Initials/CNRs: 30 calendars days<br>Waiver services requests/COS: 15 business days | Request made via e-CAP/C, consultant reviews and makes a decision   | Initiate in February 2017                      | Training – rollout November 2016  |
| Nursing  | Request made via e-CAP/C, consultant reviews request within PDN policy to ensure needs are met                | Initiate in June 2017                          | November 2016, stakeholder engagement to begin policy review<br>Training rollout March 2017 |
| Personal care  | Request made via e-CAP/C, consultant reviews request within PCS policy to ensure needs are met                | Initiate in June 2017                          | November 2016, stakeholder engagement to begin policy review<br>Training rollout March 2017 |
| Consumer-direction   | Request made via e-CAP/C, consultant reviews request within CAP/C policy to ensure willingness and capability | Phase roll-in to be completed by December 2017 | November 2016, stakeholder engagement to begin policy review<br>Training March –June 2017   |

# Triad CAP consulting teams

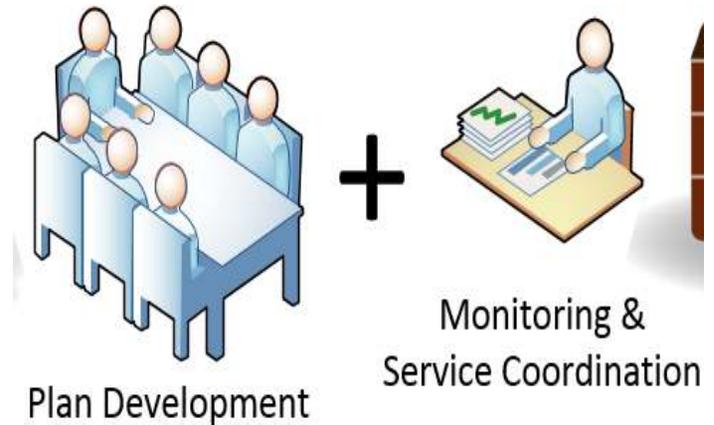


Nurse to complete initials and COS assessments  
SW to complete POC revisions, field CME questions, provider policy guidance/interpretation and complete letters and other communications needs

N= Nurse  
SW= social worker  
CME= case management entity



# Authorizing and monitoring HCBS



Conflict-free case management is a clear separation of interest when determining the eligibility of HCBS services. A firewall must be established between the entity assessing the need for waiver services, developing the POC and providing waiver services to mitigate risks of conflict.



# Plan to address conflict-free case management

- Develop core competencies and training requirements for all CAP case managers – Summer 2017
- Development of independent case management agencies assessors



# Consensus

| Issues  | Plan  | Consensus  |
|---|---|--|
| Not to merge CAP/C and CAP/DA waivers   | To submit a stand alone CAP/C waiver to CMS   | Stand alone CAP/C waiver   |
| Cost neutrality   | APC for each waiver beneficiary is approximately \$129,000/year   | All services are managed approximately at APC of \$129,000/year  |
| Do not cut personal care hours such as nursing, pediatric nurse and in-aide home care which also includes sleep time and travel | HCBS will be person-centered which means service needs are based on medically necessity of the beneficiary and family needs | Nursing and in-home aide services will be received through state plan; hours based on medically necessity per person-centered planning |
| Freedom to select case management agency  | Design a clear firewall to mitigate risk of conflict  | Design training modules of core competencies for case managers<br>Implement independent case management agency assessors               |
| Plan for consumer-direction to be statewide   | Implement statewide   | Statewide by Dec. 2017<br>Phase roll-in initiated in June 2017   |
| Increase vehicle modification budget back to \$15,000   | Vehicle modification to \$15,000; combine the total budgets for all modifications; no prororation                           | Combine the budgets for all modification to total \$28,000 to be used per policy guidelines  |
| Remove the two categories for respite and allow families to arrange for respite   | Increase respite hours to 720/hr<br>Two categories removed  | Two categories removed<br>Case manager to track respite on quarterly basis   |

## Next Steps

- **Stakeholder meeting in October to review proposed draft waiver.**
- **Submit waiver to CMS by mid-November**