

## Community Alternatives Program for Children Waiver Renewal

### *Proposed CAP/C Waiver renewal posted for public comment*

This announces the 30-day public comment period to review the proposed Community Alternatives Program for Children (CAP/C) § 1915 Home- and Community-based Services (HCBS) waiver application. NC Medicaid announced the renewal of the CAP/C waiver in September 2020.

An agreement between the State waiver administering agency (NC Medicaid) and the Centers for Medicare and Medicaid Services (CMS) must be reached to implement the proposed changes statewide. If substantial changes to the items in the crosswalk below, an announcement will be made.

- The proposed waiver application will be posted for 30 days.
- Upon submission of the waiver application, CMS has 90 days to approve the waiver.
- CMS may need additional time after the 90-day approval period has expired due to recommendations for substantial changes to specific sections in the renewal application.

A crosswalk of the proposed changes in the waiver application is listed below:

<b>Waiver Template Titles</b>	<b>Description of changes made to the CAP/C waiver application</b>	<b>Waiver Appendix Locations</b>
Major changes	<ul style="list-style-type: none"> <li>• <b>Consumer-directed care:</b> All participants in this waiver are eligible to direct their care using consumer-directed services, including children at a skill level consistent with private duty nursing care.</li> <li>• <b>Determining level of care:</b> When a waiver participant receives services from a 1915(c) HCBS waiver in the state, a reevaluation of the level of care is not required.</li> <li>• <b>The number of waiver participants served:</b> This waiver will serve 6,000 over the five-year waiver approval cycle. NC Medicaid will seek to enhance funding through the America Rescue Plan Act for 1,000 of the additional 2,000 slots added to the unduplicated participant count.</li> <li>• Appendix C was updated to expand the service definitions for all waiver services and added two new services (coordinated caregiving and community integration services).</li> </ul>	Purpose of HCBS Waiver Program, page 1
Waiver Administration and Operation	<p><b>No substantial changes have been made to this section.</b> The administration and operation of the waiver will be managed by the State Medicaid Agency, NC Medicaid. NC Medicaid will collaborate with contracted vendors and local, government and non-government agencies across the state to conduct administrative functions of the waiver. These entities will be responsible for:</p> <ul style="list-style-type: none"> <li>• Participant waiver enrollment</li> </ul>	Appendix A, pages 11-30

	<ul style="list-style-type: none"> <li>• Waiver enrollment managed against approved limits</li> <li>• Waiver expenditures managed against approved levels</li> <li>• Level of care evaluation</li> <li>• Review of participant service plans</li> <li>• Utilization management qualified provider enrollment</li> </ul>	
Participant Access and Eligibility	<p><b>No substantial changes have been made to this section.</b></p> <ul style="list-style-type: none"> <li>• There is no individual cost limit for this waiver. Still, the applicant's care needs must be equal to or less than the average per capita cost of the projected institutional limits described in the waiver.</li> <li>• This waiver is targeted to serve 6,000 unduplicated participants by waiver year five. Each applicant must meet the level of care required to be considered for enrollment in the CAP/C waiver.</li> <li>• Each applicant must meet the targeted population criteria of medically fragile.</li> <li>• Applicants meeting a level of care when a new referral is made will automatically meet the level of care required but will need to meet the criteria for medical fragility.</li> <li>• Applicants transitioning from the CAP/DA waiver will be fast-tracked to the waiver during the identified transition date.</li> </ul>	Appendix B, pages 30-60
Participant Services	<p><b>Substantial changes were made to this section.</b> Three new services were added to the waiver application. These services are:</p> <ul style="list-style-type: none"> <li>• Attendant Nurse Care</li> <li>• Community Integration</li> <li>• Coordinated Caregiving</li> </ul> <p>When qualifying conditions are met, legally responsible persons will be permitted to be the paid caregiver.</p> <p>Other waiver service definitions that were updated include:</p> <ul style="list-style-type: none"> <li>• <b>Home accessibility and adaptation services:</b> when qualifying conditions are met, the coverage of fixtures and mirrors and hypoallergenic filters, replacement of storage spaces.</li> <li>• <b>Goods and services:</b> when qualifying conditions are met to address social determinants, the coverage of CAP-specific protective equipment, thermometer, hypoallergenic pillows, blinds and a housing safety and quality inspection.</li> <li>• <b>Community Transition and Integration services:</b> when qualifying conditions are met, linkage to health-related legal support.</li> </ul>	Appendix C, pages 60-163

	<ul style="list-style-type: none"> <li>• <b>Training, education, and consultative services:</b> when qualifying conditions are met to address social determinants, violence intervention services</li> </ul>	
Participant-Centered Planning and Service Delivery	<b>No substantial changes have been made to this section.</b>	Appendix D, pages 163-194
Participant Direction of Services	The new service, Attendant Nurse Care, added to Appendix C was added to this section. No other substantial changes were made to this section.	Appendix E, pages 194-214
Participant Rights	<b>No substantial changes have been made to this section.</b> Waiver participants will have the right to request an expedited appeal when a service is denied, reduced, or terminated.	Appendix F, pages 214-218
Participants Safeguards	<b>No substantial changes have been made to this section.</b>	Appendix G, pages 218-253
Quality Improvement Strategy	<b>No substantial changes have been made to this section.</b>	Appendix H, pages 253-257
Financial Accountability	<b>No substantial changes have been made to this section.</b>	Appendix I, pages 257-280
Appendix J	<b>Substantial changes have been made to this section.</b> The new waiver services and the increase in the direct care worker rates were added to the projections of community and community-based planning to compare against institutional services. The average per capita cost for waiver services is less than the average per capita cost of institutional services.	Appendix J, pages 280-292

The 30-day public comment period is your opportunity to provide feedback to the proposed changes. Your comments and feedback are welcome. Instructions to where to send your comments and feedback are listed below.

Email: [medicaid.capcwaiver@dhhs.nc.gov](mailto:medicaid.capcwaiver@dhhs.nc.gov) or

Mail: Attn: CAP/C Unit; 2501 Mail Service Center Raleigh, NC 27699-2501

Oral comment and feedback, dial 919-855-4345 and leave a message.

A return response to comments or feedback will not be immediately provided. After the 30-day public posting, all comments and feedback will be compiled to include resolution of comments. The compilation of the public comments will be posted to the CAP/C webpage.

**CONTACT:**

LTSS, [Medicaid.capda@dhhs.nc.gov](mailto:Medicaid.capda@dhhs.nc.gov)