



CAP/DA New Waiver Renewal Updates

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Overview of Current CAP/DA Census



History of CAP/DA Waiver

- In 1990s, NC Medicaid implemented a 1915c waiver to offer home and community-based services to disabled abused.
- The primary target group was intended to be individuals 65 years old and older who had chronic illnesses such as Diabetes, COP, arthritis, and heart disease.

History Continues

- The population began to diversify in 2005 with individuals under the age of 65 with other chronic diseases such as quadriplegia, stenoses, and MVA.
- With the diversification of the population mix in the CAP/DA waiver, individuals wanted to integrate into their communities. Consumer direction was implemented in 2005, which allowed individuals more choices and freedom.

Requirements for Administration of a 1915c Waiver

- Every five years, the waiver application must be renewed.
- Renewing the waiver permits states to evaluate successes and challenges to identify opportunities for improvement and goals for optimal community living.

GOALS

The goals for the 2019-2024 waiver were to offer:



Offering person-centered planning

- **Services to reduce social determinants of health**

Services Introduced

- That waiver cycle introduced new services, including coordinated caregiving, non-medical transportation, chore services, the expansion of goods and services, and car modifications.
- This waiver cycle expired on October 31, 2024, but is currently in an extension period while the renewal is being approved. Referrals and service requests for the CAP/DA waiver should continue during this waiver approval period.

Goals of The CAP/DA 2024-2029 Waiver Cycle

- **Create equity within 1915(c) HCBS waiver by:**
 - **Aligning the modification, adaptation, and technology budgets**
 - **Creating an NA II reimbursement rate**
 - **Increasing access to services**
- **To ensure continuity of care, this waiver renewal is projected to be effective between November 1– October 31, 2029.**
- **Service eligibility will be available and approved during new referral requests and upon the approval of a new, revised, or change in status POC approval once the waiver application is officially approved.**

What will be new in the CAP/DA Waiver

1. CNA II reimbursement is available for qualifying individuals who score at a high acuity level from a completed assessment. The information obtained during the assessment is evaluated for frequency of need, skilled intervention, and level of assistance needed. The score is generated from the compilation of data.
2. Expansion of the equipment, modification, and technology budget, increasing the budget by \$ 15,000, will equal \$ 28,000 for modification. Equipment, modification, and technology include home and car modification as well as technology.
3. Expansion of personal emergency response budget, increasing the budget to 41.66. The expanded budget for PERS will cover if it is within the reimbursement limits:
 - Smart devices
 - Pendants Wristbands
 - Virtual devices installed in the home
 - Medication dispensing box

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- 4. Management of critical incidents that include mitigation strategies for all falls and risk management for routinely missed personal care appointments.**
- 5. Reducing non-essential administrative tasks such as an annual POC when service needs have not changed, an annual self-assessment questionnaire**
- 6. Option counseling for individuals assigned to a waitlist**
- 7. Emphasis on person-centered planning and choices**

Future Initiatives and Next Steps for CAP/DA waiver:

- ✓ **Aligning Medicaid eligibility to reduce excess out of pocket cost of a deductible**
- ✓ **Requesting additional CAP/DA slots to decrease the wait time**
- ✓ **Rollout plan to introduce waiver participants and providers to the new waiver approval cycle and how to use and access the new services**
- ✓ **Update to the CAP/DA clinical coverage policy to include the coverage of the new waiver approval period**

Future Initiatives and Next Steps for CAP/DA Waiver (cont.):

- ✓ **Aligning Medicaid eligibility to reduce excess out-of-pocket cost of a deductible**
- ✓ **Requesting additional CAP/DA slots to decrease the wait times**
- ✓ **Developing a rollout plan to introduce waiver participants and providers to the new waiver approval cycle, and how to use and access the new services**
- ✓ **Updating the CAP/DA clinical coverage policy to include the coverage of the new waiver approval period**