

Community Alternatives Program for Disabled Adults (CAP/DA) HCBS Waiver Renewal Updates

Location in the renewal Waiver Application	Business Area	Business Area Purpose	Updated Language in the Renewal CAP/DA Waiver Application
Appendix A Pages 16-35	Waiver Administration	The propose of this business area is to identify the Waiver Administration and Operations and roles and responsibilities of each entity in the management of the waiver assurances.	The SMA is solely responsible for the determination of eligibility for all waiver participants; however, a contracted entity and local agencies assist the SMA with this administrative task. The contracted entity is an Independent Assessment Entity (IAE). The independent assessment entity will be responsible for gathering the health care information and coordinating with other health care professionals to assist the SMA to render a decision for level of care with the sole decision of LOC and waiver entry being made by the SMA. The IAE will also be responsible for validation of participant service plans completed by case management entity; slot utilization management; participant waiver enrollment; and waiver expenditures managed against approved limits.
Appendix B-2 and B-3 Page 36-39	Cost limit	The purpose of this business area is to identify the individual cost limit in relationship to the costs of institutional services at the level of care that a person requires.	<p>Through a thorough analysis of the waiver applicant's assessed needs performed by a Nurse, and the identification of risk indicators addressed during the multidisciplinary meeting, the health and welfare of the applicant within the average ranges of the cost limits may be assured through linkage to a health home and connecting the caregiver to resources for additional support.</p> <p>Applicants and current participants whose needs are at the cost limit thresholds may be enrolled in the waiver. Applicants whose care needs are over the projected cost limit thresholds, will receive a 90-day cost neutrality projection service plan to assess the ability of the waiver program to manage health care needs within the cost limits of the waiver projections.</p>

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Appendix C Pages 70-156	Participant Services	The purpose of this business area is to provide a summary of services covered in the waiver application and the general service specifications.	<ul style="list-style-type: none"> • Service definitions and coverable items were updated for the following services: <ul style="list-style-type: none"> ○ Adult Day Health ○ In-Home Aide Services ○ Personal Assistance Services ○ The live-in taxonomy for Coordinated Caregiving ○ Community Transition ○ Community Integration ○ Participant Goods and Services ○ Personal Emergency Response System ○ Training, Education and Consultative Services • Provider qualification updates were made to the following services: <ul style="list-style-type: none"> ○ Case managers – must pass a background check that includes an abuse registry check ○ In-home aides who are hired by an agency, a criminal record check and registry check must be completed by that agency prior to hire. ○ In-home aide service providers must include in the personnel record of the hired in-home aide of the completed background check and listing of findings if a criminal record exists and how these findings are within the requirements of this waiver program. • The following new service definitions were created: <ul style="list-style-type: none"> ○ Individual Goods and Services ○ Pest Eradication ○ Nutritional Services