Community Alternatives Program for Children (CAP/C) Amended Waiver

A Medicaid Home and Community-Based Service

The Community Alternatives Program (CAP) is a Medicaid Home and Community-Based Services (HCBS) Waiver authorized under section 1915(c) of the Social Security Act and complies with 42 CFR § 440.180, Home and Community-Based waiver Services. This waiver program provides a cost-effective alternative to institutionalization for beneficiaries in a specified target population who are at risk for institutionalization if specialized waiver services were not available. These services allow these targeted individuals to remain in or return to a home and community-based setting.

The amendments to the CAP/C waiver are effective May 1, 2020 - Feb. 28, 2022.

WHO IS ELIGIBLE?

Medically fragile children 0-20 years old who meet an institutional level of care

The three-core criterion of the medically fragile criteria are briefly described below:

A. A diagnosis of a primary physical chronic medical condition or diagnosis lasting, or expected to last, more than 12 months; and
B. The chronic condition requires or required hospitalization, emergency/urgent care, or ongoing specialized treatment/intervention supervised/delegated by a doctor/nurse within the last 12 months; and
C. The chronic condition requires life-sustaining devices, hands-on assistance, or non-age-appropriate care to prevent the worsening of the chronic medical condition that results in the likelihood of inpatient hospitalization.

APPROVAL TO RECEIVE CAP/C

- Completion and approval of a service request
- Completion of a comprehensive assessment evaluation
- Disability determination

NEW HCBS AVAILABLE THROUGH THE CAP/C WAIVER AMENDMENT

The HCBS approved in the waiver application will assist in integrating medically fragile children into the community, reduce the burden of caregiving, and assist in addressing social determinants of health.

- Access to transportation by covering a pre-modified vehicle for a waiver participant in promoting community integration.
- Access to food, pharmacy, and medical appointments to promote wellness and prevention using goods and services to purchase bus passes, gasoline, share rides, and nutritional services when the goods and services do not duplicate other Medicaid services.
- Stress management for the caregiver using respite services during vacations.
- Access to monitoring systems that promote the independence and self-sufficiency of the waiver participant.