

DMA ADMINISTRATIVE LETTER NO: 04-10, COMMUNITY ALTERNATIVE PROGRAM (CAP)

DATE: 6/30/2010

SUBJECT: Community Alternative Program (CAP) County Transfers

DISTRIBUTION: County Directors of Social Services
Medicaid Supervisors
Medicaid Eligibility Staff

I. BACKGROUND

The CAP programs provide home and community based services to recipients who require institutional care (placement in a nursing facility), but for whom care can be provided cost-effectively and safely in the community. North Carolina has four CAP waivers that provide these services to a limited number of persons in specific groups within the state.

II. CAP COUNTY TRANSFER POLICY

Currently, when a CAP/DA recipient transfers to another county, it is required that a CAP slot is available in the county where the client is moving. When a CAP recipient moves to another county, the IMC transfers the case and may delete the CAP indicator code, terminating eligibility for CAP services. If the IMC does not delete the CAP indicator code, EIS automatically deletes the code during the county transfer process.

A. Effective upon receipt of this letter, county transfers are allowed for all CAP programs without removing or deleting the CAP indicator code.

B. When a CAP recipient moves to another county he no longer loses his eligibility for CAP services. CAP coverage continues in the new county.

III. EIS CHANGES

DIRM is working on an EIS change to stop deleting CAP codes for county transfers. The expected effective date for this process is the end of July. We will send a listserv notification message when the EIS change is made. For CAP county transfers that process on June 30, 2010, county #2 must rekey the CAP indicator code.

IV. RESPONSIBILITY OF THE INCOME MAINTENANCE WORKER

A. Before implementation of EIS change

1. Do not manually remove the CAP indicators for county transfers with the exception of CAP/Choice recipients moving to a non CAP/Choice county.

2. When a CAP/Choice recipient moves to a non CAP/Choice county, the worker in county #1 removes the CAP/Choice indicator code and keys the CAP/DA code. County #2 rekeys the appropriate CAP/DA code determined by the county #2 CAP case manager when the county transfer processes.
3. When a CAP/Choice recipient moves to a CAP/Choice county (Cabarrus, Duplin, Forsyth, and Surry), do not manually remove the CAP indicator code before transferring the case. County #2 will rekey the CAP/Choice code after the transfer processes.
4. When a CAP recipient participating in a Piedmont county program (Cabarrus, Davidson, Rowan, Stanley, and Union) is transferred to another Piedmont county, county #2 rekeys the CAP indicator code after the county transfer processes.
5. When CAP recipient participating in a Piedmont county moves to a non Piedmont county, county #2 keys the appropriate CAP indicator code determined by the CAP case manager after the transfer processes.

B. After implementation of EIS changes

1. County transfers are allowed for all CAP programs. CAP indicator codes remain in EIS during the transfer process. Recipients' CAP eligibility is no longer affected when a recipient transfers to another county. Therefore, it is important that there is coordination with the lead agencies during CAP transfer to ensure continuous eligibility for services.
2. When a CAP/Choice recipient moves to a non-Choice county, the IMC in county#1 must change the CAP indicator code to the appropriate CAP/DA code as determined by the CAP case manager when keying the county transfer. This also applies to Piedmont county participants moving to a non Piedmont county. If the IMC does not change the CAP/Choice code, EIS will delete the CAP code during the county transfer process.
3. The IMC in county #1 sends the base document to county #2 along with last profile and a copy of the county transfer letter given to the recipient. The CAP agency is responsible for providing the IMC in county #2 with the approval letter and the CAP Plan of Care.

VI. EFFECTIVE DATE

This policy is effective upon receipt.

If you have any questions regarding this material, please contact your Medicaid Program Representative.

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Director

(This material was research and written by Ena Lightbourne, Policy Consultant, Medicaid Eligibility Unit)