

CHANGE NOTICE FOR MANUAL NO. 03-20 COMMUNITY ALTERNATIVES PROGRAM (CAP)

DATE: JULY 1, 2020

Manual: Aged, Blind, and Disabled Medicaid

Change No: 03-20

To: County Directors of Social Services

I. BACKGROUND AND CONTENT OF CHANGE

The Division of Health Benefits (DHB) has updated Medicaid Policy to provide procedures and clarity in MA-2280, Community Alternatives Program. The policy revision is defined in the following section.

II. POLICY UPDATE

MA-2280. VIII. B. Termination of CAP Services

Policy is updated to provide clarification regarding the receipt of the DHB-2193 when CAP services terminate and when to send a timely notice versus an adequate notice.

- A. The CAP Lead Agency will notify the local agency that CAP is to be terminated by sending the DHB-2193, Memorandum of CAP Waiver Enrollment form.**
- B. When CAP services are terminating and the beneficiary remains eligible for Medicaid, an adequate DSS-8110, Notice of Modification, Termination, or Continuation of Public Assistance must be sent.**
- C. When CAP services terminates and results in ineligibility for Medicaid or results in a Medicaid deductible, a timely DSS-8110, Notice of Modification, Termination, or Continuation of Public Assistance must be sent.**

During the COVID Emergency, do not terminate Medicaid benefits or place the applicant/beneficiary in deductible status.

III. EFFECTIVE DATE AND IMPLEMENTATION

The local agencies will continue to follow the procedures in the [DHB Administrative Letter 01-20: Medicaid/NCHC Procedures for COVID-19 and Addendum 1 letters](#). **The local agencies will not react to changes in circumstance that will result in any reduction or termination of benefits.**

Except as noted above in II. C., this change is effective July 1, 2020.

If you have any questions regarding information in this letter, please contact your [Medicaid Operational Support Team Representative](#).

DocuSigned by:
Dave Richard
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Dave Richard
Deputy Secretary, NC Medicaid