DMA

CHANGE NOTICE FOR MANUAL NO. 12-10, COMMUNITY ALTERNATIVE PROGRAM (CAP)

DATE: JULY 26, 2010

Manual: Aged, Blind, and Disabled Medicaid

Change No: 12-10

To: County Directors of Social Services

Effective: 08/01/2010

I. BACKGROUND

The CAP Programs provide home and community based services to Medicaid 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.

Effective 08/01/2010, DMA is implementing new policy and procedures regarding the CAP/C waiver program. The changes include a new age limit for CAP/C, changes in level of care and new services added to the CAP/C waiver.

DMA Administrative Letter 04-10 was issued effective 07/01/2010, stating new policy and procedures regarding county transfers for all CAP waiver programs. Effective 08/01/2010, the policy on CAP county transfers is being incorporated into the manual. When a CAP recipient moves to another county, it does not affect his eligibility for CAP services. This includes CAP/Choice recipients moving to a non-Choice county and recipients participating in the Piedmont Innovations Waiver and moving to a non-Piedmont county.

II. CONTENT OF CHANGE

A. MA-2280 I.A., General, subsection 2.b. is revised to clarify the level of care of CAP/C. Institutional care for CAP/C is defined as Nursing Facility (NF) and Hospital level.

B. MA-2280 II.A., General Policy Rules, subsection 6 is revised to delete the incorrect limit of annual physician visits. CAP recipients are not subject to the limit.

C. MA-2280 I.B., Available CAP Programs, subsection 1.a. is revised to reflect the age limit change to under 21 for the CAP/C waiver.

D. MA-2280 I.B., Available CAP Programs, subsection 1.d is revised to reflect current policy. CAP/C serves individuals statewide.
E. MA-2280 I.B., Available CAP Programs, subsection 2.c. (2) is revised to reflect current policy. An individual no longer has to live in a participating county to participate in CAP/DA. Section 2.c. is added to reflect this policy.

F. MA-2280 I.B., Available CAP Programs, a note is added to reflect current policy. When a CAP/Choice recipient moves to a non-Choice county, it does not affect his eligibility for CAP services. A reference to V.B.3 for CAP/Choice county transfer instructions is added.

G. MA-2280 I.B., Available CAP Programs, subsection 4.b.3 is added to reflect current policy. When a CAP/MR-DD recipient participating in the Piedmont Innovations Waiver moves to a non-Piedmont county, it does not affect his eligibility for CAP services. A reference to V.B.6 for CAP/MR-DD county transfer instructions is added.

H. MA-2280 II.A., General Policy Rules, subsection 14.c. (1) is revised to reflect current policy. “If the a/r moves out of the county” is no longer a reason for termination of CAP services.

I. MA-2280 II.A., General Policy Rules, subsection 17 is revised to reflect current policy. When a recipient moves to another county, it does not affect his eligibility for CAP services.

J. MA-2280 III.I., Termination of CAP services, subsection 4.b.(1) is revised to reflect current policy. The word “timely” is added.

K. MA-2280 III., Procedures-Applicable to All Programs, subsection J is added as a reference for specific CAP program instructions for county transfers.

L. MA-2280 IV.A., Policy rules, subsection 5 is revised to add services available under the CAP/C waiver. Vehicle Modification, Palliative Care and Caregiver training and Education are added.

M. MA-2280 IV.B., Procedures, is revised to add subsection 4 to reflect county transfer instructions when a CAP/C recipient moves to another county.

N. MA-2280 V.B., Procedures, subsection 8 is revised to reflect county transfer instructions when a CAP/DA recipient moves to another county.

O. MA-2280 VI.B. Procedures, is revised to add subsection 3, to reflect county transfer instructions when a CAP/Choice recipient moves to another county.

P. MA-2280 VII.B., Procedures, subsections 6 and 7 is revised to reflect county transfer instructions when a CAP/MR-DD recipient moves to another county.

Q. MA-2280 VIII.C., MFP Individuals Moves to Another County, subsection 1 is revised to reflect current policy. The word “CAP” is removed. Subsection 3 is added as a reference to III.J for CAP county transfer instructions.
R. MA-2221 V.C., Case Status, the phrase “HMO coverage” is removed from subsection 4 as there is no Medicaid HMO.

S. MA-2221 V.C., Case Status, subsection 5 is removed because it does not reflect current policy. CAP coverage is no longer automatically terminated by EIS when a county transfer is initiated by the county caseworker. A county change initiated by the Social Security Administration will continue to terminate the CAP coverage until a modification can be made in EIS, sometime later in August. Continue to re-enter the CAP coverage for SSI until you are notified via a listserv message that the modification for SSI individuals has been made in EIS.

III. EFFECTIVE DATE AND IMPLEMENTATION

This policy is effective 08/01/2010.

IV. MAINTENANCE OF MANUAL

A. Remove: MA-2280 pages 1-14; 17-29
   Insert: MA-2280 pages 1-14; 17-31 dated 08/01/10

B. Remove: MA-2221 page 7 and 8
   Insert: MA-2221 page 7 and 8

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

Craigan L. MD, MBA, JD, Director

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