

CHANGE NOTICE FOR MANUAL NO. 08-05, CAP

DATE: DECEMBER 10, 2004

Manual: Aged, Blind and Disabled Medicaid

Change No: 08-05

To: County Directors of Social Services

Effective: January 1, 2005

I. BACKGROUND

During the past few years Division of Medical Assistance (DMA) staff participated on a committee called the Consumer Directed Care Workgroup. Staff from the Divisions of Aging, Mental Health, and consumers and other stakeholders also participated. The committee discussed a new initiative, "consumer-directed care". As a result of this committee's work and Department request, the Division of Medical Assistance submitted a waiver, known as CAP/Choice, to the Centers for Medicare and Medicaid Services (CMS). DMA received approval for the CAP/Choice waiver last winter.

Request For Proposals (RFPs) were sent out and lead agencies in Duplin and Cabarrus counties were selected to pilot this waiver for the next six to nine months. These two counties will not receive additional CAP slots or monies for CAP/Choice. The county's slots and monies for CAP/DA are to be used for CAP/Choice also.

II. CONTENT OF CHANGE

A. CAP/Choice has been added to MA-2280, Community Alternatives Program.

B. The following changes were also made to MA-2280, Community Alternatives Program (CAP).

1. CAP SSI recipients do not require a redetermination of eligibility. However, all other categorically needy, no money payment (CNNMP) cases require a yearly eligibility redetermination. All other CAP cases have a six month certification period and eligibility must be redetermined.
2. CAP/DA Data Set is the new terminology for the CAP/DA assessment. See figure 2 in MA-2280, Community Alternatives

Program. The CAP/DA Data Set is only used for the CAP/DA program.

3. The Client Information Sheet (See figure 1) is used to provide a current and accurate source of client information. CAP case managers complete this during the initial assessment for new applicants enrolled in the CAP program and during the CNR for existing recipients.
4. Apply case management fees as one charge to the deductible on the day of the month that services are first provided to the a/r.
5. When an individual other than the a/r requests CAP services on behalf of the a/r, the a/r must be aware of the referral and be in need of services before the county agency will evaluate for CAP.
6. You may now use an automated notice for a CAP case in conjunction with an “other” code. When using an “other” code the worker must include the notice text on page two of the DSS-8125. You will no longer have to issue a manual notice for CAP codes 72, 42 and 7 I. When these codes are keyed, the system will generate an automated notice.
7. Always file a copy of the CAP Plan of Care for deductible cases in the case record. This will help clarify what services may be applied to a deductible.
8. Use the DSS-8108, Notice of Benefits, to notify the a/r of CAP eligibility for approval and open/shut cases. Use the DSS-8109, Your Application for Benefits is being Denied or Withdrawn, for eligibility for CAP services.
9. Spousal income protection does apply if the community spouse (CUSP) is receiving CAP as the CUSP is not in an institution or medical facility. Receiving CAP does not constitute institutionalization for the CUSP. However, the CUSP must be made aware of the fact that income of the ISP that is protected for him or her will be counted in determining his or her eligibility for Medicaid and CAP.
10. CAP hearings
 - a. For appeals (FL-2/MR-2 issues) on level of care, the client first appeals to the DMA Hearing Office at 2501 Mail Service Center (MSC), Raleigh, North Carolina 27699-2501. Further appeal will go to the Office of Administrative Hearings (OAH).

- b. For appeals regarding denial of CAP services, termination of CAP services, or reduction in CAP services, hold a local hearing at the county dss. If further appeal is required, hold a state appeal through the Division of Social Services Hearing and Appeals. See MA-2420, Notice and Hearings Process.
 - c. For appeals on CAP/AIDS request any appeals to the AIDS Care Unit.
11. CAP/Choice is a new program that allows Medicaid recipients flexibility to arrange for their care and the purchase of non-traditional goods and services that will increase their independence. The recipients are not required to go through a Home Care Agency for personal care services. They can choose to hire whomever they desire, including a family member.
- a. Use the same eligibility requirements for CAP/Choice as for CAP/DA.
 - b. No services can be provided under CAP/Choice until January.
 - c. Two new CAP Choice EIS indicator codes have been established. These codes are applicable only for Duplin and Cabarrus counties and have been added to the EIS Manual Sections 3101 and 4000. The new codes will not be able to be keyed until January 3, 2005.
- ID, Intermediate Directed Care (CAP/Choice ICF Level of Care).
- SD, Skilled Directed Care (CAP/Choice SNF Level of care).
- d. For current CAP/DA program participants moving into the CAP/Choice program, change the current CAP/DA code to the new CAP/Choice code per EIS instructions in EIS Manual Section 3101.

B. MA-2100, Categorically Needy- No Money Payment, has been changed to reflect the correct certification periods and terminology for CAP cases.

C. MA-2350, Certification and Authorization, has been changed to reflect the correct certification periods for Non-SSI and SSI CAP cases.

D. MA-1100, SSI Medicaid - County DSS Responsibility, provides clarification for counties to complete the DMA-5008 to address transfer of resources for SSI recipients who are approved as CAP recipients.

III. EFFECTIVE DATE AND IMPLEMENTATION

This change is effective January 1, 2005. Apply this change to re-determinations started and applications taken on or after January 1, 2005.

VI. MAINTENANCE OF THE MANUAL

A. MA-1100, SSI Medicaid – County DSS Responsibility

Remove: Pages 13 - 20

Insert: Pages 13 - 21, effective January 1, 2005.

B. MA-2100, Categorically Needy, No Money Payment

Remove: Pages 1-2

Insert: Page 1, effective January 1, 2005.

C. MA-2280, Community Alternatives Program

Remove: Pages 1-26

Insert: Pages 1-28, Figures 1 through 4b, effective January 1, 2005.

D. MA-2350, Certification and Authorization

Remove: Pages 1-7

Insert: Pages 1-7, effective January 1, 2005.

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

Gary H. Fuquay
Director

(This material was researched and prepared by Renee Carlton-Pettiford and Susan Ryan, Policy Consultants, Medicaid Eligibility Unit.)