

CHANGE NOTICE FOR MANUAL NO. 01-07, COMMUNITY ALTERNATIVE PROGRAM/AIDS WAIVER

DATE: NOVEMBER 27, 2006

Manual: Aged, Blind, and Disabled Medicaid

Change No: 01-07

To: County Directors of Social Services

Effective: January 1, 2007

I. BACKGROUND

The Division of Medical Assistance (DMA) is terminating the CAP/AIDS waiver effective **12/31/06**. Presently, there are 60 CAP/AIDS recipients. After a thorough review of the recipients' needs and a close examination of the services rendered within this waiver, DMA has determined that the needs of this population can be effectively managed under two other waivers, CAP/DA and CAP/C. When terminating a waiver program, federal regulations require a smooth transition of current recipients to another waiver program or into fee for service programs. Please find attached to this change notice copies of the notifications already sent to the CAP/AIDS case managers and the CAP/AIDS recipients (*Attachment One* - Memorandum to CAP/AIDS Case Management Providers/*Attachment Two* - Letter to CAP/AIDS recipients).

II. PROCEDURES FOR ONGOING CASES

- A. Contact the CAP/DA or CAP/C Case Manager to be sure that a new FL2 and a new Plan of Care are finalized as quickly as possible.**
- B. Enter in the CAP/AIDS case the end date of 12/31/06 for EIS Special Coverage Codes "AI" and "AS." Re-enter original begin date at the same time when approving the CAP/DA or CAP/C. Key the action no later than 12/13/06 for SSI cases and no later than 12/22/06 for non-SSI cases. It is imperative that the preceding action be keyed by the listed dates to ensure that the recipients' cards do not reflect the CAP/AIDS code.**
- C. If client is eligible for CAP/DA or CAP/C, send an adequate notice. If ineligible or there is a new deductible amount, send a timely notice to terminate assistance or to inform the client of the new deductible amount. Enter the appropriate CAP/DA or CAP/C code with begin date of 01/01/07.**

D. If client is approved for CAP/DA and the slots for your county are full, place client in CAP/DA nonetheless. Contact the State DMA CAP Office, Tracy Colvard, PCS and CAP/DA Manager, at 919-855-4360, for further assistance.

III. CONTENT OF CHANGE

MA 2280, Community Alternatives Programs (CAP) Medicaid Eligibility, is revised to reflect the termination of the CAP/AIDS program. Although references to the CAP/AIDS program may appear elsewhere in the M-ABD manual, those references are no longer valid and will be corrected at a later date.

IV. EFFECTIVE DATE AND IMPLEMENTATION

This policy is effective January 1, 2007. For applications currently in process for CAP/AIDS, do open /shut for CAP/AIDS through 12/31/06, if eligible. Evaluate for other programs effective 01/01/07. For reviews currently in process, begin immediate evaluation for other waiver programs.

V. MAINTENANCE OF MANUAL

A. Remove: MA-2280, Community Alternatives Programs (CAP) Medicaid Eligibility, pages 1-28.

B. Insert: [MA-2280](#), Community Alternatives Programs (CAP) Medicaid Eligibility, pages 1-26.

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

L. Allen Dobson, Jr., M.D., Assistant Secretary
for Health Policy and Medical Assistance

(This material was researched and written by Steven F. Roberts, Policy Consultant, Medicaid Eligibility Unit)