

# **DHB CHANGE NOTICE FOR MANUAL NO. 15-19 COMMUNITY ALTERNATIVES PROGRAM (CAP)**

**DATE: 12/1/2019**

**Manual: Aged, Blind, and Disabled Medicaid**

**Change No: 15-19**

**To: County Directors of Social Services**

## **I. BACKGROUND AND CONTENT OF CHANGE**

The Division of Health Benefits (DHB) has revised the policy in MA-2280, Community Alternative Program to provide clarity and/or corrections to previously published policy.

Community Alternatives Program (CAP) is a 1915(c) home and community- based Services Waiver under the Social Security Act. The Waiver allows North Carolina Medicaid funds to be used to provide home and community-based services to Medicaid beneficiaries. These services provide both medical and non-medical home and community-based services to prevent or delay institutionalization.

The policy revisions are defined in the following section. This policy revision also includes the introduction of a new form, the DHB-2193 Memorandum of CAP Waiver Enrollment Status.

## **II. POLICY UPDATE**

### **A. MA-2280, Section II. CAP SERVICES ARE OFFERED IN THE FOLLOWING CATEGORIES**

1. CAP for Disabled Adults (CAP) is a North Carolina home and community-based services waiver program providing services and supports in the home and community to disabled, blind and aged adults as an alternative to nursing home placement.
2. CAP Consumer Direction (CAP/CD) is a service delivery option of CAP that allows a beneficiary to have choice and control over the services and supports received, by allowing the beneficiary the option to direct care.
3. CAP/CD beneficiaries may hire Personal Care Assistants (PCA) to provide personal care services. These Personal Care Assistants do not require a licensure or certification and are included in the Service Plan/Plan of Care (POC).

4. CAP for Children (CAP/C) provides services and supports in the home and community to medically fragile children as an alternative to an institutional placement.

MAF, (IV-E) Foster Care and Adoption and State Foster Care beneficiaries do not require a disability determination.

#### **B. MA-2280, Section III. Requesting CAP Services**

1. After the CAP assessment the local agency will receive the DHB-2193, Memorandum of CAP Waiver Enrollment Status and the Service Plan which includes the Plan of Care Summary (POC) for approvals.
2. The local agency will receive the DHB-2193, Memorandum of CAP Waiver Enrollment Status and the Notice of Denial of CAP participation for denials.

#### **C. MA-2280, Section IV. Budgeting**

1. Upon receipt of the DHB-2193, Memorandum of CAP Waiver Enrollment Status, CAP budgeting applies the month of the CAP Effective Date.
2. Determine if any transfers have occurred the local agency must explore all assets on all applications, redeterminations, and change in situations for applicants/beneficiaries requesting or receiving institutional services or in-home health services.

#### **D. MA-2280, Section V. Deductible**

1. CAP (Medically Needy) certification periods are 6 months in length.
2. Expenses listed on the Service Plan/Plan of Care are allowed in addition to other allowable Medicaid expenses.
3. For CAP deductible beneficiaries, apply allowable medical expenses toward the monthly deductible. Cost of Care cannot be applied prior to the effective date of the Service Plan/Plan of Care date.

#### **E. MA-2280, Section VII. Recertification**

1. All recertifications must be completed as ex-parte by first using electronic data sources and available agency records to determine continued eligibility.
2. The local agency will receive the DHB-2193, Memorandum of CAP Waiver Enrollment Status and Service Plan/POC Summary from the CAP case management entity.
3. The CAP case management entity will complete a Continued Need Review (CNR) assessment annually to determine the continued need for CAP services.

## F. The DHB-2193, Memorandum of CAP Waiver Enrollment Status

1. The DHB-2193, Memorandum of CAP Waiver Enrollment Status, will be utilized for CAP Referrals, CAP Approval Participation, Notice of Denial of CAP Participation, Continued Need Review (CNR), and Changes in Situation.
2. The [DHB-2193, Memorandum of CAP Waiver Enrollment Status](#) is located on the NCDHHS Policies and Manuals website.

## III. EFFECTIVE DATE AND IMPLEMENTATION

This policy is effective December 16, 2019. Apply this policy to any applications or recertifications in process or taken on or after December 16, 2019.

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

DocuSigned by:



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Dave Richard

Deputy Secretary, NC Medicaid