COMMUNITY ALTERNATIVES PROGRAM (CAP)

REVISED 12/03/2018 – CHANGE NO. 06-18

I. INTRODUCTION TO CAP

Community Alternatives Program (CAP) is a 1915(c) Services Waiver. The Waiver allows 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.

II. CAP SERVICES ARE OFFERED IN THE FOLLOWING CATEGORIES:

A. CAP for Disabled Adults (CAP/DA)

CAP/DA provides community-based services to individuals who:

1. Are age 18 and over
2. Are in need of Intermediate Care Facility (ICF) or Skilled Nursing Facility (SNF) level of care
3. Live in a private residence
4. Have been determined to be disabled by the Social Security Administration

B. CAP for Children (CAP/C)

CAP/C provides community-based services to individuals who:

5. Are under age 21
6. Are in need of Nursing Facility (NF) or hospital level of care
7. Live in a private residence
8. Have been determined to be disabled by the Social Security Administration

The category is determined by the CAP agency.

III. REQUESTING CAP SERVICES

To receive CAP services an applicant/beneficiary (a/b) must meet the Medicaid eligibility requirements in one of the following programs:

- MAABD (Medicaid for the Aged, Blind and Disabled)
- I-AS (IV-E Foster Care and Adoption)
- H-SF (State Foster Care)

An individual requesting CAP services without a referral must be referred to the CAP agency.

A. When the a/b requests CAP services and the:

1. Individual is currently not a Medicaid beneficiary
    a. A Medicaid application must be submitted
    b. Evaluate for Medicaid eligibility in appropriate Medicaid programs
2. Individual is currently a Medicaid beneficiary
    a. Process as a change in circumstances
    b. Evaluate for Medicaid eligibility in appropriate Medicaid programs
    c. If the a/b had a deductible, recalculate a deductible for months in the certification period prior to CAP authorization
    d. Multiply the monthly PLA deductible by the number of months in the certification period prior to CAP eligibility to calculate the new deductible amount
    e. The new deductible amount may change the authorization date of Medicaid eligibility
    f. Any excess expenses previously submitted may be used towards the CAP monthly deductible

There is no retroactive coverage for CAP services; however, there is retroactive coverage for Medicaid services if eligibility requirements are met in the retroactive period.

B. Individuals requesting CAP services must have a CAP assessment to determine the need for services relevant to the appropriate CAP program.

C. Upon completion of the CAP assessment the local agency will receive:

1. Memorandum of CAP Waiver Enrollment and an approved Service Request Form (SRF) & Plan of Care Summary (POC)
2. Memorandum of CAP Waiver Enrollment and denial notice

D. When Medicaid eligibility can be established regardless of CAP eligibility:

1. Do not wait for CAP approval

2. Authorize, if appropriate, as for any other application/change in circumstances

E. When Medicaid eligibility cannot be established without CAP eligibility:

1. Verify the status of the POC with the CAP case manager, and

2. Deny the application if the CAP decision is not received by the 45/90th day

For keying instructions refer to NC FAST Job Aid: Community Alternative Program (CAP)

IV. BUDGETING

When the SRF is approved; apply CAP budgeting the first month that CAP is effective.

A. Follow the basic income rules section, MA-2260, Financial Eligibility Requirements-PLA

In addition to the basic income rules the following apply to CAP:

1. There is no spouse-for-spouse or parent-for-child financial responsibility (income limit of one (1))

2. Only the income of the a/b is used in determining financial eligibility, beginning the month of CAP approval

3. The one-third reduction does not apply, even if applied by SSI

B. Follow the basic resource rules section, MA-2260, Financial Eligibility Requirements-PLA

In addition to the basic resource rules the following apply to CAP:

1. Evaluate all assets of a married a/b living with their spouse (jointly or individually owned) when one spouse is in CAP

2. Compare available resource amount to the resource limit of one (1)

3. Evaluate spousal resource protection (if applicable)

C. Follow MA-2240, Transfer of Assets rules

Transfer of assets sanctions apply

V. DEDUCTIBLE

A. Follow procedures in MA-2360, Medicaid Deductible,

C. In addition to the basic deductible rules the following apply to CAP:

1. All CAP deductibles are calculated monthly

2. Expenses listed on the Plan of Care (Medicaid Column) are allowed in addition to other allowable Medicaid expenses

For keying instructions refer to NC FAST Job Aid: Deductibles/Spend-Down

VI. CAP PARTICIPATION

CAP effective date is the latest of the following:

A. The date of the Medicaid application,

A. The approval date of the SRF, or

B. The date of deinstitutionalization

VII. RECERTIFICATION

A recertification must be completed:

A. Once every 12 months

B. Continued need Review (CNR):

The local agency will receive a Memorandum of CAP Waiver Enrollment and POC Summary from CAP.

C. Apply the Ex-parte Process

SSI beneficiaries do not require a recertification

VIII. CHANGES IN SITUATION

A. Hospital/Nursing Facility Stays

The local agency will receive a Memorandum of CAP Waiver Enrollment Status.

1. Less Than 30 Days:

a. Continue CAP budgeting, and

b. Follow procedures in MA-2360, Medicaid Deductible, for instructions on applying hospital charges to the deductible.

2. 30 Days and over:

a. Send a timely DSS-8110, "Your Benefits are Changing", to terminate CAP services effective the first day of the month following the 31st day

b. Evaluate eligibility for Medicaid applying MA-2270, Long-Term Care Need and Budgeting

c. Compute a patient monthly liability (PML) no earlier than the first day of the month in which the 31st day falls, subject to timely notice requirements

d. If discharge occurs between 30 and 90 days and the beneficiary resumes CAP services, the local agency will receive a Memorandum of CAP Waiver Enrollment Status and Plan of Care Summary from CAP

e. For stays over 90 days, a new referral must be made to the CAP Lead Agency for redetermination of CAP eligibility before CAP services can resume.

B. CAP Services Terminated

1. The local agency will receive a Memorandum of CAP Waiver Enrollment and POC Summary from CAP

2. Re-compute the budget for the remainder of the certification period

3. Apply spouse-for-spouse or parent-for-child financial responsibility

4. Send appropriate termination notice:

a. CAP services terminating; send adequate notice

b. Medicaid will terminate; send timely notice

c. CAP and Medicaid terminating; send timely notice

C. Change in Level of Care/Acuity Level

The local agency will receive a Memorandum of CAP Waiver Enrollment and POC Summary from CAP.

D. Transition from CAPDA to CAP Choice

The local agency will receive a Memorandum of CAP Waiver Enrollment and POC Summary from CAP.

E. Transition from CAP Choice to CAPDA

The local agency will receive a Memorandum of CAP Waiver Enrollment and POC Summary from CAP.

F. POC Revision

The local agency will receive a Memorandum of CAP Waiver Enrollment and POC Summary from CAP.

For keying instructions refer to NC FAST Job Aid: Community Alternative Program (CAP)

G. County Transfer

When a CAP beneficiary moves to another county, it does not affect CAP services. CAP coverage continues in the new county. The local agency will receive a CAP Waiver Enrollment; copy of the original approved SRF; copy of the original approval letter; and POC Summary from CAP.

For keying instructions refer to NC FAST Job Aid: Completing a County Case Transfer

IX. NOTICES

Send the CAP case manager a copy of all notices sent to the applicant/beneficiary (a/b).

X. APPEALS

CAP Service appeals go directly to the Office of Administrative Hearings (OAH).

Follow MA-2420, Notice and Hearings Process for Medicaid Eligibility appeals.

For keying instructions refer to NC FAST Job Aid: Appeals