

CHANGE NOTICE FOR MANUAL NO. 09-10, COMMUNITY ALTERNATIVE PROGRAM (CAP)

DATE: JULY 26, 2010

Manual: Family and Children's Medicaid
Change No: 09-10
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 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-3260 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-3260 I.B., Available CAP Programs, subsection 1.a. is revised to reflect age limit of 21 for the CAP/C waiver.**
- C. MA-3260 I.A., Available CAP Programs, subsection 1.c. is revised to reflect current policy. CAP/C services are available statewide.**

- C. MA-3260 I.B., Available CAP Programs, subsection 2.c. (2) is revised to reflect current policy. A reference to MA-2280, Community Alternatives Programs for county transfer instructions is added.
- C. MA-3260 II., Policy Rules-Applicable to all Programs, subsection B is revised to include current policy. When a CAP recipient moves to another county, it does not affect his eligibility for CAP services. A reference to MA-2280, Community Alternative Programs for county transfer instructions is added.
- D. MA-3340 V.E., Effective Date of County Transfer, The phrase “HMO coverage” is removed from subsection 4 as there is no Medicaid HMO.
- D. MA-3340 V.E., Effective Date of County Transfer, subsection 5 is removed. 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 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-3260 Pages 1- 6
- B. Insert: [MA-3260](#) Pages 1- 6 dated 08/01/10
- A. Remove: MA-3340 pages 9- 10
- B. Insert: [MA-3340](#) pages 9- 10 dated 08/01/10

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

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