

North Carolina Medicaid Special Bulletin



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Division of Medical Assistance

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**Attention:
CAP-I/DD Providers, I/DD TCM Case Managers
and Local Management Entities (LMEs)**

**CAP I/DD Waiver Approval, Process for Submitting
Authorization Requests, and Appeal Rights**

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The Centers for Medicare and Medicaid Services (CMS) has approved the Community Alternatives Program for Persons with Intellectual and Developmental Disabilities (CAP-I/DD) Waiver effective October 1, 2012. In order to ensure that beneficiaries and their families have adequate time to transition their services and supports, there will be additional time given implement the CAP-I/DD Waiver. **As a result, all services need to transition to the CAP-I/DD Waiver by January 1, 2013.**

Providers should begin meeting with beneficiaries and families immediately to help them transition to the new waiver services and develop updated plans as soon as possible. The CAP-I/DD Policy, DMA Clinical Coverage Policy (CP) No. 8M can be found at www.ncdhhs.gov/dma/mp/. The Cost Summary for the new waiver can be found at www.ncdhhs.gov/mhddsas/providers/CAPMRDD/index.htm.

Only beneficiaries with Medicaid eligibility in the following catchment areas will be affected by these changes:

- **Eastern Coastal Care Systems:** Brunswick, Carter, New Hanover, Onslow, and Pender.
- **Guilford**
- **Mecklenburg**

Beneficiaries whose Medicaid eligibility is based in the following catchment areas should already be preparing transition plans for Innovations waiver services:

- **Alliance Behavioral Health:** Cumberland, Durham, Johnston, and Wake.
- **CenterPoint Human Services:** Davie, Forsyth, Rockingham, and Stokes.
- **Eastpointe:** Bladen, Columbus, Duplin, Edgecombe, Greene, Lenoir, Nash, Robeson, Sampson, Scotland, Wayne and Wilson.
- **Partners Behavioral Health (PBH) Management:** Burke, Catawba, Cleveland, Gaston, Iredell, Lincoln, Surry, and Yadkin.
- **Sandhills Center:** Anson, Harnett, Hoke, Lee, Montgomery, Moore, Randolph, and Richmond

Beneficiaries whose Medicaid eligibility is based on catchment areas overseen by PBH, Western Highlands Network, East Carolina Behavioral Health, or Smoky Mountain Center are **NOT** eligible for the CAP-I/DD waiver. Individuals in those catchment areas should contact their LME-MCO about eligibility for the Innovations Waiver.

The following guidelines describe the timelines and process for the case manager and beneficiary/family to submit an updated plan revision (authorization request), including the Person Centered Plan (PCP) revision form with appropriate signatures, CAP/Targeted Case Management (CTCM) form, and updated cost summary.

[Note: If the beneficiary is a child under 21 years of age and the case manager submits a request for authorization/plan revision in excess of the limits authorized under the new waiver – or for services that are no longer covered under the new waiver – the request will be reviewed and authorized in accordance with the limits of the new waiver and Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) criteria if the service is coverable under both 1905(a) of the Social Security Act and the waiver]

Timelines and process for the case manager and beneficiary/family to submit an updated plan revision:

- If services were already authorized to meet the new CAP-I/DD waiver requirements (in anticipation of earlier implementation dates) and the beneficiary/legally responsible person accepted the plan/services, then a revision (authorization request) does **not** need to be submitted unless the beneficiary or legal guardian wishes to make a change to the plan for some reason. For example, if a request to change Home Supports services to Home and Community Supports and Personal Care has been approved, then those Home and Community and Personal Care services can be provided.
- If services currently authorized or provided under the 2008 CAP-MR/DD waiver are not in compliance with the new CAP-I/DD waiver requirements, then a request for authorization of a revised plan that is in compliance with the CAP-I/DD waiver must be submitted by **December 1, 2012**, to have services and authorizations in place on **January 1, 2013**.
- If a Continued Needs Review (yearly CNR renewal) that is not in compliance with the CAP-I/DD Waiver and which has an effective date of **October 1, 2012** has been approved or is currently being reviewed by a UR contractor, then the case manager needs to update the PCP and cost summary to show three months of services under the current 2008 waiver and nine months of services in compliance with the requirements of the new CAP I/DD Waiver. This updated CNR must be submitted to the UR contractor by **December 1, 2012**.
- If a Continued Needs Review (yearly CNR renewal) that is not in compliance with the CAP-I/DD Waiver and which has an effective date of **November 1, 2012** has been approved or is currently being reviewed by a UR contractor, then the case manager needs to update the PCP and cost summary to show two months of services under the current 2008 waiver and ten months of services in compliance with the requirements of the new CAP I/DD Waiver. This updated CNR must be submitted to the UR contractor by **December 1, 2012**.
- As a reminder, a beneficiary can submit a Plan Revision request at any time that a change in service or supports is needed.

The UR vendors will review all plans by January 1, 2013.

The following describes when and how decisions made by the UR contractors on requests for authorization of plan revisions/yearly CNR renewal under the new waiver can be appealed:

- If the beneficiary is an adult 21 years of age or older and the case manager submits a request for authorization/plan revision in excess of the limits authorized under the new waiver – or for services that are no longer covered under the new waiver – the request will be reviewed and authorized in accordance with the limits of the new waiver.
- As discussed above, if the beneficiary is a child under 21 years of age and the case manager submits a request for authorization/plan revision in excess of the limits authorized under the new waiver – or for services that are no longer covered under the new waiver – the request will be reviewed and authorized in accordance with EPSDT criteria if the service is coverable under both 1905(a) of the Social Security Act and the waiver.
 - Please note that most services in the new waiver are **not** coverable under EPSDT and, thus, exceptions to the waiver limits cannot be authorized under EPSDT for those services. Some of the services that beneficiaries may have been receiving under the old waiver are not included in the new waiver and are also not coverable under EPSDT. The only services covered under EPSDT in the new waiver are Personal Care Services (PCS), Durable Medical Equipment (DME), and case management. There is no change in the case management services offered under the previous CAP-MR/DD waiver and the new CAP-I/DD waiver. The only change to DME is that adaptive tricycles are no longer covered under Specialized Equipment and Supplies. Requests can still be made for the adaptive tricycle under EPSDT for children under 21 years of age.
 - If a service requested in the plan is coverable under EPSDT and the UR contractor determines that the beneficiary's request does not meet EPSDT criteria, the beneficiary's notice will include an appeal form and instructions for filing an appeal.
 - If none of the services in the beneficiary's plan revision are coverable under EPSDT and the request is approved at the maximum of the limits allowed under the new waiver, the beneficiary's notice will not include an appeal form or instructions for filing an appeal.
 - If none of the services in the beneficiary's plan revision are coverable under EPSDT and the request is approved but the amount of service approved is less than the maximum of the limits allowed under the new waiver, the beneficiary's notice will include an appeal form or instructions for filing an appeal.
- If the beneficiary is an adult 21 years of age or older and the case manager submits a plan revision/request for authorization of services no longer covered under the waiver or requests more than the maximum allowed under the new waiver AND the request is approved at the maximum of the limits allowed under the new waiver, the beneficiary's notice will not include an appeal form or instructions for filing an appeal.

- If the case manager submits a request for authorization of services/plan revision within the waiver limits AND the plan is approved exactly as requested, the notice will not include an appeal form or instructions for filing an appeal.
- If the case manager submits a plan revision/request for authorization of services within the waiver limits AND the request is approved for less than what was requested, the notice will include an appeal form and instructions for filing an appeal.

Those with questions about beneficiary due process should contact Jane Plaskie, DMA Manager for EPSDT and Appeals, at 919-855-4350. You may also contact Disability Rights North Carolina toll free at 1-877-235-4210 or Legal Aid of North Carolina toll free at 1-866-219-5262.

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