Community Alternatives Program for Disabled Adults/CAP/DA

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CAP/DA Basics

- What is CAP/DA
- Purpose of CAP/DA
- Referral/Screening Process
- Assessment
- Care Planning
- Services
What is CAP/DA

The Community Alternatives Program for Disabled Adults (CAP/DA) is a Medicaid Home and Community-Based Services (HCBS) Waiver Program authorized under § 1915(c) of the Social Security Act.
What is CAP/DA

Within Federal guidelines, States are given the freedom to develop home and community-based services waivers (HCBS Waivers) to meet the needs of people who prefer to get long-term care services and supports in their home or community, rather than in an institutional setting.
What is CAP/DA

There are two ways to receive services under the CAP/DA waiver:

1) CAP/DA – the traditional program option
2) CAP/Choice - the consumer-directed care option

Under consumer-directed care option, beneficiaries are eligible to direct their own care, and must show capability to self-direct or delegate this responsibility to a representative of their choice.
Purpose of CAP/DA

• Enable eligible beneficiaries to remain in their homes or to return to their homes from nursing facilities and live as independently as possible.
• Supplement rather than replace the formal and informal services and supports available to an individual.
• Prevent or reduce institutionalizations by providing case management and other needed waiver services.
Who is Eligible CAP/DA

• Any person 18 years of age and older who requires NF LOC.
• Lives in a private residence and is at risk of institutionalization.
• Lives in a Nursing Facility and desires to return to a private residence.
  – A private residence: single family living arrangement- the beneficiary’s or relative family home with no more than three unrelated people.
CAP/DA Eligibility Cont’

• Requires long-term care support at a level typically provided in an institution directly related to a documented medical diagnosis and functional care need as assessed quarterly.

• Requires two waiver services monthly (excluding incontinence supplies, personal emergency response system, and meals preparation and delivery).

• Able to have his or her health, safety and well-being maintained at home within the CAP/DA budget limits.
Who is Eligible CAP/DA

- Has an emergency back-up plan with adequate formal and informal support to meet the basic needs outlined in the CAP/DA assessment and Plan of Care to maintain their health, safety and well-being.
- Does not want to be institutionalized, but desires to live in home community with the assistance of formal and informal supports.
- Qualifies for Medicaid for the Aged (MAA), for the Blind (MAB) and for the Disabled (MAD) & DSS Determination of LTC.
Special CAP/DA Eligibility

Excess income: individual over 100% of poverty can result in a deductible. Deductible is similar to private insurance deductibles except they are met monthly. Medicaid staff completes a formula based on the individual’s income that is over the poverty limit to determine the monthly deductible. Medicaid will not reimburse any medical expenses until the deductible is incurred.

• http://www.ncdhhs.gov/dma/medicaid/basicmedelig.pdf
Referrals and Screening

Qualifying for CAP is a 2 step process:

1) Level of Care Determination:
   Individual must qualify for the appropriate level of care using the “Service Request Form” (SRF) and the CAP/DA Physicians Attestation Form must be signed and dated.

2) Interdisciplinary Assessment:
   • Individual must require waiver services
   • Individual must meet eligibility criteria
   • Determines Acuity Level (Low, Medium, High)
Purpose of Assessment

• Ascertain ability to live safely in the community while health, safety, and well-being are met
• Identifies informal support system
• Identifies strengths, choices, and willingness
• Identifies appropriateness/need of participation at initial enrollment and annually (CNR)
• Allows for care planning
Interdisciplinary Assessment

- Prior to the transition from the nursing facility, the Lead Agency Social Worker and Registered Nurse complete the Interdisciplinary Assessment.
- An assessment of the person in addition to an assessment of the prospective home environment must be performed.
Is this person appropriate for CAP/DA participation?

- If the beneficiary qualifies for CAP/DA, move forward with implementation of the POC.
- If the beneficiary does not qualify for CAP/DA, the case manager will initiate a denial and due process rights will be provided to the individual.
Care Planning
Care Planning

• The Plan of Care is established with the goal of maintaining and/or improving the beneficiary’s health, safety, functioning, and independence.

• Services are provided to supplement rather than replace services and supports that are currently in place.
Waiver Service

The waiver comprehensive service package includes:

**CAP/DA Option:**
- Case Management
- Adult Day Health
- Personal Care Services
- Specialized Medical Equipment and Supplies
- Home Accessibility and Adaptation
- Meal Preparation and Delivery
- Personal Emergency Response System
- Non-institutional Respite
- Institutional Respite
- Participants Goods and Services
- Community Transition Services
- Training, Education and Consultative Services
- Assistive Technology
Waiver Service

The waiver comprehensive service package includes:

**CAP/Choice Option:**
Care Advisor, Financial Management, Personal Care Assistant, Adult Day Health, Personal Care Services, Specialized Medical Equipment and Supplies, Home Accessibility and Adaptation, Meal Preparation and Delivery, Personal Emergency Response System, Non-institutional Respite, Institutional Respite, Participants Goods and Services, Community Transition Services, Training, Education and Consultative Services & Assistive Technology.
Proposed New Waiver Services

- Expanded Nursing Services
- Geriatric and Pediatric Nurse Aide Services
- Vehicle Modifications
Proposed New Waiver Services

**Expanded Nursing Services**
A service for waiver beneficiaries that provides skilled nursing interventions when the need is chronic and complex and require continuous and substantial medical intervention at least every 2-4 hours for the performance of assessing, judging and evaluating a medical condition, when the skilled medical need can not be met through a lesser waiver service or through a State Plan nursing service.

**Provider Type:** RN or LPN nurse who holds a current valid license issued by the NC Board of Nursing to practice nursing under NCGS 90-171: and 21 NC AC36.

**Limitation:**
Expanded Nursing Services can not be in combination with a private or Medicaid State Plan nursing service.
Proposed New Waiver Services

Geriatric and Pediatric Nurse Aide Services
A service for waiver beneficiaries who are unable to perform care needs independently, and require extensive hands-on (not merely set-up or cueing) assistance with Activities of Daily Living (ADL) with a minimum of two extensive ADL needs falling in the NA II scope of practice.

Provider Type: In-Home Care Agencies

Limitations:
- Nurse Aide II, pursuant to G.S. 131E-255;
- Expanded Nursing Services can not be in combination with a private or Medicaid State Plan nursing service; and
- Utilization limits are based on assessed needs.
Proposed New Waiver Services

Vehicle Modifications

• A service for a waiver beneficiary that provides modifications to a vehicle. Vehicle modifications are adaptations, alterations, installation, repair and maintenance to a motor vehicle such as an automobile or van that is the waiver beneficiary’s primary means of transportation. Vehicle adaptations are specified by the service plan as necessary to accommodate the special needs of the beneficiary to enable the beneficiary to integrate more fully into the community and to ensure the health, safety, and well-being.

• Approved modifications or Adaptations:
  • Adaptive car seat
  • Vehicular transport vest
  • Transfer assistances
  • 4-point wheelchair tie-down
  • Wheelchair/scooter hoist
  • Cushions
  • Wheelchair or scooter lift
  • Car Ramp
Proposed New Waiver Services

**Vehicle Modifications (continued)**

**Provider Type:** Authorized providers by Case Management Entity

**Limitations:**
Maximum waiver utilization limits- $5,000/5 year
QUESTIONS
CAP Lead Agency Contact Information

http://www2.ncdhhs.gov/dma/cap/CAPDA_ContactList_050214.pdf
CAP Unit Contact Information

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