**An enrollment packet is required for the following services:**

1. Care Management & Case Advisement
2. Coordinated Caregiving
3. Financial Management Service

When a provider wants to render these 3 Home and Community Based Services (HCBS), they must:

1. Provide an enrollment packet.
   * This is in addition to the application in NCTracks.
     + This application is to be an NC Medicaid provider.
   * What is needed for the packet is different for each service.
   * The packet must be sent to the Community Alternative Program (CAP).
   * This packet is used to ask for prior approval to provide the service.
2. CAP must approve the application.
   * An approval or denial letter will be sent by the CAP unit.
3. Submit a Managed Change Request to NCTracks. This will include:
   * The approval letter.
   * The taxonomy code of the service being applied for.

**Each service must be rendered by a willing provider. They must have the required qualifications.**

This desktop tool is designed to help you:

* Gather the documents that are needed.
  + These will be different for each of the 3 services.
  + They show that your agency has the qualifications.
* Assemble the packet.
* Submit the enrollment packet.
  + This includes best practices. Best practices help to make sure packets can be reviewed quickly.

There are templates for additional help when putting the final packet together. Use the following links to find the templates:

* [Case management and Care Advisement Provider Application Packet Template](https://medicaid.ncdhhs.gov/case-management-and-care-advisement-provider-application-packet-template/download?attachment)
* [Coordinated Caregiving Provider Application Template](https://medicaid.ncdhhs.gov/coordinated-caregiving-provider-application-template/download?attachment)
* [Financial Management Services Provider Application Packet Template](https://medicaid.ncdhhs.gov/financial-management-services-provider-application-packet-template/download?attachment)

**Assembling The Packet:**

Documents should be:

* Unique to your agency.
  + Your policies should not be a direct copy of the DHHS policies.
* Organized by subject area.
  + Use the application template.
    - They should be entered in order.
    - They should be behind the subject area they relate to.
    - They should not all be put together at the end of the application.
* Clearly labeled.
  + They should say what requirements they are for.

**Submitting The Enrollment Packet:**

**By Fax (preferred)**

This is the preferred method of submission.

* The system automatically:
  + Saves the application.
  + Sends a confirmation receipt.
* Fax To:

Attention: CAP Unit at NC Medicaid

1 + (919) 715 – 0052

**By mail**

* To assemble your packet:
  + Use a binder clip.
  + Do not use:
    - Sheet protectors,
    - Staples, or
    - Paperclips.
* Mail to:

Attention: CAP Unit at NC Medicaid

2501 Mail Service Center,

Raleigh, NC 27699-2501

**Case Management & Care Advisement:**

Requires documents that support 7 subject areas:

1. Enrollment as an NC Medicaid Provider,
2. 3 years of progressive and consistent HCBS experience,
3. Connection to the service area,
4. Financial Stability,
5. Policies & Procedures,
6. Qualified staff, and
7. Have and create systems for automated programs now and in the future.

Below you will find the subject areas. Each one lists the details of what must be given.

**Enrollment as an NC Medicaid Provider**

Documentation:

1. Approved NC Medicaid Provider Approval Letter or Your Application in Progress Status.
   1. The letter should:
      1. Not be expired,
      2. State that you have current and active enrollment as a Medicaid service provider,

or

* + 1. State that you are in the process of becoming a Medicaid enrolled provider.

**3 Years of Progressive and Consistent HCBS Experience**

Documentation:

1. Types of HCBS rendered.
   1. Identify:
      1. The services rendered.
      2. How they were rendered.
2. The number of years rendering those services.
   1. Identify:
      1. The number of years for each service rendered.
3. The locations where the service(s) were rendered.
   1. The services should have been rendered in NC within the last 2 or 3 years.
   2. The service areas should be within 50 miles from the participants’ zip codes in the identified service region (county).
4. The number of individuals served by services rendered.
   1. The current number of individuals served.
   2. The number of individuals served within the last 2 or 3 years.
5. The number of years working directly with the target population with chronic and severe physical disabilities.
   1. For CAP/C:
      1. Ages 0 through 20.
   2. For CAP/DA:
      1. Ages 18 to 64 with disabilities, and
      2. Ages 65 and older.
   3. The total number of years operating a business in NC.
6. The number of waiver participants wishing to serve.
   1. The number is based on your agency’s business plan.
7. References.
   1. Minimum of 3 references.
   2. Include the reference’s:
      1. Name,
      2. Email address,
      3. Phone number, and
      4. Business name or association.

**Connection to Service Area**

Documentation:

1. The address of the central office.
   1. The main office must be in NC.
   2. Information on how the home office(s) communicate and engage with the main office.
   3. A copy of your work-from-home policy.
2. The farthest distance is expected from the participants’ zip codes to the office. The office can be public or home-based.
   1. List the address of each additional office.
      1. Include traditional and home office(s).
   2. The serving office must be within 50 miles of the participant’s zip code.
      1. This can be a home or traditional office.
3. The Number of years serving the catchment area.
   1. The total number of years serving the area.
   2. A list of the services and the years providing each service.

If you are seeking to increase the area you serve, include a list of new counties you want to serve.

**Financial Stability**

Documentation:

1. Solvency Statement.
   1. A statement that:
      1. States the available funds and debts.
      2. States the estimated length of time that business can continue if there is a cashflow issue.
         1. Example: “We are able to continue business for 60-90 days if there is an issue with cashflow.”
      3. Is signed.
   2. Documents:
      1. A copy of your financial statements.
      2. A copy of your balance sheet or year-to-end income statement.
      3. A copy of your tax filing.

**Policies & Procedures**

* All documents provided must be unique to your agency.
* Agency policies must be within the guidelines of the regulatory body.

Documentation:

Agency policies on the following topics:

1. Accepting referrals,
2. Conducting assessments,
3. Developing and approving a person-centered service plan,
4. Monitoring health, safety and well-being,
5. Performing home visits,
6. Managing critical incidents,
7. Knowing the signs of fraud, waste, abuse and when to make a report,
8. Administering services that are free of seclusion, restraints and restrictive interventions,
9. Rendering services that are free from conflict,
   1. Services are managed free of interest and with unbiased engagement.
   2. Statements about separation of:
      1. Multiple business lines if they exist.
      2. Multiple Medicaid services if you provide more than one.
      3. The separation of service and staff if you are a CAP CME.
   3. Documents:
      1. A copy of your conflict-of-interest policy.
      2. A copy of your monitoring policy.
      3. A copy of your grievance policy.
         1. It must be easy to understand.
10. Advisory board,
11. Marketing strategy, and
12. Communication plan.
13. Required Case Manager training as listed in:
    1. 3K-1, 6.3.1
    2. 3K-2, 6.8
14. Electronic Visit Verification (EVV)

**Qualified Staff**

Documentation:

1. The number of and discipline of professional and supportive staff.
   1. List each job title and the number of employees in the position.
2. The qualifications of each staff.
   1. A copy of each job description.
   2. A copy of the employee’s resume or applications that list their previous experience.
3. The timeframe to run background checks on each staff and what is done when background check is received. This must include criminal and health care registry checks.
   1. A copy of your background check policy.
4. An attestation that currently hired staff passed a background check. This is for both the criminal and health care registry checks as required.
   1. A signed statement that hired staff have passed the required background checks.

**Have and create systems for automated programs now and in the future**

Documentation:

1. A description of virtual office.
   1. A copy of your work-from-home policy.
   2. The schedule of staff training and completion.
2. Cyber security.
   1. A copy of your SOC II checklist or certification.
   2. A copy of your IT policies.
   3. A copy of your IT monitoring policy. This includes:
      1. Third party independent assessment every 3 years.
      2. Annual self-assessments with compliance reporting.
      3. Firewalls.
   4. The schedule of staff training and completion on topics listed above.
3. HIPAA requirements.
   1. A copy of your HIPAA policy.
   2. The schedule of staff training and completion.
4. Safeguarding of PII/PHI and ePHI.
   1. A copy of your Privacy safeguards policy.
   2. The schedule of staff training and completion.

For additional cyber security requirements reference:[**DHHS Security Manual 2019 (ncdhhs.gov)**](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpolicies.ncdhhs.gov%2Fwp-content%2Fuploads%2FDHHS-Security-Manual-v01_03-2023.pdf&data=05%7C02%7Cbarbara.minton%40dhhs.nc.gov%7Cfa89ca423dd34e4b868308dc5fbce82f%7C7a7681dcb9d0449a85c3ecc26cd7ed19%7C0%7C0%7C638490512159868118%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=otAc3SQwkLRlx9rIh2P3TVVlVhIW3NswyQj%2BKWyU%2ByQ%3D&reserved=0)

**Coordinated Caregiving**

Requires documents that support 7 subject areas:

1. Enrollment as an NC Medicaid Provider or in progress,
2. 3 years of experience delivering HCBS to the target population with physical disabilities and their caregiver as a Home Care Agency,
3. Connection to the service area,
4. Financial Stability,
5. Policies & Procedures.
6. Qualified staff, and
7. Have and create systems for automated programs now and in the future

Below you will find the subject areas. Each one lists the details of what must be given.

**Enrollment as a Medicaid Provider**

Documentation:

1. An Approved NC Medicaid Provider Approval Letter or Your Application in Progress Status.
   1. The letter should:
      1. Not be expired,
      2. State that you have current and active enrollment as a Medicaid service provider,

or

* + 1. State that you are in the process of becoming a Medicaid enrolled provider.

1. Licensure for Home Care or Nursing Care provider as outlined by NCDHSR or approved enrollment as an Atypical Provider in NC.
   1. The letter should:
      1. Not be expired.
      2. State that you have current and active licensure from NCDHSR as:
         1. A Home Care Provider; or
         2. A Nursing Care provider.

Or

* + 1. If you are not licensed:
    2. State that you have current and active enrollment as an Atypical Provider in NC.

**3 years of experience delivering HCBS to the target population with physical disabilities and their caregiver as a Home Care Agency**

Documentation:

1. Types of HCBS rendered.
   1. Identify:
      1. The services rendered.
      2. How they were rendered.
2. The number of years rendering those services.
   1. Identify:
      1. The number of years for each service rendered.
3. The locations where the service(s) were rendered.
   1. The services should have been rendered in NC within the last 2 or 3 years.
   2. The service areas should be within 50 miles from the participants’ zip codes in the identified service region (county).
4. The number of individuals served by services rendered.
   1. The current number of individuals served.
   2. The number of individuals served within the last 2 or 3 years.
5. The number of years working directly with the target population with chronic and severe physical disabilities.
   1. For CAP/C:
      1. Ages 0 through 20.
   2. For CAP/DA:
      1. Ages 18 to 64 with disabilities, and
      2. Ages 65 and older.
   3. The total number of years operating a business in NC.
6. The number of waiver participants wishing to serve.
   1. The number is based on your agency’s business plan.
7. References.
   1. Minimum of 3 references.
   2. Include the reference’s:
      1. Name,
      2. Email address,
      3. phone number, and
      4. Business name or association.

**Connection to the service area**

Documentation:

1. The address of the central office.
   1. The main office must be in NC.
   2. Information on how the home office(s) communicate and engage with the main office.
   3. A copy of your work-from-home policy.
2. The farthest distance is expected from the participants’ zip codes to the office. The office can be public or home-based.
   1. List the address of each additional office.
      1. Include traditional and home office(s).
   2. The serving office must be within 50 miles of the participant’s zip code.
      1. This can be a home or traditional office.
3. The Number of years serving the catchment area
   1. The total number of years serving the area.
   2. A list of the services and the years providing each service.
4. The access to RNs, LPNs, behavioral support and allied support professionals.
   1. List:
      1. the number of each staff type.
      2. the hours of availability.
      3. the contact method.
      4. the access method.
   2. State if there is a hiring agreement.
   3. Detail PRN staffing.
   4. List contract(s) with organization(s).
   5. List the names and professions of staff.

If you are seeking to increase the area you serve, include a list of new counties you want to serve.

**Financial Stability**

Documentation:

1. A Solvency Statement.
   1. A statement that:
      1. States the available funds and debts.
      2. States the estimated length of time that business can continue if there is a cashflow issue.
         1. Example: “We are able to continue business for 60-90 days if there is an issue with cashflow.”
      3. Is signed.
   2. Documents:
      1. A copy of your financial statements.
      2. A copy of your balance sheet or year-to-end income statement.
      3. A copy of your tax filing.

**Policies & Procedures**

* All documents provided must be unique to your agency.
* Agency policies must be within the guidelines of the regulatory body.

Documentation:

Agency policies on the following topics:

1. Accepting referrals,
2. Conducting assessments to determine the needs of the waiver participant and caregiver,
3. Developing and carrying out the care plan,
4. Monitoring health, safety and well-being of the waiver participant to determine the level of support to the caregiver,
5. Conducting home visits,
6. Managing critical incidents,
7. Knowing the signs of fraud, waste, abuse and when to make when to make a report,
8. Administrating services that are free of seclusion, restraints and restrictive intervention when not ordered by a doctor,
9. Rendering services that are free from conflict,
   1. They are managed free of interest and with unbiased engagement.
   2. Statements about separation of:
      1. Multiple business lines if they exist.
      2. Multiple Medicaid services if you provide more than one.
      3. The separation of service and staff if you are a CAP CME.
   3. Documents:
      1. A copy of your conflict-of-interest policy.
      2. A copy of your monitoring policy.
      3. A copy of your grievance policy.
         1. It must be easy to understand.
10. Types and frequency of training modules and coaching techniques to support the waiver participant and caregiver
    1. This does not refer to staff training.
    2. Include the training that is provided to the participant and caregiver.
11. Marketing strategy, and
12. Communication plan.

**Qualified staff**

Documentation:

1. The number of and discipline of professional and supportive staff including PRN staff.
   1. List each job title and the number of employees in the position.
      1. The numbers can include staff and PRN.
2. The qualifications of each staff.
   1. A copy of each job description.
   2. A copy of each employee’s resume or applications that list their previous experience.
3. The timeframe to run background checks on each staff and what is done when background check is received. This must include criminal and health care registry checks.
   1. A copy of your background check policy.
4. An attestation that currently hired staff passed a background check. This is for both the criminal and health registry checks as required.
   1. A signed statement that hired staff have passed the required background checks.

**Have and create systems for automated programs now and in the future**

Documentation:

1. A description of virtual office.
   1. A copy of your work-from-home policy.
   2. The schedule of staff training and completion.
2. Cyber security.
   1. A copy of your SOC II checklist or certification.
   2. A copy of your IT policies.
   3. A copy of your IT monitoring policy. This includes:
      1. Third party independent assessment every 3 years.
      2. Annual self-assessments with compliance reporting.
      3. Firewalls.
   4. Schedule of staff training and completion on topics listed above.
3. HIPAA requirements.
   1. A copy of your HIPAA policy.
   2. The schedule of staff training and completion.
4. Safeguarding of PII/PHI and ePHI.
   1. A copy of your Privacy safeguards policy.
   2. The schedule of staff training and completion.

For additional cyber security requirements reference:[**DHHS Security Manual 2019 (ncdhhs.gov)**](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpolicies.ncdhhs.gov%2Fwp-content%2Fuploads%2FDHHS-Security-Manual-v01_03-2023.pdf&data=05%7C02%7Cbarbara.minton%40dhhs.nc.gov%7Cfa89ca423dd34e4b868308dc5fbce82f%7C7a7681dcb9d0449a85c3ecc26cd7ed19%7C0%7C0%7C638490512159868118%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=otAc3SQwkLRlx9rIh2P3TVVlVhIW3NswyQj%2BKWyU%2ByQ%3D&reserved=0)

**Financial Management Services**

Requires documents that support 6 subject areas:

1. Enrollment as an NC Medicaid Provider,
2. 3 years of experience developing, implementing and maintaining a record management process,
3. Ability to transact business in NC,
4. Financial Stability,
5. Policies & Procedures, and
6. Have and create systems for automated programs now and in the future.

Below you will find the subject areas. Each one lists the details of what must be given.

**Enrollment as a Medicaid Provider**

Documentation:

1. An Approved NC Medicaid Provider Approval Letter or Your Application in Progress Status.
   1. The letter should:
      1. Not be expired,
      2. State that you have current and active enrollment as a Medicaid service provider,

or

* + 1. State that you are in the process of becoming a Medicaid enrolled provider.

1. An Approved enrollment as an Atypical Provider in NC.
   1. The letter should:
      1. Not be expired, and
      2. State that you have current and active enrollment as an Atypical Provider in NC.

**3 years of experience developing, implementing and maintaining a record management process**

Documentation:

1. The number of years’ experience providing financial management services through both Agency with Choice and Employer Agent. (minimum of 3)
   1. Provide informational statements on:
      1. The number of years providing Employer Budget Authority.
      2. The number of years providing Employer Authority.
      3. Compliance with laws from the Department of Labor (DOL).
         1. Provide written details or attach evidence. If you are attaching evidence:
            1. Include a list of the attachments.
            2. Label the attachments “DOL Compliance.”
      4. The service area.
         1. List the states and programs served within the last 3 years.
      5. Additional service areas.
         1. List the NC counties you want to serve.
      6. References.
         1. Minimum of 3 references.
         2. Include the reference’s:
            1. Name,
            2. Email address,
            3. phone number, and
            4. Business name or association.
   2. Provide evidence of your experience and knowledge on the following topics:
      1. Automated standard application of payment,
      2. Check claims,
      3. Electronic fund transfer (EFT),
      4. Electronic fund account,
      5. International Treasury Service,
      6. Invoice processing platform,
      7. Judgement fund,
      8. Payment application modernization,
      9. Prompt payment,
      10. Automated Clearing House,
      11. Cash Management Improvement Act,
      12. GFRS and FACTS I,
      13. Government wide accounting,
      14. Intergovernmental reconciliation,
      15. Standard general ledger,
      16. Taxpayer Identification Number,
      17. Internal controls for monitoring,
      18. Background in assisting individuals in hiring,
      19. Experience in creating budgets,
      20. Submitting claims,
      21. Reimbursement, and
      22. Employee licenses and certifications.

**Ability to transact business in NC**

Documentation:

1. Internal Revenue Services (IRS) information that documents your ability to transact business in NC.
   1. Provide statements that include:
      1. Your employer identification number (EIN) or federal tax identification number.
      2. The address of your main office location in NC.
         1. The provider’s office must be within 50 miles of the participant’s zip code.
   2. Provide a copy of the following documents:
      1. All business licenses and certifications,
      2. Tax statement,
      3. EFT Authorization, and
      4. Delegation of authority record.

**Financial Stability**

Documentation:

1. A Solvency Statement.
   1. A statement that:
      1. States the available funds and debts.
      2. States the estimated time to continue business if there is a cashflow issue.
         1. Example: “We are able to continue business for 60-90 days if there is an issue with cashflow.”
      3. Is signed.
   2. Documents:
      1. A copy of your financial statements.
      2. A copy of your balance sheet or year-to-end income statement.
      3. A copy of your tax filing.

**Policies & Procedures**

* All documents provided must be unique to your agency.
* Agency policies must be within the guidelines of the regulating body.

Documentation:

Agency policies on the following topics:

1. Accepting referrals,
2. Consumer-direction (CD) enrollment,
3. Filing the IRS required documents,
4. Following DOL laws,
5. Doing background checks and confirming hire-ability,
6. Creating a pay rate that is within budget,
7. Employer/employee agreements,
8. Training and coaching to support individuals in directing care,
   1. This is not staff training.
   2. Include training provided to the individuals.
9. Managing critical incidents,
10. Knowing the signs of fraud, waste, abuse and when to make when to make a report,
11. Making sure service hours approved were provided seclusion and restraint free unless ordered by a doctor,
12. Rendering services that are free from conflict,
    1. They are managed free of interest and with unbiased engagement.
    2. Statements about separation of:
       1. Multiple business lines if they exist.
       2. Multiple Medicaid services, if you provide more than one.
       3. The separation of service and staff if you are a CAP CME.
    3. Documents:
       1. A copy of your conflict-of-interest policy.
       2. A copy of your monitoring policy.
       3. A copy of your grievance policy.
          1. It must be easy to understand.
13. Payroll processing
14. Customer service
15. Electronic Visit Verification (EVV)

**Have and create systems for automated programs now and in the future**

Documentation:

1. A description of virtual office.
   1. A copy of your work-from-home policy.
   2. The schedule of staff training and completion.
2. Cyber security.
   1. A copy of your SOC II checklist or certification.
   2. A copy of your IT policies.
   3. A copy of your IT monitoring policy. This includes:
      1. Third party independent assessment every 3 years.
      2. Annual self-assessments with compliance reporting.
      3. Firewalls.
   4. The schedule of staff training and completion on topics listed above.
3. HIPAA requirements.
   1. A copy of your HIPAA policy.
   2. The schedule of staff training and completion.
4. Safeguarding of PII/PHI and ePHI.
   1. A copy of your Privacy safeguards policy.
   2. The schedule of staff training and completion.

For more cyber security requirements see:[**DHHS Security Manual 2019 (ncdhhs.gov)**](https://gcc02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fpolicies.ncdhhs.gov%2Fwp-content%2Fuploads%2FDHHS-Security-Manual-v01_03-2023.pdf&data=05%7C02%7Cbarbara.minton%40dhhs.nc.gov%7Cfa89ca423dd34e4b868308dc5fbce82f%7C7a7681dcb9d0449a85c3ecc26cd7ed19%7C0%7C0%7C638490512159868118%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=otAc3SQwkLRlx9rIh2P3TVVlVhIW3NswyQj%2BKWyU%2ByQ%3D&reserved=0).

**Support:**

If you have any questions about the documentation/evidence to include in your application or the status of your application, please contact Floriece Davis-Jones at:

* [**floriece.davis-jones@dhhs.nc.gov**](mailto:floriece.davis-jones@dhhs.nc.gov)

If you have questions about the CAP programs, please contact

* CAP/C:
  + Unit Manager: Heather Smith
    - [**heather.smith@dhhs.nc.gov**](mailto:heather.smith@dhhs.nc.gov)
  + Lead Nurse Consultant: Kia McKenzie
    - [**kia.mckenzie@dhhs.nc.gov**](mailto:kia.mckenzie@dhhs.nc.gov)
* CAP/DA:
  + Program Coordinator: Michelle Codrington
    - [**michelle.codrington@dhhs.nc.gov**](mailto:michelle.codrington@dhhs.nc.gov)