North Carolina Medicaid Special Bulletin



An Information Service of the Division of Medical Assistance

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March 9, 2015

Attention:

Medicaid-Enrolled Home and Community-Based Service Providers For

Community Alternatives Program for Children (CAP/C) Community Alternatives Program for Disabled Adults (CAP/DA)

Request for a CAP/DA Local Lead Agency For Cabarrus County

Providers are responsible for informing their billing agency of information in this bulletin. CPT codes, descriptors, and other data only are copyright 2014 American Medical Association. All rights reserved. Applicable FARS/DFARS apply. The Community Alternatives Program for Disabled Adults (CAP/DA) is a Medicaid Home and Community–Based Services (HCBS) Waiver authorized under § 1915(c) of the Social Security Act, found in 42 CFR440.180. Federal regulations for HCBS waivers may be found in 42 CFR Part 441 Subpart G. The CAP/DA program waives certain N.C. Medicaid requirements to furnish an array of HCBS to **adults with disabilities 18 years of age and older** who are at risk of institutionalization. The services are designed to provide an alternative to institutionalization for beneficiaries in this target population who prefer to remain in their primary private residences, and would be at risk of institutionalization without these services.

The N.C. Division of Medical Assistance (DMA) appoints a local lead agency to be responsible for the day-to-day case management functions for eligible CAP/DA beneficiaries. Case management functions include:

- Assessing
- Care planning
- Referral and Linkage, and,
- Monitoring and Follow-up.

DMA is seeking a qualified lead agency for **Cabarrus County.** Eligible providers may include health departments, departments of social services, hospitals, home care agencies licensed by Division of Health Service Regulation (DHSR) under 10A NCAC 13J, aging agencies, and private home- and community-based providers.

Cabarrus County is approved to serve a total of 177 CAP/DA participants per year. Currently, 169 active participants are being served.

The selected agency must be **currently enrolled as a Medicaid provider and approved to provide services under In-Home Services and Supports**. The agency must be capable of providing case management by both nursing and social work staff. The agency also must have demonstrated:

- A. Experience with disabled and aging population.
- B. Experience in home and community care case management.
- C. Capacity of web-based automation.
- D. Experienced staff to assure case mix and caseload management.
- E. Fiscal soundness, on-hand and reserve resources.

The selected agency shall be able to:

- A. Process a service request to determine basic eligibility criteria for waiver participation.
- B. Complete comprehensive assessments to ascertain medical, psychosocial and functional needs for waiver participation.
- C. Coordinate and collaborate in an interdisciplinary team approach for the provision of waiver services that prevent institutionalization.
- D. Develop a person-centered service plans that identifies the amount, duration and frequency of each service and the responsible party to render the service.
- E. Provide monthly monitoring of the service plan with beneficiary and quarterly monitoring with all approved services providers.

Provider Qualifications:

- A. Enrolled Medicaid provider
- B. Two or more years of experience in case management and HCBS
- C. Direct community connection to Cabarrus County

All prospective agencies must also meet all other requirements set forth in NCDHHS 1915(c) Community Alternatives Program for Disabled Adults HCBS Waiver. Information about the CAP/DA program can be accessed at <u>www.ncdhhs.gov/dma/services/capda.htm</u>

Interested providers shall send to the DMA's CAP Manager the following documents for consideration:

- 1. A Letter of Interest
- 2. A Copy of the Current Operation Manual
- 3. Explanation of Case Management and home and community care experience
- 4. A Resume of all personnel

The deadline is April 13, 2015. Send the requested information to:

CAP Manager 2501 Mail Service Center Raleigh, NC 27699-2501

Home and Community Care Section, CAP-DA DMA, 919-855-4360

Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite following the transmission date.

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