

North Carolina Medicaid Special Bulletin



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Attention:

**Community Alternatives for Program for Children
(CAP/C)
Service Providers**

**Revisions to Technical Changes in
Clinical Coverage Policy, 3K-1
*Community Alternatives Program for Children
(CAP/C)***

This announcement is to inform Community Alternatives Program for Children (CAP/C) providers of revisions to the technical changes in Clinical Coverage Policy, 3K-1, *Community Alternatives Program for Children (CAP/C)*. These revisions address and ameliorate the concerns articulated by stakeholders about the technical changes to the policy that were posted with an effective date of March 1, 2018. The current policy can be found here:

https://files.nc.gov/ncdma/documents/files/3K-1_2.pdf .

Originally, the technical changes were intended to correct grammatical errors, clarify workflow processes and terminology, and reinstate unintentionally omitted language regarding waiver services and definitions.

During the process of editing the policy to make these technical changes, the following unintended changes occurred:

1. The reference for adaptive car seat was omitted from the Appendix B - Service Definition and Requirements in the previously posted March 1, 2017 policy. In an attempt to make this correction, the reference for adaptive car seat was added to specialized medical equipment and supply without a maximum limitation. Inadvertently, adaptive car seat was added to the assistive technology definition with a maximum limitation of one per the waiver cycle. This reference should have been adaptive tricycle with a maximum limitation of \$3,000.00 over the waiver cycle or one (1) per the waiver cycle when the reimburse rate was \$3,000.00. That addition was made in error; the reference to adaptive car seat in the definition for assistive technology has been removed.
2. In Appendix D, letter (a) reference states that individuals under the age of 17 must also meet all eligibility requirements for medical fragility. This reference should have stated “If I am under the age of 21 and requesting to participate in the CAP/C waiver, I must also meet all eligibility requirements for medical fragility.” This reference in Appendix D has been updated.
3. In Section 4.2.2 (d), a reference was inserted stating that a Service Request Form (SRF) that is received less than 6 months prior to the 21st birthdate could result in non-coverage. This reference was not included in the previously posted policy. This section was updated to remove that reference.
4. In Appendix B, the definition for In-Home Aide and Pediatric Nurse Aide listed an example of time to describe how to use unplanned occurrences. This example of time was not included in the previously posted policy. This example of time has been removed.

The revisions and the technical changes made to the CAP/C Clinical Coverage Policy, effective March 1, 2018 did not change the intent and scope of the previously posted CAP/C policy nor do these changes restrict access to participate in the waiver or obtain waiver services.

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