



CAP/DA – Priority planning for Individuals with Alzheimer’s Disease and Related Disorders

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Background

North Carolina Institute of Medicine (NCIOM) released a report in March 2016 that identified recommendations of the Task Force for Alzheimer's Disease and Related dementias.

Recommendation 5.6 states:

Expand the Medicaid Home and Community-Based Services waiver program by providing additional funding for the existing Medicaid HCBS to include additional services for individuals with Alzheimer's Disease and their families.

Background

- Through an appropriations bill during the 2016 General Assembly session, funding was approved for 320 additional CAP/DA slots to serve a special reserve group
- SECTION 12H.5.(a) of S.L. 2016-94, directed DHHS to amend the North Carolina Community Alternatives Program for Disabled Adults (CAP/DA) waiver to increase the number of slots available under the waiver by a maximum of 320 slots.
- Slots to be available by January 1, 2017 to target individuals with Alzheimer's Disease and related dementias.

SOURCE: Section 12H.5.(a) of S.L. 2016-94

Eligible Diagnoses

ICD-10 and Name of Diagnosis

G30.9	Alzheimer's disease, unspecified
G30.0	Alzheimer's disease, early onset
G30.1	Alzheimer's disease, late onset
G31.01	Pick's Disease
G31.09	Frontal dementia
G31.83	Dementia with lewey bodies
F03.90	Unspecified dementia, without behavior disturbance
F01.50	Vascular dementia without behavior disturbance
F01.51	Vascular dementia with behaviors disturbance
G10	Huntington's disease
F10.97	Alcohol use, unspecified with alcohol-induced persisting dementia
F10.27	Alcohol dependence with alcohol-induced persisting dementia
F84.2	Rett's syndrome
G20	Parkinson's disease

Eligibility criteria

- **Must:**
 - have an approved Alzheimer’s Disease or related disorder
 - be waiting on CAP/DA waitlist or new referral
 - have care needs at nursing facility level of care
 - have risks factors that may lead to an institutional placement:
 - Caregiver burnout;
 - Lack of transportation;
 - Need for daytime respite such as Adult Day Health; and
 - Limited to no access to needed medical supplies or technologies

Goals of CAP/DA

- 1. Increase awareness and education about Alzheimer's disease and related disorders**
- 2. Assist with the coordination of Medicaid transportation for medical appointments**
- 3. Implement services in a person-centered care planning methodology that addresses family supports**
- 4. Increase the awareness of caregiver toolkits and virtual resources**

Anticipated impact

- **Increased management of overall healthcare needs through readily accessible:**
 - **specialized medical supplies;**
 - **assistive technologies;**
 - **hands-on personal care;**
 - **supervision and monitoring;**
 - **care coordination;**
 - **transportation; and**
 - **congregate care opportunities**

Anticipated Impact

- **Improvement of caregiver physical, mental and financial health status through:**
 - **accessible respite;**
 - **decrease in missed work days; and**
 - **readily available caregiver support and resources**

Current stats

- Statewide slot capacity – 11,534
- Alzheimer’s reserve slots – 320
- Statewide waitlist – 2,065
- Reserve group on waitlist - 84

Slots occupied	Prevalent Diagnoses	County Distribution
67	<ul style="list-style-type: none">• 34 - Unspecified dementia, without behavior disturbance• 11- Parkinson’s disease• 11- Frontal dementia	Catawba, Carteret Cleveland, Craven Cumberland, Davidson, Forsyth, Franklin Halifax, Hoke Iredell, Johnston Lee, Robeson Pitt, Transylvania Wake

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