



CAPDA Basics

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Training Objectives

- **What is CAP/DA**
- **Purpose of CAP/DA**
- **Who is Eligible CAP/DA**
- **Referral and Screening Process**
- **Interdisciplinary Assessment**
- **Care Planning**
- **Waiver Services**

What is CAP/DA

What is CAP/DA

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

What is CAP/DA

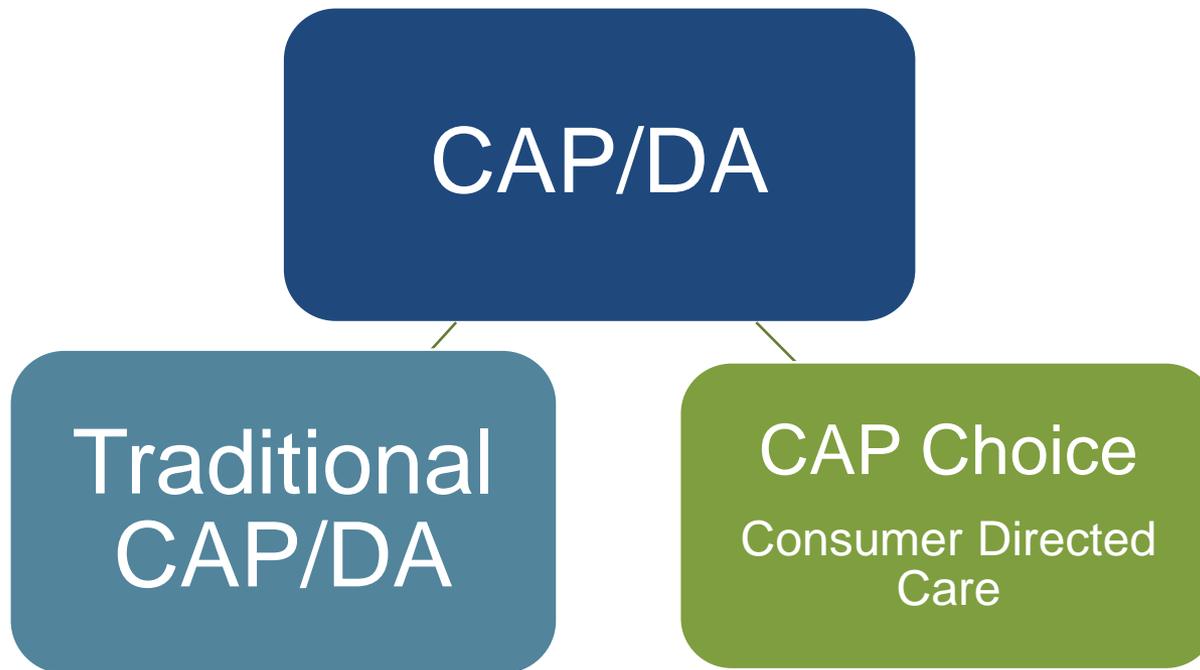
Within Federal guidelines, States are given the freedom to develop home and community based services (HCBS waivers) to meet the needs of people who prefer to remain in a community setting while receiving long term care services, in lieu of being placed in an institutional setting Medicaid beneficiaries.

What is CAP/DA

Since 1982, CAP/DA has been providing a cost-effective alternative to institutionalization for eligible Medicaid beneficiaries in NC.

What is CAP/DA

In 2008 CAP Choice was included in the renewed CAP/DA Waiver.



Purpose of CAP/DA

Purpose of CAP/DA

- Prevent or reduce institutionalization
- Enable eligible beneficiaries to live as independently as possible.
- Supplement rather than replace the formal and informal services and supports.

Purpose of CAP/DA

Services are intended for situations where no one is able or willing to meet the assessed and required medical, psychosocial, and functional needs of the beneficiary.

Who is Eligible CAP/DA

Who is Eligible CAP/DA

Beneficiaries are eligible for participation in the CAPDA Waiver when the beneficiary:

- **Is a disabled adult 18 years of age and older receiving:**
 - **Medicaid to the Aged (MAA)**
 - **Medicaid to the Blind (MAB)**
 - **Medicaid to the Disabled (MAD)**
- **Requires the approved HCBS nursing facility LOC as determined by DMA;**

Who is Eligible CAP/DA

Beneficiaries are eligible for participation in the CAPDA Waiver when the beneficiary:

- **Can be maintained at his or her primary private residence or approved place of service within the average cost limitations of the CAP Waiver;**
- **Has a completed CAP assessment that finds there is a reasonable indication the individual would need services at the appropriate level of care within 30 days of the evaluation.**

Who is Eligible CAP/DA

Beneficiaries are eligible for participation in the CAPDA Waiver when the beneficiary:

- **Chooses CAP services instead of institutional care as evidenced by the written statement of the beneficiary or primary caregiver on standardized forms as approved by DMA;**
- **Requires long-term care support at a level typically provided in an institution that is directly related to a documented medical diagnosis and functional care need as assessed quarterly;**

Who is Eligible CAP/DA

Beneficiaries are eligible for participation in the CAPDA Waiver when the beneficiary:

- **Requires two waiver services (excluding incontinence supplies, personal emergency response system, and meals preparation and delivery), on a monthly basis, that mitigate institutionalization through coordinated case management and hands-on personal assistance;**
- **Has an emergency back-up plan with adequate formal and informal support to meet the basic needs outlined in the CAP assessment and plan of care (POC) to maintain his or her health, safety and well-being.**

Who is Eligible CAP/DA

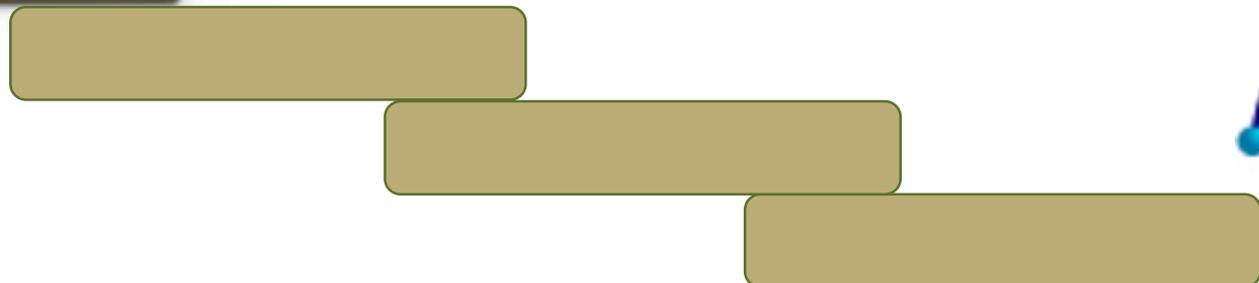
In addition to the criteria previously mentioned, the beneficiary desiring to participate in CAP Choice (or their designated representative) must:

- Understand the rights and responsibilities of directing his or her own care;
- Be willing and intellectually capable to assume the responsibilities for consumer-directed care, or selects a representative who is willing and capable to assume the responsibilities to direct the beneficiary's care; and
- Complete a self-assessment questionnaire to determine intellectual ability to direct care, ensure health and safety and identify training opportunities to build competencies to aid in consumer-directed care.

Referral and Screening Process

Referral and Screening Process

Qualifying for CAP is a multi-step process that everyone must complete successfully.



Referral and Screening Process

The Service Request Form (SRF) is the tool that determines if individual is Nursing Facility Level of Care.



Referral and Screening Process

Slot Availability?

- Each county has a specified Slot Allocation.
- Once the maximum is reached, individuals must wait for an assessment unless they meet “Expedited Prioritization Criteria”.



2 - Slot Availability?

1 - Level of Care
Determination (SRF)

Referral and Screening Process

Expedited Prioritization criteria applies when individuals meet any one of the following:

- **Age 18-21 transitioning from the CAP/C program.**
- **Individuals with an active Auto Immune Deficiency Syndrome (Aids) diagnosis with a T-Count of 200 or less.**
- **Individuals transitioning from a nursing facility with Money Follows the Person (MFP) designation.**
- **Individuals transitioning from a nursing facility utilizing Community Transition Services.**
- **Eligible CAP beneficiaries who are transferring to another county or lead agency.**
- **Previously eligible CAP/DA or CAP/Choice beneficiaries who are transitioning from a short-term rehabilitation placement within 90 days of the placement.**

Referral and Screening Process

Expedited Prioritization criteria applies when individuals meet any one of the following:

- **Individuals identified at risk by his or her local Department of Social Services (DSS) who has an order of protection by Adult Protective Services (APS) for abuse, neglect and exploitation and the CAP waiver is able to mitigate risk.**
- **Medicaid beneficiary with active Medicaid who are temporarily out of the State due to a military assignment of his or her primary caregiver.**
- **Individual transferring to North Carolina from another State due to a military assignment who was actively participating in a disabled and aged 1915(c) HCBS waiver.**
- **Individual with a diagnosis of Alzheimer's disease. Three-hundred and twenty (320) are reserved for this priority group.**

Referral and Screening Process

The Interdisciplinary Assessment is the final level of determination necessary to assure that an individual requires CAP services.



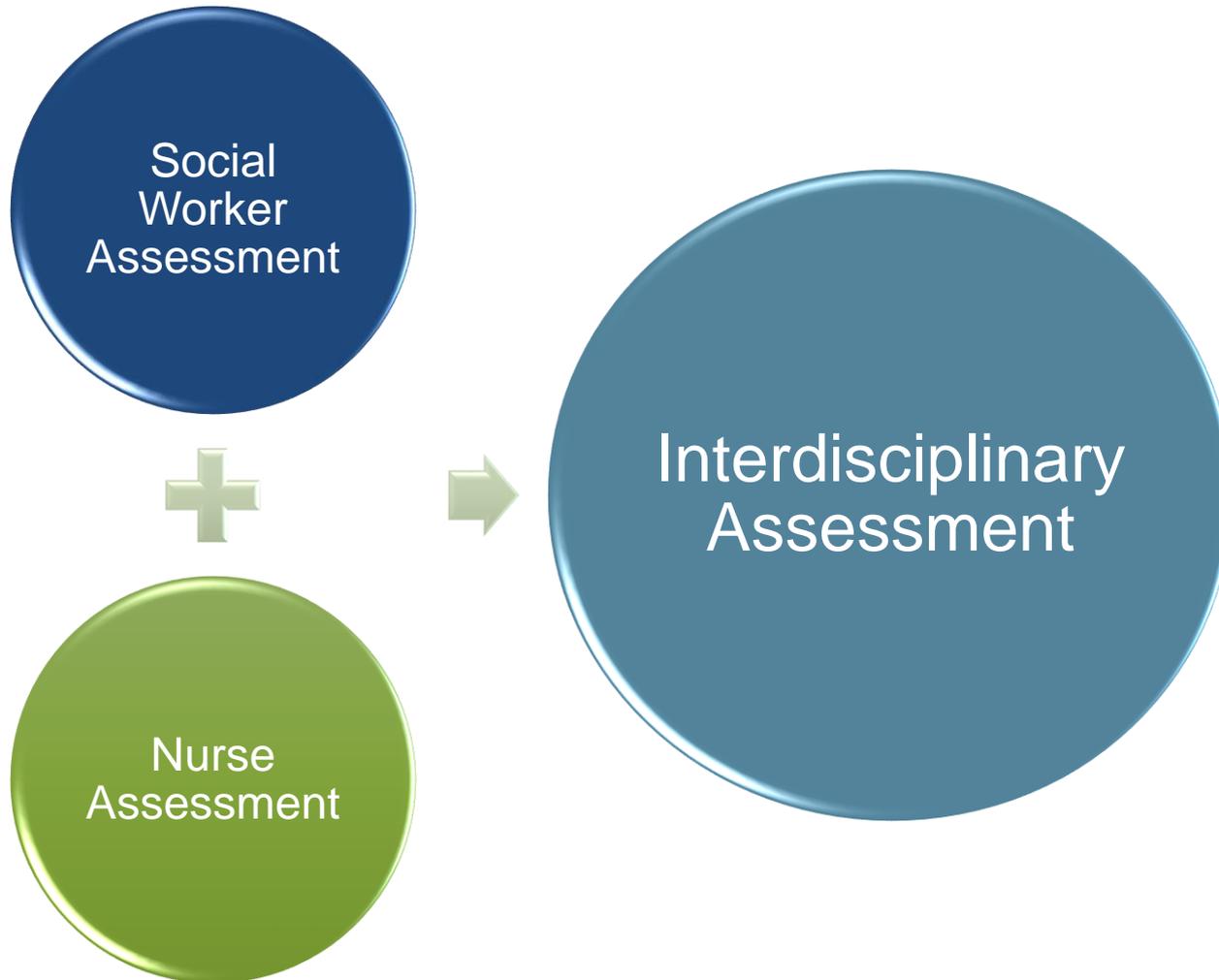
3 - Interdisciplinary Assessment

2 - Slot Availability?

1 - Level of Care Determination (SRF)

Interdisciplinary Assessment

Interdisciplinary Assessment



Interdisciplinary Assessment

The interdisciplinary comprehensive assessment must include:

- Personal health information;
- Caregiver information;
- Medical diagnoses;
- Medication and precautions;
- Skin;
- Neurological;
- Sensory and communication;
- Pain;
- Musculoskeletal;
- Cardio-Respiratory;
- Nutritional;
- Elimination;
- Mental Health;
- Informal support; and
- Housing and finances.

Interdisciplinary Assessment

- Documents the beneficiary's level of functional need.
- Outlines the beneficiary's Informal & formal support system so that we can determine the beneficiary's ability to live in the community while maintaining health, safety, and well-being.

Interdisciplinary Assessment

- Clarifies strengths, choices, and willingness
- Verifies whether the individual meets eligibility criteria and requires waiver services
- Assigns an Acuity Level
- Allows for care planning

Interdisciplinary Assessment

If the beneficiary qualifies for CAP/DA, the case management agency will move forward with the implementation of the POC.



3 - Interdisciplinary Assessment

2 - Slot Availability?

1 - Level of Care Determination (SRF)

Care Planning

Care Planning

- **Care planning is the development and periodic revision of a person-centered care plan based on the information collected during the assessment and reassessment process.**
- **The Plan of Care is established with the goal of maintaining and/or improving the beneficiary's health, safety, functioning, and independence.**

Care Planning

- **The care plan also identifies both formal and informal supports to assure the health, safety and well-being of the beneficiary.**
- **Amount, duration, frequency, and provider type of services are indicated in the beneficiary's CAP plan of care (POC).**

Waiver Services

Waiver Services

The waiver comprehensive service package includes:

CAPDA Traditional Option:

**Case Management, Adult Day Health, In-home Aide
Personal Care, Home Accessibility and Adaptation, Meal
Preparation and Delivery, Institutional Respite
Services, Non-institutional Respite Services, Personal
Emergency Response Services, Specialized Medical
Equipment and Supplies, Participant Goods and
Services, Community Transition Services, Training,
Education and Consultative Services, Assistive
Technology**

Waiver Services

The waiver comprehensive service package includes:

CAP Choice Consumer-Directed Option:

Care Advisor, Financial Management, Personal Assistant, Adult Day Health, In-home Aide Personal Care, Home Accessibility and Adaptation, Meal Preparation and Delivery, Institutional Respite Services, Non-institutional Respite Services, Personal Emergency Response Services, Specialized Medical Equipment and Supplies, Participant Goods and Services, Community Transition Services, Training, Education and Consultative Services, Assistive Technology

Support and Assistance

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Questions?