

DSP Interface Orientation

May 4, 2017

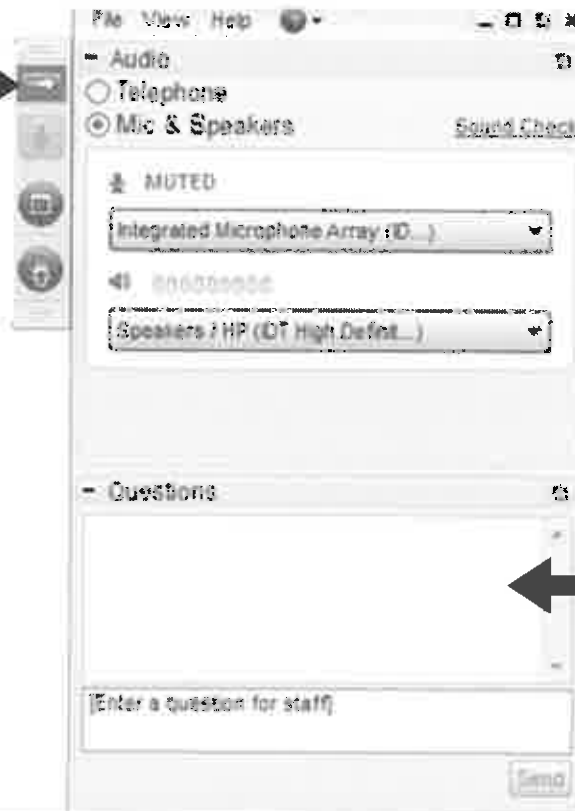


Training Webinar For CAP Case Management Entities



Webinar Controls

Click here to minimize the webinar control box



Enter your questions here.

This PowerPoint can be accessed on the home page of either the CAP/C or CAP/DA version of e-CAP.

Webinar Overview



Webinar Agenda

- **Introductions And Webinar Organization**
- **DSP Interface Status and Overview**
- **DSP NPI and Office Location Confirmations**
- **CME Interface Modifications Related to the DSP Interface**
- **Recap**



e-CAP For CAP Direct Service Providers - Overview



DSP Interface Implementation Status

- **Initial Roll-out -- March 27,2017**
- **Implementation of Electronic Notices – April 3, 2017**
- **Number of Registered DSPs As of: May 1, 2017**
 - CAP/DA -- 607
 - CAP/C -- 468

Required Users And Uses Of The DSP Interface

- **Required Users**
 - All CAP waiver service providers
 - All non-waiver Medicaid service providers serving CAP beneficiaries
- **Key Uses**
 - Acceptance or rejection of CAP service authorizations
 - Acknowledgement of participation notices (for non-waiver Medicaid services)
 - Documentation of beneficiary discharges from waiver services
 - Participation in multi-disciplinary team meetings
 - Initiation of a service request form for individuals that have approached your agency seeking help in CAP enrollment
 - Entering utilized respite hours and tracking remaining hours
 - Documenting critical incidents and complaints

Agency Enrollment In e-CAP

- **Required Registration**
 - All current waiver service providers must register in e-CAP
 - Service providers providing non-waiver Medicaid services to CAP beneficiaries
- **Separate Registrations For CAP/C and CAP/DA**
 - If an agency serves both CAP/C and CAP/DA beneficiaries, agencies must register separately in both CAP/C and CAP/DA versions of e-CAP
- **On-line Registration – On e-CAP log- in pages for both CAP/C and CAP/DA versions of e-CAP**

Agency Registration



Welcome | Agency Registration | Agency Orientation

Welcome to e-CAP for CAP/C

Please use your NCID credentials to login.

NCID Username

Password

LOGIN

[Forgot your username or password?](#)

[Agency Registration Instructions](#)

To register, click on the Agency Registration tab on the log-in page; in this case the CAP/C version of e-CAP.



Enhanced Care Management
using web technologies and analytics.

e-CAP Support Center
1-888-245-2119 | www.ncnid.org/ncid

Click here to see the agency registration instructions. It is a simple three step process.

DSP Interface Modules

- **Home Page**
 - Setup
 - Reports
- **Referrals**
- **Beneficiary**
- **Documentation**

DSP Interface Home Module



Home

Logout

Sub Tabs

- Home
- Log Out
- Personal
- Login Maintenance
- Resource Links
 - Div. of Medical Assistance
 - CAP/C Policies & Manuals
 - DMA Program Integrity
 - Medicaid Bulletins
 - Div. Of Health Service Regulation
 - DHSR Health Care Personnel Registry
 - NC Tracks
 - NCIE Help
 - Privacy Guidelines
- Training Resources
 - DSP Interface Overview
 - DSP Interface Webinar Powerpoint
 - Getting Started
 - DSP Interface FAQs
 - Prior Approval FAQs

Left Index

04/28/2017 - Confirming National Provider Identifier (NPI) and Office Locations to Ensure Correct Authorization of CAP services- Maintaining the right NPI and location in e-CAP is critical for direct service providers for the following reasons:

- Required for the acceptance of a service authorization that grants approval to the direct service provider to render a medically necessary Medicaid waiver service in the amount, frequency and duration approved in the CAP service plan.
- Required for the generation of a prior approval file that is transmitted by VieBridge to NCTracks that identifies the NPI and location code of the approved direct service provider for a CAP claim to be adjudicated based on the amount, frequency and duration of approved Medicaid waiver service.
- Ensures the DSP sees and receives the correct beneficiary information and notices authorized to receive.

To ensure each CAP case management agency you receive authorizations from is using the right NPI numbers and office locations for your agency/agencies, you should provide your NPI and location codes of each location your agency is approved to render services in for validation in the e-CAP system. Provide specific information about your location(s) such as county or attachment areas for the case manager to correctly select the appropriate NPI when authorizing a waiver service. Also as part of the validation process, check the agency NPIs and office locations that you used to register your agency's staff as DSP Interface users.

4/17/2017 - DSP Notices - Beginning April 3, 2017 e-CAP will start generating electronic notices to direct service providers using the e-CAP Direct Service Provider Interface. You will be able to view the notices by going to the Referrals module and clicking on the View Notices Awaiting DSP Review option on the left side of the Referrals screen. Don't be surprised if there are no notices immediately appearing in the Notices display. Notices will appear only if there is a change in the status of a current CAP beneficiary or a new plan of care has been approved.

Remember, service authorization notices need to be accepted or rejected within 72 calendar hours. Other notices require acknowledgement. Once you process a notice, it will move to the Notices Received Last 12 Months listing which is also accessible from the left index on the Referrals module. This notice history listing will be empty as of April 3, 2017.

If you have any questions about the new electronic notices, please feel free to contact e-CAP Support.

3/31/2017 - Provider Billing - The implementation of the e-CAP Direct Service Provider (DSP) interface does not affect how DSPs bill for services. All claims/invoices should still be submitted and processed in NC Tracks as usual. The only thing that has changed is that the e-CAP system generates prior approval records (PAs) which are used by NC Tracks to adjudicate the claims.

DSP

| | |
|--------------------------------------|---|
| # Receiving Waiver Services | 1 |
| # Receiving Non-Waiver Medicaid Svcs | 3 |
| # Choice Beneficiaries | 0 |

Test Your Knowledge

All CAP waiver services must be authorized by a CAP case manager before the services can be rendered.

True

False

Did You Know?

Available Resources for the beneficiary include both formal and informal support, including visiting and able family support.



Home Page



- Setup - Registration of Agency Staff as e-CAP Users
- Reports

Announcements

- Home
- Log Out
- Personal
- Login Mail
- Resource Links
- D.V. of Medical Assistance
- CAP/C Policies & Manuals
- DMA Program Integrity
- Medicaid Bulletins
- Div. Of Health Service Regulation
- DH-SR Health Care Personnel Registry
- NC Tracks
- NCID Help
- Privacy Guidelines
- Training Resources
- DSP Interface Overview
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- Required for the acceptance of a service authorization that grants approval to the direct service provider to render a medically necessary Medicaid waiver service in the amount, frequency, and duration approved in the CAP service plan
- Required for the generation of a prior approval file that is transmitted by vieBridge to NCTracks that identifies the NPI and location code of the approved direct service provider for a CAP claim to be adjudicated based on the amount and duration of approved Medicaid waiver service.
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To ensure each CAP case management agency you receive authorizations from is using the correct locations for your agency/agencies, you should provide your NPI and location codes of each location where you render services in for validation in the e-CAP system. Provide specific information about your location and catchment areas for the case manager to correctly select the appropriate NPI when authorizing a waiver service. During the validation process, check the agency NPIs and office locations that you used to register your agency's staff as DSP interface users.

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Set Up | Reports

Welcome

DSP Announcements

DSP Dashboard

| | |
|------------------------------------|---|
| Receiving Waiver Services | 1 |
| Receiving Non-Waiver Medicaid Svcs | 3 |
| Choice Beneficiaries | 0 |

DSP Caseload Dashboard/Summary

All CAP waiver services must be authorized by a CAP case manager before the services can be rendered.

- True
 False

Submit

Did You Know?

Available Resources for the beneficiary include both formal and informal support, including visiting and able family support



Staff Registration in e-CAP

- **The Agency Representative That Registered DSP Coordinates the Staff Registration**
- **Once Logged In, the Agency Representative Registers Other Staff Members Requiring Access to e-CAP**
 - This is done by selecting the Setup Sub-Menu under the Home page.
 - Click on the “Add” button to add staff members.
 - The staff registration screen will appear – *The DSP can use it to store staff qualifications and training documentation as well*
 - Complete the staff profile.
 - Each staff registration requires identification of the individual NPI/office locations. **The individual will be able to view and process information only for the NPI/office location(s) he/she is tied to in the staff registration record.**
 - Staff must already have an NCID.

Staff Registration (continued)

e-CAP [Logout](#) [Home](#) | [Registration](#) | [Beneficiary](#) | [Documentation](#)
[Set Up](#) | [Knowledge Exchange](#) | [Reports](#)

Agency Staff Users

Setup

Agency Staff Users

| Last Name | First Name | User Access | User Name | Email | Phone # |
|-----------|------------|-------------|-----------|-------|---------|
| | | DSP User | | | |
| | | DSP User | | | |
| | | DSP User | | | |
| | | DSP User | | | |
| | | DSP User | | | |
| | | DSP User | | | |
| | | DSP User | | | |
| | | DSP User | | | |
| | | DSP User | | | |
| | | DSP User | | | |

[Add](#)

Direct Service Provider Users

Direct Service Provider User

| | | |
|--|---------------|---|
| Last Name * | | |
| First Name * | | |
| Gender * | -- select -- | |
| Address 1 | | |
| City | | |
| State | NC | Zip |
| Phone | | |
| Primary Email * | | |
| NCID User Name * | Access Type * | -- select -- |
| Date of Employment | | |
| Job/Role Category * | -- select -- | |
| Assigned Supervisor | -- select -- | |
| Date of Last TB Test | | |
| Any Substantiated Allegation in NC Health Care Registry? | -- select -- | Date of Health Care Personnel Registry Review |
| Passed Criminal Background Check | -- select -- | Date of Last Background Check |
| Qualifications | -- select -- | |
| Other, Desc | | |
| Experience | -- select -- | |
| Date of Aide Employment Termination | | |
| Termination Reason | -- select -- | |

Staff Registration (Continued)

| Training/Competency Evaluation | | | |
|---|--------------------------|--------------|------|
| Licensure Based Training / Competency Evaluation Requirements | (Check all that apply) | Month | Year |
| Personal Care Training/Competency Evaluation | <input type="checkbox"/> | -- select -- | |
| Medication Administration Competency Training | <input type="checkbox"/> | -- select -- | |
| Training on Care of Diabetic Beneficiaries | <input type="checkbox"/> | -- select -- | |
| Training on Physical Restraints | <input type="checkbox"/> | -- select -- | |
| Assessment Training | <input type="checkbox"/> | -- select -- | |
| Competency Validation For Licensed Health Professionals Support Tasks | <input type="checkbox"/> | -- select -- | |
| Airborne and Blood Borne Pathogen Training | <input type="checkbox"/> | -- select -- | |
| CAP Policy Based Training Requirements | | | |
| CPR Training | <input type="checkbox"/> | -- select -- | |
| First Aide Training | <input type="checkbox"/> | -- select -- | |

Associated Providers

Provider Name/No.

-- select -- Add

- Select each agency NPI and office/location

Save

Ensuring the Right DSP NPI/Office Location Codes

- **The DSP Interface and Prior Approvals Require Correct DSP NPI/Office Locations**
 - If the CME is using a NPI/office location code for the DSP that is different than the NPI/office location code the DSP used to register DSP staff, the beneficiary information and authorizations will not appear in the correct DSP interface and be viewable to the DSP staff
 - If the CME is using an incorrect NPI/office location code for the DSP, the prior approval records will not be correct
- **In Summary....Two Sets of Records Need To Align**
 - The CME DSP record in the DSP reference file (showing the DSPs NPI/office location).....must match...
 - The DSP staff registration record(s) showing the DSP NPI/office location the individual staff are assigned to for purposes of viewing e-CAP information

DSP Staff Registration Report

- **This New Report Allows CMEs To View DSP Staff Registrations**
 - Based on DSP records in the CME reference file
 - Shows if the DSP is currently included in one or more POCs
 - Indicates if there are DSP staff registered in e-CAP based on the same NPI/office location. Use this to look for NPI/office location mismatches.



Logout

Home | Referrals | Assessments | POC | Monitoring

DSP Staff Registration Report

Reports | Knowledge Exchange | Set Up | Calendar

DSP Staff Registration Report

Reporting Date: 05/01/2017

| DSP Name | NPI | Locator Code | Address | City | Zip | Internal Provider Number | # DSP Staff Registered | Times Appears on POC |
|-------------------------------------|------------|--------------|---------------------------|--------------|-------|--------------------------|------------------------|----------------------|
| A PLUS HOME CARE AGENCY LLC | 1629495473 | 000 | 3948 BROWNING PL | RALEIGH | 27609 | 6900 | 4 | 8 |
| A AND E HOME CARE | 1407915380 | 000 | 902 E EDGERTON ST | DUNN | 28334 | 197 | 0 | 1 |
| A BRIGHTER FUTURE HEALTHCARE SERVIC | 1124171814 | 004 | 4040 FERNCREEK DR STE 300 | FAYETTEVILLE | 28314 | 202 | 0 | 6 |
| A GREAT CHOICE FOR HOME CARE INC | 1376797647 | 000 | 122 S BERKELEY BLVD | GOLDSBORO | 27534 | 6661 | 2 | 0 |
| A LOT OF LOVE HOME CARE AGENCY LLC | 1699079467 | 000 | 111 LAMON ST | FAYETTEVILLE | 28301 | 4581 | 2 | 12 |
| A PLUS HOME HEALTH CARE SERVICES L | 1157665141 | 003 | 2632 BREEZEWOOD AVE | FAYETTEVILLE | 28303 | 250 | 1 | 13 |



DSP Caseload and Authorization Reports



The screenshot displays the e-CAP web application interface. At the top left is the e-CAP logo. To its right is a 'Logout' button. Further right is a navigation bar with links for 'Home', 'Referrals', 'Beneficiary', and 'Documentation'. Below this bar is another navigation bar with links for 'Set Up', 'Knowledge Exchange', and 'Reports'. A dropdown menu is open on the left side, listing the following options: 'Current DSP Caseload Master List', 'Beneficiary Primary Dx Report', 'Inactive Beneficiaries Report', and 'Service Authorizations'.

- Caseload Master – For the authorized Provider Only – Across Referring CMEs
- Beneficiary Primary Diagnosis Report
- Inactive Beneficiaries - only information that was available at time services were being rendered
- Service Authorization Report

Caseload Report Example

Community Alternatives Program (CAP/C)

Current Beneficiary Case Load

Reporting Date: 02/21/2017

| DSP | Beneficiary Name | MID | Age | Beneficiary Phone | Referring Agency | Case Manager | Referral Date | Next CMR Date |
|-----|------------------|-----|-----|-------------------|---|--------------|---------------|---------------|
| | | | 8 | | Quality Health Care Services - 1083802577 - 000 | | 03/09/2013 | 8/20/2017 |
| | | | 10 | | Footprints Case Management - 1174875726 - 000 | | 06/27/2014 | 8/20/2017 |
| | | | 11 | | Footprints Case Management - 1174875726 - 000 | | 04/24/2016 | 7/20/2017 |
| | | | 9 | | Monarch - 1164850525 - 000 | | 04/24/2007 | 8/20/2017 |
| | | | 9 | | C and B Support Services Inc - 1006413011 - 000 | | 02/05/2009 | 10/20/2017 |
| | | | 8 | | Lincoln County Department of Social Services - 1407887067 - 000 | | 01/12/2012 | 8/20/2017 |
| | | | 10 | | Monarch - 1164850525 - 000 | | 07/09/2004 | 8/20/2017 |
| | | | 16 | | C and B Support Services Inc - 1006413011 - 000 | | 05/01/2009 | 7/20/2017 |
| | | | 7 | | Monarch - 1164850525 - 000 | | 02/04/2010 | 8/20/2017 |
| | | | 4 | | C and B Support Services Inc - 1006413011 - 000 | | 08/02/2014 | 2/20/2018 |
| | | | 28 | | Quality Health Care Services - 1083802577 - 000 | | 03/24/2013 | 8/20/2017 |

The caseload report shows CAP beneficiaries receiving waiver services and/or non-waiver services from the DSP for the NPI/office locations the DSP user has access rights to.

Service Authorization Report Example

Community Alternatives Program (CAP/DA)

DSP Service Authorization Report

Reporting Date: 02/26/2017

| DSP | Referring Agency | Beneficiary Name | MID | Service Code | Service | Service Start Date | Service End Date | Unit Rate | Total Units or \$ |
|----------------------|------------------|------------------|------------|--------------|--------------|--------------------|------------------|-----------|-------------------|
| 12345678901234567890 | ABC COMPANY | JOHN DOE | 1234567890 | 55125 | In Home Aide | 03/15/2015 | 05/15/2015 | 3.4700 | 8320.00 |
| 12345678901234567890 | ABC COMPANY | JOHN DOE | 1234567890 | 55125 | In Home Aide | 04/01/2015 | 04/20/2015 | 3.4700 | 6200.00 |
| 12345678901234567890 | DEF COMPANY | JANE SMITH | 9876543210 | 55125 | In Home Aide | 03/01/2015 | 10/01/2015 | 3.4700 | 9120.00 |
| 12345678901234567890 | DEF COMPANY | JANE SMITH | 9876543210 | 55125 | In Home Aide | 05/01/2015 | 10/01/2015 | 3.4700 | 8632.00 |
| 12345678901234567890 | ABC COMPANY | JOHN DOE | 1234567890 | 55125 | In Home Aide | 01/12/2015 | 11/04/2015 | 3.4700 | 8424.00 |
| 12345678901234567890 | ABC COMPANY | JOHN DOE | 1234567890 | 55125 | In Home Aide | 08/01/2015 | 09/01/2015 | 3.4700 | 5920.00 |
| 12345678901234567890 | ABC COMPANY | JOHN DOE | 1234567890 | 55125 | In Home Aide | 08/10/2015 | 09/15/2015 | 3.4700 | 8020.00 |
| 12345678901234567890 | ABC COMPANY | JOHN DOE | 1234567890 | 55125 | In Home Aide | 01/01/2015 | 03/01/2015 | 3.4700 | 5200.00 |

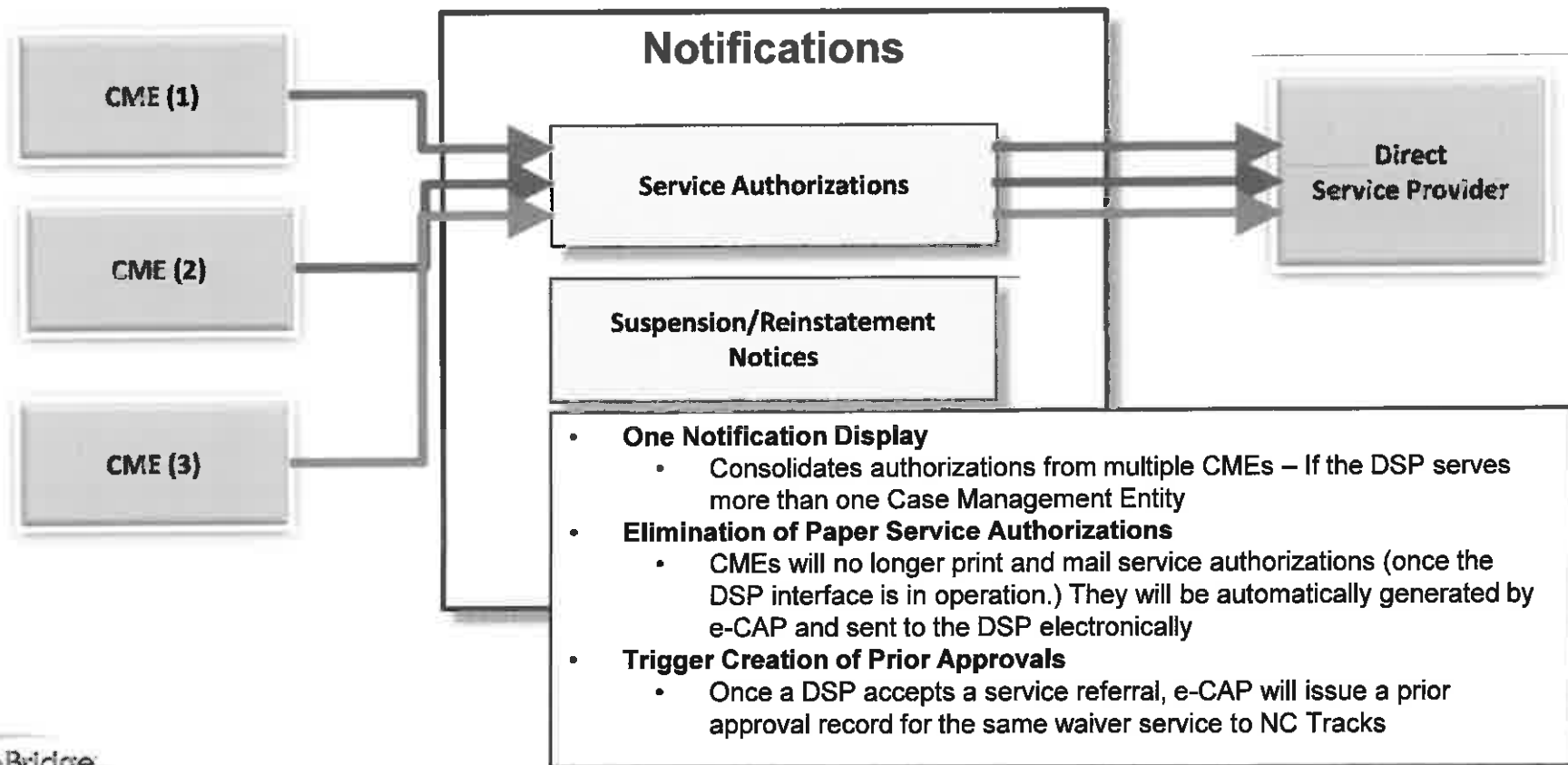
The service authorization report will display current waiver service authorizations for the DSP's CAP caseload and prior authorizations for the same beneficiary.

DSP Referrals Module Functionality

Referrals Module

- **Organizes and Displays Notices Sent To DSP From CAP Case Managers**
 - Now paperless, electronically transmitted
 - Consolidates notices from multiple case management agencies for either CAP/DA or CAP/C – not both
 - Archives notices that DSP reviewed for future reference
- **CAP Notice Types DSP Will Receive Electronically**
 - **Waiver Service:**
 - Authorizations
 - Service Suspensions
 - Reinstatements
 - Participation notices – for non-waiver Medicaid services the agency provides
 - Beneficiary disenrollment notices
 - Multi-disciplinary team meeting notices – more on this later

DSP Interface Service Authorizations



Referrals/Notice Queue



View Notices Awaiting DSP Review

Referrals
 View Notices Awaiting DSP Review
 Notices Received Last 12 Months
 All Pending Notices
 Search Beneficiaries

Notifications to Review

| Beneficiary | MID | Notice Type | Referring Agency | Service | Start Date | End Date | View Notices | Days in Queue |
|-------------|------------|---------------|------------------|--------------------------------------|------------|------------|---------------|---------------|
| [Redacted] | [Redacted] | Service Auth | [Redacted] | In Home Aide | 12/01/2016 | 11/30/2017 | Authorization | 7 |
| [Redacted] | [Redacted] | Service Auth | [Redacted] | Home Accessibility and Adaptation | 12/01/2016 | 11/30/2017 | Authorization | 7 |
| [Redacted] | [Redacted] | Service Auth | [Redacted] | Respite Care, In-Home | | | Authorization | 7 |
| [Redacted] | [Redacted] | Service Auth | [Redacted] | Personal Emergency Response Services | | | Authorization | 7 |
| [Redacted] | [Redacted] | Service Auth | [Redacted] | Personal Emergency Response Services | | | Authorization | 7 |
| [Redacted] | [Redacted] | Service Auth | [Redacted] | Home Accessibility and Adaptation | | | Authorization | 7 |
| [Redacted] | [Redacted] | Service Auth | [Redacted] | STI In-Home Aide | 11/01/2015 | 10/31/2016 | Authorization | 7 |
| [Redacted] | [Redacted] | Service Auth | [Redacted] | Respite Care, In-Home | 05/01/2016 | 04/30/2017 | Authorization | 7 |
| [Redacted] | [Redacted] | Service Auth | [Redacted] | Personal Emergency Response Services | 05/01/2016 | 04/30/2017 | Authorization | 7 |
| [Redacted] | [Redacted] | Service Auth | [Redacted] | In Home Aide | 05/01/2016 | 04/30/2017 | Authorization | 7 |
| [Redacted] | [Redacted] | Service Auth | [Redacted] | Meal Preparation and Delivery | 05/01/2016 | 04/30/2017 | Authorization | 7 |
| [Redacted] | [Redacted] | Participation | [Redacted] | Non-Waiver Supplies/Services | 12/01/2016 | 11/30/2017 | Participation | 7 |
| [Redacted] | [Redacted] | Participation | [Redacted] | Non-Waiver Supplies/Services | 05/01/2016 | 04/30/2017 | Participation | 7 |
| [Redacted] | [Redacted] | Reinstatement | [Redacted] | Meal Preparation and Delivery | 11/18/2016 | 12/31/2016 | Reinstatement | 8 |
| [Redacted] | [Redacted] | Reinstatement | [Redacted] | In Home Aide | 11/18/2016 | 12/31/2016 | Reinstatement | 8 |
| [Redacted] | [Redacted] | Reinstatement | [Redacted] | Respite Care, In-Home | 11/18/2016 | 12/31/2016 | Reinstatement | 8 |
| [Redacted] | [Redacted] | Suspension | [Redacted] | Respite Care, In-Home | 11/01/2015 | 10/31/2016 | Suspension | 12 |
| [Redacted] | [Redacted] | Suspension | [Redacted] | Meal Preparation and Delivery | 11/01/2015 | 10/31/2016 | Suspension | 12 |
| [Redacted] | [Redacted] | Suspension | [Redacted] | In Home Aide | 11/01/2015 | 10/31/2016 | Suspension | 12 |
| [Redacted] | [Redacted] | Suspension | [Redacted] | Personal Emergency Response Services | 11/01/2015 | 10/31/2016 | Suspension | 12 |
| [Redacted] | [Redacted] | Suspension | [Redacted] | In Home Aide | 11/01/2015 | 10/31/2016 | Suspension | 8 |
| [Redacted] | [Redacted] | Suspension | [Redacted] | Respite Care, In-Home | 11/01/2015 | 10/31/2016 | Suspension | 8 |
| [Redacted] | [Redacted] | Suspension | [Redacted] | Meal Preparation and Delivery | 11/01/2015 | 10/31/2016 | Suspension | 8 |
| [Redacted] | [Redacted] | Suspension | [Redacted] | Respite Care, In-Home | 11/01/2015 | 10/31/2016 | Suspension | 7 |
| [Redacted] | [Redacted] | Suspension | [Redacted] | Respite Care, In-Home | 11/01/2015 | 10/31/2016 | Suspension | 7 |

Click here to see the "paper" notice.

Click on the beneficiary name to see the individual notice summary and acknowledge your receipt of the notice.

- **Specific to Each Waiver Service**
 - **If a CAP beneficiary receives multiple waiver services from the DSP, individual notices will display for each waiver service**
- **Requires Acceptance or Rejection By Agency**
 - **If accepted, e-CAP will produce the corresponding prior approval record and transmit it to NC Tracks electronically, showing the Authorized Level of Service**
- **Link Provided to the Official Service Authorization Notice**
 - **Official notice contains authorization specifics including schedule and required tasks and the approved maximum units**
- **Authorizations Now Include Referring and Ordering Physicians**
- **Authorizations Document the Beneficiary's Primary Diagnosis**

Authorization Notice Functionality



Logout

Home | Referrals | Beneficiary | Documentation

View Notices

- View Notices
- History: Renewals/Last 12 Months
- Outstanding Notices
- Recent Authorizations

Notifications to Review

| Beneficiary | MID | Notice Type | Referring Agency | Service | Start Date - End Date | Type |
|-------------|-----|-------------------------|------------------|--|-------------------------|---|
| | | Participation Notice(s) | | Non-Waiver Supplies/Services | 12/01/2016 - 11/30/2017 | Participation - Details |
| | | Waiver Service Auth | | | | Details |
| | | Waiver Service Auth | | | | Details |
| | | Waiver Service Auth | | | | Details |
| | | Waiver Service Auth | | Adult Day Health Care | 12/01/2016 - 11/30/2017 | New - Details |
| | | Waiver Service Auth | | In Home Aide | 12/01/2016 - 11/30/2017 | New - Details |
| | | Waiver Service Auth | | STI In-Home Aide | 12/01/2016 - 11/30/2017 | New - Details |
| | | Participation Notice(s) | | Non-Waiver Supplies/Services | 10/01/2016 - 09/30/2017 | Participation - Details |
| | | Waiver Service Auth | | Personal Emergency Response Services | 10/01/2016 - 09/30/2017 | New - Details |
| | | Waiver Service Auth | | In Home Aide | 10/01/2016 - 09/30/2017 | New - Details |
| | | Waiver Service Auth | | External form(s) nationally complete with intact records | 10/01/2016 - 09/30/2017 | New - Details |
| | | Suspension Notice | | Meal Preparation and Delivery | 11/18/2016 - 12/31/2016 | |
| | | Suspension Notice | | Respite Care, In-Home | 11/18/2016 - 12/31/2016 | |
| | | Suspension Notice | | Nebulizer With Compressor | 11/18/2016 - 12/31/2016 | |
| | | Suspension Notice | | In Home Aide | 11/18/2016 - 12/31/2016 | |
| | | Disenrollment Notice | | In Home Aide | 11/01/2016 - 11/30/2016 | Termination - Details |
| | | Disenrollment Notice | | Personal Emergency Response Services | 10/24/2016 - 11/30/2016 | Termination - Details |

Authorizations, Participation Notices, Suspensions and Dis-enrollments appear in one display, from multiple CM entities as applicable.

Direct Service Provider Acceptance of Service Authorization for

1 of 2 pages

| Beneficiary Data | |
|-----------------------------------|-------------------|
| Recipient Name | Medicaid ID |
| Additional IDs | Address 2 |
| Address 1 | County |
| City, State, Zip | DOB |
| Phone | Primary Diagnosis |
| Gender | |
| DOB Code | |
| Referring Agency | |
| Case Manager | |
| Name of Waiver Service | |
| Referring Physician Name | NPI Lic |
| Coordinating Physician Name | |
| Referral Authorization Acceptance | |

— select —

Knowledge

Accept or reject a service authorization

Service Authorization Notice Sample

VieBridge Management Services, Inc.

(CAP/DA) Service Authorization

10/12/2016

TO: [Redacted]
[Redacted]
[Redacted]

FROM: VieBridge Management Services, Inc.
[Redacted]
[Redacted]

RE: [Redacted]

Beneficiary Phone: [Redacted]

Address: [Redacted]

Date of Birth: [Redacted]

Gender: Male

MID: [Redacted]

CAP/DA Effective Date: 10/11/2013

Primary Diagnosis: PARAPLEGIA, COMPLETE (G82.21)

Responsible Person: [Redacted]

Responsible Person Phone: [Redacted]

Address: [Redacted]

Referring Physician: [Redacted]

Ordering Physician:

Referring NPI: [Redacted]

Ordering NPI:

Please provide S5125 CAP/DA In-Home Health Care to the above named CAP/DA Beneficiary.

The billing code is S5125 per 15 minute unit. The beneficiary is authorized to receive 60.00 units per Week.

Please begin service on 11/01/2015 and continue until 11/30/2016 unless otherwise notified. This service authorization also includes one additional month of service coverage that will be added to the service end date. This extra month is authorized to ensure there is no interruption of service at the time of the next plan of care renewal for this beneficiary. Please contact me if you have problems delivering the service or if you believe the service needs have stopped or changed.

Other Electronic Notices DSPs May Receive

- **Waiver Service Suspensions and Reinstatements**
 - In instances where the CAP beneficiary is hospitalized and/or placed in short term nursing care
- **Disenrollments/Service Terminations**
 - Notices that inform the DSP that a CAP beneficiary is no longer a CAP program participant
- **Participation Notices – Requires an acknowledgement**
 - Notices that inform providers of non-waiver Medicaid services that the CAP beneficiary has been determined to be eligible for CAP in terms of medical necessity – Generated at the same time as service authorizations
 - Identifies the non-waiver Medicaid services your agency provides
- **Multi-Disciplinary Team Meeting Notices**
 - Quarterly meetings coordinated by CAP case managers to coordinate service among participating providers/professionals for individual CAP beneficiaries

Participation Notice Functionality



Home | Referrals | Beneficiary | Documentation

View Notices Awaiting DSP Review

[National](#)
[View Notices Awaiting DSP Review](#)
[Notices Received Last 12 Months](#)
[All DSP Awaiting Notices](#)
[Search Notices](#)

Notifications to Review

| Beneficiary | MID | Notice Type | Referring Agency | Service | Start Date | End Date | View Notices | Days In Queue |
|-------------|-----|---------------|------------------|--------------------------------------|------------|------------|-------------------------------|---------------|
| | | Service Auth | | In Home Aide | 12/01/2016 | 11/30/2017 | Authorization | 76 |
| | | Service Auth | | Home Accessibility and Adaptation | 12/01/2016 | 11/30/2017 | Authorization | 76 |
| | | Service Auth | | Respite Care, In Home | 12/01/2016 | 11/30/2017 | Authorization | 76 |
| | | Service Auth | | Personal Emergency Response Services | 12/01/2016 | 11/30/2017 | Authorization | 76 |
| | | Service Auth | | Personal Emergency Response Services | 11/01/2016 | 10/31/2016 | Authorization | 71 |
| | | Service Auth | | Home Accessibility and Adaptation | 11/01/2016 | 10/31/2016 | Authorization | 71 |
| | | Service Auth | | In-Home Aide | 11/01/2016 | 10/31/2016 | Authorization | 71 |
| | | Service Auth | | Respite Care, In Home | 09/01/2016 | 08/31/2017 | Authorization | 71 |
| | | Service Auth | | Personal Emergency Response Services | 09/01/2016 | 08/31/2017 | Authorization | 71 |
| | | Service Auth | | In Home Aide | 09/01/2016 | 08/31/2017 | Authorization | 71 |
| | | Participation | | Meal Preparation and Delivery | 09/01/2016 | 08/31/2017 | Authorization | 70 |
| | | Participation | | Non-Volunt. Supplies Services | 12/01/2016 | 11/30/2017 | Authorization | 70 |
| | | | | Non-Volunt. Supplies Services | 09/01/2016 | 08/31/2017 | Authorization | 70 |
| | | | | Meal Preparation and Delivery | 11/01/2016 | 10/31/2016 | Authorization | 66 |
| | | Participation | | In Home Aide | 11/01/2016 | 10/31/2016 | Authorization | 66 |
| | | Resuspension | | Respite Care, In Home | 11/01/2016 | 10/31/2016 | Resuspension | 66 |
| | | Suspension | | Respite Care, In Home | 11/01/2016 | 10/31/2016 | Suspension | 100 |
| | | Suspension | | Meal Preparation and Delivery | 11/01/2016 | 10/31/2016 | Suspension | 100 |
| | | Suspension | | In Home Aide | 11/01/2016 | 10/31/2016 | Suspension | 100 |
| | | Suspension | | Personal Emergency Response Services | 11/01/2016 | 10/31/2016 | Suspension | 100 |
| | | Suspension | | In Home Aide | 11/01/2016 | 10/31/2016 | Suspension | 65 |
| | | Suspension | | Respite Care, In Home | 11/01/2016 | 10/31/2016 | Suspension | 65 |
| | | Suspension | | Meal Preparation and Delivery | 11/01/2016 | 10/31/2016 | Suspension | 66 |
| | | Suspension | | Respite Care, In Home | 11/01/2016 | 10/31/2016 | Suspension | 67 |
| | | | | Continuing Care Retirement Community | 11/01/2016 | 10/31/2016 | Termination | 67 |

Acknowledgement of Participation Notices for [REDACTED]

* = Required

Beneficiary Data

| | | | |
|------------------------|----------------------------|-------------|---------------------|
| Recipient Name | [REDACTED] | Medicaid ID | [REDACTED] |
| Alternate MIDs | | | |
| Address 1 | [REDACTED] | Address 2 | |
| City, State Zip | [REDACTED] | County | [REDACTED] |
| Phone | [REDACTED] | DOB | [REDACTED] |
| Gender | [REDACTED] | | |
| Referring Agency | [REDACTED] | Plan Type | ReAssessment |
| Case Manager | [REDACTED] | | |
| Name of Waiver Service | Non-Waiver Services | | |

By clicking OK, this participation notice will move to the Received Last 365 Days listing for historical review

OK

Participation Notice Sample

COMMUNITY ALTERNATIVES PROGRAM FOR DISABLED ADULTS (CAP/DA) PARTICIPATION NOTICE

11/16/2010

TO: Provider

FROM: Case Manager

Beneficiary's Name:

Address:

Phone:

Responsible Party Name:

Address:

Phone (Responsible Party):

The beneficiary does not have private insurance.

The beneficiary does not have a Medicaid certified provider.

The beneficiary is authorized by CAP/DA.

The chart below contains the services in the CAP/DA Service Plan which are changes to the regional, temporary, and permanent entry.

Case: Service:

DATE: INTERNAL TELEPHONE CALLS ONLY
DAY

IMPORTANT: This is not an authorization for or approval of services from your agency. The purpose of this notice is to coordinate the beneficiary's home and community care services. Your services are provided and paid according to Medicaid policies and procedures. You are responsible for verifying Medicaid eligibility and the beneficiary's eligibility for the service.

It is the responsibility of the case manager to monitor all services on a quarterly basis and to facilitate Multidisciplinary Team Meetings. Your agency will be contacted to participate in order to give input from your unique provider perspective regarding this beneficiary.

Thank you.

CAP/DA Case Manager

MDT Notice Acceptance

e-CAP Logout Home | Referrals

MDT Meeting Notices

| Referral | Beneficiary | MID | Notice Type | Referring Agency |
|----------------------------------|-------------|-----|-------------|------------------|
| View Notices Awaiting DSP Review | | | MDT Meeting | |

MDT Meeting Notices

MDT Meeting Acknowledgement for [Beneficiary Name]

Beneficiary Data

Recipient Name: [Name] Medicaid ID: [ID]
 Alternate MIDs: [List]
 Address 1: [Address] Address 2: [Address]
 City, State, Zip: [City, State, Zip] County: [County]
 Phone: [Phone] DOB: [DOB]
 Gender: [Gender]
 Referring Agency: [Agency]
 Case Manager: [Name]
 Services: [List]
 Schedule Comments/Agenda: **We will discuss the recent beneficiary hospitalization and the changing needs of the beneficiary's daughter who is the primary informal caregiver.**

Can Your Agency Participate In This MDT Meeting?

IDT Attendees

Attendee:

Add Save

- Case Managers Conduct Quarterly MDT Meetings For CAP Beneficiaries
 - Discuss needs and issues relative to CAP beneficiary or informal supports
 - Coordinate services and related interventions among providers
- Case Managers Can Schedule MDT Meetings Using e-CAP
 - At the option of the case manager, DSPs will receive an electronic notice of the upcoming MDT meeting/call.
 - Case managers can add comments or an agenda to the meeting notice
 - The notices will appear in the DSP interface
- DSPs Can RSVP To The Meeting Notices
- CMs Have A Display To See What Agencies "RSVPed" To Each MDT Notice

Beneficiary Module

Beneficiary Module

e-CAP Logout Home | Referrals | **Beneficiary** | Documentation

Search Beneficiaries

Beneficiary

- Search Beneficiaries
- Beneficiary Profile
- Beneficiary At A Glance
- Beneficiary Latest POC
- MDT Meeting Notes
- Supporting Docs

Beneficiary List

| Name | Birth Date | Medicaid Id | Phone | Referring Agency | Status |
|------------|------------|-------------|------------|------------------|---------|
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | Current |
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | Current |
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | Current |
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | Current |
| [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | Current |

DSP Agencies are able to view selective information about the beneficiary and the current plan of care. To view information on CAP beneficiaries, the DSP will need to select a beneficiary first using Search Beneficiaries

Beneficiary Profile



Logout

Home | Referrals | **Beneficiary** | Documentation

Search Beneficiaries

- Beneficiary
- Search Beneficiaries
- Beneficiary Profile**
- Beneficiary At A Glance
- Beneficiary Latest POC
- MDT Meeting Notes
- Supporting Docs

Beneficiary Profile for [Redacted]

Print

Beneficiary Identification

| | | | |
|-------------------------------|------------|-----------------|------------|
| Medicaid Number | [Redacted] | Medicare Number | [Redacted] |
| Medicaid Status * | Eligible | | |
| Medicaid Eligibility Category | | | |
| Case ID | [Redacted] | | |
| First Name | [Redacted] | | |
| Middle Name | [Redacted] | | |
| Last Name | [Redacted] | | |
| Preferred Name | [Redacted] | | |
| Medicaid X-Ref ID | [Redacted] | Medicaid County | [Redacted] |
| Alternate M/Ds | [Redacted] | | |
| Alternate M/Ds | [Redacted] | | |
| Alternate ID | [Redacted] | | |
| Birth Date | [Redacted] | | |



• Beneficiary Profile – A summary record (view only for DSPs)

| | |
|-------------------------------------|------------------------------|
| Is Beneficiary Legally Competent? | Yes |
| Current Living Arrangement | Adult children Other, Desc |
| NC Tracks Living Arrangement Status | |

Timeout in: 19 m, 33 sec

Beneficiary At A Glance Template – CAP/DA Only (Sample)

Beneficiary Profile At A Glance

Beneficiary Name: [Redacted]
 Beneficiary ID: [Redacted]
 Case Management Entity: [Redacted]

At A Glance | Beneficiary History by Assessment Date | Beneficiary History by Age

Demographic/Contact Info

| | | | |
|------------------------|----------------|--------------------|------------|
| Date of Birth | [Redacted] | Current Age | [Redacted] |
| Race | Other/Unknown | Ethnicity | [Redacted] |
| Marital Status | Unknown | Years Of Schooling | [Redacted] |
| Residence County | [Redacted] | Gender | [Redacted] |
| Living Arrangement | [Redacted] | Contact Telephone | [Redacted] |
| Primary Care Physician | Dr. [Redacted] | Primary Care Phys | [Redacted] |

Program Participation Status

| | | | |
|--------------------------|------------|-------------------------|--------------|
| CAP Effective Date | [Redacted] | Medicaid Eligibility | [Redacted] |
| MFP | N | Medicaid Deductible | [Redacted] |
| Choice | N | Last Assessment Type | Reassessment |
| Date of Last Assessment | 10/9/2014 | Current POC end date | [Redacted] |
| Current POC Start Date | [Redacted] | Case Manager Name | [Redacted] |
| Advance Directives | N | # of Incidents In e-CAP | 2 |
| # of Complaints in e-CAP | 0 | | |

Summary Diagnoses / Conditions

- Provides A Quick Summary Profile of the Beneficiary
- Summaries of Conditions and Utilization
 - Diagnoses and medications
 - Risks
 - Hospitalizations
 - DSP Incidents/Complaints
- ADL Profile
- Composite “Scores” – Based on multiple conditions and characteristics

Beneficiary At A Glance Template -- Sample

Summary Diagnoses / Conditions

Composite Beneficiary Score



Principal Dx

DIABETES INSIPIDUS

of Listed Medications

9

Pain Level

Mild pain 1-3

Height

61 inches

Bladder Continence

Totally continent

Skin Ulcers

N

Vision Status

Moderate difficulty

of Listed Dx

10

Req Nurse for Meds Admin

of Skilled Svcs Need/Treatments

0

148 Pounds

Totally continent

N

Adequate

Fatigues with exertion

0

Intermediate

0

Continuous

1

0

If you click on the + signs throughout the display, you can see the underlying details like the diagnoses or medications, etc.

Details

Close

| Medication | Strength | Dosage |
|------------------------------------|----------|--------------|
| Dicyclomine Hcl | | 10 mg |
| Naproxen | | 500 mg |
| Donepezil Hcl | | 5 mg |
| Januvia | | 100 mg |
| Lisinopril | | 10 mg |
| Metformin Hcl | | 750 mg |
| Aspirin | | 81 mg |
| Vitamin D | | 50,000 units |
| Amlodipine Besylate/Benazepril Hcl | | 2.5 mg |

Plan Summary Screen



100201

Home | Referrals | **Beneficiary** | Documentation

Beneficiary Latest POC

| Beneficiary | | Plans of Care for [Beneficiary Name] | | | | | |
|------------------------|--------------|--------------------------------------|------------|------------|--------------|--------------|-----------------|
| Search Beneficiaries | | Plan Start | Plan End | POC Author | POC Complete | POC Approved | LAR Review Date |
| Beneficiary Profile | ReAssessment | 11/01/2015 | 10/31/2016 | [Redacted] | Yes | Approved | 12/01/2016 |
| Beneficiary Latest POC | | | | | | | |
| Supporting Docs | | | | | | | |

- DSPs Will Be Able to View Only The Most Recent/Current CAP Plan of Care.
- Only Selective Information Will Be Displayed
 - Plan summary screen
 - Current person centered goals
 - POC Non-waiver service summary
 - Beneficiary Risk Mitigation Strategies
 - Risks identified in most recent assessment – either beneficiary or informal caregiver “risks”
 - Displays case management agency plans to reduce or eliminate risks during the plan period.

Plan Summary Screen



Logout

Home | Referrals | **Beneficiary** | Documentation

Beneficiary Latest POC

POC Plan SetUp / Summary for **XXXXXXXXXX**

[Show Other Menu Items]

Person-Centered Goals

POC N811 Silver Service Summary

Risk Mitigation Strategies

* = Required

Plan Summary

| Plan Start | Plan End | Plan Months | |
|------------------------|------------|--------------------------------|-----------------------|
| 11/01/2016 | 10/31/2018 | 12.0 | |
| Plan Type | CNR | Choice/Consumer Self-Direction | No |
| Acuity Level | High | ADL Composite Score | 58 - Total Dependence |
| Does Deductible Apply? | No | Is There Third Party Payer? | No |

Plan Narrative

Client is a 85 yo female bad bound Hospice patient. Client is alert and oriented to self. Client is dependent on caregivers for adis and ladi. Client's daughter is requesting ongoing CAP services to keep client at home.

CM Monitoring Priorities

Description of Monitoring Priorities

Beneficiary Person-Centered Goals



LOGOUT

Home | Referrals | Assessments | POC | Monitoring

Person-Centered Goals

Show Other Menu Items

- Plan of Care Summary
- Person-Centered Goals
- POC Non-User Service Summary
- Risk Mitigation Strategies

Goals for [Beneficiary Name]

| Person-Centered Goal | Goal Type | Task Name | Responsible Person | Agency Affiliation | Planned Comp Date | Task Status |
|---|--|---------------------------------------|--------------------|--------------------|-------------------|-------------|
| Beneficiary wishes to attend Church each Sunday | Promote a positive beneficiary personal outlook for independence | Arrange Transportation each Sunday | Case Manager | CARE | 09/30/2016 | Open |
| | | Ensure Beneficiary has proper walking | Daughter | | 09/30/2016 | Open |
| | | Provide transportation to take her to | Nurse Aide | | 09/01/2016 | Open |



Goal for [Beneficiary Name]

Is Required

Goal Originator: Beneficiary

Goal Type: Promote a positive beneficiary personal outlook for independence

Other Goal Type, Desc:

Goal Priority: High

Attainment Probability: High

Goal Description: Beneficiary wishes to attend Church each Sunday.

Status: In Progress

Comments:

Save Remove

- For identified goals DSPs will see the goal priority and attainment probability
- Once entered in the POC, Goals and Task Plans can be updated during the year as part of monitoring by the case manager or as a result of MDT meetings.

POC Service Summary – Non waiver Medicaid Services Only

Plan of Care Service Summary (Non-waiver Medicaid Services Only)

Beneficiary: [REDACTED]

Consumer Direction (Choice) Beneficiary: N

POC Start Date: 06/01/2016 POC End Date: 06/30/2016 Report Date: 02/17/2017

90-Day Transitional Plan

| Service Code and Name | Service Start Date | Service End Date | Service Provider Name |
|---|--------------------|------------------|-----------------------|
| Non-Waiver Services | | | |
| R0440 - Speech Therapy Regular (rth Provider) | 06/01/2016 | 09/01/2016 | [REDACTED] |
| Non-Waiver Equipment and Supplies | | | |
| A4554 - Disposable Underpads All Sizes (Chux) | 06/01/2016 | 06/30/2016 | [REDACTED] |
| E2510 - Speech Generating Device, Synthesized Speech Permitting Multiple Methods Of Message Formulation And | 06/01/2016 | 03/01/2016 | [REDACTED] |

Excel Export

PDF Export

- Displays only the non-waiver Medicaid services , non-waiver equipment and supplies included in the beneficiary's plan of care.
- PDF export – used to print the POC Service Summary

Supporting Documents



LOGOUT

Home | Referrals | **Beneficiary** | Documentation

Supporting Docs

Beneficiary

- Search Beneficiaries
- Beneficiary Profile
- Beneficiary At A Glance
- Beneficiary Latest POC
- MDT Meeting Notes
- Supporting Docs

Supporting Documents for [Beneficiary Name]

Record Date

Document Type

Document

Add

Upload Record

File Required *

Record Received Date * 02/17/2017

Record Type * -- select --

Record * Browse No file selected.

Comment

Save

Supporting Documents Repository

- Beneficiary specific information
- Documents uploaded into e-CAP as supporting documents
- Organized by document type
- Includes provision for uploading required documentation on provider qualifications and training outlined in Section 6.0 of the newly revised CAP policy
- Allows access to and viewing of uploaded documents
 - Only the documents uploaded by the service provider

Documentation Module

Documentation Module



LOGOUT

Home | Referrals | Beneficiary | **Documentation**

Search Beneficiaries

- Beneficiary
- Search Beneficiaries**
- Supporting Docs
- Service Discharge Documentation
- Communicate Beneficiary
- Condition Change
- Critical Incident Report
- Complaint Report
- Respite Use Tracking
- Nurse Supervision Notes
- New Service Request
- Pending Service Request
- Comm Log

Multiple routines to support direct service provider documentation.

* - Required
Last Name (partial)
First Name (partial)
Medicaid Id

Beneficiary List

Search

Service Discharge



100001

Home | Referrals | Beneficiary | Documentation

Service

Service Discharge for

Beneficiary

Search Beneficiaries

Supporting Docs

Service Discharge Documentation

Communicate Beneficiary Changes

Change

Critical Incident Report

Complaint Report

Respite Use Tracking

Nurse Supervision Notes

New Service Request

Pending Service Request

Comm Log

Beneficiary Data

| | | | |
|------------------|--------------|-------------|--------|
| Recipient Name | XXXXX XXXXX | Medicaid ID | XXXXXX |
| Alternate MIDs | | | |
| Address 1 | XXXXXX XXXXX | Address 2 | |
| City, State Zip | XXXXXX XXXXX | County | XXXXXX |
| Phone | XXXXXX | DOB | XXXXXX |
| Gender | XXXXXX | | |
| Referring Agency | XXXXXX XXXXX | | |

Service Information

Service Code **S5125** Description **STI In-Home Aide**

Discharge Date **02/17/2017**

Discharge Reason

Other
-- select --
Condition Improved
Moved to a NF/Residential facility
Moved out of service area
Discharged from program
Deceased
Other

- DSPs Can Use e-CAP To Document a Beneficiary Discharge From Waiver Service
- The Discharge Is Forwarded Directly To the Appropriate Case Manager
- The Case Manager Will Process A Service Termination
 - This will result in the service prior approval being end-dated in NC Tracks

Communicate Beneficiary Condition Changes

e-CAB
Communicate Beneficiary Condition Change

Beneficiary

- Search Beneficiaries
- Supporting Docs
- Service Discharge Documentation
- Communicate Beneficiary Condition Change
- Critical Incident Report
- Complaint Report
- Respite Use Tracking
- Nurse Supervision Notes
- New Service Request
- Pending Service Request
- Comm Log

COS POC Request for [Beneficiary Name]

Beneficiary Data

Recipient Name: [Text Field] Medication ID: [Text Field]

Alternate IDs: [Text Field]

Address 1: [Text Field] Address 2: [Text Field]

City, State Zip: [Text Field] County: [Text Field]

Phone: [Text Field] DOB: [Text Field]

Gender: [Text Field]

Referring Agency: [Text Field]

Request Date: [Dropdown Menu]

Primary Status Change Observed: [Dropdown Menu]

Description of Beneficiary Change in Condition/Circumstances: [Text Area]

- Change in beneficiary's medical conditions affecting ADL status
- Change in mental health status
- Change in health and/or safety risks
- Change in informal caregiver availability or capacities
- Other

Requestor Info

Contact Name: [Text Field]

Contact Position in Agency: [Text Field]

Contact Phone: [Text Field]

Contact Email: [Text Field]

- Through The DSP Interface, Service Providers Can Document Changes In Beneficiary Conditions
 - This information, once entered, is sent electronically to the appropriate case manager for follow up.
 - The case manager will determine what steps and actions will be taken in response to the beneficiary information provided by the service provider

Critical Incident Report

Incident Report for [Name] [Address]

Required Print

Note ID: [Text]

Incident Overview

Person Reporting Incident * [Text] Contact Phone [Text]

Incident Date [Text] OR Month [select] Year [select]

Incident Time [Text]

Incident Location * [select] If other, describe [Text]

Date You Became Aware of Incident * [Text]

Was Beneficiary Under the Direct Care of the Waiver/Program (at the time of the incident) * [select] If yes, specify [Text]

Provider [Text]

Specific Name of Provider Staff (if known) [Text]

Type of Incident

Incident Type * [select]

Additional Information [Text]

Cause [Text]

Incident Cause Entry [Text]

Incident Description

Description of Incident (include any events leading up or resulting from the incident) * [Text]

- CAP Programs Require Critical Incident Reporting
- DSPs Must Use e-CAP To Document A Critical Incident
- Both CAP/C and CAP/DA Use The Same Process and Forms
- The Critical Incident Form Is Accessible From the Documentation Module
 - Once completed, the appropriate case manager is able to view the information.
 - The Division of Medical Assistance (CAP unit) is able to view the information as well.
- Provision Is Made For Documentation Of a Follow-up/Corrective Action Plan

Complaint Report

Complaint Report for [Name] [Address]

Print

Note ID: [Text Box]

Person Reporting Complaint

Person Reporting Complaint * [-- select --]

Person Recording Complaint

Person * [Text Box]

If the person that received the complaint is other than person entering the complaint, enter the following:

Name of Person Receiving Complaint [Text Box]

Organizational Affiliation [Text Box]

Person/Organization Specific Complaint

Is the complaint about a specific person or organization? *

Complaint Description

Description of the Complaint - (Report specific incidents separately - including cases of abuse and neglect using the Incident Reporting Form) *

If complaint was reported on a date other than today, indicate date reported and time.

Complaint Profile

Complaint Type (Report all instances of abuse/neglect on the incident form) Check all types that apply based on the reported complaint.

Beneficiary Related Direct Service Complaints

| | |
|--------------------------|--------------------------|
| Exploitation | <input type="checkbox"/> |
| Privacy/rights violation | <input type="checkbox"/> |
| Unqualified personnel | <input type="checkbox"/> |
| Unauthorized services | <input type="checkbox"/> |
| Ignores plan of care | <input type="checkbox"/> |
| Unethical behavior | <input type="checkbox"/> |

- DSPs Can Use e-CAP To Document Complaints
 - Optional/voluntary
- The Complaint Form Is Standardized For CAP/C and CAP/DA
- The Complaint Form Is Accessed From the Documentation Module
- Provision Is Made For Documentation Of a Follow-up/Corrective Action Plan On the Complaint Form

Respite Tracking

Focus is on in-home
respite – S5150



- **DSPs Providing Respite Services Must Document Respite Units Provided Each Month**
- **The e-CAP System Will Display the Current CAP Beneficiaries Receiving Respite Services From Your Agency**
 - Users will be able to see what month(s)/year are approved in the current POC for each beneficiary with approved respite care
- **Recording The Respite Expenditures**
 - Only for active beneficiaries with respite service in their current POC
 - Based on respite units not hours. A respite unit is 15 minutes.
 - Entry must be for individual months

Respite Use Tracking



2008

Home | Referrals | Assessments | POC | Monitoring

Respite Use Tracking

Calendar

- Beneficiary
- Search Beneficiaries
- Supporting Docs
- Service Discharge Documentation
- Communicate Beneficiary Condition Change
- Closest Incident Report
- Complaint Report
- Respite Use Tracking
- Nurse Supervision Notes
- New Service Request
- Pending Service Request
- Comm Log

Respite Hours List

| | |
|---------------------------------------|--------------|
| Beneficiary | -- select -- |
| Reporting Month | -- select -- |
| Reporting Year | -- select -- |
| Case Manager | -- select -- |
| <input type="button" value="Search"/> | |

Select a beneficiary and the
Select a month/year months in
and see all the the
beneficiaries with ing respite.
respite in their POC.
Enter the respite
units by provider. d past
expenditures still one of the
prior POC months that displays
and enter the cumulative
expenditures by provider.

Respite Tracking Entry Screen



Logout

Home | Referrals | Assessments | POC | **Monitoring**

Respite Use Tracking

Calendar

- Beneficiary
- Search Beneficiaries
- Supporting Docs
- Service Discharge Documentation
- Communicate Beneficiary Condition Change
- Critical Incident Report
- Complaint Report
- Respite Use Tracking
- Nurse Supervision Notes
- New Service Request
- Pending Service Request
- Comm Log

Respite Hours List

| Case Manager | Beneficiary | MID | POC Start Date | POC End Date | Provider | Month | Year | Expanded Respite Hours | |
|--------------|-------------|-----|----------------|--------------|-----------------------------|-------|------|------------------------|----------|
| | | | 05/20/2015 | 03/31/2016 | NEIGHBORHOOD NURSES | 1 | 2016 | | [Update] |
| | | | 05/01/2015 | 04/30/2016 | BCY HEALTHCARE | 1 | 2016 | | [Update] |
| | | | 02/01/2015 | 01/31/2016 | BAYADA HOME HEALTH CARE INC | 1 | 2016 | | [Update] |
| | | | 01/01/2016 | 01/31/2016 | COLTRANE LIFE CENTER INC | 1 | 2016 | 15.00 | [Update] |
| | | | 01/01/2016 | 01/31/2016 | ADT LLC | 1 | 2016 | 50.00 | [Update] |
| | | | 01/01/2016 | 02/29/2016 | NEIGHBORHOOD NURSES | 1 | 2016 | 30.00 | [Update] |

This screen will appear when you select a month/year to enter respite units. Use the update link to open the record and record the respite units.

POC Service Respite Results for

* = Required

Month/Year = 1-2016

POC Respite Hours Information

| | | |
|--------------------------|-------|-----------------------------------|
| Service Provider | | |
| Total Respite Service \$ | 83.28 | Total Respite Service Units 24.00 |
| Total Respite Units | | |

Save

On-Line Nursing Supervision Note Template

Nurse Supervision Notes for [Name] [Address]

* = Required

| | | | |
|-----------------------------|--------------|------------------|--------------|
| Note ID | [Text Field] | | |
| Last Updated By | [Text Field] | Last Update Date | |
| Supervision Activity Date * | [Text Field] | [Text Field] | |
| Nurse Supervisor/Nurse * | [Dropdown] | [Text Field] | |
| Activity Type * | -- select -- | Other, Desc | [Text Field] |
| Communication With | -- select -- | Other, Desc | [Text Field] |
| Location * | -- select -- | Other, Desc | [Text Field] |
| Person Contacted | [Text Field] | | |
| Notes * | [Text Area] | | |

- Case Managers and/or DMA Can Request Submission of Nurse Supervision and/or Nursing Notes For Review
- Service Providers Can Document e-CAP Nurse Supervision Notes Directly Into e-CAP
 - Optional functionality
 - Other nursing notes can be entered as well
- The On-Line Nursing Note Template Is Standardized For CAP/C and CAP/DA Versions of e-CAP
 - Follow-up steps can be entered for any note
 - Once entered, notes can be amended as required
 - The amendment history for any note entered on-line is maintained.
- For Agencies With Their Own Internal System, e-CAP Has the Option For Uploading a "Scanned" Nursing Note As a Supporting Document

Entry of New CAP Service Requests

- **Service Providers Can Originate A CAP Request On-Line**
- **The On-Line Service Request Form (SRF) Is Standardized**
 - Same form is used for both CAP/C and CAP/DA waiver programs
- **Once Completed, the SRF Is Processed by e-CAP:**
 - If a CAP/C request, the SRF is sent electronically to the Division of Medical Assistance (DMA) for RN review and an initial CAP eligibility decision.
 - If a CAP/DA request, the SRF is sent electronically to the appropriate case management entity (CME) for completion. Once finalized by the CME, the SRF will be scored by e-CAP for level of care and, as necessary, sent for DMA RN exception review.

Pending Service Requests

- **SRFs Can Be Saved As Incomplete**
- **Agencies Can Complete the SRF At a Later Date**
- **The Pending Service Request displays all the SRFs Waiting For Initial Completion By the DSP**
- **Once The SRF Is Saved As Complete, It Will Disappear From the Pending SRF Listing**
- **Note: The DSP Does Not Upload the Beneficiary Consent Or Physician Attestation**
 - **Either the CAP/DA CME or CAP/C DMA staff will upload the required forms as part of their completion of the SRF**

Comm Log Template

Communications Log for [Beneficiary Name]

*** Required**

| | | | | |
|------------------------|--------------|-----|----------------------|--------------|
| Note Date * | 02/17/2017 | To: | Total Minutes | |
| Contact Start/End Time | | | | |
| Person Contacted | | | Contact Initiated By | -- select -- |
| Contact Made Via | -- select -- | | Author | |
| Contact Regarding * | -- select -- | | | |
| Communication With * | -- select -- | | | |
| If Other, Specify | | | | |
| Note * | | | | |
| Result/Plan of Action | | | | |

- DSPs Have Access to the Comm Log. (but NOT to Case Notes)
 - Generally used to document beneficiary information that is of interest to the CAP case manager as well.
- Once a Beneficiary Is Selected, A Comm Log History Will Display
 - Users can view a previous comm log note or add a new one
- Case Managers Can Use the Communications Log To Document Beneficiary Information/Actions To Share With DSPs.
- Service Providers and Case Managers Will Be Able to View the Comm Log Entries for a Beneficiary.

CME Interface Changes Due to DSP Interface

Overview of CME Interface Modifications

- **Goal -- Enhance Electronic Communication with DSPs**
- **Key Modifications to the CME Interface In Support of DSPs Include:**
 - New POC notices processing functionality
 - New messages from DSP in the CME referrals notices queue documenting beneficiary change of status
 - MDT scheduling and DSP Responses to MDT invitations
 - DSP respite tracking allowing for DSP entry of respite data as an alternative to CME entry of respite units
 - Processing of SRF submitted by DSPs (CAP/DA only)
 - Ability to view on-line DSP nursing notes and supporting documentation
 - Ability to view DSP generated CIRs
 - Ability to view DSP comm log entries

These modifications are highlighted in the following slides

Changes In POC Notice Processing

- **As of April 3, 2017, All POC Provider Notices Are Sent Electronically to DSPs**
- **DSPs Are Expected To Review/Acknowledge the Notices**
- **All POC Notices Are Beneficiary Specific**
 - All service authorizations are beneficiary AND waiver service specific
 - If a DSP is providing multiple waiver services, there will be one service authorization record for each waiver service

New Provider Notice Processing Functionality

- **Case Managers Can Now View the DSP Review Status of Service Authorizations**
 - A new notice queue layout was implemented (See next slide)
 - On the notice queues, CMs can see days since authorization notices were generated and awaiting DSP review/action
 - Once a DSP processes a notice, it is deleted from the CME notice queue.
- **Case Managers Can Process a Notice, If a DSP Doesn't Act On a Timely Basis**
 - Service authorizations – PAs do not process until all of the POC's service authorizations have been reviewed by the DSP(s).
 - If the case manager processes the notice, it is deleted from the DSP's referral queue as if the DSP had acted upon the notice.
 - CMEs need to exercise caution in accepting notices for DSPs and document the reasons why

CME POC Provider Notice Queue Sample

e-CAP Home | Referrals | Assessments | **POC** | Monitoring

POC Provider Authorizations Calendar

Beneficiary POCs

- My POCs
- Beneficiary Search
- Beneficiary Profile
- Beneficiary POCs
- In Process POCs
- Local Authority Review
- POC Add'l Info Request

Notifications

- POC Provider Authorizations
- POC Provider Terminations
- POC Participation Notices
- POC Service Suspension
- POC Service Reinstatement
- POC Beneficiary Approvals
- POC Beneficiary Partial Denials
- POC Beneficiary Denials
- Assessment LOC Beneficiary Denials

| Service | Service Provider | Start Date | End Date | Date Created | View Notification | Days in Queue |
|--|------------------|------------|------------|--------------|-------------------|---------------|
| S5161 - Personal Emergency Response Services | | 03/01/2017 | 02/28/2018 | 05/01/20 | Authorization | 2 |
| S5125 - In Home Aide | | 03/01/2017 | 02/28/2018 | 05/01/20 | Authorization | 2 |

Service Authorization for

Recipient Name: [REDACTED] Medicaid ID: [REDACTED]

Alternate MIDs: [REDACTED]

Address 1: [REDACTED] Address 2: [REDACTED]

City, State Zip: [REDACTED] County: [REDACTED]

Phone: [REDACTED] DOB: [REDACTED]

Gender: [REDACTED]

Name of Waiver Service: **S5125 - In Home Aide**

Service Provider: [REDACTED]


Referral/Authorization Acceptance:

New Messages From DSP

- **New Notices to CMEs Are Now Generated Based on DSP Actions**
 - Notice of a DSP service discharge
 - Notice of a DSP rejection of a service authorization
 - Notice of a change in beneficiary conditions reported by a CME
 - CIRs documented by DSPs
- **All DSP Generated Notices Appear in the CME Referrals/Notifications Queue**
- **Each Notice Is Simply An Information Notice**
- **The CME Must Decide What Action May Be Required – Do a COS or Plan Revision,etc.**
 - E-CAP does not automatically take action
 - To clear the notice, CMEs must open and then acknowledge the notice

See next slide for sample of how the notices appear.

Sample DSP Generated Notifications



[Logout](#)
[Home](#)
[Referrals](#)
[Assessments](#)
[POC](#)
[Monitoring](#)

Service Requests / Notifications
Calendar

Service Request Info

- Service Requests / Notifications Received (as of 5/0 days)
- Awaiting Eligibility
- Assessment Assignment
- New Service Request
- Pending Service Requests

Beneficiary

- Search Beneficiary
- Beneficiary Profile
- Beneficiary Summary
- PCS Participation Status
- Workflow Listing
- Communications Log
- Supporting Docs
- Disenrollment Requests

Notifications

- Provider Authorizations
- Provider Terminations
- Provider Participation

Referrals / Notifications for Review

| Name | MID | County | Notification Type | Action Date | Age | Notification Letter | Type / Priority |
|------|-----|------------|--|-------------|-----|---------------------|--------------------------------|
| | | TRANSYLVAN | DSP Service Discharge | 05/02/2017 | 12 | N/A | DSP Service Discharge T1005 |
| | | BUNCOMBE | Comm Beneficiary Condition Change | 05/02/2017 | 14 | N/A | Change of Status Communication |
| | | BUNCOMBE | DSP CIR Notice | 05/02/2017 | 14 | N/A | DSP CIR Notice |
| | | HENDERSON | DSP Rejection of Service Authorization | 05/02/2017 | 17 | N/A | ReAssessment |
| | | MACON | Pending SRF - 30 Days Notice | 04/22/2017 | 20 | N/A | SRF - Addl Info Req |
| | | JACKSON | Pending SRF - 30 Days Notice | 04/20/2017 | 8 | N/A | SRF - Addl Info Req |
| | | YANCEY | Pending SRF - 30 Days Notice | 04/15/2017 | 9 | N/A | SRF - Addl Info Req |

CME Acknowledgement – Authorization Rejection

Service Requests / Notifications
Calendar

Service Request Info

- Service Requests / Notifications
- Received (last 90 days)
- Awaiting Eligibility
- Assessment Assignment
- New Service Request
- Pending Service Requests

Beneficiary

- Search Beneficiary
- Beneficiary Profile
- Beneficiary Summary
- PCS Participation Status
- Workflow Listing
- Communications Log
- Supporting Docs
- Disenrollment Requests

Notifications

- Provider Authorizations
- Provider Terminations
- Provider Participation

DSP Rejection Acknowledgement for: [REDACTED]

Beneficiary Data

| | | | |
|--|----------------------------|-------------|------------|
| Recipient Name | [REDACTED] | Medicaid ID | [REDACTED] |
| Alternate IDs | [REDACTED] | | |
| Address 1 | [REDACTED] | Address 2 | [REDACTED] |
| City, State Zip | [REDACTED] | County | [REDACTED] |
| Phone | [REDACTED] | DOB | [REDACTED] |
| Gender | Male | | |
| Name of Waiver Service | S5125 - In-Home Nurse Aide | | |
| Service Provider Rejecting Authorization | [REDACTED] | | |

By clicking OK, this provider rejection notice of the service authorization will move to the Received in last year section. You will need to select another provider for this service through a Plan Revision.

Other notices have similar CME acknowledgement functionality

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View On-line DSP Nursing Notes

- **If DSPs Enter An On-Line Nursing Note, The Appropriate Case Management Agency Now Can View the On-line Note**
 - Notes are accessed by beneficiary
 - Notes display by DSP author
 - Case managers access the on-line notes from the monitoring left index
 - Each note displays individually and shows the note details

Example of On-Line Nursing Notes Review



10/23/17

Home | Referrals | Assessments | POC | Monitoring

On-Line DSP Nurse Notes

Calendar

Beneficiary Monitoring

- My Contact/Visit Tasks
- All Contact/Visit Tasks
- Beneficiary Search
- Beneficiary Profile
- Beneficiary Monitoring History
- Update Person-Centered Goals
- Add Unscheduled Contact
- Add Unscheduled Visit
- Communications Log
- On-Line DSP Nurse Notes
- My Beneficiary Follow Up
- Search Beneficiary Follow Up
- Respite Use Tracking
- Bill Supplies/Equipment
- MDT Meetings
- My Quarterly MDT Review Tasks
- All Quarterly MDT Review Tasks
- MDT Meeting Status
- Quality Assurance
- Incident Report
- Complaint Report
- Search Incidents/Complaints
- Case Notes
- Beneficiary Case Notes
- Case Notes Today
- Case Notes QA Review
- Case Notes To Be Revised
- Search Case Notes
- Case Notes Reports
- Case Note Summary by Case Manager
- Case Note Summary by Beneficiary
- All Notes Summary by Case Manager
- All Notes Summary by Beneficiary

Note Date

Note Author

Nurse Notes for

DSP Agency Name

05/02/2017

05/02/2017

05/02/2017

05/02/2017

Nurse Supervision Notes for

| * Recipient | | Beneficiary Data | |
|---------------------------|----------------------------------|------------------|------------|
| Recipient Name | John Doe | Medicaid ID | 123456789 |
| Alternate IDs: | | Address 1 | |
| Address 1 | 123 Main St | Address 2 | |
| City/State/Zip | Anytown, CA 90210 | County | Any County |
| Phone | (555) 123-4567 | DOB | 01/01/1950 |
| Gender | Male | | |
| Referring Agency | ABC Management Services, Inc. | | |
| Note ID | 01-261 | | |
| Amend | | | |
| Last Updated By | John Doe | Last Update Date | 05/02/2017 |
| Supervision Activity Date | | | 05/02/2017 |
| Nurse Supervisor Name | ABCSP-Getzer, Dawn | | |
| Activity Type | Beneficiary orientation/training | Other Desc: | |
| Communication With | Case management agency | Other Desc: | |
| Location | ESPD Treatment Facility | Other Desc: | |
| Person Contacted | | | |
| Notes | | | |

MDT Meeting Scheduling and Acceptance Status

- **Case Managers Can Schedule A Beneficiary MDT Using e-CAP**
 - See MDT tasks – click on schedule link
 - Case managers can put in a meeting agenda or proposed topics in the schedule
- **Once Scheduled, e-CAP Will Send An Invitation To the Current DSPs Assisting the Beneficiary**
 - DSPs can view the invitation and the proposed agenda/topics
- **DSPs Can Accept/Decline to Participate**
 - If attending, the DSP can identify who will attend
- **DSPs Can View the DSP “RSVPs”**
 - Use the MDT Meeting Status option on the Monitoring left index
 - The meeting status will show what DSPs will attend and the names of the DSP staff that will attend

The screenshot shows a web form titled "Monitor Schedule Update for" with the following fields and options:

- Required
- Scheduled Date:
- Scheduled Start Time:
- Scheduled End Time:
- Comments/Agenda:
- Professional provider:
-

MDT Meeting Status Sample Display



100007

Home | Referrals | Assessments | POC | **Monitoring**

MDT Meeting Status

Calendar

- Beneficiary Monitoring
- My Contact/Visit Tasks
- All Contact/Visit Tasks
- Beneficiary Search
- Beneficiary Profile
- Beneficiary Monitoring History
- Update Person-Centered Goals
- Add Unscheduled Contact
- Add Unscheduled Visit
- Communications Log
- On-Line DSP Nurse Notes
- My Beneficiary Follow Up
- Search Beneficiary Follow Up
- Respite Use Tracking
- Bill Supplies/Equipment
- MDT Meetings
- My Quarterly MDT Review Tasks
- MDT Meeting Status**
- Incident Report
- Complaint Report
- Search Incidents/Complaints
- Case Notes
- Beneficiary Case Notes
- Case Notes Today
- Case Notes QA Review
- Case Notes To Be Reviewed
- Search Case Notes
- Case Notes Reports
- Case Note Summary by Case Manager
- Case Note Summary by Beneficiary
- All Notes Summary by Case Manager
- All Notes Summary by Beneficiary

MDT Schedule Status

Reporting Date: 05/03/2017

| Beneficiary Name | MO | Next MDT Scheduled Date | Next MDT Scheduled Time | Additional Info | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--------------|-------------------------|-------------------------|-----------------|---------------|--------------|--------------|---------|------------------------|------------|--|--|-------------------------|------------|--|--|-----------------------|------------|--|--|-----------------------|------------|--|--|-----------------|------------|--|--|---------------------------|------------|--|--|
| ... | ... | 05/23/2017 | 1:00PM | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Provider Name</th> <th>Provider NPI</th> <th>Will Attend?</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>UPLINE SYSTEMS COMPANY</td> <td>1123117281</td> <td></td> <td></td> </tr> <tr> <td>HEALTH SERVICES INC LLC</td> <td>1427703743</td> <td></td> <td></td> </tr> <tr> <td>GT FINANCIAL SERVICES</td> <td>1710178151</td> <td></td> <td></td> </tr> <tr> <td>AMERICAN POWERENT INC</td> <td>1730152195</td> <td></td> <td></td> </tr> <tr> <td>MEDICINE SHOPPE</td> <td>1812235306</td> <td></td> <td></td> </tr> <tr> <td>CANNON PHARMACY DISTRI...</td> <td>1002002070</td> <td></td> <td></td> </tr> </tbody> </table> | | | | | Provider Name | Provider NPI | Will Attend? | Address | UPLINE SYSTEMS COMPANY | 1123117281 | | | HEALTH SERVICES INC LLC | 1427703743 | | | GT FINANCIAL SERVICES | 1710178151 | | | AMERICAN POWERENT INC | 1730152195 | | | MEDICINE SHOPPE | 1812235306 | | | CANNON PHARMACY DISTRI... | 1002002070 | | |
| Provider Name | Provider NPI | Will Attend? | Address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| UPLINE SYSTEMS COMPANY | 1123117281 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HEALTH SERVICES INC LLC | 1427703743 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GT FINANCIAL SERVICES | 1710178151 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AMERICAN POWERENT INC | 1730152195 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEDICINE SHOPPE | 1812235306 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CANNON PHARMACY DISTRI... | 1002002070 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ... | ... | 05/25/2017 | 1:00PM | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ... | ... | 05/22/2017 | 1:00PM | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ... | ... | 05/24/2017 | 1:00PM | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ... | ... | 05/10/2017 | 11:00AM | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ... | ... | 05/10/2017 | 11:30AM | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ... | ... | 05/24/2017 | 1:00PM | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ... | ... | 05/24/2017 | 1:00PM | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ... | ... | 05/24/2017 | 10:45AM | ... | | | | | | | | | | | | | | | | | | | | | | | | | | | | |




Respite Use Tracking

- **DSPs Providing Respite Have the Capacity to Enter Respite Units Expended By Month**
 - Respite services that can be tracked include: S5150, T1004 (CAP/C only) and T1005 (CAP/C only)
 - CMEs still have the capacity to enter respite units in cases where a DSP is unable to do so directly in e-CAP
- **Once The DSP Enters The Respite Units (By Month/Yr), the CME Can View the Reported Information**
 - Pick a beneficiary; select Respite Use Tracking on the Monitoring left index
 - OR, go to the Respite Expenditure Status Report on the CME Reports left index
 - If the CME enters respite units on behalf of a DSP, the DSP will be able to view the entered units.

DSP Generated SRFs

- **DSPs Are Allowed to Enter a SRF On Behalf of Prospective Beneficiary**
- **The SRF Format Is the Same As Used By CMEs/DMA**
- **DSPs Completes the Form Except For the Uploads**
 - The beneficiary consent is not required
 - Physician attestation is not required
- **The SRF Will Appear in the Pending SRF Queue (CAP/DA only):**
 - If a CAP/DA request, it will appear in the appropriate CME pending SRF queue and the CME will be able to see what DSP submitted the SRF
 - If a CAP/C request, it will appear in the DMA Pending SRF queue
 - Uploads will be completed by the CME or DMA -- the beneficiary consent and the physician attestation

Pending SRF Display – Source of the SRF



[Logout](#) | [Home](#) | [Referrals](#) | [Assessments](#) | [POC](#) | [Monitoring](#)

Pending Service Request
Calendar

Referral Info

- Referrals / Notifications
- Referral Notices (last year)
- Wait List
- Awaiting Eligibility
- Assessment Assignment
- New Service Request
- Pending Service Request
- Pending Transfers
- Beneficiary Withdrawal
- Suspended Beneficiaries List
- Suspend / Resume Services

Beneficiaries

- Search Beneficiaries
- Beneficiary Profile
- Beneficiary At A Glance
- Beneficiary Summary
- PCS Participation Status
- Workflow Listing
- Communications Log
- Supporting Docs
- Beneficiary Disenrollment

Notifications

- Welcome Letters
- Beneficiary Withdrawal
- Beneficiary Service Suspension
- Beneficiary Disenrollment

Pending Service Request List (Incomplete and entered last 30 days or further action pending)

| Name | MID | County | DOB | Referral Date | SRF Type | RAI | SRF RM | RAI | # Days Pending | SRF Source |
|------|-----|--------|------------|---------------|---------------|-----|--------|-----|----------------|------------|
| | | | 06/24/1968 | 04/16/2015 | Off Wait List | No | No | | 748 | |
| | | | 01/16/1952 | 02/04/2016 | New | No | No | | 454 | |
| | | | 07/12/1926 | 02/11/2016 | New | No | No | | 447 | |
| | | | 02/26/1978 | 03/20/2016 | New | No | No | | 409 | |
| | | | 06/07/1961 | 04/21/2016 | New | No | No | | 377 | |
| | | | 08/27/1925 | 06/07/2016 | New | No | No | | 330 | |
| | | | 06/18/1960 | 06/21/2016 | New | Yes | No | | 316 | |
| | | | 07/03/1948 | 09/09/2016 | New | No | No | | 328 | |
| | | | 11/25/1964 | 08/03/2016 | New | No | No | | 273 | |
| | | | 04/24/1931 | 08/19/2016 | New | No | No | | 257 | |
| | | | 10/26/1937 | 08/26/2016 | New | No | No | | 250 | |
| | | | 03/25/1955 | 09/09/2016 | New | No | No | | 236 | |
| | | | 01/13/1962 | 08/17/2016 | New | No | No | | 228 | |
| | | | 12/28/1947 | 09/09/2016 | New | No | No | | 236 | |
| | | | 10/26/1994 | 09/20/2016 | New | No | No | | 225 | |
| | | | 11/11/1934 | 10/11/2016 | New | No | No | | 204 | |

If a DSP completes the SRF, the name of the DSP will appear in the SRF Source field instead of the CME name

Supporting Documents Display



Supporting Docs

Calendar

- Referrals / Notifications
- Referral Notices (last year)
- Wait List
- Awaiting Eligibility
- Assessment Assignments
- New Service Request
- Pending Service Request
- Pending Transfers
- Beneficiary Withdrawal
- Suspended Beneficiaries List
- Suspend / Resume Services
- Beneficiaries
- Search Beneficiaries
- Beneficiary Profile
- Beneficiary At A Glance
- Beneficiary Summary
- PCS Participation Status
- Workflow Listing
- Communicators Log
- Outgoing Docs
- Beneficiary Disenrollment

| Record Date | Document Type | Document |
|-------------|--|------------------------------------|
| 11/23/2016 | Beneficiary Consent Letter of Understanding | RiDo LOU 12332016.pdf |
| 12/23/2016 | Beneficiary POC Review and Signature | RiDo BSR POC 12232016.pdf |
| 12/23/2016 | Assessment POC Certification and Signatures Page | RiDo Acmt 12102016.pdf |
| 12/23/2016 | Emergency Back-Up Plan | RiDo EBP 12102016.pdf |
| 12/23/2016 | Consents | RiDo FOC and Consents 12102016.pdf |
| 12/29/2016 | Quotes | RiDo Toti Mar Quote 12292016.pdf |
| 09/14/2017 | Beneficiary Consent Letter of Understanding | RiDo LOU 09142017.pdf |
| 09/14/2017 | Beneficiary POC Review and Signature | RiDo BSR 09142017.pdf |
| 09/14/2017 | Quotes | RiDo WMS Quote 09142017.docx |
| 09/16/2017 | Other | RiDo OSS Parker 09162017.pdf |
| 09/16/2017 | Service authorization | RiDo ANH SA 09162017.pdf |
| 09/16/2017 | Service authorization | RiDo CST SA 09162017.pdf |
| 09/16/2017 | Service authorization | RiDo Duramed SA 09162017.pdf |
| 09/16/2017 | Participation Notice | RiDo Duramed PN 09162017.pdf |
| 06/23/2016 | Other | RiDo Invoice 06232016.pdf |
| 06/23/2016 | Other | RiDo Receipt 06232016.pdf |

Submitting Agency ID DSP

- Now DSPs Can Upload Supporting Documents
- DSPs Can View Only the Documents They Upload
- CMEs Can View the Documents DSPs Upload
- On the CME Interface, the CME Can See What Agency Uploaded Each Supporting Document

Map It Refinement

- **Now e-CAP Automatically Acquires the Beneficiary's Address Coordinates On the Beneficiary Profile**
- **Case Managers No Longer Need to Acquire the Coordinates to View a Map**
 - The coordinates are acquired whenever the Beneficiary Profile is saved
 - To view the map, simply click on the Map It link
- **Maps Will Not Display If The System Does Not Recognize the Address As Valid**
 - A beneficiary address that is a PO Box cannot be mapped
- **With This Change, DSPs Can Now View the Maps For Their CAP Caseload**
 - The DSP will access the Beneficiary profile to view the address map.

Map It Location Refinement



Beneficiary Profile

Referrals Info

- Referrals / Notifications
- Referral Notices (next year)
- Wait List
- Awaiting Eligibility
- Assessment Assignment
- New Service Request
- Pending Service Request
- Pending Transfers
- Beneficiary Withdrawal
- Suspended Beneficiaries List
- Suspend / Resume Services

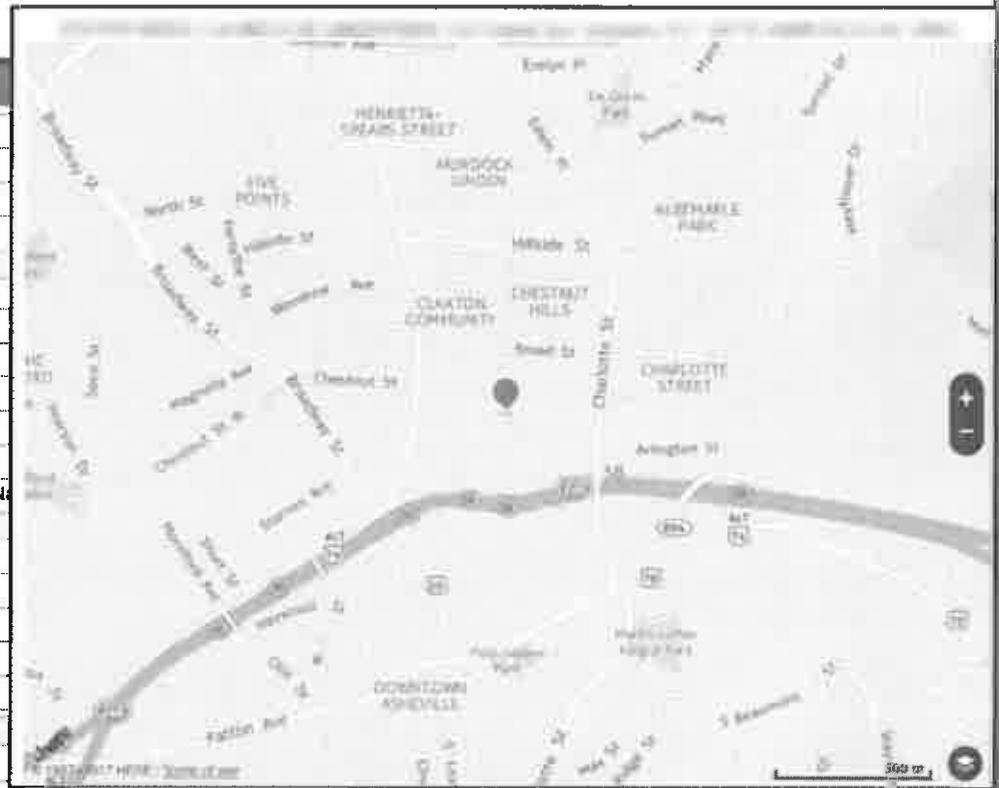
Beneficiary Info

- Search Beneficiaries
- Beneficiary Profile
- Beneficiary At A Glance
- Beneficiary Summary
- PCS Participant Status
- Workflow Listing
- Communications Log
- Supporting Docs
- Beneficiary Disenrollment

Notifications

- Welcome Letters
- Beneficiary Withdrawal
- Beneficiary Service Suspension
- Beneficiary Disenrollment

| | |
|---|-------------------|
| Address 2 | |
| Apt # | |
| City * | |
| State * | |
| Mailing Address | |
| Same as Physical Address | |
| Mailing Address 1 | |
| Mailing Address 2 | |
| Mailing Apt # | |
| Mailing City | |
| Mailing State | |
| If Beneficiary Currently Resides in Nursing Facility, Facility No | |
| Alternate Address | |
| Alternate Address 1 | |
| Alternate Address 2 | |
| Alternate Apt # | |
| Alternate City | |
| Alternate State | |
| Home Phone | Cel. Phone |
| 828-274-7646 | |



| | |
|---------------------|-----------|
| Latitude | Longitude |
| Acquire Coordinates | Map It |

| CM Agency | Assigned Case Mgr | Care Managers Qualifications | Effective Date | Reason |
|-----------|-------------------|------------------------------|----------------|--------|
| | | | | |

Upcoming DSP Training

- **DMA/VieBridge Have Scheduled Another DSP Webinar**
- **May 18th, 2017 2:00 - 4:00 pm**
- **Coordinated with the Association For Home and Hospice Care of NC**
- **Look for e-CAP Announcements For Additional Details**