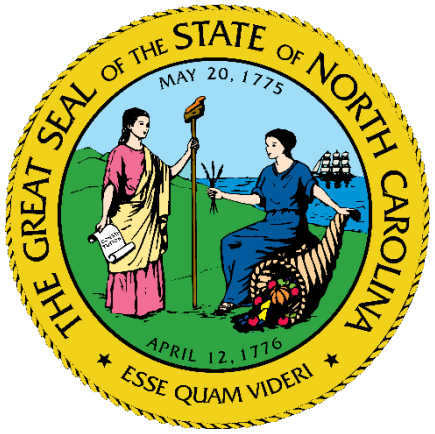


NC Department of Health and Human Services
Division of Health Benefits

Willing Qualified Provider Training Module

CAP/C and CAP/DA Waivers

2023

CAP/C Coverage Overview

The Community Alternatives Program is a Medicaid Home and Community-Based Services (HCBS) Waiver authorized under section1915(c) of the Social Security Act and complies with 42 CFR § 440.180, Home and Community-Based Waiver Services. This waiver program provides a cost-effective alternative to institutionalization for a beneficiary, in a specified target population, who is at risk for institutionalization if specialized waiver services were not available.

These services allow the beneficiary to remain in or return to a home and community-based setting.

CAP/C; 3K-1 and CAP/DA; 3K-2

CAP HCBS Waiver

- Provides an array of home and community-based services that promote community living, thereby, avoid institutionalization
- Complement and/or supplement Medicaid services or other community resources
- Targets individuals who are zero and up, physically disabled or aged and meet a level of care
- Assures the health, safety and well-being of program participants through a quality framework of assurances and improvement

CAP/C; 3K-1 and CAP/DA; 3K-2

CAP Enrollment Requirements

The program participant must:

- meet a level of institutional care
- be a member of the target group (medically fragile, complex medial conditions)
- require one or more HCBS to maintain community placement or integrate back to the community
- exercise freedom of choice by agreeing to enroll in the waiver program; and
- agree to the terms of program participation by signing a rights and responsibilities form

CAP/C; 3K-1 and CAP/DA; 3K-2

CAP Quality Assurance

- NC Medicaid conducts continuous quality improvement strategies through:
  - discovery of noncompliance policy practices
  - remediation efforts to promote policy compliance for continuous quality improvement
- Continuous quality improvement efforts lead to:
  - person-centered choices
  - reliability and accessibility of care providers
  - highly qualified providers
  - health and well-being of program participants
  - satisfaction of program participants

CAP/C; 3K-1 and CAP/DA; 3K-2

Qualified Provider Goals & Objectives

Goals:

− Ensure, at all times, the health, safety and well-being of program participants

Objectives:

- Meeting & maintaining minimal provider qualifications, initially and annually;
- Completing core CAP trainings, initially and annually;
- Acknowledging service authorizations within 3 business days of transmission;
- Developing a care plan within 5 business days of the acceptance of the service authorization;
- Participating in quarterly MDT meetings;
- Reporting critical incidents to CM immediately;
- Acknowledging beneficiary concerns or grievances within 5 business days; and
- Providing services in a seclusion/restraint free environment, unless physician ordered.

CAP/C; 3K-1 and CAP/DA; 3K-2

Qualified Provider Compliance Requirement

1. Quality assurance

2. Assurance of health, safety and well-being

3. Participants rights & responsibilities

4. Service authorization

CAP/C; 3K-1 and CAP/DA; 3K-2

Qualified Provider Compliance Requirement

1. Quality assurance:

- Meets provider qualifications and conditions for program services authorized to render, initially and ongoing.
- Performs background and health registry checks on all hired aides/assistants providing hands on care to program participants.
- Acknowledges service authorization within the specified timeline, and adhere to the approved services in the type, amount, frequency, and duration.
- Shares pertinent health and well-being information with the case manager monthly, at a minimum.
- Participates in planning and discussion meetings at least quarterly.

CAP/C; 3K-1 and CAP/DA; 3K-2

Qualified Provider Compliance Requirement

1. Performance measure 100% compliance − Compliance area:

– All waiver services are provided by qualified providers

– Measurement goals:

1. NC Medicaid verifies that providers initially and continuously meet licensure and/or certification standards and adheres to other standards prior to their authorization to furnish waiver services and reimbursement of rendered services.

2. NC Medicaid verifies non-licensed/non-certified providers are monitored to assure adherence to waiver requirements during their authorization period to render a waiver service.

CAP/C; 3K-1 and CAP/DA; 3K-2

Qualified Provide Compliance Requirement

- Performance measures for qualified service providers (QSP):

Program Assurance	Performance Measure	Performance Goal/Timeline	Corrective Action Steps
Qualified Provider	Initial and annual CAP orientation training	100% compliance Initially/annually	Deactivation of NPI in the e-CAP systems
Qualified Provider	Initial and regular background checks on staff	100% initially and as needed	Deactivation of NPI in the e-CAP systems
Qualified Provider	Accepts SA within 3 business days in e-CAP	100% when chosen as the provider agency	Rescinding of the SA by 5th business day
Qualified Provider	Completion of competency assessment for CD employees	100% initially, annually and as needed	Withholding of employer/employee agreement
Health & Well-being	Provide services that are restraint and seclusion free	100% per service authorization period	Deactivation of NPI in the e-CAP systems
Health and well-being	Participation in routine monitoring activities including MDT meetings	100%/monthly and quarterly	Deactivation of NPI in the e-CAP systems
Financial Accountability	Claim submission consistent with SA	100%/ frequency of service provision	Deactivation of NPI in e/CAP and referral to OCPI

CAP/C; 3K-1 and CAP/DA; 3K-2

Qualified Provider Compliance Requirement

2. Assurance of health, safety and well-being through the effective provision of waiver services.

Primary goal: management of risks, incidents and other determinants to promote program participant health and wellbeing through:

- Development of a person-centered care plan;
- Identification & monitoring of risk from abuse, neglect, exploitation, and emergencies and disasters;
- Respect of individual dignity of experience;
- Mitigation strategies to prevent unsafe living situations; and
- Interest-free program management.

CAP/C; 3K-1 and CAP/DA; 3K-2

Qualified Provide Compliance Requirement

2. Assurance of health, safety and well-being through the effective management of incidents:

- Reporting critical incidents quickly and working closely with a multidisciplinary team to effectively resolves critical incidents to prevent further similar incidents to the extend possible.

- Rendering waiver services in the least restrictive method and assuring program participants are not restrained or secluded while receiving waiver services, unless ordered by a physician.

- Responding to and addressing grievances and complaints quickly which may mitigate future critical incidents.

CAP/C; 3K-1 and CAP/DA; 3K-2

Qualified Provider Compliance Requirement

2. Health, safety and well-being minimal monitoring requirements:

Monitoring Period	Monitoring Engagement	Participants	Form of Engagement	Provider Entity
Monthly – monitoring contact is intended to be held every calendar month other than the months the MDT is held	Telephone call, minimally, or home visit to waiver beneficiary, and to qualified service provider(s) listed on the POC	Case manager Waiver beneficiary Qualified service providers	Telephonic or electronic exchanges, when agreed upon	In-Home Aide provider Home Health provider Case management provider Financial management provider in terms of budget management
Quarterly – monitoring contacts are intended to be conducted 4 times per year in collaboration with members of an MDT	MDT meets 4 times per the waiver participation year	Case Manager Waiver beneficiary informal support system qualified service provider	MDT may be face-to-face; webinar; conference or other identified electronic engagement	In-Home Aide provider Home Health provider Case management provider Financial management provider in terms of budget management PERS providers Adult Day Health providers

CAP/C: 3K-1 and CAP/DA: 3K-2

Qualified Provider Compliance

- Health, safety and well-being, provider qualifications:

Provider Type	Qualifications	Authorization Requirements	Bill Medicaid Directly	Participation Requirements
Adult Day Health	Certified Adult Day Health Care provider North Carolina Statute 131-D-6 and 10A NCAC 06 AGING Validation of	Enrolled Medicaid provider full compliance with HCB setting rule	Yes	Quarterly MDT meetings, reporting critical incidents, acknowledging beneficiary complaints or grievances within 5 business days
Assistive Technology	DME; Retail providers	SA	Yes	As requested
Attendant Nurse Care	RN or LPN under consumer direction	Self-assessment questionnaire	No – billed through FMS	Monthly and quarterly meetings
CAP In-Home Aide	In-Home Agency/HHA Licensure & certification set by DHSR Pass background check Demonstrated competencies Employer/Employee Agreement (CD)	Comprehensive assessment, POC and SA	Yes	Quarterly MDT meetings, reporting critical incidents, acknowledging beneficiary complaints or grievances within 5 business days
Care Coordination	Approved as Case Management provider entity	Approval notice from NC Medicaid	Yes	Monthly and quarterly case management activities
Community Integration	Retail providers Business	SA	Yes CME passthrough when applicable	As requested
Community Transition	Retail providers Business DME	SA	Yes CME passthrough when applicable	As requested

CAP/C; 3K-1 and CAP/DA; 3K-2

Categories of HCBS

- Health, safety and well-being, provider qualifications:

Provider Type	Qualifications	Authorization Requirements	Bill Medicaid Directly	Participation Requirements
Coordinated Caregiving	HHA Qualified provider	SA	Yes	Quarterly MDT meetings, reporting critical incidents, acknowledging beneficiary complaints or grievances within 5 business days
Financial Management	Authorized by Internal Revenue Services	SA	Yes	As requested by the CAP case manager; report critical incident immediately
Home Modification	Licensure & certification requires set by DHSR, Medicare or CAP policy guidelines	Justification of need and SA	Yes, as per SA CME passthrough when applicable	As requested by the CAP case manager; report critical incident immediately
Goods & Services	Business and Retail DME	Justification of need and SA	Yes, as per the SA CME passthrough when applicable	As requested by the CAP case manager; report critical incident immediately
Pediatric Nurse Aide	HHA Licensure & certification set by DHSR Pass background check Demonstrated competencies Employer/Employee Agreement (CD)	Comprehensive assessment, POC and SA	Yes	Quarterly MDT meetings, reporting critical incidents, acknowledging beneficiary complaints or grievances within 5 business days
Respite	In-Home Agency/HHA Hospital/NF	Comprehensive assessment, POC and SA	Yes	Quarterly MDT meetings, reporting critical incidents, acknowledging beneficiary complaints or grievances within 5 business days

CAP/C; 3K-1 and CAP/DA; 3K-2

Categories of HCBS

- Health, safety and well-being, provider qualifications:

Provider Type	Qualifications	Authorization Requirements	Bill Medicaid Directly	Participation Requirements
Specialized Medical Equipment & supplies	Licensure & certification requires set by DHSR; Medicare & Medicaid policy guidelines DME Home Health	Enrolled Medicaid provider SA from e-CAP systems	Yes	As requested by the CAP case manager; report critical incident immediately
Training, education and consultative services	Business/Retail/University	Justification of need and SA	Yes, as per SA CME passthrough when applicable	As requested by the CAP case manager; report critical incident immediately
Vehicle Modification	Business/Retail	Justification of need and SA	Yes, as per SA CME passthrough when applicable	As requested by the CAP case manager; report critical incident immediately
Meal Preparation and Delivery	Certified Meal Preparation providers	Comprehensive assessment, POC and SA	Yes	As requested by the CAP case manager; report critical incident immediately
Personal Emergency Response	Emergency Responders	Comprehensive assessment, POC and SA	Yes	As requested by the CAP case manager; report critical incident immediately

CAP/C;3K-1 and CAP/DA; 3K-2

Qualified Provider Compliance Requirements

2. Health, safety and well-being, critical incidents reporting requirements:

− Reporting timeframe – immediately to assigned CAP case manager or in e-CAP system

− Documenting and closing out incidents:

- All details concerning the incident must be included on the Critical Incident form.
- Any follow-up that occurs after the incident has been closed out can be documented in case notes.
- When follow-up to an incident is documented in case notes, assure that the case note is labeled as “Incident Follow-up” so it can be clearly identified.

- 2 incident levels, Level I & II

CAP/C; 3K-1 and CAP/DA; 3K-2

Critical Incident Levels

Level I

- Accident or injury resulting in the need for medical care beyond first aid, unscheduled hospitalizations
- ER visits not resulting in hospitalization • Inpatient psychiatric hospitalization
- Falls
- Death by natural causes
- Failure to take medication as ordered by the physician

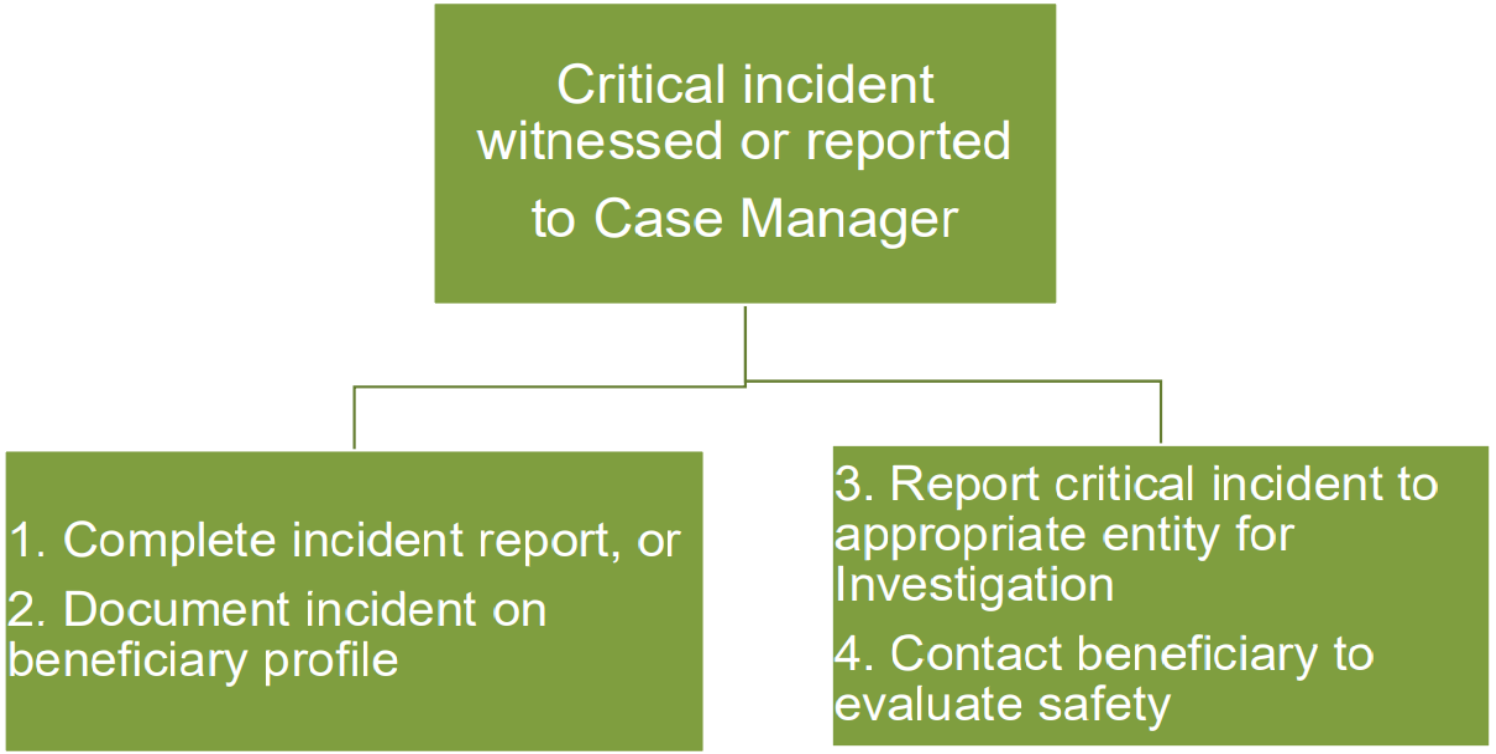
Level II

- Critical Incident Levels Level I Incidents Level II Incidents
- APS referrals (abuse, neglect, exploitation)*
- Injuries of unknown source, death other than expected or by unnatural causes*
- Restraints and seclusions*
- Misappropriation of consumer-directed funds or other forms of exploitation
- Falls requiring hospitalization or resulting in death, traumatic injury*
- Treatment or medication administration errors that result in injury or hospitalization *
- Missing person, homicide, suicide, and media-related event

CAP/C; 3K-1 and CAP/DA; 3K-2

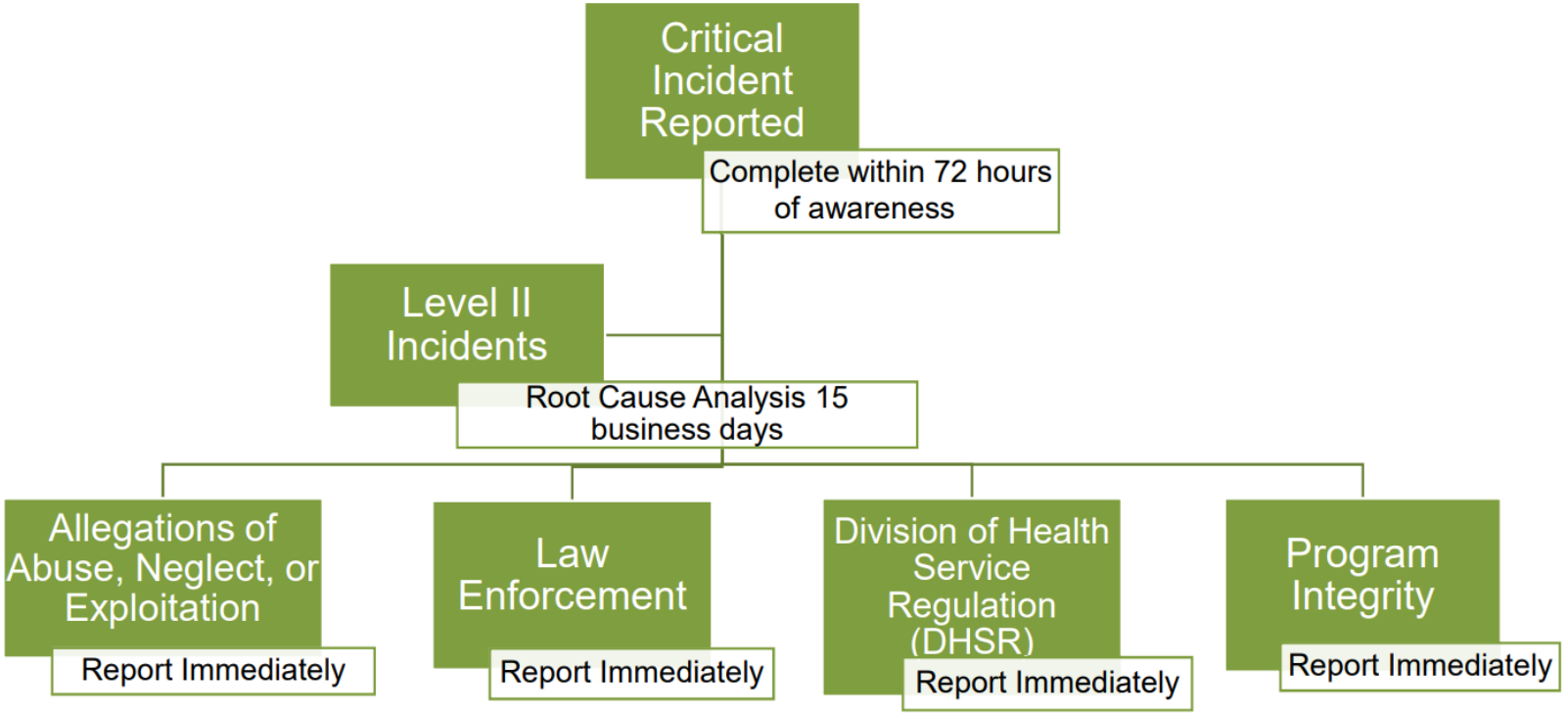
Managing Health and Well-being

Critical incidents- Level I and Level II



Managing Health and Well-being

Critical incidents- Level I and Level II



Qualified Provider Compliance Requirement

2. Health, safety & well-being critical incident reporting, Level II incidents:

- Requests an investigation process:

  a root cause analysis, to gathers information about the types of incidents, providers, participant characteristics, results of the investigation, the timeliness of reports and guidance on how to implement the next steps.

- The CM will arrange a contact, by phone or in-person with qualified service provider listed on the POC and other pertinent stakeholders to discuss HSW of the beneficiary and any concerns related to the incident

CAP/C; 3K-1 and CAP/DA; 3K-2

Qualified Provider Compliance Requirement

3. Program participants rights and responsibilities:
   - To provide a program applicant, active program participant, primary caregiver, case management entity, independent assessment entity, case manager, financial manager and qualified service provider with a full understanding of their rights and responsibilities while participating in the waiver program through the receiving or rendering of HCBS.

   - A written description of rights and responsibilities is signed by the program participant and the case manager prior to the receipt or delivery of waiver services.

CAP/C; 3K-1 and CAP/DA; 3K-2

Qualified Provider Compliance Requirements

3. Program participant rights and responsibilities assurances:
   - freedom of choice, conflict-free
   - ability to request a Fair Hearing when an adverse decision is made
   - ability to voice a concern/complaint/grievance and receive follow-up feedback
   - ability to invite anyone to participate in the development of the person-centered service plan or care plan
   - opportunity to direct care through the consumer-directed model of care when competencies are achieved

CAP/C; 3K-1 and CAP/DA; 3K-2

Qualified Provider Compliance Requirements

3. Responsibilities of the qualified service provider:

Transparent communication to the program participant:

- When changes are made to the care plan
- When the schedule of care can't be covered as specified in the service plan or care plan
- When a substitute caregiver is arranged
- When home visits are to be made
- When and how to contact qualified service provider

CAP/C; 3K-1 and CAP/DA; 3K-2

Qualified Provider Compliance Requirements

4. Purpose of the service authorization (SA):

− Authorizes a willing qualified provider to render an approved waiver service in the type, amount, frequency & duration as approved in the CAP service plan

Acknowledges SA	Care Plan development	Services starts	Monitoring starts
Within 3 business days	Within 5 business day of accepted SA	Within 15 calendars days of the SA	1 month after the approved service plan

CAP/C; 3K-1 and CAP/DA; 3K-2

CAP HCBS

HCBS Name	Definition	Eligibility Requirements	Limitations
Adult Day Health	An organized program of services during day in a community setting	Individuals needing a structured day with nursing supervision	4 hour minimal per day for up to 1 to 5 days per week
Assistive Technology	adaptive or therapeutic equipment to improve, maximize or enhance the waiver participant's mobility, safety, independence, and integration into the community	Need for enhancement of mobility, safety, independence, and environmental or community accessibility	$13,000/ combined total/5year period for CAP/DA $28,000 combined total for /5year period for CAP/C
Attendant Nurse Care	service that provides skilled nurse care to a waiver participant who has substantial, complex and continuous skill nursing care needs. This service is offered through consumer-directed services	Enrolled in the CAP/C waiver and has skilled needs similar to receipts of private duty nursing	CAP/C only Must be an RN or LPN
CAP In-Home Aide 253Z00000X	Hands-on assistance with ADLs and IADLs or monitoring and supervision and queuing	Assessed needs for assistance with ADLs/IADLs, supervision, monitoring or queuing	Hours based on assessed needs Care must follow POC
Care Coordination	case management and care advisor, assesses needs, care plans services, monitors health, safety and well-being, links to community resources and follows up with the waiver participant to ensure continuous community integration	Enrollment in the CAP/C or CAP/DA waivers	Only approved and qualified CMEs can render this service
Coordinated Caregiving 251J00000X	supportive services to a live-in caregiver that assists with the acquisition, retention or improvement of skills related to living in the community	Must require assistance from a live-in caregiver	Only a Home Health Entity can be the provider of this service Care must follow the POC

CAP/C; 3K-1 and CAP/DA; 3K-2

CAP HCBS

HCBS Name	Definition	Eligibility Requirements	Limitations
Community Integration	service for an active waiver participant in jeopardy of losing their community placement due to tenancy-related issues	Enrollment in CAP/C or CAP/DA and need tenancy support	$2,500 in combination with community integration
Community Transition	service for a prospective waiver participant to transfer from an institution or provider owned/controlled residence to the community	90 days or more in an institutional placement	$2,500 to assist with the transition from an institutional placement
Financial Management	service provided to waiver participants who is directing their care to ensure that consumer-directed funds are managed and distributed as intended	Enrolled in CAP/C or CAP/DA must have a self-assessment questionnaire that indicate ability and willingness to direct care	Enrollment in consumer direction
Home Modification	Minor modification to the home for safe egress and access	Need for safety, independence, mobility or community accessibility	$13,000/ combined total/5year period for CAP/DA $28,000 combined total for /5year period for CAP/C
Goods & Services Nutritional services Non-medical transportation Pest eradication	a service that provides services, equipment or supplies not otherwise provided through this waiver or through the Medicaid State Plan	Don't have financial means to purchase need goods and services and the service will maintain health, safety and well-being	$800.00 per fiscal year in combination with all categories of goods and services
Pediatric Nurse Aide 251J00000X 253Z00000X	service that provides extensive hands-on assistance with ADLs and IADLs.		

CAP/C; 3K-1 and CAP/DA; 3K-2

CAP HCBS

HCBS Name	Definition	Eligibility Requirements	Limitations
Respite Institutional - 385H00000X In-home	temporary relief to the primary unpaid caregiver(s) by taking over the care needs of the waiver participant for a limited time	Enrollment in CAP/C or CAP/DA and primary caregiver needs a break for the day-to-day caregiving	720 hours per fiscal year
Specialized Medical Equipment & supplies adaptive car seat or vehicular vest for children Oral nutritional supplements, incontinence supplies and bill dispensing box for adults	Services that ensure health, safety and well-being	Physician ordered, except for dispensing box	Amount and frequency prescribed by physician
Training, education and consultative services	Training, orientation and treatment regimens to learn about the nature of the illness or disability and how to better manage it	Need for enhancement of decision-making to independently care for self, or ability of the family member to care for waiver participant	$500 per fiscal year Only for unpaid caregivers
Vehicle Modification	service that enables increased independence and physical safety through personal transport.	Need for safe transport	$28,000 combined total for /5year period for CAP/C
Meal Preparation and Delivery	Nutritious meal	Requires special assistance with nutritional planning	1 meal per day
Personal Emergency Response services	Emergency response services	Live alone Physical limitations	1 emergency pendant No installation or maintenance coverage

CAP/C; 3K-1 and CAP/DA; 3K-2

Consumer Direction

- **Consumer Direction**

Eligibility	Who can be paid	Requirements
All participants Self-assessment question Orientation training Competency validation of hired staff Employer agreement form Employer-employee agreement form	Anyone who passes a background check, criminal/health registry Not POA, HPOA or legal guardian	Act as employer of record Participate in monitoring contacts Complete quarterly reviews on hired workers Report critical incidents Report fraud, waste and abuse

CAP/C; 3K-1 and CAP/DA; 3K-2

Paid Caregiver

Individuals who are eligible to provide hands-on care and receive payment:

- Individuals who are:
  - 18 years of age and older
  - Meets the hiring qualifications based on need
  - Based assessment and hiring agency or employer competency validation through consumer-direction
  - Passes background (criminal/registry) check
  - Meets the exemption requirement under the extraordinary circumstances

CAP/C; 3K-1 and CAP/DA; 3K-2

Program Acronyms

CME – Case Management Entity

CNR- Continued Need Review

QSP – Qualified service providers

e-CAP – electronic CAP business system

EPSDT – Early and Periodic Screening, Diagnostic, and Treatment

FOC - Freedom of Choice

GS – Goods and Services

HSW – Health, safety and wellbeing

HCBS – Home and Community Based Services HCBS

IAE – Independent Assessment Entity

PG – Performance Goal PM – Performance Measures

POC – Plan of Care

QP – Qualified Provider

SMA – State Medicaid Agency

SP – Service Plan

CAP/C; 3K-1 and CAP/DA; 3K-2

Program Definitions

- **Critical Incident – situations that place the waiver beneficiary at risk of being abused, neglected, exploited or being exposed to perceived unsafe living environments.**
- **Level I Critical Incident – accident or injury resulting in the need for medical care beyond first aid, unscheduled hospitalizations, ER visits not resulting in hospitalization, inpatient psychiatric hospitalization, falls, death by natural causes, failure to take medication as ordered by the physician.**
- **Level II Critical incident - APS referrals (abuse, neglect, exploitation), injuries of unknown source, death other than expected or by unnatural causes, restraints and seclusions, misappropriation of consumer-directed funds or other forms of exploitation, falls requiring hospitalization or resulting in death, traumatic injury, treatment or medication administration errors that result in injury or hospitalization, missing person, homicide, suicide, and media-related events.**
- **Monitoring – Oversight activities that provide the foundation for quality assurance and improvement by gathering information regarding compliance to service plan and potential problems.**
- **Restraints - personal restraints such as hold, drugs or mechanical intervention**
- **Willing provider – a provide who agrees to accept a state's payment in full for rendering a service and to abide by all other Medicaid provider requirements.**

CAP/C; 3K-1 and CAP/DA; 3K-2

Program Definitions

- Ninety-day service plan- A service plan that is developed to meet an emergent need which can be mitigated in 90-days. 90-day services plans are intended to address a short-term need for equipment, modification and technology; or a perceived unsafe living environment or behavioral malfunctions
- Continuous quality improvement – the foundation for home and community-based services that identifies the program design, discovery efforts through data collection, remediation plan to address deficiencies and improvement strategies for measurable change in quality issues
- Financial Accountability – A system design that is used to process HCBS claims consistent with service plans and to ensure claims are reimbursed per the maximal limits in the type, amount, frequency and duration
- Quality Framework – A design strategy used to guide and assess state and local efforts to improve health and the quality of service provision through better care: making service provision decisions that are person-centered, reliable, accessible and safe.
- Service Plan – A system to addresses applicants and waiver participant's assessed needs, health and safety risk factors and personal goals. The service plan includes the Plan of Care (POC) which list the services to mitigate risk in the type, frequency, duration and amount.

CAP/C; 3K-1 and CAP/DA; 3K-2

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CAP/C; 3K-1 and CAP/DA; 3K-2

Resources

CAP/C Clinical Coverage Policy

CAP/C Webpage

CAP/DA Clinical Coverage Policy

CAP/DA Webpage

CAP/C; 3K-1 and CAP/DA; 3K-2