**Using e-CAP**

The Community Alternatives Program for Children and Disabled Adults (CAP/C and CAP/DA) waivers rely on an electronic system called e-CAP to manage CAP eligibility determination activities, service plan development and monitoring tasks.

As a way of streamlining processes and promoting a multidisciplinary team approach, **the N.C. Division of Medical Assistance (DMA) will implement a direct service provider interface (DSP) in March 2017.** This initiative aligns with DMA's goal of collaboration with our stakeholders, beneficiaries and providers.

The purpose of the DSP:
- Allow CAP case managers to send official need-to-know communications to direct service providers electronically using e-CAP
- Streamline the exchange of CAP waiver service authorizations and the provision of waiver services
- Provide authorized service providers on-line access to specific beneficiary information to render authorized CAP services
- Provide the capacity for direct service providers to update case managers on changes in the status of beneficiaries being served and complete critical incident reports; and,
- Allow direct service providers to use e-CAP to upload and archive required documentation.

There are four (4) features of the DSP:
- Home
- Referrals
- Beneficiary
- Documentation

The functions of the four (4) features include:

Home Module
- Used to communicate CAP program changes and updates. It also will provide service providers access to CAP program procedures, updates and training resources.
- Allows direct service providers to access their authorized CAP beneficiary caseload and service authorizations.
- May be used to enter and update agency staff information related to the use of e-CAP.

Referrals Module
- Allows CAP case managers to send electronic notices to direct service providers including:
  - Waiver service authorizations
  - Waiver service suspension
  - Waiver service resumption of care
  - Beneficiary disenrollment

- o Participation notices for non-waiver services the CAP beneficiary is authorized to receive; and,
- o Invitations to Multi-disciplinary team (MDT) meetings.

This new functionality will replace notices sent to service providers by case management agencies using regular mail. Each notice will appear in a referral's queue. Service providers will be able to click on the notice to view the details and take required action.

Beneficiary Module
- Allows direct service providers to view specific information about each CAP beneficiary they are currently authorized to serve. This specific information includes:
  - o Beneficiary profile - Basic information including name, Medicaid Identification (MID), diagnosis and contact information.
  - o Plan of care (POC) summary information - Person-centered goals for the authorized services rendered by the direct service provider, identified beneficiary risks and specific equipment and supplies to help assure health, safety and well-being.
  - o Summary documentation of quarterly MDT meetings - Summary statement of the meeting to outline tasks for completions, necessary referrals, and areas that require additional support or monitoring.
- Beneficiary information will be made read-only for service providers and will be updated by case managers through the course of their case management activities.

Documentation Module
- The Documentation module will allow service providers to enter requests, updates and required documentation mandated by case management entities or DMA.
- The Documentation module will include the following:
  - o CAP Service Requests - Direct service providers may enter a request for enrollment for participation in CAP for an individual beneficiary using a standardized service request form (SRF).
  - o Service Discharges - Direct service providers may document a beneficiary's discharge from a service in e-CAP.
  - o Changes in Beneficiary Conditions - Direct service providers may report a change of status for a CAP beneficiary to the appropriate CAP case manager based on changes in conditions or other circumstances observed.
  - o Critical Incidents and Complaints - Direct service providers may use e-CAP to document critical incidents and complaints, and identify what follow-up is required. The appropriate CAP case manager and DMA can access this information.
  - o Respite Services Utilization Tracking - Direct service providers who are authorized to provide respite services may document the number of respite units provided for each beneficiary receiving respite care by beneficiary and month. Direct service providers will not have access to the reason respite was requested.
  - o Nurse Supervision Notes - Direct service providers may enter nurse supervision notes directly into e-CAP and other nurse care documentation in e-CAP as supporting documentation.

- o  Supporting Documentation - Direct service providers may upload other supporting documents in e-CAP that may assist the CAP case manager monitor care provision and assure health, safety and well-being.
- o  Communications Log - Direct service providers may communicate with the CAP case manager about care needs.

Orientation and instructional materials will be made available prior to the implementation of the DSP. You may contact e-CAP Support at 1-888-705-0970 or support@ncecap.net for additional information.