Community Alternatives Program (CAP)

Frequently Asked Questions

Q: Pest management of certain pests may require multiple follow up visits; how does the case manager assist families with managing pest control?

A: The limit for pest eradication is $1600 over a two-year span. Community Alternatives Program (CAP) services are person-centered and planned to meet the waiver participant's needs. When special conditions exist, service limits can be expanded.

Q: Under consumer-directed care, who is responsible for hiring workers?

A: The representative, who is often the parent of the account, is responsible for hiring, training, and supervising the hired workers. The representative is responsible for managing the care needs, collaborating closely with the physician, and assuring the RN/LPN closely follows the medication and treatment orders. The family assumes the liability of directing their care.

Q: What does the 5-year waiver approval period/cycle mean?

A: The CAP waiver is a specialized home and community-based program that is approved in five-year intervals. The program is continuous but an update to the program is required every five years to reset cost limits and add or delete services based on the current needs of the community.

Q: What's the waiting period after submitting a CAP referral?

A: The timeline to be notified your CAP services are approved can be up to 105 days. If CAP services are, another 30 days are required to develop a plan of care for services to begin.

Q: How is the stipend amount paid to the live-in caregiver added to the POC?

A: The daily rate for coordinated caregiving is added to the POC and not the stipend amount paid to the live-in caregiver.

Q: Are there any consequences for agencies that do not replace nurses when they are not able to work on a particular day?

A: The agency should make every attempt to locate a replacement worker when the assigned worker is not able to report to work. The CAP case manager is a resource to the waiver beneficiary and should assist the family in creating a good emergency plan to manage urgent situations.

Q: Who determines if the extraordinary circumstances are met?

A: The CAP case manager will determine if the extraordinary circumstances.

Q: Can we decline the recommended level of care?

A: No, but a waiver participant can appeal an adverse decision when a level of care is denied**.**

Q: Is the home and vehicle modification that have been requested or completed after March 1, going on the new budget or the previous budget?

A: The reimbursement of the approved modification will be included in the cost expenditures for the date of service the claim was submitted and allocated to the waiver year of the reimbursed date of service.

Q: If we used funds for modifications before the new waiver are they applied to the old waiver or the new waiver? Do we have more funds now?

A. The reimbursement of the approved modification will be included in the cost expenditures for the date of service the claim was submitted and allocated to the waiver year of the reimbursed date of service.

Q: Is the CAP/C waiver statewide?

A: Yes

Q: If I am the owner of a healthcare home agency, am I able to be a paid caregiver for my child?

A: Conflict/interest-free service provision is one of the federal requirements of the CAP waivers. Service provided to a waiver participant can't be rendered by a family member or someone closely connected. An interest-free assessment must be conducted to ensure compliance with the federal regulation.

Q: How will parents who are no longer living together transition to the new service provision in the CAP/C waiver.

A: The assigned CAP case manager will begin transition planning to transition your waiver beneficiary to a waiver service option that best meets the family's needs and current circumstances, which can include the consumer-directed or coordinated caregiving service. When qualifying conditions are met through the extraordinary circumstances, a parent may continue to be the paid caregiver.