



North Carolina Department of Health and Human Services
Division of Medical Assistance

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Beverly Eaves Perdue, Governor
Lanier M. Cansler, Secretary

Craig L. Gray, MD, MBA, JD, Director

MEMORANDUM

TO: CAP/C Supervisors and Case Managers
FROM: Teresa Piezzo, RN, BC, BSN
Home Care Initiatives Manager
DATE: February 11, 2010
RE: Training Sessions, County Needs, Case Management Changes, Home Visits, Employment Verification, Cost Summaries, Website Updates, Revisions, Diabetic Supplies, Incontinence Supplies, Advocacy
2010-01

New Case Manager Training

DMA will offer training for new CAP/C case managers. It will be held on March 18, 2010. It will be held at DMA, in room 297 of the Kirby Building, from 9:00 AM to 4:00 PM. A sign-up sheet is attached.

This training is an optional extension of the self-study case manager training. Completion of the CAP/C self-study case manager training is **required** before attending this in-house training. The self-study is located at <http://www.ncdhhs.gov/dma/capctraining/capctraining.html>. Allow plenty of time to complete the training, and submit your final exam prior to attending in-house training.

The in-house training is an informal, small-group, interactive session in which we reinforce some of the more difficult and/or important concepts and have plenty of opportunity for questions and answers.

Refresher Case Manager Training

DMA will offer training for all CAP/C case managers on Thursday, February 18, 2010. It will be held at DMA, in room 297 of the Kirby Building, beginning at 10:00 AM. The meetings will last until 4:00 PM or until all questions are answered, whichever is earlier. A sign-up sheet is attached.

This training session is open to everyone except for those case managers who are new and have not yet attended a new case manager training. This will be an informal question-and-answer type session with no set agenda. If possible, please indicate your questions on the registration form; this will help us gather appropriate resources for you prior to the training session.

County Needs

CAP/C is currently without any case management providers in the following counties: Alleghany, Hyde, Tyrrell, and Washington. If your agency is or knows of someone who might be interested in serving one or more of these counties, please contact Teresa Piezzo at 919 855 4385, teresa.piezzo@dhhs.nc.gov or Jennifer Brest at 919 855 4382,

jennifer.brest@dhhs.nc.gov.

Thank you Healthkeeperz for taking on Montgomery County!

Case Management Changes

Detailed instructions regarding the new case management unit limits and requesting additional hours under EPSDT will be coming shortly in a separate memo. We apologize for the delay, but there is still time. This change will begin with the CNRs that are due in to DMA on April 5, and there is nothing you need to do in advance of that.

Home Visits While Staff Present

Based upon feedback from Case Managers, CAP/C has reexamined its policy regarding case managers needing to do their quarterly visit while the nurse or nurse aide is present. The decision has been made that the policy will remain in effect. This means that there must be a quarterly visit, in the home, while the staff and the family are present.

Employment Verification

Again, based upon feedback from Case Managers, CAP/C has reexamined the policies and procedures for verification of caregivers' employment. Verification of caregivers' employment continues to be required whenever nurse or nurse aide hours to cover a caregiver's work schedule are requested. Verification consists of a written statement on employer letterhead. The statement should verify that the caregiver is employed, and detail the hours/schedule of employment. However, in the event that verification of employment is impractical (self-employed, illegal alien, multiple employers) or unable to be obtained in a timely manner (human resources department not responding and CNR is due), there is now a form that can be filled out by the caregiver. The form is attached to this memo and has been posted to the website with the other CAP/C forms. Use of this form should be the exception, not the rule.

Cost Summaries

An instructional cost summary has been developed. It leads the case manager through the cost calculations and the limits of each service. It may also be submitted as the cost summary with your plan of care, but this is entirely optional. Please refer to the website at <http://www.ncdhhs.gov/dma/capctraining/capctraining.html>.

Website Updates

The Employment Verification has been posted with the other forms at <http://www.dhhs.state.nc.us/dma/services/capc.htm>. The instructional cost summary has been posted to <http://www.ncdhhs.gov/dma/capctraining/capctraining.html>. Some questions have been added to the FAQ section at <http://www.dhhs.state.nc.us/dma/capc/capcfaq.htm>.

Revisions

Just a reminder that revisions DO NOT need to be submitted for changes in non-waiver services and supplies. Just 'pen and ink' those changes, and make sure they are reflected on the next Plan of Care that is submitted. (Waiver services and supplies include case management, nurse, nurse aide, respite, home modifications, and waiver supplies. Everything else (therapy, DME, home health visits) is non-waiver, and does not need a revision submitted if there are not also changes to a waiver service.

Diabetic Supplies

You were previously informed that effective February 1, 2010, only Prodigy test strips, lancets, lancing devices, and syringes would be covered by N.C. Medicaid, and that case managers would no longer be able to bill for these items. That change will not take place February 1 as scheduled. More information will be provided as it becomes available.

Incontinence Supplies

You were previously notified that the DME policy would be revised to make incontinence supplies, ostomy supplies, and urological supplies available through DME providers as well as home health providers. This change has not yet taken effect. More information will be provided as it becomes available.

This Memo's Training Topic: Advocacy

The case manager's central focus is on the client and his/her family. Ideally, the case manager should advocate both for the client and for the payer to facilitate positive outcomes. However, when a conflict arises, the needs of the client must be the priority. The case manager will advocate for the client/family at the service-delivery level, the benefits-administration level, and at the policy-making level.

The case manager will seek to:

1. Establish an effective and respectful relationship with the client/family, payer, physician, other healthcare providers, and other relevant parties.
2. Foster the client's/family's informed decision making, independence, growth, and development.
3. Educate the client/family and support them in moving toward self-care.
4. Educate and assist in facilitating client/family access to necessary and appropriate healthcare services.

- *Case Management Society of America, Standards of Practice for Case Management*

What this means in terms of the case management you provide for CAP/C clients:

Your case management is family-centered. If there is something going on within the family that impacts the health or care of the child, then you address that family need. For example, if the caregivers are disabled, you make sure they are linked to the services they need, because if their needs are met, they are better equipped to care for the child.

Advocating for both the client and the payer means that you advocate for your family within the boundaries of the CAP/C program. You submit all of the assessment data you can to support the need for the program and for the specific services and supplies in the plan of care. You clearly explain to the family which services and supplies CAP/C can or cannot provide. You link the family to other resources that can meet the needs that CAP/C cannot. Your plan of care always reflects what the family has requested, even if you feel it is an inappropriate request.

You advocate at the service delivery level through your interactions with providers, by making sure staff are qualified and professional and that services/supplies are provided according to the plan of care. You advocate at the benefits-administration level by providing your Consultant an objective and comprehensive assessment of the client and family, and by balancing the needs of the client with the benefits and limitations of the CAP/C program. You advocate at the policy-making level by informing your supervisor or consultant as appropriate of changes you think need to be made.

You are involved with all of the parties that the family deems important to their child's health and care, including the physician, other healthcare providers, and family members and informal support systems. You promote effective communication and involvement among these parties.

You support the family toward self-care and independence as appropriate. For example, when a client first comes on CAP/C, or during times when the caregiver is particularly overwhelmed, you may schedule the child's doctors' appointments. But if the caregiver is capable, this should be temporary and the caregiver should be encouraged to take this over for him/her self. You make sure that the child is being taught self-care skills as appropriate, rather than on encouraging dependence of formal support.

VERIFICATION OF EMPLOYMENT FOR CAP/C

Child's Name: _____ Child's Medicaid ID Number _____

Caregiver Name _____

1. Attach letter from employer which includes hours and status of employment. You need not indicate salary information or social security number.

OR

2. Answer the following questions:

- A. I am self-employed.
 I am an independent contractor.
 I am an employee of _____.

B. I work as a _____.

- C. I do most of my work outside the home.
 I do most of my work at my home.

- D. If I do most of my work at my home,
 I have a separate, dedicated work space in my home.
 I do not have a separate, dedicated work space in my home.

- E. If I do most of my work at my home,
 I can arrange my hours, interrupt my work, or be otherwise available for care of my child.
 I can not be available to care for my child; I would need to seek daycare or babysitter/nanny services for my child.

- F. My typical work hours are (do not include on-call hours):
Monday _____
Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____

- G. My typical work schedule:
 never or rarely varies.
 varies sometimes.
 varies a lot.

- H. My typical work hours are:
 very flexible.
 somewhat flexible.
 not flexible.

- I. Please elaborate on any of the above or include any additional relevant information on the back of this form.

An individual who certifies a material and false statement in this assessment will be subject to investigation for Medicaid fraud and, if applicable, will be referred to the appropriate professional licensing agency for investigation.

Signature

Date

CAP/C TRAINING REGISTRATION REQUEST FORM

CAP/C CASE MANAGER TRAINING (NEW)

March 18, 2010

Name: _____ RN SW

County: _____

Agency: _____

Phone number: _____

Fax number: _____

E-mail address: _____

Length of time you have been a CAP/C case manager: _____

If applicable, length of time you have been a CAP/DA case manager: _____

(Note: There will be no CAP/DA information presented at this training)

Specific questions or situations you would like to discuss during training

For the new case manager training, please fax this form and your final exam no later than one week before the applicable training session to:

Jennifer Brest, RN, Lead CAP/C Nurse Consultant
Facility and Community Care Section
Division of Medical Assistance
FAX: (919) 715-9025

CAP/C TRAINING REGISTRATION REQUEST FORM

CAP/C CASE MANAGER TRAINING (REFRESHER)

February 18, 2009

Name: _____ RN SW

County: _____

Agency: _____

Phone number: _____

Fax number: _____

E-mail address: _____

Length of time you have been a CAP/C case manager: _____

If applicable, length of time you have been a CAP/DA case manager: _____

(Note: There will be no CAP/DA information presented at this training)

Specific questions or situations you would like to discuss during training

Please fax this form no later than one week before the training session to:

Jennifer Brest, RN, Lead CAP/C Nurse Consultant
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