

SECTION 3

WORKING WITH DMA

Learning Objectives

1. List the responsibilities of DMA in administering the CAP/C program.
2. List the responsibilities of the Case Manager in administering the CAP/C program.
3. Identify your CAP/C Consultant at DMA and how to contact her.

NC DMA 10/2009

DMA RESPONSIBILITIES

- Selection of local case management agencies
- Establishing and administering policies and procedures
- Providing manuals and other guidelines
- Providing training and technical assistance
- Approving CAP/C participation and plans of care
- Monitoring program operation
- Determining how many may participate
- Paying for services
- Completing reports and evaluations

NC DMA 10/2009

DMA's HCI unit is the lead agency for the CAP/C program.

Selection of local case management agencies

DMA designates the case management agencies that provide and arrange for services for CAP/C participants.

Establishing and administering policies and procedures

DMA develops policies and procedures based on Federal guidelines for operating the program. It also oversees the local case management agencies to ensure that they are operating according to State policies and procedures and Federal guidelines.

Providing manuals and other guidelines

DMA publishes manuals to guide the case managers and CAP provider agencies in providing CAP/C services. In addition to the CAP/C Manual, which is directed toward case managers, DMA publishes policies and provider manuals for most Medicaid programs. They are available online at <http://www.ncdhhs.gov/dma/mp/mpindex.htm>.

For recipients, there is 'A Consumer's Guide to North Carolina Medicaid; Health Insurance Programs for Families and Children'.

Providing training and technical assistance

DMA provides training and technical assistance to the case managers about: completing CAP/C assessments and plans of care, developing and implementing CAP/C services, coordinating CAP/C services with other resources and services in the community, and providing case management.

Approving CAP/C participation and plans of care

DMA is responsible for reviewing and approving CAP/C referrals, assessments, and plans of care for all CAP/C participants.

Monitoring program operation

DMA monitors the CAP/C program to ensure that the provision of CAP/C services complies with the intent of the program and with State policies and procedures. There are multiple methods of monitoring, including on-site visits to case management agencies, client home visits, and record reviews.

Determining how many people may participate

DMA obtains approval from the Federal government of the number of individuals statewide that may participate in CAP/C.

Paying for services

DMA is responsible for reimbursement policies and procedures. Reimbursement involves provider enrollment, rate setting, and claims processing. DMA contracts with a fiscal agent to process claims and assist provider agencies with reimbursement issues.

Completing reports and evaluations

DMA prepares and submits required Federal reports, and shares information from the reports with the case management agencies. The annual reports include information on the number of children served, the services used, costs, and health and welfare issues.

CASE MANAGEMENT AGENCY RESPONSIBILITIES

- Networking, educating
- Referring applicants to the program
- Assessing applicants for the program
- Providing case management
- Providing home modifications and waiver supplies
- Coordinating services
- Managing caseloads
- Ensuring quality services
- Ensuring client freedom of choice
- Cooperating with monitoring and reporting activities
- Documentation
- Providing advance notice of intent to not be a CAP/C provider

NC DMA 10/2009

Networking, educating

The case management agency develops and maintains relationships with local physician's offices, hospitals and discharge planners, provider agencies, parent groups, and other program resources. By maintaining these relationships, case managers ensure access to CAP/C for those who need it, and better coordination of care for clients or potential clients. Case managers provide ongoing education and information to clients or their responsible parties regarding the CAP/C program and how CAP/C policies or decisions relate specifically to the client.

Referring applicants to the program

When a parent, discharge planner, or other person calls a case management agency to inquire about CAP/C services, the Case Manager has a discussion with the inquirer about the eligibility requirements, services and limitations as well as the needs of the child and their expectations. This discussion is an opportunity to explain what the program can and cannot be expected to provide in relation to the child's needs. The Case Manager then should complete the referral form and submit it to DMA's HCI unit for prescreening.

Note: *The client always has the right to have the referral submitted. The Case Manager may not decide not to submit a referral to DMA because he/she thinks the referral is inappropriate and/or it would not be approved.*

Assessing applicants for the program

The local case management agencies arrange for a complete assessment of individuals who apply for CAP/C and who have been approved for assessment. The assessment determines the child's strengths and needs and is the basis for determining whether CAP/C is appropriate for the individual. The assessment is completed by a registered nurse or a registered nurse/social worker team who are experienced in home and community long term care assessment and case management.

Providing case management

CAP/C Case Management involves developing plans of care and coordinating and overseeing the provision of services to CAP/C clients. The case management agencies arrange for case management to be provided to all CAP/C participants on an ongoing basis. The amount of case management provided is based on the needs of the individual client and may fluctuate from month to month. The case manager is a registered nurse or social worker and is a member of the assessment team.

Providing home modifications and waiver supplies

CAP/C Case Managers coordinate with local providers to ensure recipients can receive approved home mobility aids and waiver supplies to enhance their safety and functioning in the home that are not available under regular Medicaid. The specific types of mobility aids and supplies that may be provided are listed in section 4 of this training.

Coordinating services

Case management agencies must coordinate closely with other agencies that work with CAP/C participants, such as health departments, departments of social services, home care agencies, and schools. Close coordination of medical and social services is necessary not only to ensure that the child receives a comprehensive package of services to protect their health, safety, and well-being, but to prevent duplication and make the best use of the home care resources available to children.

Managing caseloads

Each CAP/C case management agency determines how many cases it has the capacity to manage at any given time. The number that can safely and effectively be served is based on the resources that are available to provide CAP/C services, such as case management staff and agencies that provide personal care and nursing services. As a general guideline, a full-time caseload for a CAP/C Case Manager is approximately 22 children. Caseload limits for case managers should be absolute; in other words, the agency should not make exceptions to the limit. It is important that the health, safety and well-being of participants not be compromised due to lack of staff resources. Agencies should notify their DMA Consultant if there is a child that can not be served because of agency staffing issues or caseload limitations. All efforts should be made to avoid a waiting list. However, if a wait list is unavoidable, it is the case management agency's responsibility to update DMA monthly regarding the status of the wait list. Fax a brief statement including the number of people on the list and the approximate length of the wait to 919 715 9025, to the attention of your DMA Consultant, by the fifth of each month.

Ensuring quality services

Case managers oversee the provision of CAP/C services and locate and recruit qualified providers of CAP/C services. (See Chapter 19 of the CAP/C Manual for information about provider enrollment.) The case manager monitors the services the client is receiving through direct observation, client report, and review of provider documentation. The Case Manager acts as an advocate for the client and caregivers, within the benefits and limitations of the CAP/C program.

NOTE: "Quality services" means services that meet the service standards set forth in the CAP/C manual. Concerns that a provider is violating the standards should be reported to both the DMA CAP/C Consultant at 919 855 4380 and the regulatory body who licenses/certifies the provider.

Ensuring client freedom of choice

Case management agencies ensure that CAP/C clients are aware of their right to select between CAP/C services and institutionalization, and among enrolled Medicaid providers for CAP/C and other Medicaid services.

Special care must be taken to avoid a conflict of interest when the case management agency is a home health agency. The client must be given the choice of other nursing agencies to meet the client's needs. Freedom of choice should be explained to the client at the start of care and periodically thereafter, particularly any time a client expresses dissatisfaction with their home health agency services.

Cooperating with monitoring and reporting activities

Case management agencies need to respond promptly to requests by DMA for information required for monitoring and quality assurance purposes to meet State and Federal requirements, and determining CAP/C participation and plan of care approval. A response is expected within 15 business days unless otherwise agreed upon with the DMA CAP/C Consultant or HCI Unit Supervisor.

Documentation

Case management agencies maintain notes and other monitoring requirements as described in chapter 20 of the CAP/C manual and section 16 of this training.

Providing advance notice of intent to not be a CAP/C provider

At a minimum, case management agencies must provide a one month advance notice of intent to terminate an agreement to provide direct case management services. Notice should be in writing, to the attention of the HCI Unit Supervisor. In order for DMA to have adequate time to make alternate arrangement, we request at least four months notice.

DMA CAP/C STAFF

- Teresa Piezzo, Supervisor
- Jennifer Brest, Lead CAP/C Nurse Consultant
- Patricia Miller, CAP/C Nurse Consultant
- Sandra Mangum, CAP/C Nurse Consultant
- Patricia Meyer, CAP/C Nurse Consultant
- Carol Davis, CAP/C Nurse Consultant
(temporary, part-time)
- Sandra Wheeler, CAP/C Nurse Consultant
- Robert Dean, Administrative Assistant

NC DMA 10/2009

COUNTY/CONSULTANT ASSIGNMENTS

- Each county has a particular CAP/C Nurse Consultant assigned to it
- When you need to contact a consultant, your first contact should always be the consultant assigned to your county.
- If your consultant is unavailable and your question can not wait until her return, one of the other consultants will help you.

<p>PATRICIA MEYER Anson, Beaufort, Cabarrus, Camden, Chowan, Cleveland, Columbus, Currituck, Dare, Franklin, Gaston, Gates, Granville, Halifax, Hyde, Jones, Mecklenburg, Mitchell, Montgomery, Nash, Northampton, Pasquotank, Person, Pitt, Randolph, Rowan, Rutherford, Scotland, Stanly, Tyrrell, Warren, Washington</p>	<p>SANDRA MANGUM Alamance, Alexander, Ashe, Avery, Bladen, Brunswick, Burke, Caldwell, Caswell, Chatham, Craven, Davidson, Davie, Graham, Greene, Harnett, Haywood, Hoke, Jackson, Lee, Lincoln, Macon, Moore, New Hanover, Pender, Richmond, Robeson, Sampson, Stokes, Surry, Swain, Union, Watauga, Wilkes</p>
<p>PATRICIA MILLER Bertie, Carteret, Catawba, Cherokee, Clay, Cumberland, Duplin, Durham, Edgecombe, Henderson, Iredell, Johnston, Lenoir, Madison, McDowell, Onslow, Orange, Polk, Transylvania, Vance, Wayne, Wilson, Yadkin, Yancey</p>	<p>SANDRA WHEELER Guilford, Hertford, Pamlico, Rockingham, Wake</p>

NC DMA 10/2009

Most questions can be answered by referring to the CAP/C Manual. Please check the manual prior to calling your consultant.

TELEPHONE

If you wish to contact us by telephone, our voice mail IS confidential. Leaving a detailed voice mail message will ensure a more prompt and accurate response to your question. Our direct phone numbers are listed for your use only. If a recipient needs to call a consultant directly, please give them the main number:

919 855 4380

Teresa Piezzo	919 855 4385
Jennifer Brest	919 855 4382
Patricia Miller	919 855 4386
Sandra Mangum	919 855 4392
Patricia Meyer	919 855 4388
Carol Davis	919 855 4384
Sandra Wheeler	919 855 4383
Robert Dean	919 855 4381

NC DMA 10/2009

E-MAIL

If you use e-mail to communicate with CAP/C staff, be aware that the State e-mail system is NOT secure. Please do not include patient names or other protected health information (PHI) within the e-mail (you may use initials). You can include this information in a password-protected attachment.

Teresa Piezzo	teresa.piezzo@dhhs.nc.gov
Jennifer Brest	jennifer.brest@dhhs.nc.gov
Patricia Miller	patricia.miller@dhhs.nc.gov
Sandra Mangum	sandra.f.mangum@dhhs.nc.gov
Patricia Meyer	patricia.meyer@dhhs.nc.gov
Carol Davis	carol.c.davis@dhhs.nc.gov
Sandra Wheeler	sandra.wheeler@dhhs.nc.gov
Robert Dean	robert.l.dean@dhhs.nc.gov

NC DMA 10/2009

SENDING CONFIDENTIAL EMAIL

PASSWORD-PROTECTED ATTACHMENT

Arrange with your Consultant (via telephone) a password for you to use.

Type and save your question/information as a Word document.

Go to Tools, click on the down arrow, and click on Options, then Security.

In the 'Password to open' box, enter the password, click OK, re-enter the password, click OK.

Click on File, Send To, Mail recipient (as attachment).

Open the email message and type the subject and body of your message.

ZIX MAIL

If your Consultant sends you a confidential email, it will arrive via ZIX mail. You will be prompted to create a user ID and password in order to view the message. You may reply to the message, but unless you have ZIX mail on your own system, you will be unable to compose an original message.

E-mail, whether confidential or not, is considered public record, and is subject to being subpoenaed.

ADDRESS

MAILING ADDRESS

DIVISION OF MEDICAL ASSISTANCE

CAP/C UNIT

2501 MAIL SERVICES CENTER

RALEIGH NC 27699-2501

PHYSICAL ADDRESS

1985 UMSTEAD DRIVE

RALEIGH NC 27603

(the Kirby Building on the Dorothea Dix campus)

NC DMA 10/2009

FAX

919 715 9025

- Please do not fax CNRs or other lengthy documents; send them via US Mail.
- Revisions and referrals may be faxed.
- Information requested from you by your Nurse Consultant may be faxed.

NC DMA 10/2009

OTHER USEFUL CONTACTS

PROGRAM	CONTACT PERSON	EMAIL	PHONE	FAX
DMA Private Duty Nursing	Alison Weatherman	alison.weatherman@dhs.nc.gov	919 855 4390	919 715 2859
DMA Home Health, Home Infusion Therapy, Hospice	Adelle Kingsberry		919 855 4387	
DMA PCS DMA PCS-Plus	Paula Botto Phyllis Stevens		919 855 4367 919 689 2293	919 715 2628
DMA CAP-DA	Edwina Thompson		919 855 4370	
DMA CAP-MR/DD	Susan Johnson	susan.e.johnson@dhs.nc.gov	919 855 4290	
DMA DME	Sarah Powell		919 855 4260	
EDS			1 800 688 6696	
DMA Program Integrity			919 647 8000	
DFS Complaint Line			1 800 624 3004	
DMA Administrative Officer	Dora Boissey	NC DMA 10/2009	919 855 4362	

More contact information is available in Appendix B of the CAP/C Manual.

SUMMARY

- DMA is responsible for selection of local case management agencies, establishing and administering policies and procedures, providing manuals and other guidelines, providing training and technical assistance, approving CAP/C participation and plans of care, monitoring program operation, determining how many may participate, paying for services, and completing reports and evaluations.
- Case management agencies are responsible for networking and educating, referring applicants to the program, assessing applicants for the program, providing case management, providing home modifications and waiver supplies, coordinating services, managing caseloads, ensuring quality services, ensuring client freedom of choice, cooperating with monitoring and reporting activities, documentation, and providing advance notice of intent to not be a CAP/C provider.
- Each county has a particular Nurse Consultant assigned to it, who is your primary contact for information that you cannot get from the CAP/C Manual.
- Voice mail is confidential; email is not confidential.
- Do not fax very lengthy documents such as CNRs unless requested to do so by your Consultant.
- Keep your consultant updated regarding the status of your waiting list.

NC DMA 10/2009

REVIEW QUESTIONS

Please make sure you can answer the following questions before proceeding to the next section.

1. The name of the CAP/C Nurse Consultant at DMA for my county is_____.
2. Her phone number is_____.
3. Her email address is_____.
4. The fax number is_____.
5. The lead agency for CAP/C is
 - A. DMA.
 - B. the local case management agency.
 - C. EDS.
6. True or False: It is acceptable to leave identifying information such as a patient name or Medicaid ID number on a Nurse Consultant's voice mail.
7. True or False: It is acceptable to include identifying information such as a patient name or Medicaid ID number within the body of an email sent to a Nurse Consultant.
8. True or False: It is DMA's responsibility to fill out referral forms for potential recipients.
9. True or False: DMA should be notified monthly regarding the status of an agency's waiting list.

REVIEW ANSWERS

1. Varies according to county. Please call DMA if you can not determine who your consultant is.
2. Varies according to county. Please call DMA if you can not determine how to reach your consultant.
3. Varies according to county. Please call DMA if you can not determine how to reach your consultant.
4. 919 715 9025. This is the fax number for all of the consultants.
5. A. Unlike CAP/DA, DMA is the lead agency for the CAP/C program.
6. True. Our voice mail is password-protected and confidential.
7. False. Our email is not secure. If you must send identifying information via email, you need to send it as a password-protected attachment.
8. False. It is the responsibility of the Case Management agency to take and submit referrals.
9. True. If your agency must have a wait list, fax that wait list to your consultant by the 5th of each month.