

# SECTION 5

# CAP/C AND OTHER RESOURCES

## Learning Objectives

1. Identify other resources available to children instead of or in addition to CAP/C.
2. Identify children who are and are not good candidates for CAP/C.

# LIST OF RESOURCES

## DMA RESOURCES

- CAP/C (Community Alternatives Program for Children)
- CAP-MR/DD (Community Alternatives Program for Persons with Mental Retardation and Developmental Disabilities)
- CAP-DA (Community Alternatives Program for Disabled Adults)
- HIV Case Management
- PCS (Personal Care Services)
- PCS Plus (Personal Care Services Plus)
- PDN (Private Duty Nursing)
- Hospice
- Home Infusion Therapy Services
- Home Health Services
- Developmental Therapy Services

## OTHER RESOURCES

- WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)
- Early Intervention Services



CAP-MR/DD Community Alternatives Program for Persons with Mental Retardation/Developmental Disabilities

<p>Services Offered</p>	<p>Targeted case management                  Adult day health                  Augmentative communication                  Crisis services                  Specialized consultative services                  Day supports                  Home and community supports                  Home modifications                  Individual/caregiver training and education                  Personal care services                  Specialized equipment and supplies – adaptive positioning devices, mobility aids, aids for daily living</p> <p>Personal emergency response system                  Residential supports                  Respite                  Respite care institutional                  Respite care non-institutional nursing-based                  Supported employment                  Transportation                  Vehicle adaptations                  Enhanced personal care</p>
<p>Eligibility</p>	<p>Adults and children                  Must have been become mentally retarded or developmentally disabled prior to age 22                  At risk of institutionalization in an ICF-MR facility                  Requires CAP-MR/DD and at least one waiver service                  Only the recipient’s income is considered                  Can have his/her health, safety, and well-being maintained in the community</p>
<p>Similarities/Differences to CAP/C</p>	<p>CAP-MR/DD is targeted toward people who need HABILITATIVE services, whereas CAP/C is targeted toward medically fragile. In other words, CAP/C will go into the home and assume care of that patient; CAP-MR/DD will go into the home and assist the patient to assume his/her own care.</p> <p>CAP-MR/DD has “tiers” with different budget levels.</p> <p>CAP-MR/DD has a more extensive list of allowable home modifications than does CAP/C.</p>
<p>CAP/C Also?</p>	<p>No; a recipient cannot be on both waivers simultaneously, However, some services/supplies provided by CAP-MR/DD may be available to CAP/C recipients if that service/supply meets EPSDT criteria and fits within the recipient’s budget.</p>
<p>Notes</p>	<p>There are often extensive waiting lists for CAP-MR/DD. The wait varies from county to county. CAP/C is not a substitute for CAP-MR/DD. It is inappropriate to ask for CAP/C services “just so the child can have something” while they are waiting their turn for CAP-MR/DD. Only children who meet the CAP/C criteria will be admitted to CAP/C.</p> <p>CAP-MR/DD services are generally inappropriate for children under three years of age unless they have a diagnosis and are considered “profound” rather than “at risk” – please access services for children under 3 through Early Intervention.</p>

Additional Information	<a href="http://www.ncdhhs.gov/mhddsas/developmentaldisabilities/operations/capmanual1-18-06.pdf">http://www.ncdhhs.gov/mhddsas/developmentaldisabilities/operations/capmanual1-18-06.pdf</a> LMEs Division of Medical Assistance 919 855 4290
To make a referral	Contact LME, they will perform brief screening/triage, and refer for targeted case management and assessment. Annual continued needs review takes place during the recipient's birthday month.

CAP-DA

Services Offered	<p>Adult Day Health Care            CAP/DA waiver supplies (reusable incontinence undergarments, disposable liners for the reusable undergarments, incontinence pads for personal undergarments, oral nutritional supplements, and medication dispensing boxes)            Home delivered meals            Home mobility aids (wheelchair ramps, safety rails, non-skid surfaces, handheld showers, grab bars, and widening of doorways for wheelchair-bound clients)            In-home aide services Level II and Level III – Personal Care            Respite care, in-home and institutional            Telephone alert (emergency response system)</p>
Eligibility	<p>Age 18 and over            Lives in a private residence within NC and is at risk of being placed in a nursing facility, or lives in a nursing facility and desires to return to private residence.            Needs CAP/DA waiver services to remain safely at home.            Has desire to receive CAP/DA waiver services instead of residing in nursing facility.            Meets nursing facility level of care per the Medicaid prior approval process.            Has inadequate resources available to meet home care needs.            Can be maintained safely in the home within the CAP/DA cost limit.</p>
Similarities/Differences to CAP/C	<p>CAP/DA has local approval authority whereas CAP/C does not.            CAP/DA does not have a hospital level of care.            Similar processing, monitoring, and documentation requirements, except that CAP/DA is automated whereas CAP/C is not.</p>
CAP/C Also?	No
Notes	<p>CAP/DA recipients under the age of 21 are eligible for services and supplies according to EPSDT criteria and subject to the recipient’s budget limitation.            CAP/C recipients receiving a nurse-aide level of care, who are aging out of CAP/C, could be considered for CAP/DA.</p>
Additional Information	<p>Local county lead agency            Division of Medial Assistance 919 855 4360            CARELINE 1 800 662 7030</p>
To make a referral	Contact the CAP/DA local lead agency.

## HIV Case Management

Services Offered	Targeted case management
Eligibility	Client must have documented HIV disease or be HIV seropositive
Similarities/Differences to CAP/C	case management only
CAP/C Also?	May be duplicative – contact your DMA CAP/C Nurse Consultant for guidance
Notes	The Division of Public Health’s AIDS Care Unit administers the program, with the Division of Medical Assistance providing oversight.
Additional Information	Robert Winstead (Interim Manager) at 919 715 3115 (DPH) or Victoria Landes at 919 855 4389 (DMA)
To make a referral	Contact DPH or DMA for information on local contacts

PCS Personal Care Services

Services Offered	<p>Personal Care tasks for patients who, due to a medical condition, need help with such activities as bathing, toileting, moving about and keeping track of vital signs.</p> <p>Housekeeping and home-management tasks that are essential, although secondary to the personal care task necessary for maintaining the patient's health.</p>
Eligibility	<p>Adults or children</p> <p>Living in a private residence</p> <p>Has a medical condition that requires the direct and ongoing care of the physician prescribing the PCS</p> <p>Medically stable at the maintenance level</p> <p>Need help with the personal care tasks due to a medical condition</p> <p>PCS is the most cost-effective and appropriate form of care</p> <p>Must have a blue Medicaid card</p> <p>No prior approval</p>
Similarities/Differences To CAP/C	<p>Family's income, not just child's, must meet Medicaid requirements.</p> <p>There is no case management of PCS.</p> <p>PCS hours are limited and determined by the number of and level of assistance needed with ADLs.</p> <p>Additional hours may be provided to recipients under 21 years of age according to EPSDT regulations.</p> <p>PCS budget is unlimited. All Medicaid-covered and EPSDT services can be provided without regard to a maximum monthly limit as on CAP/C.</p>
CAP/C Also?	<p>May be duplicative – contact your DMA CAP/C Nurse Consultant for guidance.</p>
Notes	<p>PCS is to assist, not replace the help available from family members and community resources.</p>
Additional Information	<p><a href="http://www.ncdhhs.gov/dma/cc/ccsection6.htm">http://www.ncdhhs.gov/dma/cc/ccsection6.htm</a></p> <p>Division of Medical Assistance 919 855 4360</p> <p>CARELINE 1 800 662 7030</p>
To make a referral:	<p>Have a home care agency assess the patient and complete a DMA-3000 PACT form. They will forward the form to the recipient's physician for signature, and then services can begin.</p> <p>Must have RN supervisory visit every 90 days.</p> <p>Must recertify annually by having a new DMA-3000 PACT and physician signature.</p>

PCS Plus Personal Care Services Plus

Services Offered	Same as above
Eligibility	<p><u>Generally</u>, meets above criteria for PCS, AND meets one of the following criteria:          Requires at a minimum extensive assistance in four or more ADLs          Requires at a minimum extensive assistance in three or more ADLs and requires at least one NA II task          Requires at a minimum extensive assistance in three or more ADLs and have a medical or cognitive impairment that requires extended time to perform needed in-home aide tasks  <u>However</u>, under EPSDT regulations, recipients under 21 years of age may be exempt from these criteria if the service is medically necessary to correct or ameliorate the recipient's condition.</p>
Similarities/Differences	<p>Family's income, not just child's, must meet Medicaid requirements.          There is no case management of PCS Plus.          PCS Plus hours are limited to 80 hrs per month, no daily limit, but additional hours may be provided to recipients under 21 years of age according to EPSDT regulations.</p> <p>PCS Plus budget is unlimited. All Medicaid-covered and EPSDT services can be provided without regard to a maximum monthly limit as on CAP/C.</p>
CAP/C Also?	May be duplicative – contact your DMA CAP/C Nurse Consultant for guidance.
Notes	PCS Plus is to assist, not replace the help available from family members and community resources.
Additional Information	<p><a href="http://www.ncdhhs.gov/dma/cc/3J.pdf">http://www.ncdhhs.gov/dma/cc/3J.pdf</a>          Division of Medical Assistance 919 855 4360          Web site for request form <a href="http://www.ncdhhs.gov/dma/forms.htm">http://www.ncdhhs.gov/dma/forms.htm</a>          Fax number for request form 919 715 2628          CARELINE 1 800 662 7030</p>
To make a referral:	<p>Requires prior approval by completing PCS Plus Request Form and faxing to DMA. (Form DMA 3000A)          Must recertify every 180 days, or as determined by the PCS Nurse Consultant, by getting new prior approval from DMA.</p>

## Private Duty Nursing

Services Offered	RN and/or LPN services for continuous in-home care.
Eligibility	Adults and children Living in a private residence Has Medicaid blue card (or a pink card and require services related to a pregnancy-related condition) Care must be continuous, complex, and substantial.
Similarities/Differences to CAP/C	There are no age restrictions. Family's income, not just child's, must meet Medicaid requirements. There is no case management of PDN, except by the provider agency. PDN has no budget limitation. All Medicaid-covered and EPSDT services can be provided without regard to a maximum monthly limit as on CAP/C. There are no respite services on PDN. Roughly equivalent to CAP/C Hospital level of care.
CAP/C Also?	May be duplicative – contact your DMA CAP/C Nurse Consultant for guidance.
Notes	PDN hours are tailored to recipient need, not caregiver availability. Other available formal and informal support is taken into account. The need for nursing care to participate in activities outside the home is not a basis for authorizing PDN or expanding the hours needed for PDN. Hospital level CAP/C patients who age out of CAP/C could be considered for PDN if they are Medicaid eligible.
Additional Information	<a href="http://www.ncdhhs.gov/dma/cc/9.pdf">http://www.ncdhhs.gov/dma/cc/9.pdf</a> DMA HCI Unit 919 855 4390 CARELINE 1 800 662 7030
To make a referral:	Send referral form, letter of medical necessity, and objective scoring criteria to DMA for approval. Requires re-authorization every 60 days – nursing agency sends CMS 485 and CMS 486 to DMA.

## Hospice

Services Offered	<p>Nursing care</p> <p>Certain physician's services</p> <p>Medical social services</p> <p>Counseling services, including dietary and bereavement counseling, for the patient, family members, and others caring for the patient</p> <p>Physical therapy, occupational therapy, and speech therapy for symptom control or to help keep the patient functioning</p> <p>Short-term inpatient care (general and respite) in a hospice inpatient unit or nursing facility under contractual management with the hospice agency</p> <p>Medical appliances or supplies related to the terminal illness and to pain management</p> <p>Ambulance services related to the palliation or management of the patient's terminal illness</p>
Eligibility	<p>Life expectancy of six months or less as certified by the patient's physician.</p> <p>Must have blue-card Medicaid. May have pink-card Medicaid, but requires prior approval.</p>
Similarities/Differences to CAP/C	<p>Hospice offers more comprehensive services related to the terminal illness than can CAP/C. Hospice services are paid for on a per-diem basis.</p> <p>Hospice nurses or nurse aides will go into the home to complete specific care and home management tasks for the client on a visit basis. CAP/C staff's duties are broader and can be provided on a continuous, rather than visit, basis.</p>
CAP/C Also?	<p>Yes. If both services are provided, care must be taken to coordinate services so that they are not duplicative. Hospice is responsible for the medical management and coordination of medical care. CAP/C should augment hospice services.</p>
Notes	<p>A patient chooses hospice by electing coverage. The election is for a "benefit period" – a specific period of time for the coverage to be provided. During the benefit period, the patient waives Medicaid coverage of most other services for treatment of the terminal illness and related conditions, as the hospice package is designed to meet all of the patient's needs. Revocation of hospice services must be in writing; then hospice services will be discontinued and eligibility for all other Medicaid services will resume.</p>
Additional Information	<p><a href="http://www.ncdhhs.gov/dma/HomeHealth/3D.pdf">http://www.ncdhhs.gov/dma/HomeHealth/3D.pdf</a></p> <p>Division of Medical Assistance 919 855 4380</p> <p>CARELINE 1800 662 7030</p>
To make a referral	<p>Contact a hospice agency of your choice.</p>

## Home Infusion Therapy

Services Offered	Total Parenteral Nutrition Enteral Nutrition Chemotherapy (intravenous) Antibiotic therapy (intravenous) Pain management therapy (intravenous, intrathecal, epidural, and subcutaneous)
Eligibility	Patient must reside in a private residence or adult care home. The patient or caregiver must be capable, able, and willing to self-administer the therapy following appropriate teaching and with adequate monitoring. Must have blue-card Medicaid. May have pink-card Medicaid, but requires prior approval.
Similarities/Differences to CAP/C	Nursing is performed through intermittent visits for teaching and monitoring of the infusion services only, with the expectation that the patient or caregiver will learn to self-administer the infusion. CAP/C services can be continuous, with the infusion administered by the nurse, and the nurse can provide other care needs.
CAP/C Also?	Yes, and the per-diem cost is included in the CAP/C budget. The per-diem cost includes the equipment, supplies, nursing services, pharmacy services, and delivery costs necessary for administration of the drug. It does not include the drug itself, because the drug is paid for through Medicaid's prescription drug coverage. The drug is not included on the CAP/C cost summary.
Notes	
Additional Information	<a href="http://www.ncdhhs.gov/dma/cc/7.pdf">http://www.ncdhhs.gov/dma/cc/7.pdf</a> Division of Medical Assistance 919 855 4380 CARELINE 1800 662 7030
To make a referral	Contact your physician and a home infusion agency of your choice.

## Home Health

Services Offered	Skilled Nursing Visits Home Health Aide Services Medical Supplies Physical Therapy Speech Therapy Occupational Therapy
Eligibility	Home health skilled services and aide services are for patients who reside in private residence (or adult care homes). Medical supplies are available to patients in private residences (or adult care homes) regardless of need for other skilled services. Must have blue-card Medicaid. May have pink-card Medicaid, but requires prior approval.
Similarities/Differences to CAP/C	Nurse and aide services are visits rather than continuous care. Medical supplies may also be provided by the CAP/C case management agency.
CAP/C Also?	Yes. Home health agencies providing medical supplies to a patient perform a nurse visit every 60 days.
Notes	
Additional Information	<a href="http://www.ncdhhs.gov/dma/cc/3A.pdf">http://www.ncdhhs.gov/dma/cc/3A.pdf</a> Division of Medical Assistance 919 855 4380 CARELINE 1800 662 7030
To make a referral	Contact a home health agency of your choice.

## Developmental Therapy Services

Services Offered	Provides individually designed instruction, training, or functional developmental intervention activities. Supports the individual in the acquisition of skills not gained during the developmental stages of life, and is not likely to develop without additional training and supports. For children, the focus is on strengthening skills in the major developmental domains and may include training and activities in areas such as self-help, language and cognitive development, and psychosocial skills. For adults, may include training in activities to strengthen appropriate developmental functioning in areas such as self-care, mobility, socialization, independent living, and self-advocacy and rights.
Eligibility	1. The person has a condition that is defined as a developmental disability according to GS 122C-3 (12a) AND NCSNAP 1-5, AND 2. The recipient is experiencing difficulties that include functional impairments reflecting the need for instruction, training, or functional developmental intervention activities that include a) addressing behavioral challenges b) skill building in areas such as self-care, socialization, independent living, etc.
Similarities/Differences	Providers are mental health professionals, not medical professionals. Habilitative care.
CAP/C Also?	Yes, but does not count against CAP/C budget limit; goes in 'other' column
Notes	Hours authorized based on person-centered-planning process, but should not exceed 4 hours per day May be provided in home and community settings. May not be provided in the school setting. Cannot be provided to individuals receiving CAP-MR/DD or Community Support services. May be provided to an individual or to a group of individuals. The above limitations may be waived under EPSDT regulations for recipients under 21 years of age if the service is medically necessary to correct or ameliorate a recipient's condition.
Additional Information	Local LME Division of Mental Health, Developmental Disabilities and Substance Abuse Services 919 733 7011
To make a referral:	Contact the local LME. There is a list available at <a href="http://www.ncdhhs.gov/mhddsas/lmedirectory.htm">http://www.ncdhhs.gov/mhddsas/lmedirectory.htm</a> .

WIC (Special Supplemental Nutritional Program for Women, Infants, and Children)

Services Offered	Iron-fortified infant formula and infant cereal, iron-fortified adult cereal, vitamin C-rich fruit or vegetable juice, eggs, milk, cheese, peanut butter, dried beans/peas, tuna fish and carrots. Special therapeutic infant formulas and medical foods when prescribed by a physician for a specified medical condition.
Eligibility	Infants through age 5 who are determined by a health professional to be at “nutrition risk”, and whose family meets the state residency requirement and income guidelines. Children on Medicaid automatically meet the income eligibility requirement.
CAP/C Also?	Yes; does not count on CAP/C budget, goes in “other” column.
Notes	WIC does have a limit on the quantity of formula provided. If the patient requires more formula than WIC allows, the remainder can be provided by CAP/C and charged to the CAP/C budget. For patients not on CAP/C, funding may be provided by another CAP program if they receive it, by Healthchoice, by CSHS, or by special funding allocated by WIC.
Additional Information	County health department, the 1-800-FOR-BABY hotline, the state WIC office at 919 707 5800, or the website at <a href="http://www.nutritionnc.com">http://www.nutritionnc.com</a>
To make a referral	Referral form available from above sources; mail or fax form in to local WIC program. Include height, weight, and Hgb/HCT if known.

CDSA/Early Intervention Services/Infant-Toddler Program

Services Offered	<p>Assistive Technology                      Early Identification and Screening                      Health Services                      Multidisciplinary Evaluations                      Nutrition Services                      Physical Therapy                      Respite Services                      Social Work Services                      Special Instruction (CBRS)                      Transportation</p>	<p>Audiology Services                      Family Counseling and Therapy                      Medical Services                      Nursing Services                      Occupational Therapy                      Psychological Services                      Child Service Coordination (case management)                      Speech-Language Therapy                      Vision Services</p>
Eligibility	<p>0-3 years old                      Identified condition(s) associated with developmental concern                      Identified need for developmental, therapeutic, or educational intervention</p>	
Similarities/Differences to CAP/C	<p>Nursing and respite services are available only if that service is necessary to enable a child to benefit from the other early intervention services under the Infant-Toddler Program during the time that the child is receiving the other early intervention services. For example; nursing services may be authorized to suction a child's trach during a therapy session, or respite services would be provided to allow family members to attend family counseling. Continuous care like that provided under CAP/C is not provided by Early Intervention.</p>	
CAP/C Also?	<p>Yes. Services may be billed to Medicaid, private insurance, or the family. Services that are billed to Medicaid do count against the CAP/C budget. Usually, Child Service Coordination is duplicative of CAP/ Case Management, and the Child Service Coordination [code T1017] is not billed to Medicaid if the child is on CAP/C).</p>	
Notes	<p>Interventions have to be in natural environment (home or daycare) and folded into child's routine.</p>	
Additional Information	<p><a href="http://www.ncei.org/ei/itp.html">http://www.ncei.org/ei/itp.html</a>                      Infant-Toddler Program Manual <a href="http://www.ncei.org/ei/inftodmanual.html">http://www.ncei.org/ei/inftodmanual.html</a></p>	
To make a referral	<p>Contact the local CDSA. A list of CDSA agencies and contact information is available at <a href="http://www.ncei.org/ei/itp/cdsa.html">http://www.ncei.org/ei/itp/cdsa.html</a>.                      Referral sources are required by state child find laws to notify the CDSA within two working days of identifying children who may be eligible, even if the parent does not want the child to be referred.</p>	

# SUMMARY

- CAP-MR/DD is a waiver program for mentally retarded/developmentally delayed children and adults. It cannot be provided at the same time as CAP/C. The program is designed to be habilitative. There are often long waiting lists to get on the CAP-MR/DD program.
- CAP-DA is a waiver program for disabled adults. It provides in-home aide level services, but no nurse services. In many ways it is similar to CAP/C. Children who require nurse aide level services often transfer to CAP-DA when they turn 19 and are no longer eligible for CAP/C.
- HIV Case Management is targeted case management for people who are HIV positive.
- PCS is nurse aide level care for regular Medicaid recipients. Since it is a regular Medicaid service, there is no respite or case management, and there is no budget limit. PCS Plus offers more extensive PCS services for recipients with a higher level of needs.
- PDN is nurse level services for regular Medicaid recipients. Since it is a regular Medicaid service, there is no respite or case management, and there is no budget limit. Hospital level children who age out of the CAP/C program often transfer to PDN.
- Hospice is a program for people with a life expectancy of less than six months. It is a regular Medicaid service. It can be provided at the same time as CAP/C, but care must be taken to avoid duplication.
- Home Infusion Therapy is a regular Medicaid program which teaches caregivers how to administer IV medications. It can be provided at the same time as CAP/C as long as it is not duplicative.
- Home Health is a regular Medicaid program which offers nursing visits, nurse aide visits, therapist visits, and some medical supplies. It can be provided at the same time as CAP/C as long as it is not duplicative.
- Developmental Therapy is a state program that offers a mentor to assist a recipient with attaining developmental milestones. It can be provided at the same time as CAP/C.
- WIC is a program which provides infant formula and other selected foods to children under the age of five years. CAP/C recipients are encouraged to get their formula through WIC, as they are eligible by virtue of having CAP/C.
- Early Intervention provides therapies and related services to children under the age of three years who have or are at risk of having developmental delays. Early Intervention services can be provided at the same time as CAP/C, with the exception of case management.

# REVIEW QUESTIONS

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

1. The regular Medicaid program that covers children who need nurse aide level care is\_\_\_\_\_.
2. The regular Medicaid program that covers children who need nurse level of care is \_\_\_\_\_.
3. True or False: A child can receive both CAP-MR/DD and CAP/C simultaneously.
4. True or False: Parents of CAP/C recipients under the age of five years are required to obtain their child's formula through WIC.
5. True or False: If a CAP/C child is receiving Early Intervention Services, the Child Service Coordinator at the CDSA can bill for her services.
6. List three differences between regular Medicaid programs such as PCS and PDN, and waiver programs such as CAP/C and CAP-DA

# REVIEW ANSWERS

1. PCS (Personal Care Services)
2. PDN (Private Duty Nursing)
3. False
4. False. Recipients always have freedom of choice pr providers. Families are encouraged to get their formula through WIC because it does not count in the CAP/C budget, but they can not be required to do so.
5. False. Child Service Coordination and CAP/C case management are usually duplicative. Normally, when Early Intervention is involved, the CAP/C Case Manager take over the case management function and/or the CDSA Child Service Coordinator does not bill Medicaid for her services.
6. Regular Medicaid programs have no case management, no respite services, and no budget limitation.