

## SECTION 7

# ELIGIBILITY

### Learning Objectives

1. Describe criteria for CAP/C approval of participation.
2. List the types of Medicaid accepted by CAP/C.
3. Explain the difference between CAP/C eligibility and Medicaid eligibility.
4. State when and how to verify Medicaid eligibility.

NC DMA 10/2009

## TWO TYPES OF ELIGIBILITY

---

- CAP/C
- Medicaid

These are two different and separate approval processes.

Approval for one does not guarantee approval for the other.

Both approvals are necessary for CAP/C participation.

NC DMA 10/2009

## CAP/C ELIGIBILITY DEFINITION

---

CAP/C eligibility means that the child meets the criteria of the waiver in terms of nursing care needs, risk of institutionalization, cost effectiveness, health/safety/well-being, etc.

NC DMA 10/2009

## CAP/C ELIGIBILITY APPROVAL

---

CAP/C eligibility is determined by the CAP/C Nurse Consultants at the Division of Medical Assistance.

It is based upon review of the assessment, plan of care, and other documentation submitted by the Case Manager.

NC DMA 10/2009

## CAP/C ELIGIBILITY CRITERIA – AGE

---

The recipient must be under 19 years of age.

NC DMA 10/2009

CAP/C eligibility terminates on the day before the nineteenth birthday. The last day of CAP/C services is the day before the client turns 19. No CAP/C services can be provided on the day of the nineteenth birthday.

Medicaid eligibility may end on a different day than does CAP/C eligibility. Nevertheless, CAP/C services must stop the day before the nineteenth birthday.

## CAP/C ELIGIBILITY CRITERIA – MEDICALLY FRAGILE

The recipient must meet the criteria for medically fragile.

NC DMA 10/2009

Medically fragile refers to children who have:

A primary diagnosis or diagnoses that are medical – not psychological, behavioral, cognitive, or developmental

A serious, ongoing illness or chronic condition requiring prolonged hospitalization and ongoing medical treatments and monitoring

A need for devices or care to compensate for the loss of bodily function

A need for physician-ordered, continuous in-home care that requires the presence or oversight of a Registered Nurse

Refer back to Section 2 of this training, or Chapter 1 of the CAP/C Manual.

## CAP/C ELIGIBILITY CRITERIA - RISK OF INSTITUTIONALIZATION

- The recipient must meet the criteria for risk of institutionalization.

NC DMA 10/2009

Risk of institutionalization refers to children who:

Are prior-approved through the fiscal agent for nursing facility level of care

Without in-home nursing care, would need to be institutionalized in a nursing facility or hospital as determined by statement of the parents or responsible party

Do not have other available resources, formal or informal, including daycare/developmental daycare or family support which can meet their needs.

Refer back to Section 2 of this training or Chapter 1 of the CAP/C Manual.

## CAP/C ELIGIBILITY CRITERIA – PRIVATE RESIDENCE

The recipient must live in a private residence while on the program.

NC DMA 10/2009

Clients residing in level 1 foster care homes are eligible to participate in CAP/C. Clients residing in level 2 or higher therapeutic foster home/group home will be evaluated for CAP/C eligibility on a case-by-case basis. Care may not be provided in the home of the paid caregiver.

## CAP/C ELIGIBILITY CRITERIA – LEVEL OF CARE

---

At a minimum, the recipient must require nursing facility care (IC or SC) as determined through the EDS prior approval process.

NC DMA 10/2009

DMA may determine that a child approved by EDS at SC is at HC (hospital level of care) for CAP/C.

EDS approval of a potential recipient does not guarantee CAP/C approval.

More information about levels of care can be found in Chapter 8 of the CAP/C Manual and in sections 2 and 8 of this training program.

## CAP/C ELIGIBILITY CRITERIA – MEDICAID COVERAGE OF NURSE/AIDE SERVICES

The recipient must require Medicaid coverage of CAP/C Nursing Services or CAP/C Nurse Aide Services.

These services must include actual interventions which are medically based, continuous in nature, and/or not appropriate to the child's age.

NC DMA 10/2009

The recipient **MUST** require in-home nursing care to qualify for CAP/C. In-home nursing care is non-negotiable. The recipient must need and use it in order to receive CAP/C.

A client who needs only therapy services, assistance paying for specialized formula, a wheelchair ramp, etc, and does not need or want in-home nursing care, is ineligible for CAP/C.

The client must require Medicaid payment of the in-home nursing care as well. If insurance is covering all of the cost of their in-home nursing, the child is ineligible for CAP/C. We cannot replace other sources of support and/or resources already available to the child.

The nursing care does not include being there just in case something happens. There must be an actual, hands-on, scheduled task to be performed during the time the nurse/aide is there. The task must be related to a medical issue. There must be tasks occurring at least every 2- 4 hours throughout the shift. The task must not be one that is considered normal parental responsibility of a healthy child; i.e., providing ADL care for an infant – there has to be a medical reason for the task, and we are there to assist, not replace, the parents.

## CAP/C ELIGIBILITY CRITERIA – CASE MANAGEMENT

---

The recipient must require CAP/C Case Management services to provide assessment, care planning, service authorization, care monitoring, and other case management activities.

NC DMA 10/2009

The recipient **MUST** require case management to qualify for CAP/C. Case management is non-negotiable. The recipient must need and use it in order to receive CAP/C.

A client who does not want a case manager or who refuses to work cooperatively and collaboratively with the case manager is ineligible for CAP/C services.

## CAP/C ELIGIBILITY CRITERIA – HEALTH, SAFETY, AND WELL-BEING

The recipient must be able to have his or her health, safety, and well-being maintained at home.

NC DMA 10/2009

This is one of your most important roles as a Case Manager. You must assess the situation and ensure that the client's medical condition, the home environment, and the family dynamics support keeping the child safely at home. You must develop a plan of care with services that support that goal. You must monitor the provision of care, both by the family and by the staff. You must report any concerns about health, safety, and well-being immediately to your consultant at DMA as well as to other appropriate entities; for instance, Child Protective Services, the Division of Health Services Regulation, or the North Carolina Board of Nursing. If for any reason, health, safety and well-being becomes an issue, and the plan of care can not be modified to correct the situation, CAP/C can not serve that client.

## CAP/C ELIGIBILITY CRITERIA – COST LIMIT

---

The recipient must be able to have his or her healthcare needs met within the CAP/C cost limit for his or her level of care.

and

There must be no other more conservative or less costly treatment available statewide.

NC DMA 10/2009

Care must be able to be safely provided within the budget limit for that recipient's level of care. If a child requires more care than can be accommodated in the budget, and no other sources of care or funding can be found to supplement the CAP/C, then CAP/C can not serve that client.

When a child is considered for CAP/C participation, other resources available to the child are also considered. If one of these other resources (for example, Medicaid Personal Care Services) can meet the child's needs and is less expensive than CAP/C, then the child is ineligible for CAP/C.

## CAP/C ELIGIBILITY CRITERIA

---

ALL of the CAP/C eligibility criteria must be met. No single criterion, including EDS's approval for nursing facility level of care, will qualify a child for the CAP/C program

NC DMA 10/2009

## CAP/C ELIGIBILITY APPROVAL

---

When a Case Manager receives a letter stating that CAP/C has been approved for a recipient, that means only that all of the above criteria have been met. **IT DOES NOT MEAN THAT MEDICAID HAS BEEN APPROVED.** It is the responsibility of the case manager and provider agencies to ensure current Medicaid eligibility prior to beginning (or continuing) services.

NC DMA 10/2009

If you provide services without first verifying Medicaid eligibility, you risk not receiving payment for those services. DMA only approves CAP/C eligibility. You must verify that DSS has approved Medicaid eligibility.

## MEDICAID ELIGIBILITY DEFINITION

---

Medicaid eligibility means that the financial criteria for Medicaid (as they apply to CAP/C) have been met.

NC DMA 10/2009

Even though parents' income does not count in terms of Medicaid eligibility for CAP/C, the Medicaid staff will ask for the income and resources of the parents when the potential CAP/C client applies for Medicaid. DSS is required to look at all ways that a client may be eligible for Medicaid. In some instances, this is advantageous for the client, as it will allow the client to get on regular Medicaid before the CAP/C Plan of Care is approved. Do not tell parents that they will not be asked about income and resources.

## MEDICAID ELIGIBILITY APPROVAL

---

Medicaid eligibility is approved by the county Department of Social Services.

It is based upon review of the recipient's birth certificate, social security card, proof of income, insurance policies, bank statements, property, medical bills, and if applicable, disability determination.

NC DMA 10/2009

It is highly recommended that you develop a relationship with the Medicaid eligibility workers in your county. You will need to collaborate with them often.

## MEDICAID ELIGIBILITY

### TYPES OF CAP/C MEDICAID

---

Although there are a variety of categories of Medicaid, only Medicaid recipients who have one of the following may receive CAP/C.

- Medicaid to the Blind (MAB)
- Medicaid to the Disabled (MAD)
- Medicaid for children receiving adoption assistance (I-AS)
- Medicaid for children receiving foster care assistance (H-SF)

NC DMA 10/2009

Note that Medicaid for Infants and Children (MIC) is not approved as a Medicaid category that is eligible for CAP/C.

If a potential CAP/C recipient has Medicaid, but not in one of these four categories, they will still need to apply for one of the above types of Medicaid.

## MEDICAID ELIGIBILITY COPAYMENTS AND DEDUCTIBLES

---

CAP/C clients are exempt from co-payment requirements.

The deductible for a CAP/C client is met monthly rather than on a six month basis.

In addition to the usual expenses allowed towards a deductible, a CAP/C client may use the cost of services approved on the Plan of Care and provided during the deductible period.

NC DMA 10/2009

Few CAP/C recipients have deductibles, otherwise known as 'spend-downs'. Occasionally, a child with some form of income will have a deductible.

## MEDICIAD ELIGIBILITY VERIFICATION

---

There are two ways to verify Medicaid eligibility:

- use the EDS Automated Voice Response (AVR) system
- use Electronic Data Interchange (EDI)

NC DMA 10/2009

It is the responsibility of the provider agencies to verify Medicaid eligibility. Failure to do so may result in failure to get paid for rendered services.

## MEDICAID ELIGIBILITY VERIFICATION USING AVR

---

- 1-800-723-4337
- Have the client's date of birth, and Medicaid ID number or social security number ready

NC DMA 10/2009

## MEDICAID ELIGIBILITY VERIFICATION USING EDI

---

- Optional to provider agencies, at a cost to them
- Have provider number, Medicaid ID number, date of birth or social security number, and dates of service ready

NC DMA 10/2009

## IMPORTANT REMINDER

---

Approval for Medicaid does NOT mean approval for CAP/C. They are two separate processes, although both are necessary for CAP/C participation.

NC DMA 10/2009

## SUMMARY

---

- Both Medicaid approval and CAP/C approval are necessary for a recipient to qualify for participation in CAP/C.
- Medicaid approval is financial, done by DSS.
- CAP/C approval is medical/waiver, done by DMA.
- It is the responsibility of provider agencies, including case managers, to verify Medicaid eligibility prior to beginning services and monthly thereafter.

NC DMA 10/2009

## REVIEW QUESTIONS

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

1. True or False: You submit paperwork on a potential CAP/C recipient. You receive a letter from DMA stating that the recipient has been approved for CAP/C. You may now allow nurses to start working in the home.
2. True or False: A potential CAP/C recipient already has Medicaid for Families and Children (MAF) . This recipient does not have to apply for Medicaid under CAP/C, because they already have Medicaid.
3. True or False: EDS approval of IC or SC level of care automatically ensures CAP/C approval.
4. True or False: A recipient whose in-home nursing is being paid 100% through private insurance is ineligible for CAP/C.

## REVIEW ANSWERS

1. False. You must verify that the recipient's Medicaid has been approved before allowing any services to begin.
2. False. They must apply for one of the four types of Medicaid accepted by CAP/C.
3. False. Nursing facility level of care is only one of many criteria that must be met.
4. True. The recipient must require Medicaid payment of nursing or nurse-aide care in the home. CAP/C We can not replace other resources already available to the child.