

Case Management/Core Activities for CAP/DA Participants

1. Referral received by lead agency requesting DA services
2. Lead agency completes a pre-screening to determine eligibility
3. Lead agency forwards information to DSS-Medicaid department to determine eligibility for Medicaid as Medicaid is a crucial component of continual eligibility
4. Once eligibility is sustained a FL-2 is forwarded to the PCP to determine Nursing Facility LOC and CAP/DA LOC at either intermediate (IC) or skilled (SN)
5. FL-2 completed by PCP with checked LOC designating the recipient eligibility to participate in CAP/DA. FL-2 is received by lead agency
6. Lead Agency calls in the FL-2 to EDS to confirm suitability for nursing facility level of care and to obtain a prior approval number
7. Once a prior approval number (SRN) is received an assessment is conducted via AQUIP, an automated web based tool for assessment and plan of care. Assessment is conducted in the recipient's home or in a Nursing Facility, if currently in nursing facility.
8. At the completion of the assessment, a Plan of Care is completed in consultation with the recipient.
9. The Plan of Care is approved within 5 days of the signature of the recipient and the case manager.
10. After approval of the POC, service implementation as listed on the cost summary of the POC is implemented via service authorization and participation notices to the providers. The approved participant is also sent a notice of approval along with the Medicaid worker and the PCP.
11. After a person begins to participate in CAP/DA, monitoring the care, treatment, and provision of services is required monthly. The case manager has to have monthly contact either by phone or face to face with each provider of service and with the participant. Monthly approval of IHA, ADH claims and lead agency invoices are also mandated.
12. Every 90 days the case manager has to make a home visit to the participant's home to observe the services of the IHA and monitor client's satisfaction of all services received. If the client is participating in an ADH, a visit has to be made to that facility every 90 days to observe the provision of services.
13. Monthly monitoring of service provides close contact and readily identifies need for revisions of services. When there is a need for a revision the case manager makes the necessary changes, in consultation with the participant. A revision of the POC is made within 30 days of the identified need and approved within 5 days.
14. The case manager continues to monitor the provision of services of the participant for 1 year. At the end of that year, a Continued Needs Review is needed to determine the continued eligibility of CAP/DA participation.
15. A new FL-2 is obtained by PCP identifying continued need for IC or SN level of care. Once FL-2 is received by Lead Agency steps 7-14 is repeated, other than obtaining a prior approval number. A new prior approval number is obtained only if the LOC is changed or if the participant was terminated from CAP/DA and is re-entering.