

Community Alternatives Program (CAP/C & CAP/DA) Overview Sheet

The Community Alternatives Program for **Children (CAP/C)** and **Disabled Adults (CAP/DA)** is a special program that helps people get care at home instead of in a nursing home or hospital. This program is part of the Social Security Act and follows federal guidelines for home and community-based services.

Who Can Get CAP Services?

To be considered for **CAP/C** or **CAP/DA**, you must:

A. Sign and Return the Consent Form, the Case Management Entity (CME) Selection Form, and give your provider the Provider Worksheet for them to return to NCLIFTSS.

B. Meet the CAP Medical Fragility criteria (for CAP/C only)

- These requirements are explained in the **Service Request Form (SRF)**.
- CAP/DA does not require this step.

C. Choose a Case Management Entity (CME)

- The **CME** will meet with you in person to do a full assessment.
- If approved, the CME will help create a **personalized care plan** for you.
- A list of available CMEs in your community is included in this packet.

D. Complete an In-Person Assessment

- Someone from the CME you chose will visit you for a **face-to-face** assessment.
- This assessment helps decide **which CAP services you need** after your SRF is approved.

E. Work with the CME to Provide Your Health Information

- You will need to share your most **up to date**:
 - Diagnosis
 - Medical history
 - Health care details
 - Needs
 - Disabilities
- They will help create a **person-centered service plan** for you.

F. Need at Least One CAP Home & Community-Based Service

- The services must help **reduce risks** found during the assessment.
- CAP services are designed to **keep you at home and in your community** rather than a hospital or nursing home.

G. Qualify for one of the following Medicaid categories before receiving CAP services:

- Medicaid for the Blind (MAB)
- Medicaid for the Disabled (MAD)
- Medicaid for Children Receiving Adoption Assistance (I-AS)
- Medicaid for Children Receiving Foster Care Assistance (H-SF)

Freedom to Choose Your Care

You have the right to **choose CAP services** instead of care in a nursing home or hospital. To receive CAP services, you must agree to the waiver program.

You also have control over **how your care is managed**:

- You can have a **provider** manage your care.
- You can **manage your care yourself** or have someone you trust do it for you.
- If you choose to manage your care using **consumer-directed services**, you or a loved one will take responsibility for managing the services.

Think about these questions if you want to manage your care:

- Do you have family, friends, or neighbors who can help you direct your care?
- Can you set limits to make sure the care needed is provided?
- Are you willing to review medical documents to understand the care needs?
- Can you help train and educate hired helpers on what care is needed?
- Do you know what skills are needed to manage care and protect health, safety, and well-being?
- Do you want to direct the care of yourself or your loved one?
- Do you know the signs of **abuse, neglect or exploitation**?

Choosing Service Providers

You have the right to **choose your service providers**. These providers will deliver the services included in your Plan of Care. If there is any conflict of interest in your care plan, protections are in place to ensure you are treated fairly.

What Happens After Your Referral is Submitted?

If you meet all the requirements to apply for CAP services:

- **NC Medicaid will send you a written response** about your request status.

If you **receive an approval notice**:

- Your **chosen case management entity (CME) will contact you** to help create a service plan.

If you **do not meet all requirements**:

- **NCLIFTSS will send a written notice** explaining the denial and the **Fair Hearing process**.
- This notice will guide you on how to:
 - **Disagree with the decision** formally.
 - **Request an appeal** if you believe the decision is incorrect.
- You must **respond within 10 calendar days** of receiving the notice.

Home and Community-Based Services in CAP/C

If approved, you may receive these CAP/C services:

- **Assistive Technology** – Medical devices not covered by other sources.
- **Attendant Nurse Care** – A nurse through consumer direction to help with medical needs.

- **In-Home Aide Services** – Help with daily tasks like bathing, dressing, grocery shopping and money management.
- **Case Management/Care Advisement** – A local agency assigned to help the CAP beneficiary and family.
- **Community Integration Services** – Helps you stay active and independent in your community.
- **Community Transition Services** – Support for moving from a care facility back home.
- **Consumer-Directed Services** – Allows you to manage your own care or choose someone to do it for you.
- **Coordinated Caregiving** – Helps live-in caregivers provide necessary support.
- **Financial Management Services** – Helps with paying workers hired through consumer direction.
- **Goods and Services** – Items that increase independence and mobility.
- **Home Accessibility and Adaptations** – Home changes needed for health reasons.
- **Pediatric Nurse Aide** – a person who helps with daily tasks like bathing, dressing, mobility, toileting and eating.
- **Personal Assistant** – Someone hired through consumer-directed services to help with daily tasks.
- **Respite Care (Nurse, Institutional, and In-Home Aide)** – Gives family caregivers a break to rest or handle other responsibilities.
- **Training, Education, and Consultative Services** – Training for the CAP beneficiary and their family to learn more about how to care for health care needs.
- **Specialized Medical Equipment** – Items like adaptive car seat or vehicular transport vest are designed to make sure people are safe and comfortable when they need extra help during car rides.
- **Vehicle Modification** – A change to a car or van to help make it easier and safer for someone to travel.

Home and Community-based Services in CAP/DA

If approved, you may receive these CAP/DA services

- **Adult Day Health** – A place where people go during the day for day activities and socialization.
- **CAP In-Home Aide I and II** – Help with daily tasks like bathing, dressing, grocery shopping and money management.
- **Case Management/Care Advisement** – A local agency assigned to help the CAP beneficiary and family.
- **Community Integration Services** – Helps you stay active and independent in your community.
- **Community Transition Services** – Support for moving from a care facility back home.
- **Consumer-Directed Services** – Allows you to manage your own care or choose someone to do it for you.
- **Coordinated Caregiving** – Helps live-in caregivers provide necessary support.
- **Equipment, Modification and Technology** – Home or vehicle changes needed for health reasons.
- **Financial Management Services** – Helps with paying workers hired through consumer direction.
- **Goods and services** – Items that increase independence and mobility.

- **Meal Preparation and Delivery** – Meals that are brought to the home.
- **Medical Supplies** – Health care items like Boost, reusable liners and disposable pads.
- **Personal Assistant** – Someone hired through consumer-directed services to help with daily tasks.
- **Personal Emergency Response Services (PERS)** – A button or device that is used to call for help in an emergency.
- **Respite (Nurse, Institutional and In-Home Aide)** – Gives family caregivers a break to rest or handle other responsibilities.
- **Training, Education, and Consultative Services** – Training for the CAP beneficiary and their family to learn more about how to care for health care needs.

Your Health and Safety

Your health and safety matter. While you're in the CAP program, it's important to make sure you're safe and treated well. This means you should not be abused, neglected or taken advantage of.

If you want to learn more about abuse or feel that you are being mistreated, call 1-888-245-0179 or 1-919-527-6335 for help.

Your Rights: Fair Treatment

If you don't agree with a decision about your CAP services, you have the right to ask for a fair hearing.

As a Medicaid member, you have the right to **due process**. This means you can ask for a fair hearing if your CAP service is:

- **Denied** (not given to you),
- **Reduced** (made smaller or limited),
- **Stopped**, or
- **Paused**.

When this happens, you or the person helping you:

- **Will get a letter** explaining the decision. **Can request a fair hearing**, also called an appeal.
- These rights follow the rules of Medicaid and the law.

To learn more, visit the **NC Medicaid website** or talk to your case manager or care advisor.

Complaints and Concerns

If you have a problem with your CAP services, case management team, or service provider, you can make a **grievance** (a complaint).

A grievance is when you disagree with how CAP or your provider is working. This can be about:

- How they do things,
- Their actions, or
- How they behave.

Grievances do **not** include Medicaid's official decisions.

How to Make a Complaint

You can contact **NC Medicaid Long Term Services and Supports (LTSS) CAP Unit** by phone, email, or mail.

 **Phone:** 1-919-855-4340

 **Email:**

- CAP/DA Unit: medicaid.capda@dhhs.nc.gov
- CAP/C Unit: medicaid.capc@dhhs.nc.gov

 **Mailing Address:** NC Medicaid CAP Unit 2501 Mail Service Center Raleigh, NC 27699-2501

What is Medicaid? Why is it Important?

Medicaid is a type of health insurance that helps people who need medical care but may not be able to afford it. It provides services for:

- Parents and children,
- Seniors (older adults),
- People with disabilities.

These services help people stay healthy and live better lives. Medicaid is the main funding source for all CAP services.

What is Fraud, Waste, and Abuse?

Medicaid fraud and abuse happen when someone lies or cheats to get benefits like money or healthcare they shouldn't receive.

Examples of Medicaid Fraud and Abuse:

- A person does not report all their income when applying for Medicaid.
- A person hides other health insurance when applying for Medicaid.
- Someone uses another person's Medicaid card, with or without their permission.
- A provider lies about their credentials (their qualifications).
- A provider bills for services they never gave to a patient.
- A provider charges for services that are not necessary for the patient's health.