

# Fourth Quarter CAP/DA Stakeholder's Training

November 7, 2012  
Raleigh, NC

Presented by  
WRenia Bratts-Brown  
Antoinette Allen-Pearson  
Joanna Isenhour  
Edwina Thompson

# Agenda

- I. Health, Safety & Well-being
- II. Monitoring CAP/Choice
- III. CAP/Choice Personal Assistant & Guardianship
- IV. Updates:
  - Data Entry and Non-Entry Error Reports
  - Compliance Reviews will be conducted by CCME starting in November 2012

# I. Health, Safety & Well-Being

# What should you do if you find that the beneficiary's Health, Safety and Well-being are in question?

- Do you automatically dis-enroll?

**NO**

- Do you approach the beneficiary/responsible party about the problem and try to work toward a solution that is time-appropriate to the unmet need(s) involved?

**YES**

# CAPDA-Choice Clinical Coverage Policy- 3K-2

<http://www.ncdhhs.gov/dma/mp/3K2.pdf>

## **7.5 Health, Safety and Well-being**

The primary consideration underlying the provision of services and assistance for disabled and elderly adults is their desire to reside in a community setting. Enrollment in CAP/DA may be denied based upon the inability of the program to ensure the health, safety, and well-being of the recipient under the following circumstances:

- a. Based on assessment of the recipient's mental, psychosocial and physical condition and functional capabilities:
  1. The recipient is considered to be unsafe when left alone, with or without a Personal Emergency Response System;
  2. The recipient lacks the support of a willing and capable caregiver who must provide adequate care to ensure the health, safety, and well-being of the individual when indication that a 24-hour coverage plan is needed; or
  3. The recipient's needs can not be supported by the system of services that is currently available; or
- b. The recipient's residence is not reasonably considered to be adequate in that the home does not provide for the recipient's safety, and these issues can not be resolved before well-being can be assured;
- c. The recipient's residence or residential environment is unsafe to the extent that it would reasonably be expected to endanger the health and safety of the individual, the individual's caregivers, or the case manager;
- d. The recipient's behavior impedes the safety of self and others (e.g. suicidal, injurious to self or others, verbally abusive, or destructive of physical environment); or
- e. The recipient chooses to remain in a living situation where there is a high risk or an existing condition of abuse, neglect, or exploitation as evidenced by an assessment.

# Health, Safety & Well-being

(3K-2 CAPDA-Choice Clinical Coverage Policy)

## 7.5 Health, Safety and Well-being

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# Health, Safety & Well-being

## (3K-2 CAPDA-Choice Clinical Coverage Policy)

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3. The beneficiary's needs can not be supported by the system of services that is currently available; or

# Health, Safety & Well-being

(3K-2 CAPDA-Choice Clinical Coverage Policy)

- b. The beneficiary's residence is not reasonably considered to be adequate in that the home does not provide for the beneficiary's safety, and these issues can not be resolved before well-being can be assured;**
- Make diligent and continued efforts to remedy the concerning issues- address immediately and document.

# Health, Safety & Well-being

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**c. The beneficiary's residence or residential environment is unsafe to the extent that it would reasonably be expected to endanger the health and safety of the individual, the individual's caregivers, or the case manager;**

- Make diligent and continued efforts to remedy the concerning issues- address immediately and document.

# Health, Safety & Well-being

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**d. The beneficiary's behavior impedes the safety of self and others (e.g. suicidal, injurious to self or others, verbally abusive, or destructive of physical environment); or**

- Make diligent and continued efforts to remedy the concerning issues- address immediately and document.

# Health, Safety & Well-being

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- e. The beneficiary chooses to remain in a living situation where there is a high risk or an existing condition of abuse, neglect, or exploitation as evidenced by an assessment.**
  - Make diligent and continued efforts to remedy the concerning issues- address immediately and document.

**How do you work toward a solution?**

# How do you work toward a solution?

1. Address the issue immediately with the beneficiary or primary caregiver
2. Explain CAP/DA-Choice Clinical Coverage Policy and how issue is in contradiction to policy
3. Devise a corrective action/protection plan with reachable benchmarks (timeframes) to remediate issue
4. Monitor plan carefully, provide feedback and adjustment when necessary

# Problem Solving Approach

# Problem Solving Approach

## **Examine the situation in an objective way:**

- How does the problem situation directly impact this beneficiary's Health, Safety & Well-being as related to the clinical coverage policy?
- What is the specific problem?
- Are there unmet needs to remediate the problem?
- What is the beneficiary/primary caregiver perception of the problem?
- What steps have they taken to address the problem?

# Problem Solving Approach

- What informal & formal resources have already been utilized to meet the beneficiary's needs to this point?
- Are these resources still available & effective?
- Have you obtained outside, objective opinion from other professionals involved with beneficiary's care ( i.e., MD, RN, PT, OT)?
- Are there additional informal & formal resources that are available to remediate the current problem situation?

# Problem Solving Approach

**Who else should be involved to remediate the problem?**

- **DSS** – issues/allegations of Abuse, Neglect, or Exploitation?
- **Law enforcement** - Is there criminal activity?
- **Program Integrity** - misappropriation of Medicaid resources, fraud
- **DHSR** - issues with paid caregiver/agency not performing tasks or competency?

# Problem Solving Approach

## Who else should be involved to remediate the problem?

- **CCNC**- are there issues of repeated hospitalizations, lack of understanding of disease processes or how to manage. Will care management help?
- **Primary physician** - issues of noncompliance, exacerbated condition?

# Creating a Corrective Action/Protection Plan to Remediate the Problem

# Creating a Corrective Action/Protection Plan to Remediate the Problem

- Now that you have examined the situation objectively, create a Plan to remediate the problem situation.
- Always attempt to work with beneficiary or responsible party to resolve the problem situation.

# Creating a Corrective Action/Protection Plan to Remediate the Problem

Inform beneficiary/Responsible Party of:

- Specific problem area that you have observed.
- Unmet needs as per DMA clinical policies
- Impact of the problem situation on the beneficiary's general health and/or their specific health condition.
  - Include evaluations from others (i.e., RN, MD, PT, OT) about how health conditions are impacted.

# Creating a Corrective Action/Protection Plan to Remediate the Problem

- Develop a written/signed plan that focuses on remediating the problem/issue using informal & formal resources available (CAP/DA Waiver Services, State Plan Services &/or Community Supports)
- Discuss plan with beneficiary/responsible party in an open way.

# Creating a Corrective Action/Protection Plan to Remediate the Problem

- Allow the beneficiary/responsible party to work with you to plan a strategy to fix the problem area.
- Assist by offering recommendations of informal or formal resources/supports.

# Creating a Corrective Action/Protection Plan to Remediate the Problem

- Agree upon timeframes to have problem area remediated.
  - Some situations may require more immediate resolution than others.
  - Some situations may allow for a step-by-step approach where timeframes are set to reach small goals as you work toward the ultimate goal of total resolution of the problem.
  - Use reasonable and unbiased judgment when determining reachable timeframes and goals/objectives.
- Inform and list the possible consequences when remediation efforts can not be resolved.

## II. Monitoring the Corrective/Protection Plan

# Monitoring the Corrective/Protection Plan

If a resolution is not possible and the beneficiary's Health, Safety and Well-being cannot be assured, your last resort is to dis-enroll.

# Monitoring the Corrective/Protection Plan

- If dis-enrolling is the course of action, complete an appropriate Adverse Notice via Due Process Procedures.
- Specific citation from the CAP/DA-Choice Clinical Coverage Policy, 3K-2, must be included for the specific reason of the dis-enrollment.

# CAP/Choice & Care Advisement

## Effectively Monitoring CAP/Choice Beneficiaries

# Specific Clinical Coverage Criteria to Participate in CAP/Choice

**Division of Medical Assistance  
Community Alternatives Program for Disabled Adults  
and Choice Option (CAP/DA - Choice)**

**Clinical Coverage Policy No.: 3K-2  
Original Effective Date: October 1, 1982  
Revised Date: March 1, 2012**

## 4.2 Specific Criteria

- b. CAP Choice participation and services are not covered for any one of the following:
  - 1. The recipient is not willing or capable to assume the responsibilities of recipient (self) - directed care and does not have an approved representative who is willing and capable to assume the responsibilities to direct the recipient's care;
  - 2. The recipient does not have an emergency back-up plan with adequate social support to meet the basic needs outlined in the CAP/DA assessment to maintain his or her health, safety and well-being; or
  - 3. The recipient demonstrates a continued inability or unwillingness to adhere to the rights and responsibilities of the CAP/Choice program as outlined in the "Recipient Rights and Responsibilities" form signed during the admission process.

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The services that are offered under both CAP/DA and CAP/Choice are monitored exactly the same way.

# Potential Services to be monitored under CAP/Choice:

- Adult Day Care
- Personal Care Aide (formerly CAP In-Home Aide)
- Home Modifications and Mobility Aids
- Meal Preparation and Delivery
- Institutional Respite Services
- Non-Institutional Respite Services
- Personal Emergency Response Services (formerly Telephone Alert)
- Participant Goods & Services
- Transition Services
- Waiver Supplies including: Nutritional supplements, Reusable incontinence undergarments (T4539), Disposable liners (T4535); Incontinence pads for personal undergarments (T4535); Medication dispensing boxes (T2028).
- Training & Education
- Assistive Technology
- Care Advisor (CAP/Choice Only)
- Personal Assistant (CAP/Choice Only)
- Financial Management Services (CAP/Choice Only)

# Services Exclusive to CAP/Choice are:

Care Advisor (CAP/Choice Only)

Personal Assistant (CAP/Choice Only)

Financial Assistant (CAP/Choice Only)

*How do you monitor these Exclusive  
CAP/Choice services?*

# Monitoring Services Exclusive to CAP/Choice

## Care Advisor (CAP/Choice Only)

Care Advisors review claims to be submitted by their Lead Agency to ensure for accuracy based on case notes. (Just like with case management claims)

## Financial Management Services (CAP/Choice Only)

Care Advisors do not monitor the Financial Manager.  
DMA monitors GT based on our contract agreement.

## Personal Assistant Services (CAP/Choice Only)

We will discuss the monitoring approach for this service in the slides to follow.

# Monitoring Personal Assistant Service

- CAP/Choice is simply an alternative (consumer directed) service option under the CAP/DA.
- The Personal Care Assistant Services is monitored using the same criteria as CAP/DA.

## 11.7.1 CAP/DA Services (*CAP/DA Manual*)

**After a person begins participating in CAP/DA, monitor the care and treatment,** and make needed changes. Look at the need for specific services as well as for CAP/DA participation. Your close contact with the beneficiary, provider agencies and others involved with the beneficiary should provide prompt indications of any need to change the beneficiary's care or treatment. When you find changes are needed, determine if the Plan of Care needs to be revised or if termination should be considered.

## 11.7.1 CAP/DA Services (*CAP/DA Manual*)

cont'd.

Plan monitoring activities in relation to a beneficiary's situation. Some beneficiaries may require more monitoring than others because of the intensity of needs, the support available from responsible parties, or other factors. **Review whether services are being provided as authorized and whether they are meeting their intended purpose.** The provider's performance and the beneficiary's response to services may indicate the need for adjustments in the service. **Document the monitoring and actions taken as the result of the monitoring in the beneficiary's record.**

# Personal Assistant Services

- Determine whether Personal Assistant services are being provided as authorized and meeting their intended purpose through:
  1. Monthly invoices from GT Financial
  2. Monthly Contact
  3. Regular home visits

**Monthly GT Financial Invoice Review –**  
(Were services provided as authorized?)

+

**Monthly contact**

(Verify that needs are being met)

+

**Regular home visits**

(Verify whether the condition of the home & beneficiary reflects that services are being provided to meet the intended purpose.)

# 1. Monthly GT Financial Invoice Review

*Remember your main focus:*

Review whether services are being provided as authorized

- To verify this on the monthly invoice/report from GT Financial, focus on the following information:
  - **“Units Bdgt”** = # of units authorized
  - **“Actual Units”** = # of units provided to beneficiary
  - **“Diff”** = the amount of units not provided as authorized
- Document the monitoring and discuss this information with the beneficiary during monthly contact.



Individual Report For  
Sample, A.

For Month of: Sep-10

Your Budget is OK

Authorization Period: 08/26/2010 to 09/30/2010

September-10

Item	Units Budgeted	Actual Units	Difference	Budgeted Cost	Month Cost	Difference
CLS (Hrs)	60	56	4	\$702	\$622	\$79
Fiscal Intermediary Fee				\$65	\$65	\$0

Authorization to Date

Item	Units Budgeted	Actual Units	Difference	Budgeted Cost	YTD Cost	Difference
CLS (Hrs)	381	350	31	\$4,469	\$3,890	\$578
Fiscal Intermediary Fee				\$455	\$455	\$0
Workers Comp				\$390	\$390	\$0
					<i>Difference</i>	\$578

Remaining Until: 09/30/2010

Item	Starting Units	Actual Units	Remaining	Total Budget	Spent To Date	Remaining
CLS (Hrs)	381	350	31	\$4,469	\$3,890	\$578
Fiscal Intermediary Fee				\$455	\$455	\$0
Workers Comp				\$390	\$390	\$0

Remaining Units: 31

Remaining Dollars: \$531

Your Supports Coordinator/Case Manager Is: \_\_\_\_\_ Phone \_\_\_\_\_

This report was sent to the following people:  
Amy Turner-Lloyd \_\_\_\_\_



Individual Report For

[Redacted]

For Month of: Dec-11

Your Budget is OK

Authorization Period: 12/1/2011 to 12/31/2011

December-11

Item	Units Bdgt	Actual Units	Diff	Bdgt Cost	Month Cost	Diff
Personal Care (Hrs)	0	0	0	\$0	\$0	\$0

# How do you monitor CAP/Choice services using GT Monthly Individual Report?

- What if the GT Monthly Individual Report shows that a beneficiary went “over budget”?
- Sometimes there are legitimate reasons why a GT Monthly Individual Report will show that the beneficiary is “over budget”.
- If the reason is unclear, the Care Advisor should always follow-up with GT Customer Service to verify the reason.

- If it is determined that a beneficiary is “over budget” **because they have over used their hours**, then GT should be in touch with the Care Advisor for approval decision for extra hours.
- If an actual overage occurred, Care Advisor will determine whether hours can be approved.

# Regardless of Decision to Approve an overage or not...

## The Care Advisor should:

- Take the opportunity to remind the choice beneficiary that it is their responsibility to communicate any changes in service as soon as possible.
- Help beneficiary understand that if extra hours are needed, contact care advisor for approval.
- Work out a plan

- **If Care Advisor still has concerns** after discussion with the beneficiary that Personal Assistant is not working the appropriate schedule or providing the appropriate tasks, you can contact GT Customer Service to request timesheets for time period in question.
- Timesheets are available in GT's databank when needed or requested.
- Care Advisor should use best judgment when deciding to approve or not approve extra hours.

## 2. Monthly Contact

- Review with beneficiary whether services are being provided as authorized and whether they are meeting their intended purpose.
- If care or hours were not provided as authorized when you reviewed GT Individual Report, ask beneficiary questions during your monitoring contact:
  - What happened that all hours not provided?
  - Did the beneficiary have appointments, was aide out sick, did beneficiary cancel for some reason, has the aide been habitually late, etc?
  - How were the beneficiary's needs met with this deviation in authorized care? Did they utilize their emergency back-up plan, etc.?
- Document actions taken as the result of the monitoring the beneficiary's record.

### 3. Regular Home Visits

- Monitor the services listed on the POC to see if amount, duration & frequency meeting beneficiary's need (*Note questions on slide 47*).
- Monitor identified assessed needs of the beneficiary.
  - Does it appear that needed tasks are being accomplished to ensure Health, Safety and Well-being?
  - Does it appear that needs are being met as indicted in the assessment and care plan?
- Document in case file any prevailing issues and the ongoing appropriateness of CAP/Choice.

# Reminder

It is the Beneficiary's Responsibility to Contact the Care Adviser when Changes are needed with the schedule or care needs.

Refer to the Choice Manual & Participant Manual about reporting changes in tasks and schedules.

# **Consumer Directed Care CAP/Choice Manual**

## **Section 5.0 Role of the Participant/Consumer**

### **5.4 Training and evaluating personal care assistance**

The Choice participant will prepare a work schedule and tasks/duties to be performed by their Personal Assistant; the participant will notify the Personal Assistant, Fiscal Intermediary and Care Advisor of any changes in the identified schedule, in a timely manner. The Choice participant will evaluate the efficiency of personal assistant to meet specific care needs and arrange training to build competencies when necessary. The Choice participant will orient and instruct the personal assistant in their performance of duties and supervise them while performing these duties.

# **Consumer Directed Care CAP/Choice Manual**

## **Section 5.0 Role of the Participant/Consumer**

### **5.7 Notifying all parties of changes**

The Choice participant/consumer is required to notify the Care Advisor and the Financial Manager immediately upon changes to the care plan and the personal assistant scheduled hours to assure accuracy of services provision and reimbursement. The Choice participant should consult with both the Care Advisor and the FI prior to implementing changes. The Choice participant/consumer shall notify the Care Advisor and Financial Intermediary within 24-48 hours of any change.

# Consumer Directed Care/Choice Participant/Employee Manual

## Section 1. “Your Role”

### Subsection: “You Are Responsible For:”

#### **b. Developing a plan of care**

- You will identify how CAP services can meet your needs as listed in your assessment.
- You will write your plan of care with the support from Case Advisor).
- The Case Advisor will help you understand the Medicaid budget limits and how to put these services in your plan without going over your Medicaid budget.

# Consumer Directed Care/Choice Participant/Employee Manual

## Section 1. “Your Role”

### Subsection: “You Are Responsible For:”

#### b. Developing a plan of care

- **You will notify the Care Advisor and the Financial Manager when you need to change your care plan.**
- **You will need to write a emergency back-up plan to present to your Care Advisor.** This plan is necessary to make sure you have someone to take care of your personal needs in case your aide does not come to work. This back-up plan is also necessary in case your aide is absent for a long time, you have an emergency or special need your aide can not help you with, you are not able to find and hire an aide to take care of you; or your aide can no long do a task due to a lack of training (p.8).

# **Consumer Directed Care/Choice Participant/Employee Manual**

## **Section 1. “Your Role”**

### **Subsection: “You Are Responsible For:”**

#### **d. Training and evaluating personal care assistance**

- CAP Choice beneficiary will prepare a list of tasks/duties and a work schedule for your personal assistant. When there is a change in these tasks or work schedules you will tell your personal assistant, Financial Manager, and Care Advisor.
- CAP Choice beneficiary will evaluate every three months how well your personal assistant is meeting your needs and if he/she needs addition training or education in meeting your needs.

# **Consumer Directed Care/Choice Participant/Employee Manual**

## **Section 1. “Your Role”**

### **Subsection: “You Are Responsible For:”**

#### **e. Working collaboratively with Care Advisor and Financial Manager**

You are responsible for keeping in close communication with the Care Advisor and the Financial Manager. This close relationship is necessary to make sure service are being provided as listed, meeting your needs, and Medicaid dollars are being managed within the budget limits. Close communication and frequent contacts also let people know when there are changes in your care and the need for additional services.

### III. CAP/Choice Personal Assistant Appointing a Legal Representative

# CAP/Choice Personal Assistant Appointing a Legal Representative

Division of Medical Assistance  
Community Alternatives Program for Disabled Adults  
and Choice Option (CAP/DA - Choice)

Clinical Coverage Policy No.: 3K-2  
Original Effective Date: October 1, 1982  
Revised Date: March 1, 2012

## 6.1.15 Personal Assistant Services (Choice Option Only)

Personal Care Assistants hired by recipients to provide personal care services qualify to provide the service based on the following criteria;

- a. Must be 18 years of age or older;
- b. Be a relative or individual who is not acting as the legal guardian or legal representative of the recipient;
- c. Be absent of a history of abuse, neglect, exploitation, and violent crimes against a child or vulnerable adult;
- d. Be absent of substantiated Allegation of Abuse, neglect or exploitation listed with the N.C. Health Care Registry (refer to **Subsection 5.19** "Limitations" for complete list);
- e. Be absent of any substantiated allegation listed with the NC Health Care Registry that would prohibit an individual from working in the Health Care field in the state of NC; and
- f. Meet other reasonable requirements as specified by the recipient.

## IV. CAP Updates

- Data Entry and Non-Entry Error Reports
- Compliance Reviews will be conducted by CCME starting in November 2012

# Questions?

# DMA's CAP Unit Contact Information

## Mailing Address:

Home & Community Care  
Division of Medical Assistance  
2501 Mail Service Center  
Raleigh, NC 27699

**CAP/DA FAX: 919-733-2632**

# DMA's CAP Unit Contact Information

- CAP/DA Manager  
WRenia Bratts-Brown  
[Wrenia.bratts-brown@dhhs.nc.gov](mailto:Wrenia.bratts-brown@dhhs.nc.gov)  
919-855-4371
- CAP/DA Consultants  
Antoinette Allen-Pearson  
[Antoinette.allen-pearson@dhhs.nc.gov](mailto:Antoinette.allen-pearson@dhhs.nc.gov)  
Joanna Isenhour  
[Joanna.isenhour@dhhs.nc.gov](mailto:Joanna.isenhour@dhhs.nc.gov)  
828-424-1224  
Edwina Thompson  
[Edwina.thompson@dhhs.nc.gov](mailto:Edwina.thompson@dhhs.nc.gov)  
919-855-4370

# DMA's CAP Unit Contact Information

- Administrative Assistants

Dawn Gill (primary to CAP/DA)

[Dawn.gill@dhhs.nc.gov](mailto:Dawn.gill@dhhs.nc.gov)

919-855-4309

Tanishia Spicer (back-up to CAP/DA, primary to PACE)

[Tanishia.spicer@dhhs.nc.gov](mailto:Tanishia.spicer@dhhs.nc.gov)

919-855-4384