



North Carolina Department of Health and Human Services
Division of Medical Assistance

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MEMORANDUM

Date: December 27, 2013

To: CAP/DA Lead Agencies

From: WRenia Bratts-Brown, CAP/DA & PACE Manager *WRB*
Home and Community Care Section-Division of Medical Assistance

Subject: CAP/DA Slot Utilization and Waitlist Management

CAP/DA Slot Utilization:

The Division of Medical Assistance (DMA) is the administrative authority of the Community Alternatives Program for Disabled Adults (CAP/DA) waiver. As the administrative authority of the CAP/DA waiver, DMA is mandated to assure utilization management and waiver enrollment is managed against approved limits. The CAP/DA waiver is approved to serve a total of 11, 214 unduplicated aged and disabled Medicaid adults whom qualify for participation in the waiver. Because of the increasing number of medically and categorically needy individuals requesting participation in the CAP/DA waiver and the limited resources across our State, maximizing utilization of waiver slots is imperative to reduce wait time and the totality of the waitlisted individuals across the state. DMA is mandating a utilization rate of 95% of all assigned waiver slots to meet the regulatory requirements of the two administrative authority functions identified above. The implementation of this policy is effective October 1, 2013 with the first review for compliance of this mandate on March 31, 2014.

Each CAP/DA Lead Agency is assigned a specified number of CAP/DA slots to serve medically and categorically needy aged and disabled individuals in their assigned catchment area. To assure maximum utilization of all approved CAP/DA slots (11, 214 across the state), each Lead Agency must maintain a utilization rate of 95% of their assigned slots. Beginning January 1, 2014, all CAP/DA lead agencies are required to adhere to this 95% utilization slot management policy. On a quarterly basis starting on April 1, 2014, DMA will review slots utilization rates. Any CAP/DA lead agency with a utilization rate under 95% and without an action plan approved by DMA will be in jeopardy of revocation of assigned slots.

Waitlist Management:

The CAP/DA program has a maximum limit of waiver slots that can be utilized at any given time. Keeping an accurate account of individuals waiting for services is imperative for short and long-term planning and projection and is a required function of the management of the waiver. As the Administrative Authority of this 1915 (c) Home and Community Based Waiver, DMA is charged with assuring the accuracy of individuals on the waitlist; the prioritization of referrals for immediate waiver participation; reasonable and actual wait time for waitlisted individuals and appropriate allocation of

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statewide waiver slots. As a result of the demand for waiver participation and the selection of entrant in the waiver on a first-come-first-serve basis, DMA and the CAP/DA Lead Agencies must carefully monitor referrals and waitlists to assure participant waiver enrollment, utilization management and waiver enrollment managed against approved limits are managed per approved CAP/DA policy. Due to the increasing demands of individuals requesting enrollment into the CAP/DA waiver and the limited resources across our State, the Division of Medical Assistance needs on-time and accurate information to assure appropriate planning when urgent or last minute requests are made of our program. In an attempt to manage the utilization of CAP/DA slots, DMA is mandating all CAP/DA Lead Agencies or the appointed entity to maintain a waitlist consistent with the approved CAP/DA waitlist policy. The waitlist maintained by the lead agency must reflect an accurate listing of individuals who are actively waiting for CAP/DA enrollment consideration.

Each CAP/DA Lead Agency is required to maintain a current and updated waitlist for individuals requesting participation in the CAP/DA waiver and is not able to be served immediately due to limited slot capacity. With each CAP/DA referral, the CAP/DA lead agency or the appointed entity shall determine availability of slot resources for immediate participation in the waiver, eligibility for waiver prioritization or the assignment to a waitlist with a referral to other community resources such as Program of All- inclusive Care for the Elderly (PACE) or other home and community care programs through the Department of Social Services or Division of Aging and Adults Services. Individuals meeting specific criteria shall be expedited for immediate consideration of waiver participation and prioritized to the top of an existing waitlist. These individuals include:

- Age 18-21 transitioning from the CAP/C program.
- Individuals with an active Auto Immune Deficiency Syndrome (AIDS) diagnosis with a T-Count of below 200.
- Individuals transitioning from a nursing facility with Money Follows the Person (MFP) designation
- Individuals transitioning from a nursing facility utilizing service of community transition.
- Eligible CAP/DA or CAP/Choice beneficiaries who are transferring to another county.
- Previously eligible CAP/DA or CAP/Choice beneficiaries who are transitioning from a short-term rehabilitation placement within 90 days of the placement.
- Individuals identified at risk by their local Department of Social Services (DSS) who have an order of protection or who case was substantiated or confirmed by Adult Protective Services (APS) for abuse, neglect and exploitation and the CAP/DA waiver is able to mitigate risk.

Statistical data gathered from the December 2013 slot utilization report submitted by all CAP/DA Lead Agencies identified a statewide waitlist of over 8, 000 individuals. To assure these waitlisted individuals are referred to other home and community care services that could potentially meet their needs, individuals with a birth year of 1958 whom lives a PACE serve area must be referred to a PACE organization. Please see the attached list of PACE organizations and service areas.

DMA's plan for monthly management of participant waiver enrollment, utilization management and waiver enrollment managed against approved limit includes the following:

1. A slot utilization report must be received by DMA or appointed entity on or before the 10th of every month.
2. A waitlist management report must be received by DMA on or before by 10th of each month. The waitlist management report must be forwarded in a secure e-mail or through fax. This report must

contain the names of all individuals on your agency's waitlist in chronological order; the date of the referral; the date the individual was placed on the waitlist; the individual's waitlisted number; the individual's birth year and a confirmation that a referral was made to a PACE organization if in a PACE service area. The e-mail should be addressed to Dawn Gill at dawn.gill@dhhs.nc.gov. If using fax, address to Dawn Gill at fax number is 919-733-2632.

DMA will:

1. review each CAP/DA Lead Agency's submitted slot report quarterly to identify slot utilization, utilization patterns, and the need to redistribute assigned slots to another county, if warranted.
2. provide each Lead Agency a printout of their utilization rate one month prior to the quarterly review, highlighting compliance with the 95% utilization rate.
3. redistribute unused slots to another county, if slots are not filled or if the action plan is not approved by DMA following the quarterly review.

CAP Lead Agencies shall:

1. complete an action plan within 5-days that describes how the unused or vacant slots will be filled within 30-days when their utilization rate is below 95%.

DMA's plan for utilization management and waiver enrollment managed against approved limits:

1. DMA will review waiver slots managed by all CAP/DA Lead Agencies beginning the month of December 2013 (November data) to initiate the quarterly review process (start date January 2014);
2. DMA will notify each CAP/DA Lead Agency of their utilization rate to allow the opportunity to maximize their slot allocation before the quarterly review;
3. DMA will provide each CAP/DA Lead Agency a 30-day notice of their slot utilization prior to the quarterly review to allow preparation of an action plan, if warranted;
4. DMA will review the slot utilization reports submitted by each CAP/DA Lead Agency on a quarterly basis beginning calendar year 2014 to determine the need to redistribute unused/vacant slots not approved by DMA.

The Division of Medical Assistance sincerely appreciates your time and attention to these very important administrative authority functions of the CAP/DA waiver. If you have questions or need additional guidance or technical assistance please do not hesitate to contact your assigned CAP/DA consultant. Antoinette Allen-Pearson can be reached at antoinette.allen-pearson@dhhs.nc.gov or 919-855-4361. Joanna Isenhour can be reached at Joanna.isenhour@dhhs.nc.gov or at 828-424-1224. Edwina Thompson can be reached at Edwina.thompson@dhhs.nc.gov or at 919-855-4370.