



# CAP/C

THE COMMUNITY ALTERNATIVES  
PROGRAM FOR CHILDREN

# What is CAP/C?

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The Community Alternatives Program for Children (CAP/C) is a Medicaid waiver program designed to keep medically fragile children at home rather than in a nursing home or hospital.

# What does CAP/C offer?

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## Mandatory Services

- Case Management
- In-home RN/LPN or in-home NA I/NA II services

## Optional Services

- In-home or institutional respite
- Waiver supplies: reusable diapers, disposable liners for the reusable diapers
- Home modifications: stationary wheelchair ramps, widening of doorways for wheelchair access, safety rails, grab bars, hand-held showers, and non-skid surfaces

# What else can you get with CAP/C?

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- There are no copays on prescriptions or physician visits
- Since the child has blue-card Medicaid, he/she can also receive regular Medicaid services such as:
  - Therapies
  - Home Health
  - Hospice
  - Home Infusion Therapy
  - Durable Medical Equipment
  - Orthotics and Prosthetics

This must all be able to be provided within the CAP/C monthly budget limit.

# Levels of Care and Budgets

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Intermediate	IC	\$2730	NA
Skilled	SC	\$3537	NA <u>or</u> Nurse
Hospital	HC	\$28729	Nurse

# What kind of care can be provided?

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- Requires presence or oversight of a Registered Nurse
- Continuous, 'private duty' care; not visits
- Related to the medical diagnosis, not to age-appropriate developmental limitations
- Driven by the unmet needs of the child
- Driven by scope of practice of aide vs nurse
- Does not replace parental responsibility

# What are the limitations?

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- No 24 hour care (except for certain prior-approved short term needs)
- No family as paid caregiver
- CAP/C staff cannot transport recipient
- Hours vary between 3-18 per day; determined by level of care, medical need, caregiver availability, and budget limits.
- 720 hours per year of respite
- \$1500 per year of home modifications
- CanNOT get CAP/C in order to get Medicaid

# Who can get CAP/C?

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The child must

- Be under 19 years of age
- Live in a private and primary residence
- Be prior approved by EDS at the IC or SC level of care
- Be eligible for MAD, MAB, I-AS or HSF, except that only the income of the child is considered

# Who can get CAP/C?, cont'd.

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The child must also

- Meet CAP/C criteria for “medically fragile”
- Meet CAP/C criteria for “risk of institutionalization”
- Be able to be safely cared for at home
- Be able to be cared for within the monthly budget limit
- Need Medicaid to pay for the in-home nurse or nurse aide services

# Where can CAP/C be provided?

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- At the child's home
- In a preschool or daycare with a 1 star license or a letter of compliance
- In the school
- In an environment assessed by the CAP/C case manager as meeting health and safety requirements

# Who administers CAP/C?

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- DMA is the “lead agency” for CAP/C.
- There are case managers in each county that are responsible for performing assessments and developing plans of care that are then approved or denied by DMA.
- The list of CAP/C Case Management Agencies is on the web at:  
<http://www.dhhs.state.nc.us/dma/capc/capcagency.pdf>
- The list of DMA contacts for CAP/C is attached.

# Applying for CAP/C

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The following activities must be completed prior to services beginning:

- Prescreening (referral form)
- Application/approval of Medicaid as a CAP/C applicant
- Physician input in the form of the FL-2 and sometimes the physicians request form
- EDS prior approval of level of care
- Complete assessment of the recipient
- Development of a plan of care
- Approval of the above by the CAP/C Nurse Consultant at DMA

The entire process takes 4-8 weeks.

# What then?

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- Case managers are in monthly contact with the recipient/family.
- Case managers must do a home visit at least every 90 days.
- The FL-2, assessment, plan of care, and DMA approval are repeated annually and are known as the “Continued Needs Review (CNR)”.
- Changes to the plan of care that occur mid-year can be submitted and are known as “revisions”.

# Making the Referral

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- Put recipient in contact with the CAP/C Case Manager for their county. The list is available at <http://www.dhhs.state.nc.us/dma/capc/capcconsultantlist.pdf>
- The Case Manger will complete the referral form and submit it to DMA.

# For Questions, More Information

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- Jennifer Brest, Lead CAP/C Nurse Consultant  
919 855 4382      [jennifer.brest@dhhs.nc.gov](mailto:jennifer.brest@dhhs.nc.gov)
- Robert Dean, HCI Unit Secretary  
919 855 4380      [robert.l.dean@dhhs.nc.gov](mailto:robert.l.dean@dhhs.nc.gov)
- The CAP/C Nurse Consultant for the involved county  
919 855 4380, ask for consultant for “X” county or see list at  
<http://www.dhhs.state.nc.us/dma/capc/capccconsultantlist.pdf>
- The CAP/C Case Manager for the involved county  
see list at  
<http://www.dhhs.state.nc.us/dma/capc/capcagency.pdf>
- CAP/C policy, CAP/C Manual, and CAP/C FAQ’s  
<http://www.dhhs.state.nc.us/dma/cc/capc.htm>