

Community Alternatives Program for Children (CAP/C)

OVERVIEW

What is it?

The Medicaid Community Alternatives Program for Children (CAP/C) was established to provide medically fragile children with a cost-effective home care alternative to institutional care. It provides a package of home care and other support services to enable the children to remain with their loved ones in a private residential setting.

Who is it for?

Services are available to children who are medically fragile, such as children born with severe birth defects, children with gastric feeding tubes or respirators, or those who were in serious accidents, who would otherwise need to be cared for in a nursing home or hospital.

Where are applications taken?

To apply for the CAP/C services, contact the Home Care Initiative Unit in the Division of Medical Assistance at 919-857-4021.

INTRODUCTION

The CAP/C program was established to enable certain children who would otherwise need institutionalization to remain at home. Unlike other Medicaid programs, the state does not consider the income or resources of the child's parents in considering eligibility for this program. *Children who qualify for this program are eligible for the full range of Medicaid benefits, and may receive additional services not otherwise offered to Medicaid eligible individuals.*

BENEFITS/ SERVICES

The child and his/her family work with a case manager to design a treatment plan to enable the child to remain in the community. Each child is given a certain budget to work within and these amounts typically vary by the comparable level of institutional care. Children are eligible for the full range of Medicaid-covered services. In addition, other services not typically offered may be provided. In addition to the regular Medicaid services, CAP/C children may receive:

- Home mobility aids (wheelchair ramps, safety rails, non-skid surfaces, handheld showers, grab bars and widening of doorways for wheelchair access);
- CAP/C waiver supplies (reusable incontinence undergarments with disposable liners for children two and older, and oral nutritional supplements);
- Personal care services;

- Respite care (in-home and institutional); and
- Hourly nursing services (RN and LPN).

The maximum budget for each CAP/C child is capped, depending on the level of institutionalization that the child would otherwise need. These monthly maximums are changed on July 1st of each year. The current maximum 1998-99 budget for children in the CAP/C program are as follows:

- \$2,373/mo.—for children needing intermediate nursing facility care (ICF)
- \$3,124/mo.—for children needing skilled nursing facility care (SNF)
- \$27,742/mo.—for children needing hospital level care (typically limited to children on ventilators or who have high tech needs)

APPLICATIONS

The process usually begins by someone calling the state Division of Medical Assistance's Home Care Initiative Staff on the child's behalf (919-857-4021). The child's family or caregiver must first complete the Medicaid application form and have the child's doctor fill out a form specifying the level of institutional care that the child requires. The CAP/C program staff will have a social worker/registered nurse team assess the child's situation, and will appoint a case manager from the child's county of residence to work with the family in developing a plan of care. The Division of Medical Assistance must then approve this plan of care.

ELIGIBILITY REQUIREMENTS

General Eligibility Requirements

To be eligible, a child must be a resident of North Carolina, a US citizen or other qualified alien (see Medicaid chapter 7), and have a medical condition that would otherwise require the child to be institutionalized. The child's caregiver must obtain a FL-2 form filled out by a doctor that shows that the child has a medical condition which places them at risk of needing nursing facility or hospital care.

Unlike other Medicaid programs, the agencies will not consider the income or resources of the parent(s) in determining the child's eligibility for this program. Only the child's independent income and resources will be counted. (The income and resource rules are the same as those listed in the Medicaid chapters). However, Medicaid eligibility staff will ask about the parent's income and resources when a family applies for this program, as the eligibility workers are required to look at all possibilities for Medicaid eligibility.

NUMBERS SERVED

In FY 1997, approximately 180 children were served by the program.

PRIORITIZATION SYSTEM

Typically, services are not limited by statewide caps. However, limits do exist at the county level according to county participation and case manager client load. In these instances, clients are served on a first-come first-serve basis.

APPEAL RIGHTS Children who are denied assistance through this program have the same appeal rights as other Medicaid recipients (See Medicaid chapter).

FINANCING Medicaid finances the CAP/C program.

The total FY 1997 expenditures for this program were \$6,387,190.

ADMINISTRATION This program is administered at the national level by the Health Care Financing Agency within the US Department of Health and Human Services (which administers the Medicaid program). At the state level, the Division of Medical Assistance, within the NC Department of Health and Human Services administers the CAP/C program. At the local level, various public or private agencies may provide case management services (such as a public health department, Department of Social Services, hospital or aging agency).

SOURCES OF LAW Federal statute: 42 USC 1396n(c)
Federal regulations: 42 CFR 441, Subpart G

FOR MORE INFORMATION Home Care Initiative Unit
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