

Orientation/Training For CAP Program Direct Service Providers

February 21, 2017

February 23, 2017

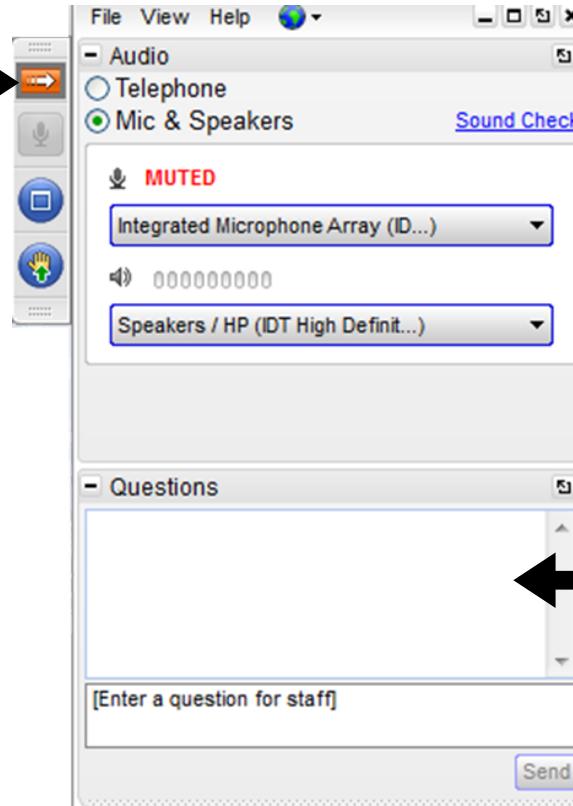
February 27, 2017

February 28, 2017



Training Webinar For CAP/C Policies, Prior Approvals and e-CAP Provider Interface

Webinar Controls



Click here to minimize the webinar control box

Enter your questions here.

This PowerPoint can be accessed on the home page of either the CAP/C or CAP/DA version of e-CAP.

Webinar Overview



Webinar Agenda

- **Introductions And Webinar Organization**
- **High Level Review of CAP/C Waiver Requirements**
- **Introduction of CAP Prior Approvals Functionality**
- **Overview to e-CAP System**
- **Introduction to the e-CAP Service Provider Interface**
- **Getting Started with the e-CAP Service Provider Interface**
- **Recap**



State Assurances for Execution of CAP/C

- **Direct Service Providers shall provide the following assurances:**
 - *Access to home and community-based services and supports* -- within five (5) calendar days of acceptance of a service authorization
 - *Person-centered service planning and delivery* -- per the beneficiary's preference in the amount, frequency and duration as authorized and to actively participate in multidisciplinary team meetings on a quarterly basis
 - *Capacity and capabilities* -- by hiring and staffing qualified and trained staff for individuals within the target population
 - *Health, safety and well-being* -- by rendering services free of unauthorized restraints, reporting incidents within 48 hours of the occurrence and providing supervisory assessment of personnel, minimally every 60 calendar days
 - *Rights and responsibilities* -- by rendering services based on the home and community-based characteristics, processing grievances and complaints and providing resolution for successful outcome and satisfaction of the CAP beneficiary

CAP Prior Approvals

Overview of CAP Prior Approvals

- **As of February 5, 2017, A Refined CAP Prior Approval Process Is In Place**
- **Applies to All CAP Waiver Services**
 - For both CAP/C and CAP/DA
- **Two Types of CAP PAs**
 - CAP level of care PA
 - Approved CAP waiver service PAs

Primary Changes to the Prior Approval Process

- **Level of Care Prior Approvals**
 - A completed and reviewed CAP service request form (SRF) will trigger the creation of a level of care prior approval record decision
 - e-CAP will send prior approval level of care decisions (approved or denied) electronically to NCTracks only. The completed SRF is uploaded into NCTracks.
- **Waiver Service Prior Approvals**
 - e-CAP will electronically transmit waiver service approved utilization limits for each approved waiver service for each current CAP beneficiary
 - NCTracks will rely on the CAP service prior approval records to process/adjudicate claims

Waiver Service Prior Approval – The Basics

- **There Are Now Itemized PAs For Each Approved Waiver Service For Each CAP Beneficiary**
- **The CAP Beneficiary's Approved Services -- in the amount, frequency and duration -- are used to create a PA record for waiver services.**
 - These approved waiver services are consistent with the service authorization traditionally generated for service providers.
- **A New PA Will Be Transmitted to NC Tracks -- when the amount, frequency, duration or service provider -- of an approved waiver service changes**

The waiver service PA will NOT include the beneficiary's primary dx or the referring/ordering physician information

Waiver Service Prior Approval Record Layout

- **Beneficiary Identifiers – MID only**
- **Services ID (and Modifier if Applicable)**
- **Approved Service Maximum for Service Period**
 - Units or \$ depending upon the type of waiver service or item
- **Service Approval Period -- Start and End date**
- **Approved Service Provider -- Provider ID -- NPI/identified address location**

Distinction between Service Authorization and Prior Approval

- Both Summarize What Has Been Approved – Essentially the same information
 - Service Authorizations
 - provides additional details, for example, the *weekly service schedule or the required aide tasks* and sent only to the appropriate service providers
 - Prior Approvals
 - Sent only sent to NCTracks

e-CAP will continue to generate service authorizations the same way as now, once the PA functionality is in place.

Actions That Generate Waiver Service Prior Approval Records

- **An Initial Plan of Care For a New CAP Beneficiary**
 - New PAs will be generated for up to 13 months based on the approved service plan
 - PAs will be updated if a plan revision or change in status assessment is approved and the previous PAs will end-date
- **An Annual POC/Service Plan is Approved**
- **Waiver Service Suspensions Due to Beneficiary Hospitalization, etc.**
- **Denial, Reductions or Termination of a Waiver Service**
 - If the beneficiary appeals, the contested PAs will remain in the NCTracks system utilizing maintenance of service planning methodology until the resolution of the OAH proceedings
 - When an OAH proceeding is completed, the PAs for the contested services will be generated to reflect approved waiver service in the amount, frequency and duration
- **Disenrollment of a CAP Beneficiary**

PA Approval Periods For Waiver Services Provided By DSPs

- **Services With Monthly PAs**
 - Calendar months
- **Services With PAs Based On A State Fiscal Year (Respite is the key service)**
 - One PA for each state fiscal year (7/1 – 6/30) covered by the POC
- **Special Period PAs**
- **Services With A PA Associated With The Waiver Cycle/5 Year Period**
 - One PA for the approved amount with a time period for service/modification completion

- **Services With Monthly PAs – Examples include:**
 - S5125 – In-home aide
 - T1019 – Pediatric nurse aide
 - S5135 & T2027 – Personal care assistance for Choice beneficiaries (CAP/DA and CAP/C versions)
 - S5102 – Adult day health
 - S5170 – Meal preparation and delivery
- **One PA Record For the Each Calendar Month Included in Approved Service Plan**
- **PA Record Identifies The Maximum Allowed Units for the Calendar Month**
- **Includes Any Short-term Intensive Units Scheduled For the Same Month**
- **Includes Any Sick/snow day Units Scheduled For the Same Month**

Treatment Of Service Modifiers

- **If A Waiver Service Has a Modifier, the PAs Will Include the Modifier**
 - Examples: Nutrition supplements with BO modifier; RN Respite with TD and TE modifiers, In-home, HHA or CNA (S9122) with TG and TF modifiers
- **Services With A Special “Short Term Intensive” Designation In CAP**
 - Separate service authorizations are generated for the STI services but it is not possible to generate and transmit individual PAs for STI because there is no official modifier for STI that NCTracks can process
 - The STI planned units are consolidated with the corresponding base waiver service (like in-home aide, pediatric nurse aide, etc.)
 - The same approach is used for any special sick/snow day service authorizations in CAP/C

- **Respite care – in-home and institutional – One PA for each state fiscal year included in the POC**
 - If the respite care service period in the POC crosses over 7/1, two PAs will be generated.
 - Each fiscal year PA for respite will be for the maximum allowed units/hours

Special Period PAs

- **Services With Special or Varying Time Period - Typically less than a year**
- **The Coverage Period Will Be Established By The Case Manager**
 - Service authorizations will display the coverage period; PAs will reflect the coverage period.

CAP Waiver/5 Year Cycle PAs

- **Waiver Cycle/5 Year Period – One PA for the approved total \$ amount**
 - S5165 - Home accessibility and adaptation
 - T2039 - Vehicle modifications
 - T2029 - Assistive technology
 - T2038 - Community transition services
- **Coverage Period – Will be established by the case manager**

Viewing the PAs In NCTracks

BASE INFORMATION

* Account Information:
* Group: * NPI / Atypical ID:

SEARCH OPTIONS

Note:

- If Confirmation Number is used to search for a PA, no additional search criteria fields may be entered.
- If PA Number is used to search for a PA, no additional search criteria fields may be entered

Prior Approval #:
Confirmation #:
* Effective Begin Date: 02/01/2017 
Recipient ID:
* Effective End Date: 03/31/2017 

SEARCH REFINEMENTS

Please select a Payer:
 DMA DPH

Procedure Code:

CAP PAs are identified as CAP POC or CAP LOC

APPROVAL REQUEST LIST

Prior Approval #	Confirmation #	PA Type	Recipient ID	Recipient	Submission Date	Status	Effective Dates	Payer
		CAP POC			02/06/2017	APPROVED	02/01/2017 - 02/28/2017	DMA
		CAP POC			02/06/2017	APPROVED	03/01/2017 - 03/28/2017	DMA

first prev 1 next last

CAP POC: A waiver service PA

CAP LOC: A level of care/CAP eligibility PA

Viewing the PAs In NCTracks

HEADER INFORMATION			
Confirmation #:	Benefit Plan: CAPDA	Health Plan: NCXIX	
Prior Approval #:	PA Type: CAP POC		
Recipient:	Recipient ID:		
Billing Provider:	Billing Provider Id:		
Requesting Provider Name:	Requesting Provider Id:		
Submission Date: 02/06/2017	Status: APPROVED		
Effective Begin Date: 02/01/2017	Effective End Date: 02/28/2017		
Payer: DIVISION OF MEDICAL ASSISTANCE			
ATTACHMENTS			
Attachment Type	Attachment Control #	Transmission Code	
DIAGNOSIS INFORMATION			
Diagnosis Code	Diagnosis Type	Date of Onset (mm/dd/yyyy)	Primary
LINE ITEM 1			
Status: APPROVED	PA Start Date		
Effective Begin Date: 02/01/2017	PA End Date		
Rendering Provider Name:	Provider ID		
Units Allowed: 624.000	Approved Units		
Amount Allowed: 0.00	Service Code		
Procedure Code: S5125			
Modifier(s):			

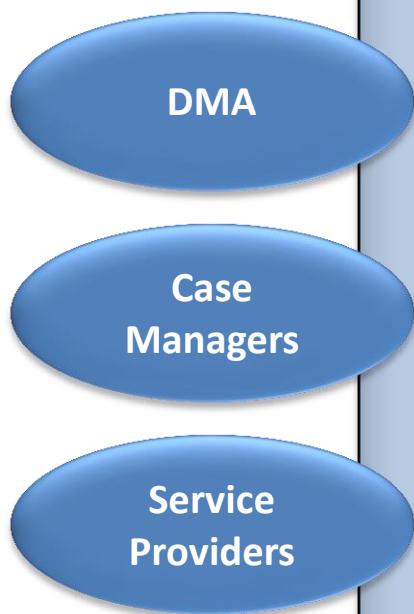
Changes To Review of Provider Claims/Invoices By Case Managers

- **Case Managers Will No Longer Routinely Review Claims Prior To Submission**
- **Case Managers Will No Longer Routinely Request Aide Timesheets/Worksheets As Part of The Claims Review Process**
- **Case Managers Will Still Be Able to Request Aide Task sheets or Claims Information If An Issue Arises**
- **Effective As of February 6, 2017**

e-CAP For CAP Direct Service Providers - Overview



What is e-CAP?



- Computerizes Key CAP Activities
 - Referrals, eligibility determinations, and notifications
 - Case management – including:
 - Assessments
 - POC/Service planning
 - Monitoring
 - Service provision by direct service providers
 - Quality reporting and analysis

Reducing the exchange of paper records over time between case managers, service providers and DMA!

Required Users And Uses Of The DSP Interface

- **Required Users**
 - All CAP waiver service providers
 - All non-waiver Medicaid service providers serving CAP beneficiaries
- **Key Uses**
 - Acceptance or rejection of CAP service authorizations
 - Acknowledgement of participation notices (for non-waiver Medicaid services)
 - Documentation of beneficiary discharges from waiver services
 - Participation in multi-disciplinary team meetings
 - Initiation of a service request form for individuals that have approached your agency seeking help in CAP enrollment
 - Entering utilized respite hours and tracking remaining hours

How Your Agency Accesses e-CAP

Access Requirements

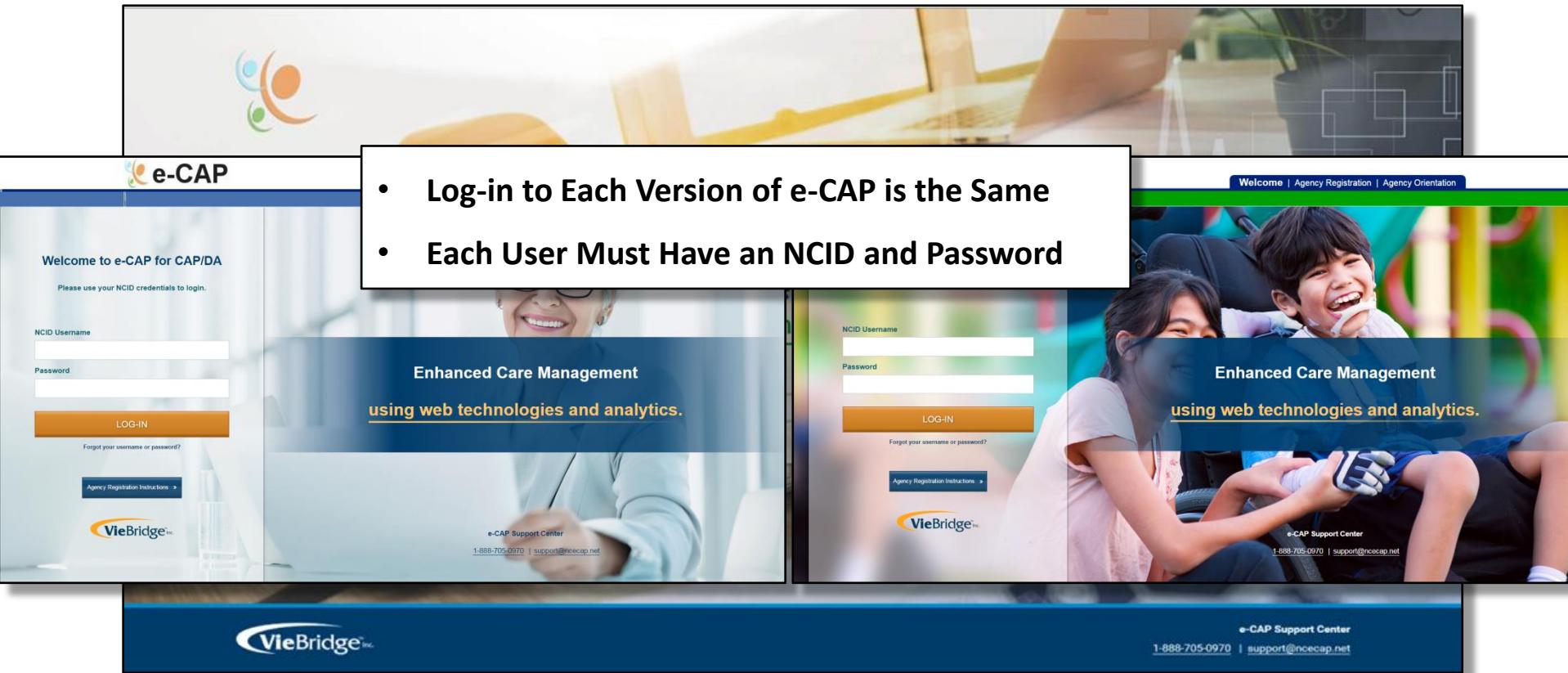
- **A Computer**
- **An Internet Connection**
- **Web Browser Software**
 - Microsoft Internet Explorer
 - Mozilla Firefox
 - Google Chrome
 - Apple Safari
- **An NCID Username and Password**



e-CAP Requires that “Pop Ups” be enabled in your browser for www.ncecap.net

Common Entry Point For Both e-CAP Versions

Go to www.ncecap.net to access either version of e-CAP



Navigating e-CAP



Home

- Home
- Log Out
- Personal
- Login Maintenance
- Resource Links
- Div. of Medical Assistance
- CAP/DA Policies & Manuals
- DMA Program Integrity
- Medicaid Bulletins
- Div. Of Health Service Regulation
- DHSR Health Care Personnel Registry
- NC Tracks
- NCID Help
- Privacy Guidelines
- Training Resources
- Training Videos / Webinars
- User Guides
- Getting Started - New Functionality
- Frequently Asked Questions (FAQs)
- User Registration

Left
Index

LOGOUT

Home

Referrals | Beneficiary | Documentation

Set Up | Knowledge Exchange | Report

Logout

Tabs

Sub
Tabs

CAP Bu

Receiving Waiver Services 2
Receiving Non-Waiver Medicaid Svcs 0
Choice Beneficiaries 0
of Open Service Authorizations 0
of Open Participation Notices 0

Receiving Waiver Services 33
Receiving Non-Waiver Medicaid Svcs 0

Test Your Knowledge

An individual being considered for the CAP/DA program must require the level of care provided by a nursing facility.

True
 False

Submit

Did You Know?

Available Resources for the beneficiary include both formal and informal support, including willing and able family support.

Timeout in: 28 min 07 sec

[LOGOUT](#)[Home](#) | [Referrals](#) | [Beneficiary](#) | [Documentation](#)[Set Up](#) | [Knowledge Exchange](#) | [Reports](#)[Home](#)
[Logout](#)

Announcements



NEW 02/21/2017 - Implementation will be available March 27, 2017. Once your agency provides service separately. Remember to register your agency should take into account agency...

NEW 02/21/2017 - CAP Prior Approvals - CAP is now generating prior approvals for use in claims processing. Prior approval records are created for each claim. To view prior approval records, go to NCTracks. Your agency will continue to receive prior approvals from other agencies but with the new DSP interface, you will be able to view them electronically.

Dashboard/Summary

# of Open Service Authorizations	0
# of Open Participation Notices	0
# Receiving Waiver Services	33
# Receiving Non Waiver Medicaid Services	0

Test Your Knowledge

An individual being considered for the CAP/DA program must require the level of care provided by a nursing facility.

True
 False

Submit

Did You Know?

Available Resources for the beneficiary include both formal and informal support, including willing and able family support.



CAP/DA & PACE Program Manager:

- Wrenia Bratts-Brown, MSW, MHA 919.855.4371, wrenia.bratts-brown@dhhs.nc.gov

CAP/DA Consultants:

- Antoinette Allen-Pearson 919-855-4361, antoinette.alien-peerson@dhhs.nc.gov
- Edwina Thompson 919-855-4370, edwina.thompson@dhhs.nc.gov
- Joanna Isenhour 828-424-1224, joanna.isenhour@dhhs.nc.gov

CAP/DA Policy Analyst:

- Portia Powell 919-855-4390, portia.powell@dhhs.nc.gov

CAP/DA Administrative Support:

- Melinda Dudley 919-855-4376, Melinda.Dudley@dhhs.nc.gov

Money Follows the Person Assistant Director

- Christy Blevins 336-977-9944, Christy.blevins@dhhs.nc.gov

CAP/DA Fax Number: 919-715-0052

Reports



The image shows the e-CAP software interface. At the top, there is a logo with three stylized human figures in orange, green, and blue, followed by the text "e-CAP". To the right of the logo are "LOGOUT" and "Home" buttons, and a navigation bar with "Referrals", "Beneficiary", "Documentation", "Set Up", "Knowledge Exchange", and "Reports". The "Reports" button is circled in red. Below the navigation bar, the text "Current DSP Caseload Master List" is displayed. On the left, there is a sidebar with a red border containing four menu items: "Current DSP Caseload Master List", "Beneficiary Primary Dx Report", "Inactive Beneficiaries Report", and "Service Authorizations".

- **Caseload Master – For the authorized Provider Only – Across Referring CMEs**
- **Beneficiary Primary Diagnosis Report**
- **Inactive Beneficiaries - only information that was available at time services were being rendered**
- **Service Authorization Report**

Caseload Report Example

Community Alternatives Program (CAP/C)

Current Beneficiary Case Load

Reporting Date: 02/21/2017

DSP	Beneficiary Name	MID	Age	Beneficiary Phone	Referring Agency	Case Manager	Referral Date	Next CNR Date
			6		Quality Health Care Services - 1083602577 - 004		02/05/2013	8/20/2017
			19		Footprints Case Management - 1174875736 - 003		06/27/2014	8/20/2017
			11		Footprints Case Management - 1174875736 - 003		04/24/2015	7/20/2017
			9		Monarch - 1164850525 - 003		04/24/2007	5/20/2017
			9		C and B Support Services Inc - 1346413911 - 003		02/25/2009	10/20/2017
			8		Lincoln County Department of Social Services - 1407987357 - 003		01/12/2012	9/20/2017
			13		Monarch - 1164850525 - 003		03/25/2004	5/20/2017
			16		C and B Support Services Inc - 1346413911 - 003		08/01/2008	7/20/2017
			7		Monarch - 1164850525 - 003		02/04/2010	5/20/2017
			4		C and B Support Services Inc - 1346413911 - 003		09/08/2014	2/20/2018
			28 mo.		Quality Health Care Services - 1083602577 - 004		03/24/2015	6/20/2017
			12		Footprints Case Management - 1174875736 - 003		07/07/2010	9/20/2017

Service Authorization Report Example

Community Alternatives Program (CAP/DA)

DSP Service Authorization Report

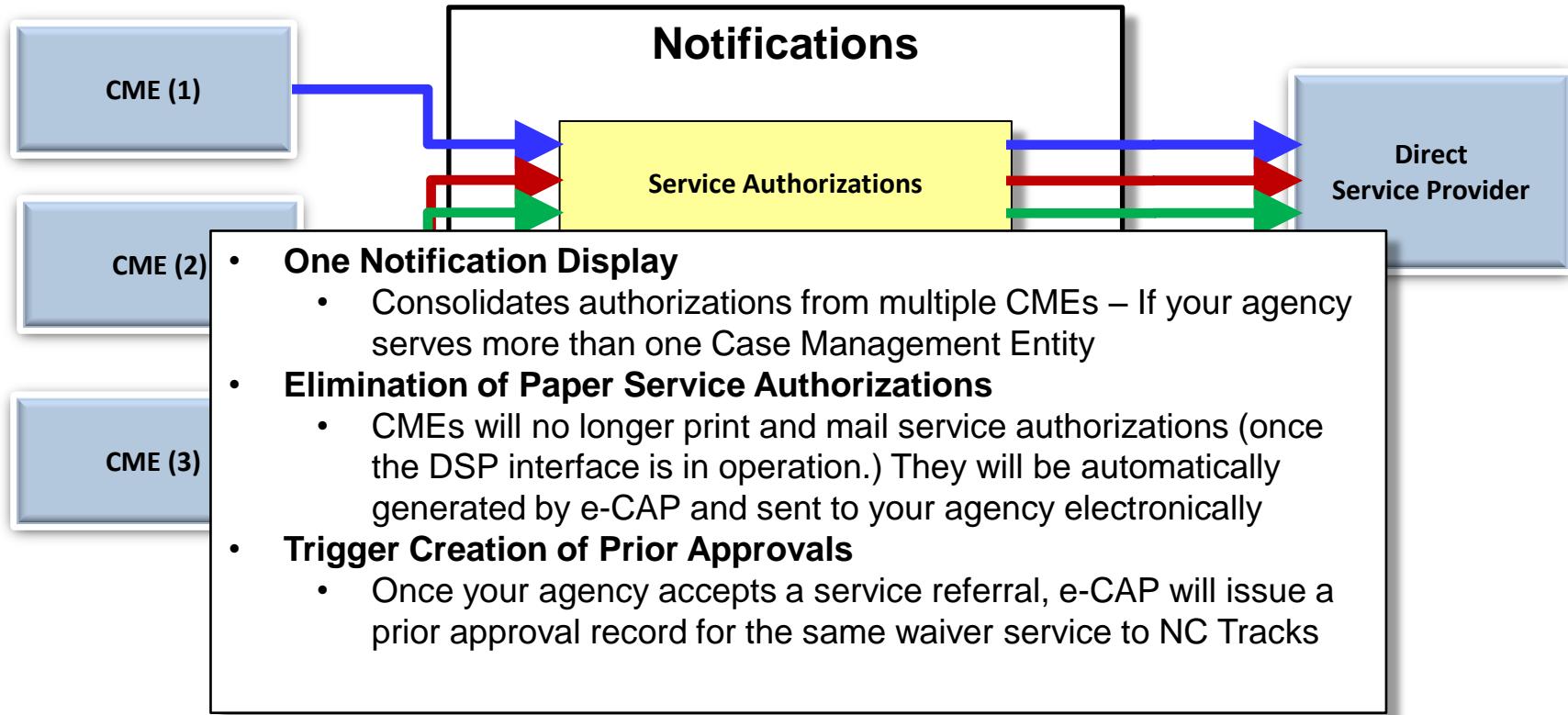
Reporting Date: 02/20/2017

<u>DSP</u>	<u>Referring Agency</u>	<u>Beneficiary Name</u>	<u>MID</u>	<u>Service Code</u>	<u>Service</u>	<u>Service Start Date</u>	<u>Service End Date</u>	<u>Unit Rate</u>	<u>Total Units or \$</u>
				S5125	In Home Aide	09/16/2014	09/15/2015	3.4700	8320.00
				S5125	In Home Aide	04/30/2015	04/29/2016	3.4700	5200.00
				S5125	In Home Aide	03/01/2015	10/31/2015	3.4700	3120.00
				S5125	In Home Aide	03/01/2015	10/31/2015	3.4700	8632.00
				S5125	In Home Aide	01/12/2015	11/04/2015	3.4700	8424.00
				S5125	In Home Aide	09/01/2014	08/31/2015	3.4700	8320.00
				S5125	In Home Aide	09/16/2015	09/15/2016	3.4700	8320.00
				S5125	In Home Aide	04/01/2015	03/31/2016	3.4700	5200.00

DSP Referrals Module Functionality

- **Organizes and Displays Notices Sent To Your Agency From CAP Case Managers**
 - Now paperless, electronically transmitted
 - Consolidates notices from multiple case management agencies for either CAP/DA or CAP/C – not both
 - Archives notices that your agency has reviewed for future reference
- **CAP Notice Types Your Agency Will Receive Electronically**
 - Waiver Service:
 - Authorizations
 - Service Suspensions
 - Reinstatements
 - Participation notices – for non-waiver Medicaid services the agency provides
 - Beneficiary disenrollment notices
 - Multi-disciplinary team meeting notices – more on this later

DSP Interface Service Authorizations



Referrals/Notice Queue



LOGOUT

Home | Referrals | Beneficiary | Documentation

View Notices Awaiting DSP Review

Referral

[View Notices Awaiting DSP Review](#)
[Notices Received Last 12 Months](#)
[MDT Meeting Notices](#)
[Search Beneficiaries](#)

Click on the beneficiary name to see the individual notice summary and acknowledge your receipt of the notice.

- Specific to Each Waiver Service**
 - If a CAP beneficiary receives multiple waiver services from your agency, individual notices will display for each waiver service
- Requires Acceptance or Rejection By Agency**
 - If accepted, e-CAP will produce the corresponding prior approval record and transmit it to NC Tracks electronically
 - Contains Authorized Level of Service
- Link Provided to the Official Service Authorization Notice**
 - Official notice contains authorization specifics including schedule and required tasks and the approved maximum units
- Authorizations Now Include Referring and Ordering Physicians**
- Authorizations Document the Beneficiary's Primary Diagnosis**

Notice Type	View Notices	Days in Queue
017 Authorization	View Notices	7
017 Authorization	View Notices	7
017 Authorization	View Notices	7
017 Authorization	View Notices	7
016 Authorization	View Notices	7
016 Authorization	View Notices	7
016 Authorization	View Notices	7
017 Authorization	View Notices	7
017 Authorization	View Notices	7
017 Authorization	View Notices	7
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017 Authorization	View Notices	7
017 Authorization	View Notices	7
017 Authorization	View Notices	7
017 Authorization	View Notices	7
017 Authorization	View Notices	7
016 Reinstatement	View Notices	8
016 Reinstatement	View Notices	8
016 Reinstatement	View Notices	8
016 Suspension	View Notices	12
016 Suspension	View Notices	12
016 Suspension	View Notices	12
016 Suspension	View Notices	12
016 Suspension	View Notices	12
016 Suspension	View Notices	8
016 Suspension	View Notices	8
016 Suspension	View Notices	8
016 Suspension	View Notices	7
016 Suspension	View Notices	7

Authorization Notice Functionality

[LOGOUT](#)[Home](#) | [Referrals](#) | [Beneficiary](#) | [Documentation](#)

View Notices

Referral
View Notices
Notices Received Last 12 Months
IDT Meeting Notices

Direct Service Provider Acceptance of Service Authorization for [REDACTED]

* = Required

Beneficiary Data		
Recipient Name	Medicaid ID	
Alternate MIDs		
Address 1	Address 2	
City, State Zip	County	
Phone	DOB	
Gender		
ICD Code	Primary Diagnosis	
Referring Agency		
Case Manager		
Name of Waiver Service	S5125 - In Home Aide	
Referring Physician Name		
Ordering Physician Name		
Referral/Authorization Acceptance *	<input type="button" value="-- select --"/>	
	<input type="button" value="Acknowledge"/>	

Accept or reject a service authorization

- Suspension Notice
- Suspension Notice
- Suspension Notice
- Suspension Notice
- Disenrollment Notice
- Disenrollment Notice

Start Date	End Date	Type
2/01/2016	11/30/2017	Participation - [letter(s)]
2/01/2016	11/30/2017	New - [letter(s)]
2/01/2016	11/30/2017	New - [letter(s)]
2/01/2016	11/30/2017	New - [letter(s)]
2/01/2016	11/30/2017	New - [letter(s)]
2/01/2016	11/30/2017	New - [letter(s)]
2/01/2016	11/30/2017	New - [letter(s)]
2/01/2016	11/30/2017	New - [letter(s)]
2/01/2016	11/30/2017	New - [letter(s)]
2/01/2016	11/30/2017	New - [letter(s)]
2/01/2016	11/30/2017	New - [letter(s)]
2/01/2016	11/30/2017	New - [letter(s)]
2/01/2016	11/30/2017	Participation - [letter(s)]
2/01/2016	09/30/2017	New - [letter(s)]
2/01/2016	09/30/2017	New - [letter(s)]
2/01/2016	09/30/2017	New - [letter(s)]
2/01/2016	09/30/2017	New - [letter(s)]
2/01/2016	09/30/2017	New - [letter(s)]
11/18/2016	12/31/2016	
11/18/2016	12/31/2016	
11/18/2016	12/31/2016	
11/18/2016	12/31/2016	
11/01/2015	11/30/2016	Termination - [letter(s)]
10/24/2016	11/30/2016	Termination - [letter(s)]

Service Authorization Notice Sample

55125 Management Services, Inc.

(CAP/DA) Service Authorization

10/12/2016

TO: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

FROM: [REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

RE: [REDACTED]

Beneficiary Phone: [REDACTED]

Address: [REDACTED]

Date of Birth: [REDACTED]

Gender: Male

MID: [REDACTED]

CAP/DA Effective Date: 10/11/2013

Primary Diagnosis: PARAPLEGIA, COMPLETE (G82.21)

Responsible Person: [REDACTED]

Responsible Person Phone: [REDACTED]

Address: [REDACTED]

Referring Physician: [REDACTED]

Ordering Physician: [REDACTED]

Referring NPI: [REDACTED]

Ordering NPI: [REDACTED]

Please provide **S5125 CAP/DA In-Home Health Care** to the above named CAP/DA Beneficiary.

The billing code is **S5125 per 15 minute unit**. The beneficiary is authorized to receive 40.00 units per Week.

Please begin service on **11/01/2015** and continue until **11/30/2016** unless otherwise notified. This service authorization also includes one additional month of service coverage that will be added to the service end date. This extra month is authorized to ensure there is no interruption of service at the time of the next plan of care renewal for this beneficiary. Please contact me if you have problems delivering the service or if you believe the service needs have stopped or changed.

Other Electronic Notices Your Agency May Receive

- **Waiver Service Suspensions and Reinstatements**
 - In instances where the CAP beneficiary is hospitalized and/or placed in short term nursing care
- **Disenrollments/Service Terminations**
 - Notices that inform your agency that a CAP beneficiary is no longer a CAP program participant
- **Participation Notices – Requires an acknowledgement**
 - Notices that inform providers of non-waiver Medicaid services that the CAP beneficiary has been determined to be eligible for CAP in terms of medical necessity – Generated at the same time as service authorizations
 - Identifies the non-waiver Medicaid services your agency provides
- **Multi-Disciplinary Team Meeting Notices**
 - Quarterly meetings coordinated by CAP case managers to coordinate service among participating providers/professionals for individual CAP beneficiaries

Participation Notice Functionality

[LOGOUT](#)[Home](#) | [Referrals](#) | [Beneficiary](#) | [Documentation](#)

Acknowledgement of Participation Notices for [REDACTED]

* = Required

Beneficiary Data

Recipient Name

Medicaid ID

Alternate MIDs

Address 1

Address 2

City, State Zip

County

Phone

DOB

Gender

Plan Type

ReAssessment

Referring Agency

Case Manager

Name of Waiver Service

Non-Waiver Services

By clicking OK, this participation notice will move to the Received Last 365 Days listing for historical review.

OK

Suspension	Respite Care, In-Home	11/18/2016 - 12/31/2016 Suspension	86
Suspension	Meal Preparation and Delivery	11/18/2016 - 12/31/2016 Suspension	86
Suspension	Respite Care, In-Home	11/01/2015 - 10/31/2016 Suspension	77
Suspension	Incontinence Disposable Liner/Shield	11/01/2015 - 10/31/2016 Suspension	77

Participation Notice Sample

COMMUNITY ALTERNATIVES PROGRAM FOR DISABLED ADULTS
(CAP/DA)
PARTICIPATION NOTICE

11/16/2016

TO: Provider

FROM: Case Manager

Beneficiary's Name: [REDACTED]

Address: [REDACTED]

Phone: [REDACTED]

Responsible Party/Parent: [REDACTED]

Address: [REDACTED]

Parent/Responsible Party Phone: [REDACTED]

The beneficiary does not have private i

The beneficiary does not have a monthly
Medicaid coverage.

The beneficiary is authorized for CAP/

The chart below contains the services, s
in the CAP/DA Service Plan which beg
changes in the type, amount, frequency
management entity.

Code Service

B4036 ENTERAL FEEDING KIT, GRAVITY FED, PER 1.00 unit(s) per Day from 08/27/2015 to
DAY 08/17/2016 \$8.28

IMPORTANT: This is not an authorization for or approval of services from your agency. The purpose of this notice is to coordinate the beneficiary's home and community care services. Your services are provided and paid according to Medicaid policies and procedures. You are responsible for verifying Medicaid eligibility and the beneficiary's eligibility for the service.

It is the responsibility of the case manager to monitor all services on a quarterly basis and to facilitate Multidisciplinary Team Meetings. Your agency will be contacted to participate in order to give input from your unique provider perspective regarding this beneficiary.

Thank you,

[REDACTED]
CAP/DA Case Manager
[REDACTED]

MDT Notice Acceptance

[LOGOUT](#)[Home](#)[Referrals](#)[Beneficiary](#)[Documentation](#)

MDT Meeting Notices

[Referral](#)

MDT Meeting Acknowledgement for [REDACTED]

Beneficiary Data

Recipient Name

Medicaid ID

Alternate MIDs

Address 1

Address 2

City, State Zip

County

Phone

DOB

Gender

Referring Agency

Case Manager

Services

Schedule Comments/Agenda

We will discuss the
daughter who if

Can Your Agency Participate In This MDT Meeting?

Attendee

- **Case Managers Conduct Quarterly MDT Meetings For CAP Beneficiaries**
 - Discuss needs and issues relative to CAP beneficiary or informal supports
 - Coordinate services and related interventions among providers
- **Case Managers Can Schedule MDT Meetings Using e-CAP**
 - At the option of the case manager, your agency will receive an electronic notice of the upcoming MDT meeting/call.
 - Case managers can add comments or an agenda to the meeting notice
 - The notices will appear in the DSP interface
- **DSPs Can RSVP To The Meeting Notices**
- **CMs Have A Display To See What Agencies “RSVPed” To Each MDT Notice**

Beneficiary Module

Beneficiary Module

[LOGOUT](#)[Home](#) | [Referrals](#) | **Beneficiary** | [Documentation](#)

Search Beneficiaries

Beneficiary

[Search Beneficiaries](#)[Beneficiary Profile](#)[Beneficiary At A Glance](#)[Beneficiary Latest POC](#)[MDT Meeting Notes](#)[Supporting Docs](#)

Beneficiary List

Name	Birth Date	Medicaid Id	Phone	Referring Agency	Status
S...	1980-01-01	1234567890	555-1234	Healthcare Services Inc.	Current
S...	1980-01-01	1234567890	555-1234	Healthcare Services Inc.	Current
S...	1980-01-01	1234567890	555-1234	Healthcare Services Inc.	Current
S...	1980-01-01	1234567890	555-1234	Healthcare Services Inc.	Current
S...	1980-01-01	1234567890	555-1234	Healthcare Services Inc.	Current

CAP beneficiaries, you will need to select a beneficiary first using Search Beneficiaries

Beneficiary Profile

[LOGOUT](#)[Home](#) | [Referrals](#) | **Beneficiary** | [Documentation](#)

Search Beneficiaries

Beneficiary[Search Beneficiaries](#)[Beneficiary Profile](#)[Beneficiary At A Glance](#)[Beneficiary Latest POC](#)[MDT Meeting Notes](#)[Supporting Docs](#)**Beneficiary Profile for** [REDACTED]*** = Required**[Print](#)**Beneficiary Identification**

Medicaid Number	[REDACTED]	Medicare Number	[REDACTED]
Medicaid Status *	Eligible		
Medicaid Eligibility Category			

Case ID	[REDACTED]		
First Name	[REDACTED]		
Middle Name	[REDACTED]		
Last Name	[REDACTED]		
Preferred Name	[REDACTED]		
Medicaid X-Ref ID	Medicaid County	[REDACTED]	
Alternate MIDs	[REDACTED]		
Alternate MIDs	[REDACTED]		
Alternate ID	[REDACTED]		
Birth Date	[REDACTED]	Age	[REDACTED]

**Picture** Remove[Browse...](#) No file selected.

- **Beneficiary Profile – A summary record (view only for DSPs)**
- **Regularly Updated By Case Managers Via Reassessments, Monitoring and Other Beneficiary Interactions**

Beneficiary At A Glance Template -- Sample

Beneficiary Profile At A Glance

Beneficiary Name:
Beneficiary ID:
Case Management Entity:

At A Glance

Beneficiary History by Assessment Date

Beneficiary History by Ag

Demographic/Contact Info

Date of Birth	1950-01-01
Race	Other/Unknown
Marital Status	Unknown
Residence County	Unknown
Living Arrangement	Unknown
Primary Care Physician	Dr. General Physician

Current Age
Ethnicity
Years Of School
Gender
Contact Telephone
Primary Care Ph

Program Participation Status

CAP Effective Date	2015-01-01	Medicaid Eligibility
MFP	N	Medicaid Deductible
Choice	N	Last Assessment Date
Date of Last Assessment	10/9/2014	Current POC end Date
Current POC Start Date		Case Manager Name
Advance Directives	N	# of Incidents in Last 30 Days
# of Complaints in e-CAP	0	

- **Provides A Quick Summary Profile of the Beneficiary**
- **Summaries of Conditions and Utilization**
 - Diagnoses and medications
 - Risks
 - Hospitalizations
 - DSP Incidents/Complaints
- **ADL Profile**
- **Composite “Scores” – Based on multiple conditions and characteristics**

Beneficiary At A Glance Template -- Sample

Summary Diagnoses / Conditions

Composite Beneficiary Summary

Principal Dx

of Listed Medications

Pain Level

Height

Bladder Continence

Skin Ulcers

Vision Status

Speech Status

of Hosp. Last Year

of Risk Indicators

Prognosis

Paralyzed

of Behaviors

of Mood Indicators

Alertness

Details

Close

Medication	Strength	Dosage
Dicyclomine Hcl		10 mg
Naproxen		500 mg
Donepezil Hcl		5 mg
Januvia		100 mg
Lisinopril		10 mg
Metformin Hcl		750 mg
Aspirin		81 mg
Vitamin D		50,000 units
Amlodipine Besylate/Benazepril Hcl		2.5 mg

10

Unknown

0

148 Pounds

Totally continent

N

Adequate

Fatigues with exertion

0

0

Intermediate

Continuous

1

+

0

Functioning / Capacities for Daily Living

18

Plan Summary Screen

[LOGOUT](#)[Home](#) | [Referrals](#) | **Beneficiary** | [Documentation](#)

Beneficiary Latest POC

Beneficiary	Plans of Care for [REDACTED]						
Search Beneficiaries	POC Type	Plan Start	Plan End	POC Author	POC Complete	POC Approved	LAR Review Date
Beneficiary Profile	ReAssessment	11/01/2015	10/31/2016	[REDACTED]	Yes	Approved	12/01/2016
Beneficiary At A Glance							
Beneficiary Latest POC							
MDT Meeting Notes							
Supporting Docs							

- DSPs Will Be Able to View Only The Most Recent/Current CAP Plan of Care.
- Only Selective Information Will Be Displayed
 - Plan summary screen
 - Current person centered goals
 - POC Non-waiver service summary
 - Beneficiary Risk Mitigation Strategies
 - Risks identified in most recent assessment – either beneficiary or informal caregiver “risks”
 - Displays case management agency plans to reduce or eliminate risks during the plan period.

Plan Summary Screen

[LOGOUT](#)[Home](#) | [Referrals](#) | **Beneficiary** | [Documentation](#)

Beneficiary Latest POC

Client Other Medical Record
Plan of Care - Summary
Person-Centered Goals
POC Non-waiver Service Summary
Risk Mitigation Strategies

POC Plan SetUp / Summary for [REDACTED]

* = Required

Plan Summary

Plan Start	Plan End	Plan Months
11/01/2015	10/31/2016	12.0

Plan Type	CNR	Choice/Consumer Self-Direction	N
Acuity Level	High	ADL Composite Score	56 - Total Dependence
Does Deductible Apply?	No	Is There Third Party Payer?	No

Plan Narrative

Client is a 85 yo female bed bound Hospice patient. Client is alert and oriented to self. Client is dependent on caregivers for adls and iadls. Client's daughter is requesting ongoing CAP services to keep client at home.

CM Monitoring Priorities

Description of Monitoring Priorities

Beneficiary Person-Centered Goals

Goal for [REDACTED]

* = Required

Goal Originator *	Beneficiary
Goal Type *	Promote a positive beneficiary personal outlook for Independence
Other Goal Type, Desc	
Goal Priority *	High
Attainment Probability	High
Goal Description *	Beneficiary wishes to attend Church each Sunday.
Status *	In Progress
Comments	

Save **Remove**

Assessments POC Monitoring			
Person	Agency Affiliation	Planned Comp Date	Task Status
	CME	09/30/2016	Open
		09/30/2016	Ongoing
		08/31/2016	Open

- For identified goals you will see the goal priority and attainment probability
- Once entered in the POC, Goals and Task Plans can be updated during the year as part of monitoring by the case manager or as a result of MDT meetings.

POC Service Summary – Non waiver Medicaid Services Only

Plan of Care Service Summary (Non-waiver Medicaid Services Only)

Beneficiary: [REDACTED]

Consumer Direction (Choice) Beneficiary: N

POC Start Date: 06/01/2016 POC End Date: 06/30/2016 Report Date: 02/17/2017

90-Day Transitional Plan

Service Code and Name	Service Start Date	Service End Date	Service Provider Name
Non-Waiver Services			
RC440 - Speech Therapy Regular (Hh Provider)	06/01/2016	06/01/2016	[REDACTED]
Non-Waiver Equipment and Supplies			
A4554 - Disposable Underpads All Sizes (Chux)	06/01/2016	06/01/2016	[REDACTED]
E2510 - Speech Generating Device, Synthesized Speech, Permitting Multiple Methods Of Message Formulation And	06/01/2016	06/01/2016	[REDACTED]

[Excel Export](#)

[PDF Export](#)

- Displays only the non-waiver Medicaid services , non-waiver equipment and supplies included in the beneficiary's plan of care.
- PDF export – used to print the POC Service Summary

MDT Form/Notes Template

* = Required [Print](#)

Quarterly MDT Review for [REDACTED]

Last Updated By: [REDACTED] Last Update Date: 9/30/2015

Beneficiary Data

Beneficiary Name	Medicaid ID
Alternate MIDs	
Address 1	Address 2
City, State Zip	County
Phone	DOB
Gender	

Contact Details

Due Date	10/02/2015
Date of IDT Meeting *	
CM Monitoring Priorities	
IDT Meeting Minutes *	
Author *	
Location *	-- select -- Other, Desc

Individuals Attending Interdisciplinary Team Meeting

Agency	Last Name
Attendee Info Entry	
Individuals Attending Home Visit - (Check all that apply.)	
Case Manager	<input type="checkbox"/>
Beneficiary	<input type="checkbox"/>
Caregiver(s)	<input type="checkbox"/>
Direct Care Staff	<input type="checkbox"/>
Direct Care Supervisory Staff (Present for Quarterly Visit/CNR)	<input type="checkbox"/>
Other	<input type="checkbox"/> Other

Visit Summary

Chief Concern or Priority *

How Does the Family Think Things are going?

Changes in the Person-Centered Goals? *

If Yes, Were the Person-Centered Goals Updated or Edited?

What Does the Beneficiary/Family Want to Say/Discuss/Accomplish During This Visit?

- **MDT Meeting Notes – Produced By CAP Case Managers**
 - **Fixed Format For Documentation of MDT Meeting Notes**
 - **e-CAP Provides a Listing of all MDT Meeting Notes**
 - **When a MDT Meeting Is Selected From the Listing, The Meeting Summary Will Display.**
 - **This is Read-Only Information For the DSP Users**

Supporting Documents



Upload Record

* = Required

Record Received Date *	02/17/2017 <input type="button" value="Calendar"/>
Record Type *	-- select -- <input type="button" value="Down"/>
Record *	<input type="button" value="Browse..."/> No file selected.
Comment	<input type="text"/>

- **Supporting Documents Repository**
 - Beneficiary specific information
 - Documents uploaded into e-CAP as supporting documents
 - Organized by document type
 - Includes provision for uploading required documentation on provider qualifications and training outlined in Section 6.0 of the newly revised CAP policy
 - Allows access to and viewing of uploaded documents
 - Only the documents uploaded by the service provider

Documentation Module

Documentation Module

[LOGOUT](#)[Home](#) | [Referrals](#) | [Beneficiary](#) | **Documentation**

Search Beneficiaries

Beneficiary

[Search Beneficiaries](#)[Supporting Docs](#)[Service Discharge Documentation](#)[Communicate Beneficiary](#)[Condition Change](#)[Critical Incident Report](#)[Complaint Report](#)[Respite Use Tracking](#)[Nurse Supervision Notes](#)[New Service Request](#)[Pending Service Request](#)[Comm Log](#)

* = Required

Last Name (partial)

First Name (partial)

Medicaid Id

Multiple routines to support direct service provider documentation.

Beneficiary List

Service Discharge

[LOGOUT](#)[Home](#) | [Referrals](#) | [Beneficiary](#) | [Documentation](#)

- Beneficiary
 - Search Beneficiaries
 - Supporting Docs
 - Service Discharge D
 - Communicate Benef
 - Change Critical Incide
 - Incident Rep
 - Complaint Report
 - Respite Use Trackin
 - Nurse Supervision N
 - New Service Reque
 - Pending Service Re
 - Comm Log

Service Discharge for [REDACTED]

Beneficiary Data	
Recipient Name	Medicaid ID
Alternate MIDs	
Address 1	Address 2
City, State Zip	County
Phone	DOB
Gender	
Referring Agency	

Service Information

Service Code	Description	STI In-Home Aide
S5125	STI In-Home Aide	02/17/2017 <input type="button" value="Calendar"/>
Discharge Date	Discharge Reason	<input type="button" value="Other"/> -- select -- Condition improved Moved to a NF/Residential facility Moved out of service area Discharged from program Deceased Other

- **Service Providers Can Use e-CAP To Document A Beneficiary Discharge From A Service**
 - Waiver services
 - Non-waiver Medicaid Services
- **The Discharge Is Forwarded Directly To the Appropriate Case Manager**
- **The Case Manager Will Process A Service Termination**
 - This will result in the service prior approval being end-dated in NC Tracks

Communicate Beneficiary Condition Changes

COS POC Request for [REDACTED]

* = Required

Beneficiary Data	
Recipient Name	Medicaid ID
Alternate MIDs	
Address 1	Address 2
City, State Zip	County
Phone	DOB
Gender	
Referring Agency	

- **Case Managers Conduct Change of Status Reassessments**
 - Result in new plans of care to account for changes in the beneficiary's conditions
- **Change of Status Reassessments Can Occur Throughout the Year**
 - Case managers typically initiate change of status reassessments as a result of monthly contacts, quarterly visits or MDT meetings.
- **Through The DSP Interface, Service Providers Can Document Changes In Beneficiary Conditions**
 - This information once entered is sent electronically to the appropriate case manager for follow up.
 - The case manager will determine what steps and actions will be taken in response to the beneficiary information provided by the service provider

Critical Incident Report

Incident Report for [REDACTED]

* = Required

[Print](#)

Note ID:

Incident Overview

Person Reporting Incident *	<input type="button" value="Contact Phone"/> Contact Phone
Incident Date	<input type="button" value="OR Month"/> OR Month <input type="button" value="-- select --"/> Year <input type="button" value="-- select --"/>
Incident Time	
Incident Location *	<input type="button" value="-- select --"/> If other, describe
Date You Became Aware of Incident *	<input type="button" value=""/>
Was Beneficiary Under the Direct Care of the Waiver/Program (at the time of the incident) *	<input type="button" value="-- select --"/> If yes, specify

Provider

Specific Name of Provider Staff (if known)

Type of Incident

Incident Type *

Additional Information

Cause

Incident Cause Entry

Incident Description

Description of Incident (include any events leading up or resulting from the incident) *

- CAP Programs Require Critical Incident Reporting**
- Service Providers Must Use e-CAP To Document A Critical Incident**
- Both CAP/C and CAP/DA Use The Same Process and Forms**
- The Critical Incident Form Is Accessible From the Documentation Module**
 - Once completed, the appropriate case manager is able to view the information.**
 - The Division of Medical Assistance (CAP unit) is able to view the information as well.**
- Provision Is Made For Documentation Of a Follow-up/Corrective Action Plan**

Complaint Report

Complaint Report for [REDACTED]

* = Required

[Print](#)

Note ID:

Person Reporting Complaint

Person Reporting Complaint *

-- select --

Person Recording Complaint

Person *

-- select --

If the person that received the complaint is other than person entering the complaint, enter the following:

Name of Person Receiving Complaint

-- select --

Organizational Affiliation

-- select --

Person/Organization Specific Complaint

Is the complaint about a specific person or organization? *

Complaint Description

Description of the Complaint - (Report Specific Incidents Separately - including cases of abuse and neglect using the Incident Reporting Form) *

If complaint was reported on a date other than today, indicate date reported and time.

Complaint Profile

Complaint Type (Report all instances of abuse/neglect on the incident form) Check all types that apply based on the reported complaint.

Beneficiary Related Direct Service Complaints

Exploitation

Privacy/rights violation

Unqualified personnel

Unauthorized services

Ignores plan of care

Unethical behavior

- Service Providers Can Use e-CAP To Document Complaints
 - Optional/voluntary
- The Complaint Form Is Standardized For CAP/C and CAP/DA
- The Complaint Form Is Accessed From the Documentation Module
- Provision Is Made For Documentation Of a Follow-up/Corrective Action Plan On the Complaint Form



- **DSPs Providing Respite Services Must Document Respite Units Provided Each Month**
- **The e-CAP System Will Display the Current CAP Beneficiaries Receiving Respite Services From Your Agency**
 - Users will be able to see what month(s)/year are approved in the current POC for each beneficiary with approved respite care
- **Recording The Respite Expenditures**
 - Only for active beneficiaries with respite service in their current POC
 - Based on respite units not hours. A respite unit is 15 minutes.
 - Entry must be for individual months
- **Once Entered, The Case Manager Will Be Able to Review the Reported Respite Units and Track Respite Utilization Against Service Limits**

Respite Use Tracking

[LOGOUT](#)[Home](#) | [Referrals](#) | [Assessments](#) | [POC](#) | [Monitoring](#)[Calendar](#)

Respite Use Tracking

- Beneficiary
 - Search Beneficiaries
 - Supporting Docs
 - Service Discharge Documentation
 - Communicate Beneficiary Condition Change
 - Critical Incident Report
 - Complaint Report
 - Respite Use Tracking
 - Nurse Supervision Notes
 - New Service Request
 - Pending Service Request
 - Comm Log

Respite Hours List

Respite Hours List

Beneficiary	-- select --
Reporting Month	-- select --
Reporting Year	-- select --
OR	
Case Manager	-- select --

You can select a beneficiary

You can select a month/year and see all the beneficiaries with respite in their POC if receiving

past provider.

one of the prior POC months that displays and enter the cumulative expenditures by provider.

Respite Tracking Entry Screen

[LOGOUT](#)[Home](#) | [Referrals](#) | [Assessments](#) | [POC](#) | **Monitoring**[Respite Use Tracking](#)[Calendar](#)[Beneficiary](#)[Respite Hours List](#)

POC Service Respite Results for

Month/Year = 1-2016

POC Respite Hours Information

Service Provider

Total Respite Service \$

83.2800

Total Respite Service Units

24.00

Total Respite Units

Nursing Supervision Note Template

Nurse Supervision Notes for [REDACTED]

* = Required

Note ID:

Last Updated By:

Last Update Date:

Supervision Activity Date *



Nurse Supervisor/Nurse *



Activity Type *

-- select --

Other, Desc

Communication With

-- select --

Other, Desc

Location *

-- select --

Other, Desc

Person Contacted

Notes *

- **Case Managers and/or DMA Can Request Submission of Nurse Supervision and/or Nursing Notes For Review**
- **Service Providers Can Document e-CAP Nurse Supervision Notes Directly Into e-CAP**
 - **Optional functionality**
 - **Other nursing notes can be entered as well**
- **The On-Line Nursing Note Template Is Standardized For CAP/C and CAP/DA Versions of e-CAP**
 - **Follow-up steps can be entered for any note**
 - **Once entered, notes can be amended as required**
 - **The amendment history for any note entered on-line is maintained.**
- **For Agencies With Their Own Internal System, e-CAP Has the Option For Uploading a “Scanned” Nursing Note As a Supporting Document**

Entry of New CAP Service Requests

- **Service Providers Can Originate A CAP Request On-Line**
- **The On-Line Service Request Form (SRF) Is Standardized**
 - Same form is used for both CAP/C and CAP/DA waiver programs
- **The Form Has Required Fields (marked with red asterisk *)**
- **Once Completed, the SRF Is Processed by e-CAP:**
 - If a CAP/C request, the SRF is sent electronically to the Division of Medical Assistance (DMA) for RN review and an initial CAP eligibility decision.
 - If a CAP/DA request, the SRF is sent electronically to the appropriate case management entity (CME) for completion. Once finalized by the CME, the SRF will be scored by e-CAP for level of care and as necessary sent for DMA RN exception review.

Pending Service Requests

- SRFs Can Be Saved As Incomplete
- Agencies Can Complete the SRF At a Later Date
- The Pending Service Request displays all the SRFs Waiting For Your Initial Completion
- Once The SRF Is Saved As Complete, It Will Disappear From the Pending SRF Listing

Comm Log Template

* = Required

Note Date *	02/17/2017 <input type="button" value="Calendar"/>	Total Minutes	
Contact Start/End Time	To <input type="text"/>	Contact Initiated By	<input type="text"/>
Person Contacted	<input type="text"/>	Author	<input type="text"/>
Contact Made Via	-- select -- <input type="button"/>		
Contact Regarding *	-- select -- <input type="button"/>		
Communication With *	-- select -- <input type="button"/>		
If Other, Specify	<input type="text"/>		
Note *	<input type="text"/>		
Result/Plan of Action	<input type="text"/>		

• The Comm Log is Used To Store Beneficiary Specific Communications/Notes

- Generally used to document beneficiary information that is of interest to the CAP case manager as well.**
- Once a Beneficiary Is Selected, A Comm Log History Will Display**
- Users can view a previous comm log note or add a new one**
- Case Managers Can Use the Communications Log To Document Beneficiary Information/Actions To Share With DSPs.**
- Service Providers and Case Managers Will Be Able to View the Comm Log Entries for a Beneficiary.**

Getting Started

Target Implementation Date: **March 27, 2017**

NC DHHS Division of Medical Assistance (DMA) is providing additional time for CAP service providers agencies to register in e-CAP.

- **Agency Registration – *If Your Agency Is Not Registered, Do So Now***
 - All current waiver service providers must register in e-CAP
 - Once an agency is registered, supervisors will be able to add and remove staff users of e-CAP via the DSP interface
 - If an agency serves both CAP/C and CAP/DA beneficiaries, agencies must register separately in both CAP/C and CAP/DA versions of e-CAP
- **DMA/VieBridge Sent an E-mail To the Current Providers**
 - The e-mail explain where to register and how
 - The e-mail was sent to the contact person identified in NC Tracks

Agency Registration

To register, click on the Agency Registration tab on the log-in page; in this case the CAP/C version of e-CAP.

Click here to see the agency registration instructions. It is a simple three step process.

Agency Registration Instructions ➤

Enhanced Care Management
using web technologies and analytics.

e-CAP Support Center
1-888-705-0970 | support@ncecapp.net

- **Occurs Once the DSP Interface Is Available**
- **Agency Representative That Registered Your Agency In e-CAP Will Be Able to Log-in**
- **Once Logged In, the Agency Representative Should Register Other Staff Members Requiring Access to e-CAP**
 - This is done by selecting the Setup Sub-Menu under the Home page.
 - Once in the Setup Module, select Agency Staff Users as the option from the left index
 - A staff registration screen will appear – you can use it to store staff qualifications and training documentation as well
 - Complete the staff profile.
 - Make sure you identify each agency NPI/address that this individual is able to view that location's CAP caseload.
 - When the individual staff registration record is saved as complete, an email will be sent to the individual providing information required with their initial login.

Agency Staff Registration

Direct Service Provider User

* = Required

Last Name *	<input type="text"/>
First Name *	<input type="text"/>
Gender *	-- select -- <input type="button"/>
Address 1	<input type="text"/>
City	<input type="text"/>
State	NC <input type="button"/> Zip <input type="text"/>
Phone	<input type="text"/>
Primary Email *	<input type="text"/>
NCID User Name *	<input type="text"/> Access Type * -- select -- <input type="button"/>
ReSend Registration Email?	<input type="checkbox"/>
Date of Employment	<input type="text"/> 
Job/Role Category *	-- select -- <input type="button"/>
Assigned Supervisor	-- select -- <input type="button"/>
Date of Last TB Test	<input type="text"/> 
Any Substantiated Allegation in NC Health Care Registry?	-- select -- <input type="button"/> Date of Health Care Personnel Registry Review <input type="text"/> 
Passed Criminal Background Check	-- select -- <input type="button"/> Date of Last Background Check <input type="text"/> 
Qualifications	-- select -- <input type="button"/>
Other, Desc	<input type="text"/>
Experience	-- select -- <input type="button"/>
Date of Aide Employment Termination	<input type="text"/> 
Termination Reason	-- select -- <input type="button"/>

Agency Staff Registration

Training/Competency Evaluation

Licensure Based Training / Competency Evaluation Requirements	(Check all that apply)	Month	Year
Personal Care Training/Competency Evaluation	<input type="checkbox"/>	-- select --	
Medication Administration Competency Training	<input type="checkbox"/>	-- select --	
Training on Care of Diabetic Beneficiaries	<input type="checkbox"/>	-- select --	
Training on Physical Restraints	<input type="checkbox"/>	-- select --	
Assessment Training	<input type="checkbox"/>	-- select --	
Competency Validation For Licensed Health Professional Support Tasks	<input type="checkbox"/>	-- select --	
Airborne and Blood Borne Pathogen Training	<input type="checkbox"/>	-- select --	
CAP Policy Based Training Requirements			
CPR Training	<input type="checkbox"/>	-- select --	
First Aide Training	<input type="checkbox"/>	-- select --	

Associated Providers

Provider Name/No. *

-- select --

Add

Comment

- Enter Each agency NPI and Office/Location This Individual Is Linked To

Save

Provider Qualifications and Training

- DMA requires the following provider qualifications and training be completed before staff is assigned to provide in-home aide services and pediatric nurse aide to the CAP/C beneficiary:
 - Criminal background checks, which must be repeated every two (2) years, at the time of certification renewal;
 - Verification of cardiopulmonary resuscitation (CPR) certification and every two (2) years, coinciding with expiration dates;
 - Review of trainings and beneficiary-specific competencies at each job performance review as per agency policy;
 - Pediatric nursing experience or completion of DMA pediatric training, such as
 - growth and development;
 - pediatric beneficiary interactions; and
 - home care of a pediatric beneficiary;

- **Users Will Have Access To the DSP Interface On March 27th**
- **Users Will Be Able to View Caseload and Related Beneficiary Information Immediately**
- **As a First Step, Supervisors/Agencies Should Register Additional Individual Staff Users**
- **Electronic Notices Will Begin on April 3rd**

Getting Help

Support and Assistance

- **The Knowledge Exchange**
 - A repository of CAP forms, documents and training/educational materials
 - To be used by DMA to upload training materials and other educational information developed specifically for CAP.
- **Training and Orientation Materials**
- **e-CAP Telephone Assistance**
 - Call Support – (888) 705-0970
 - Hours – 8:00 am to 5:00 pm (Monday through Friday)
 - Listen for the phone options and select Direct Service Providers (3 or 4)
 - Email questions – mbetty@viebridge.com