

# Orientation/Training For CAP Program Direct Service Providers

February 21, 2017

February 23, 2017

February 27, 2017

February 28, 2017

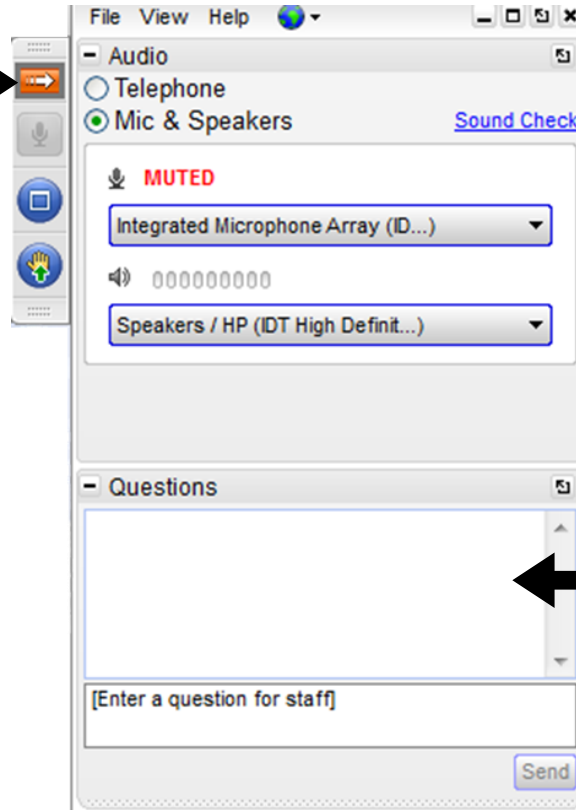


Training Webinar For CAP/C Policies, Prior Approvals and e-CAP Provider Interface



# 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**



- **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.



- **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:    
Recipient ID:   
\* Effective End Date:

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		# of Attachments:	0	

## ATTACHMENTS

Attachment Type	Attachment Control #	Transmission Code
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## DIAGNOSIS INFORMATION

Diagnosis Code	Diagnosis Type	Date of Onset (mm/dd/yyyy)	Primary
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## LINE ITEM 1

Status: APPROVED

PA Start Date

PA End Date

Effective Begin Date: 02/01/2017

Effective End Date: 02/28/2017

Rendering Provider Name:

Rendering Provider Id:

Provider ID

Units Allowed: 624.000

Approved Units

Units Used: 0.000

Amount Allowed: 0.00

Amount Used: 0.00

Procedure Code: S5125

Service Code

Modifier(s):

Maintenance of Service:



# 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**

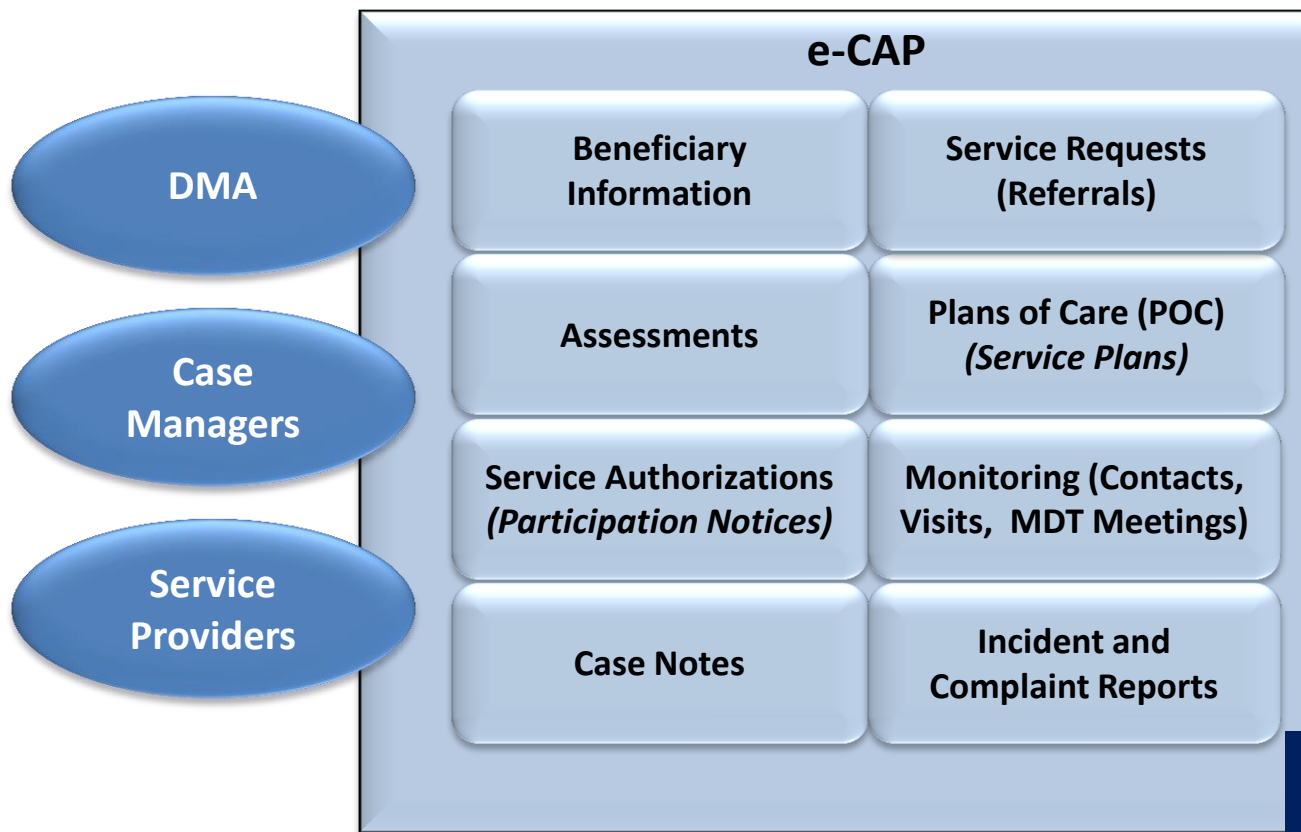


# e-CAP For CAP Direct Service Providers - Overview





# 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**

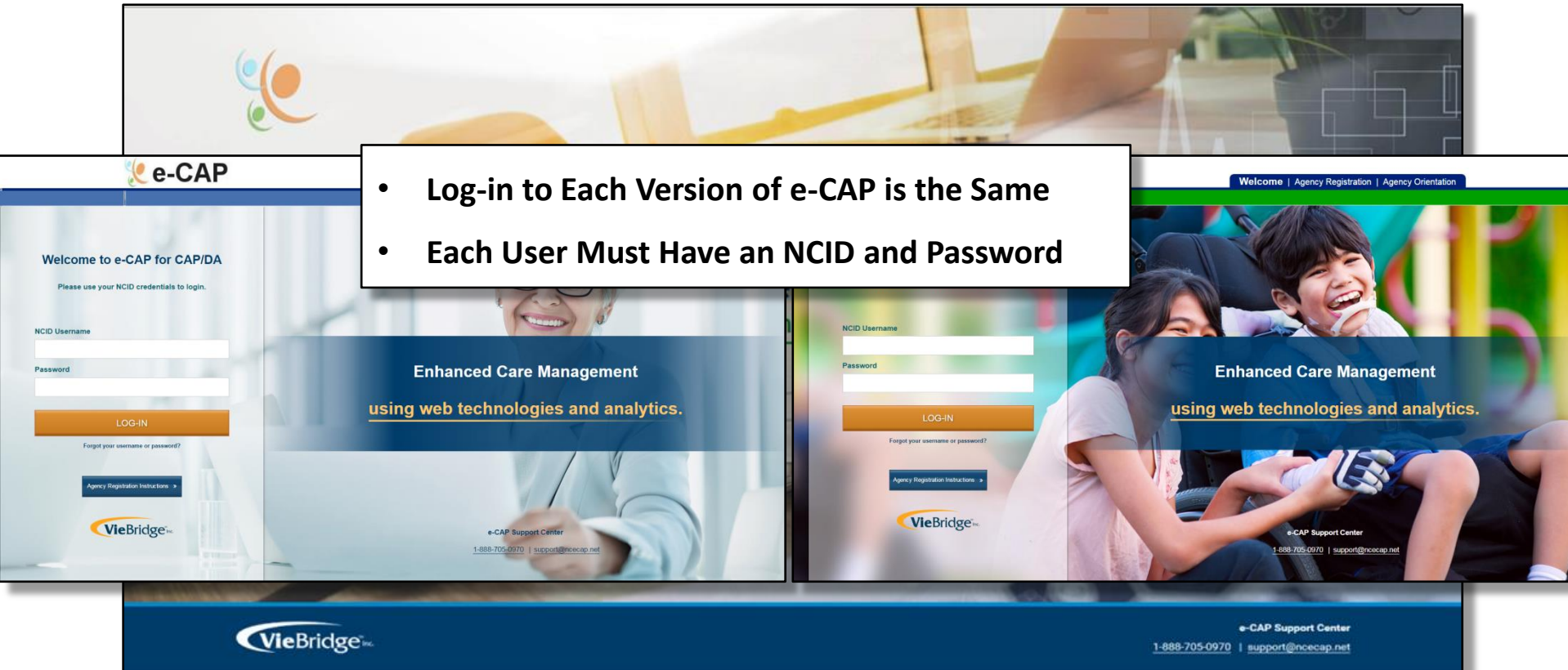


**e-CAP Requires that “Pop Ups” be enabled in your browser for [www.ncecap.net](http://www.ncecap.net)**



# Common Entry Point For Both e-CAP Versions

Go to [www.ncecap.net](http://www.ncecap.net) to access either version of e-CAP



- Log-in to Each Version of e-CAP is the Same
- Each User Must Have an NCID and Password

Enhanced Care Management  
using web technologies and analytics.

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



# Navigating e-CAP



LOGOUT

Home

Referrals

Beneficiary

Documentation

Set Up | Knowledge Exchange | Reports

Logout

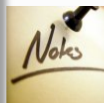
Welcome Mike

Tabs

Sub  
Tabs

- 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



**NEW 02/21/2017 - Implementation of DSP Interface** - The e-CAP interface for CAP direct service providers will be available March 27, 2017. CAP electronic notices to direct service providers will be initiated on April 3, 2017. If your agency provides services to both CAP/C and CAP/DA, you need to log-in and use each version of e-CAP separately. Remember to register each agency staff member who requires access to e-CAP. Staff registration should take into account agency locations/offices.

**NEW 02/21/2017 - CAP Prior Approvals** - CAP is now generating and transmitting prior approvals on a daily basis to NCTracks for use in claims processing. Prior approval records are created for each approved beneficiary CAP waiver services. To see the prior approval records, go to NCTracks. Your agency will continue to receive service authorizations from the CAP case management agencies but with the new DSP interface, you will be able to view them electronically.

## DMA, CAP/DA Consultant Staff Contact Information

### CAP/DA & PACE Program Manager:

- Wrenia Bratts-Brown, MSW, MHA 919.855.4371, [wrenia.bratts-brown@dhhs.nc.gov](mailto:wrenia.bratts-brown@dhhs.nc.gov)

### CAP/DA Consultants:

- Antoinette Allen-Pearson 919-855-4361, [antoinette.allen-pearson@dhhs.nc.gov](mailto:antoinette.allen-pearson@dhhs.nc.gov)
- Edwina Thompson 919-855-4370, [edwina.thompson@dhhs.nc.gov](mailto:edwina.thompson@dhhs.nc.gov)
- Joanna Isenhour 828-424-1224, [Joanna.isenhour@dhhs.nc.gov](mailto:Joanna.isenhour@dhhs.nc.gov)

### CAP/DA Policy Analyst:

- Portia Powell 919-855-4390, [portia.powell@dhhs.nc.gov](mailto:portia.powell@dhhs.nc.gov)

### CAP/DA Administrative Support:

- Melinda Dudley 919-855-4376, [Melinda.Dudley@dhhs.nc.gov](mailto:Melinda.Dudley@dhhs.nc.gov)

### Money Follows the Person Assistant Director

- Christy Blevins 336-977-9944, [Christy.blevins@dhhs.nc.gov](mailto:Christy.blevins@dhhs.nc.gov)

CAP/DA Fax Number: 919-715-0052

CAP B...

# 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





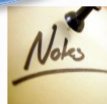
LOGOUT

Home | Referrals | Beneficiary | Documentation

Set Up | Knowledge Exchange | Reports

## Announcements

- Home
- Login
- Personnel
- 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



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

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

- Setup - Registration of Agency Staff as e-CAP Users
- Training and Educational Content
- Reports

## Dashboard/Summary

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



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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.







LOGOUT

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

[Set Up](#) | [Knowledge Exchange](#) | [Reports](#)

Current DSP Caseload Master List

[Current DSP Caseload Master List](#)  
[Beneficiary Primary Dx Report](#)  
[Inactive Beneficiaries Report](#)  
[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
[REDACTED]	[REDACTED]	[REDACTED]	6	[REDACTED]	Quality Health Care Services - 1083602577 - 004	[REDACTED]	02/05/2013	8/20/2017
[REDACTED]	[REDACTED]	[REDACTED]	19	[REDACTED]	Footprints Case Management - 1174875736 - 003	[REDACTED]	06/27/2014	8/20/2017
[REDACTED]	[REDACTED]	[REDACTED]	11	[REDACTED]	Footprints Case Management - 1174875736 - 003	[REDACTED]	04/24/2015	7/20/2017
[REDACTED]	[REDACTED]	[REDACTED]	9	[REDACTED]	Monarch - 1164850525 - 003	[REDACTED]	04/24/2007	5/20/2017
[REDACTED]	[REDACTED]	[REDACTED]	9	[REDACTED]	C and B Support Services Inc - 1346413911 - 003	[REDACTED]	02/25/2009	10/20/2017
[REDACTED]	[REDACTED]	[REDACTED]	8	[REDACTED]	Lincoln County Department of Social Services - 1407987357 - 003	[REDACTED]	01/12/2012	9/20/2017
[REDACTED]	[REDACTED]	[REDACTED]	13	[REDACTED]	Monarch - 1164850525 - 003	[REDACTED]	03/25/2004	5/20/2017
[REDACTED]	[REDACTED]	[REDACTED]	16	[REDACTED]	C and B Support Services Inc - 1346413911 - 003	[REDACTED]	08/01/2008	7/20/2017
[REDACTED]	[REDACTED]	[REDACTED]	7	[REDACTED]	Monarch - 1164850525 - 003	[REDACTED]	02/04/2010	5/20/2017
[REDACTED]	[REDACTED]	[REDACTED]	4	[REDACTED]	C and B Support Services Inc - 1346413911 - 003	[REDACTED]	09/08/2014	2/20/2018
[REDACTED]	[REDACTED]	[REDACTED]	28 mo.	[REDACTED]	Quality Health Care Services - 1083602577 - 004	[REDACTED]	03/24/2015	6/20/2017
[REDACTED]	[REDACTED]	[REDACTED]	12	[REDACTED]	Footprints Case Management - 1174875736 - 003	[REDACTED]	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>
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	S5125	In Home Aide	09/16/2014	09/15/2015	3.4700	8320.00
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	S5125	In Home Aide	04/30/2015	04/29/2016	3.4700	5200.00
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	S5125	In Home Aide	03/01/2015	10/31/2015	3.4700	3120.00
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	S5125	In Home Aide	03/01/2015	10/31/2015	3.4700	8632.00
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	S5125	In Home Aide	01/12/2015	11/04/2015	3.4700	8424.00
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	S5125	In Home Aide	09/01/2014	08/31/2015	3.4700	8320.00
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	S5125	In Home Aide	09/16/2015	09/15/2016	3.4700	8320.00
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	S5125	In Home Aide	04/01/2015	03/31/2016	3.4700	5200.00



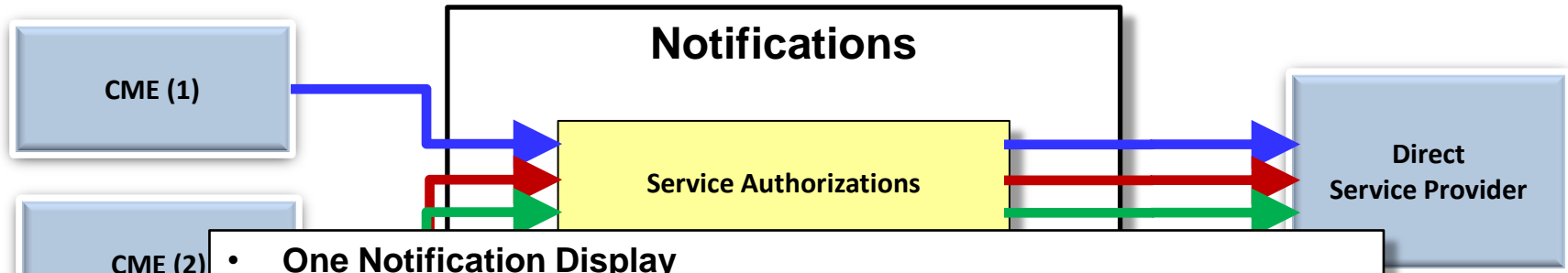
# DSP Referrals Module Functionality



- **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



- **One Notification Display**
  - Consolidates authorizations from multiple CMEs – If your agency serves more than one Case Management Entity
- **Elimination of Paper Service Authorizations**
  - CMEs will no longer print and mail service authorizations (once the DSP interface is in operation.) They will be automatically generated by e-CAP and sent to your agency electronically
- **Trigger Creation of Prior Approvals**
  - Once your agency accepts a service referral, e-CAP will issue a prior approval record for the same waiver service to NC Tracks



# Referrals/Notice Queue

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.

View Notices Awaiting DSP Review

• 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
- 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

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

VieBridge Inc.

36





LOGOUT

Home | Referrals | Beneficiary | Documentation

## View Notices

- Referral
- View Notices
- Notices Received Last 12 Months
- IDT Meeting Notices
- Search Beneficiaries

### Direct Service Provider Acceptance of Service Authorization for [Beneficiary Name]

\* = 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	NPI/Loc
Ordering Physician Name	
Referral/Authorization Acceptance *	-- 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	09/30/2017	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)]
11/18/2016	12/31/2016	
11/18/2016	12/31/2016	Respite Care, In-Home
11/18/2016	12/31/2016	Nebulizer, With Compressor
11/18/2016	12/31/2016	In Home Aide
11/01/2015	11/30/2016	In Home Aide
10/24/2016	11/30/2016	Personal Emergency Response Services



# Service Authorization Notice Sample

VieBridge Management Services, Inc.

## (CAP/DA) Service Authorization

10/12/2016

TO: [Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
[Redacted]

FROM: VieBridge Management Services, Inc.  
[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:

Referring NPI: [Redacted]

Ordering NPI:

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	
Referring Agency	Plan Type
Case Manager	
Name of Waiver Service	ReAssessment

### 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	11/01/2015	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:

Address:

Phone:

Responsible Party/Parent:

Address:

Parent/Responsible Party Phone:

The beneficiary does not have private insurance.

The beneficiary does not have a month's Medicaid coverage.

The beneficiary is authorized for CAP/DA services.

The chart below contains the services, schedule, and costs in the CAP/DA Service Plan which began on 08/27/2015. Changes in the type, amount, frequency, or management entity.

Code    Service

B4036	ENTERAL FEEDING KIT, GRAVITY FED, PER 1.00 unit(s) per Day from 08/27/2015 to 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,  
  
CAP/DA Case Manager



# MDT Notice Acceptance

**e-CAP** LOGOUT Home | Referrals | Beneficiary | Documentation

## MDT Meeting Notices

Referral

### MDT Meeting Acknowledgement for [Beneficiary Name]

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 t

Can Your Agency Participate In This MDT Meeting?

**Attendee**

[Dropdown Menu]

- **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...	11-11-1988	000-000-000	714-555-1234	San Diego County DHS	Current
S...	11-11-1987	000-000-000	714-555-1234	Risk Management Services, Inc.	Current
S...	08-11-1988	000-000-000	714-555-1234	Risk Management Services, Inc.	Current
S...	08-11-1988	000-000-000	714-555-1234	Risk Management Services, Inc.	Current
S...	11-11-1988	00-000-000	714-555-1234	San Diego County DHS	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]

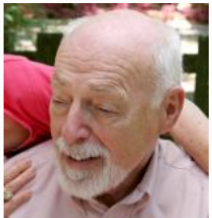
\* = Required [Print](#)

### Beneficiary Identification

Medicaid Number	<input type="text"/>	Medicare Number	<input type="text"/>
Medicaid Status *	Eligible		
Medicaid Eligibility Category	<input type="text"/>		

Case ID	<input type="text"/>
First Name	<input type="text"/>
Middle Name	<input type="text"/>
Last Name	<input type="text"/>
Preferred Name	<input type="text"/>
Medicaid X-Ref ID	<input type="text"/>
Medicaid County	<input type="text"/>
Alternate MID1	<input type="text"/>
Alternate MID2	<input type="text"/>
Alternate ID	<input type="text"/>
Birth Date	<input type="text"/>

### 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	12/1/1955	Current Age
Race	Other/Unknown	Ethnicity
Marital Status	Unknown	Years Of School
Residence County	UNION	Gender
Living Arrangement	Unknown	Contact Telephone
Primary Care Physician	Dr. Christine Adams	Primary Care PH

### Program Participation Status

CAP Effective Date	10/15/2013	Medicaid Eligibility
MFP	N	
Choice	N	Medicaid Deductible
Date of Last Assessment	10/9/2014	Last Assessment Date
Current POC Start Date		Current POC end Date
Advance Directives	N	Case Manager Name
# of Complaints in e-CAP	0	# of Incidents In

### Summary Diagnoses / Conditions

- 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	

0

Y

# of Interpersonal Functioning Indicators

ds Admin  
eed/Treatments  
Throughout the  
gnoses  
sp. Last Year  
el  
Daily D-Making  
Repetitive

10



Unknown

0

148 Pounds

Totally continent

N

Adequate

Fatigues with exertion

0

0

Intermediate

Continuous

1



0

## Functioning / Capacities for Daily Living



# Plan Summary Screen

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

## Beneficiary Latest POC

### Beneficiary

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

### Plans of Care for [REDACTED]

POC Type	Plan Start	Plan End	POC Author	POC Complete	POC Approved	LAR Review Date
<u>ReAssessment</u>	11/01/2015	10/31/2016	[REDACTED]	Yes	Approved	12/01/2016

- 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

### POC Plan SetUp / Summary for **XXXXXXXXXX**

\* = 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 *	<input type="text"/>
CM Monitoring Priorities	<input type="text"/>
IDT Meeting Minutes *	<input type="text"/>
Author *	<input type="text"/>
Location *	-- select -- <input type="button" value="Other, Desc"/>

Individuals Attending Interdisciplinary Team Meeting	
Agency	Last Name
<input type="button" value="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"/>
Visit Summary	
Chief Concern or Priority *	<input type="text"/>
How Does the Family Think Things are going?	<input type="text"/>
Changes in the Person-Centered Goals? *	-- select --
If Yes, Were the Person-Centered Goals Updated or Edited?	-- select --
What Does the Beneficiary/Family Want to Say/Discuss/Accomplish During This Visit?	<input type="text"/>

- 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 
Record Type *	-- select -- 
Record *	<input type="button" value="Browse..."/> No file selected.
Comment	<div></div>

- 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





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

Multiple routines to support direct service provider documentation.

\* = Required

Last Name (partial)  
First Name (partial)  
Medicaid Id

## Beneficiary List

Search



# Service Discharge



LOGOUT

Home | Referrals | Beneficiary | Documentation

## Service Discharge for [Beneficiary Name]

### Beneficiary Data

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

### Service Information

Service Code	S5125	Description	STI In-Home Aide
Discharge Date	02/17/2017		
Discharge Reason	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

Beneficiary

Search Beneficiary

Supporting Docs

Service Discharge

Communicate Beneficiary Change

Critical Incident

Complaint Report

Respite Use Tracker

Nursing

Neurology

Physical Therapy

Occupational Therapy

COS POC Request for [REDACTED]

\* = Required

Beneficiary Data

Recipient Name	[REDACTED]	Medicaid ID	[REDACTED]
Alternate MIDs	[REDACTED]		
Address 1	[REDACTED]	Address 2	[REDACTED]
City, State Zip	[REDACTED]	County	[REDACTED]
Phone	[REDACTED]	DOB	[REDACTED]
Gender	[REDACTED]		
Referring Agency	[REDACTED]		

Documentation

POC End Date

- **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

\* = Required [Print](#)

Note ID:

Incident Overview

Person Reporting Incident \*

Contact Phone

Incident Date

OR Month

-- select --

Year

-- select --

Incident Time

Incident Location \*

-- select --

If other, describe

Date You Became Aware of Incident \*

Was Beneficiary Under the Direct Care of the Waiver/Program (at the time of the incident) \*

-- 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 \*

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

Name of Person Receiving Complaint

Organizational Affiliation

### 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**

Respite Use Tracking

Calendar

- 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

Beneficiary

-- select --

Reporting Month

-- select --

Reporting Year

-- select --

OR

Case Manager

-- select --

Search

You can select a beneficiary  
show all  
nt POC if  
ceiving

You can select a  
month/year and see  
all the beneficiaries  
with respite in their  
POC. Enter the  
respite units by  
provider.

d past  
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 [Redacted]

\* = Required

Month/Year = 1-2016

### POC Respite Hours Information

Service Provider [Redacted]			
Total Respite Service \$	83.2800	Total Respite Service Units	24.00
Total Respite Units		<input type="text"/>	


Save



# Nursing Supervision Note Template

Nurse Supervision Notes for [REDACTED]

\* = Required

Note ID:			
Last Updated By:	Last Update Date:		
Supervision Activity Date *	<input type="text"/>		
Nurse Supervisor/Nurse *	<input type="text"/>		
Activity Type *	-- select --	Other, Desc	<input type="text"/>
Communication With	-- select --	Other, Desc	<input type="text"/>
Location *	-- select --	Other, Desc	<input type="text"/>
Person Contacted	<input type="text"/>		
Notes *	<div></div>		

- 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

## Communications Log for [REDACTED]

**\* = Required**

Note Date \*

02/17/2017



Contact Start/End Time

To

Total Minutes

Person Contacted

Contact Made Via

-- select --

Contact Initiated By

-- select --

Contact Regarding \*

-- select --

Author

Communication With \*

-- select --

If Other, Specify

Note \*

Result/Plan of Action

- 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 Enrollment In e-CAP

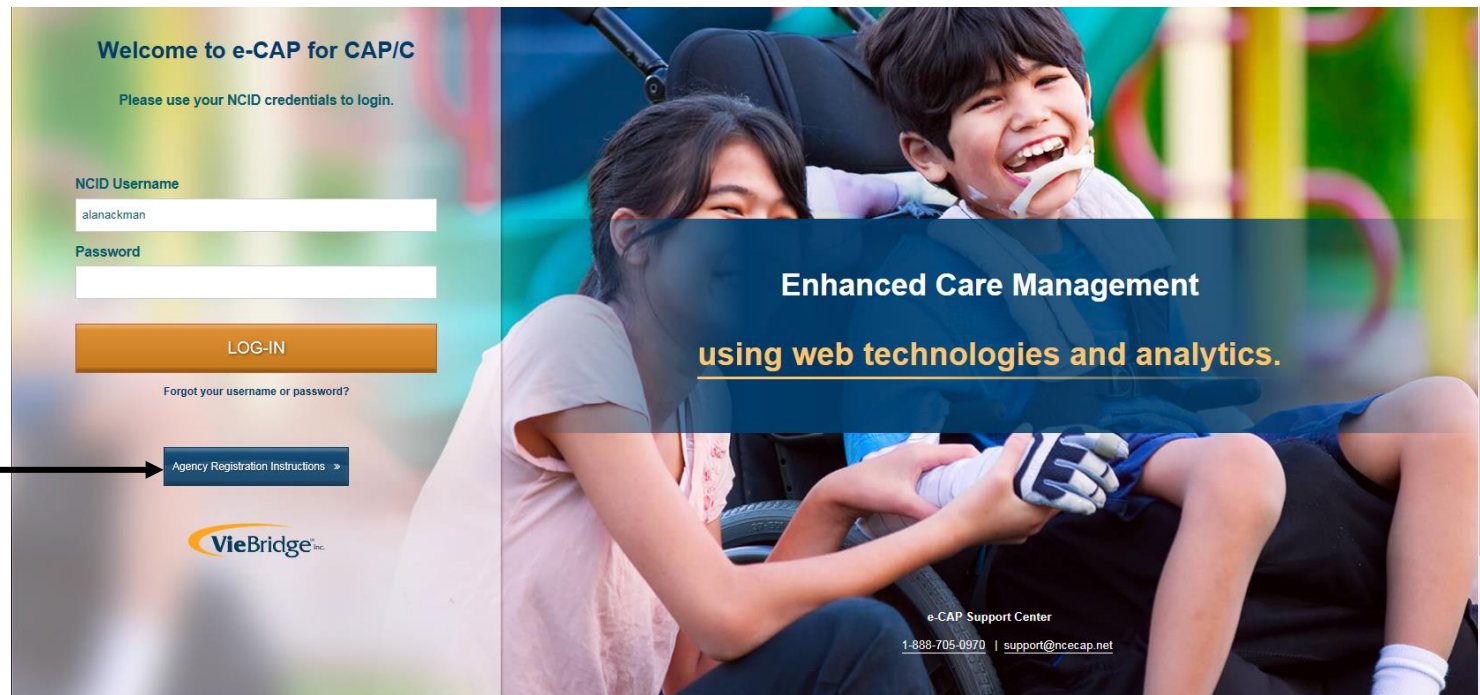
- **Agency Registration – *If Your Agency Is Not Registered, Do So Now***
  - All current waiver service providers must register in e-CAP
  - Once an agency is registered, supervisors will be able to add and remove staff users of e-CAP via the DSP interface
  - If an agency serves both CAP/C and CAP/DA 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.



# Staff Enrollment in e-CAP

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



# 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 --	
<b>CAP Policy Based Training Requirements</b>			
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 27<sup>th</sup>**
- **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



- **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](mailto:mbetty@viebridge.com)