



Highlights of the e-CAP Direct Service Provider Interface

1.0. Background

Both the CAP/C waiver program and CAP/DA waiver program rely on a computerized system called e-CAP to help organize and manage CAP eligibility determination activities as well as beneficiary assessments, plans of care and monitoring tasks.

CAP case managers use e-CAP to support their assessment, planning and monitoring roles in CAP. The NC DHHS, Division of Medical Assistance (DMA) CAP managers and consultants use e-CAP as part of program management. The e-CAP direct service provider (DSP) interface allows CAP service providers to communicate and collaborate with both DMA and CAP case managers electronically.

If you are new to the e-CAP direct service provider (DSP) interface, this summary will help you become familiar with the features and functionality of the DSP interface and what required activities you must perform as a CAP service provider using the DSP interface.

1.1. Purpose

The e-CAP direct service provider (DSP) interface has several purposes:

- Allow for CAP case managers to send official communications to your agency electronically using the e-CAP system ;
- Streamline CAP waiver service authorizations and the provider claims review process based on the implementation of a prior approval transmittals to NC Tracks;
- Provide your agency on-line access to a CAP beneficiary profile and plan of care information;
- Provide the capacity for your agency to update case managers on changes in the status of beneficiaries being served and complete critical incident reports;
- Allow your agency to use e-CAP to upload and archive required documentation;
- Advance the movement toward a paperless process for CAP program administration. .

1.2. Functionality

The direct service provider interface is built around four basic modules:

- Home
- Referrals
- Beneficiary
- Documentation

e-CAP Direct Service Provider Interface Summary

Each module contains specific information or functionality to help your agency communicate and collaborate with CAP case managers and access on the CAP beneficiaries you serve.

2.0 Home Module

The Home module has several roles. It is a place where information and links are provided to keep CAP service providers up-to-date on CAP program and related policies/requirements. Any announcements pertaining to CAP service providers will appear on the e-CAP home page. The home page is also the place where service providers can access training materials and information about the Medicaid program.

The Home module supports registration of agency staff as e-CAP users. See the Setup sub-tab on the Home page.

The Home module is also the gateway to a variety of reports that profile your agency's CAP caseload and the service authorizations. See the Reports sub-tab on the Home page.

3.0. Referrals Module

Through the e-CAP direct service provider interface, CAP case managers are able to send CAP notices to direct service providers electronically. The CAP notices include:

- Waiver service authorizations/referrals;
- Waiver service suspension notices;
- Waiver service resumption of care notices;
- Beneficiary disenrollment notices;
- Participation notices – for other Medicaid services being provided to a CAP beneficiary, such as private duty nursing, physical therapy, or equipment and supplies; and,
- Multi-disciplinary team (MDT) upcoming meeting notices.

This new functionality replaces notices sent by regular mail to service providers. Each electronic notice appears in a referrals queue that appears if you click on the Referrals Tab. In the display of notices, service providers are able to click on a View Notice link to see the details of the notice. If you click on the beneficiary name for the notice, you will be able to process/acknowledge the notice.

The key feature of the Referrals module is the electronic transmittal of service authorizations. When a beneficiary plan of care is approved, e-CAP generates electronic referrals/notices for approved CAP waiver services. These service authorization notices appear in the referrals queue in the Referrals module.

Service providers must accept or reject service authorizations. Prior approvals for CAP services are not generated and sent to NCTracks until the service authorization(s) is accepted by your agency. For more information on CAP prior approvals go to the Prior Approval FAQs under the Training Resources index on the Home page.

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Once any notice is reviewed and processed, it will be moved to a history file for future reference.

4.0. Beneficiary Module

In this module, your agency can access different kinds of current information about the beneficiary.

Beneficiary profile information -- In the beneficiary module you will find selective information about each CAP beneficiary your agency currently serves. The beneficiary information is accessible in two forms: 1) a summary beneficiary profile record containing enrollment, eligibility, contact and other summary profile data; and 2) a Beneficiary At a Glance display (CAP/DA only) which summarizes the most recent beneficiary assessment information.

Beneficiary profile information is read –only. You will not be able to update the beneficiary summary information. However, the CAP case managers will keep the beneficiary summary information current throughout the year as part of their day-to-day case management activities.

Beneficiary plan of care information -- You will also have access to a summary of the beneficiary's most recent plan of care services including person centered goals, identified beneficiary risks, and a list of current non-waiver services, equipment/supplies that the beneficiary is receiving as well.

Monitoring information -- Your agency is able to view notes/documentation of the quarterly multi-disciplinary team (MDT) meetings held by the case managers to review the status of CAP beneficiaries.

5.0. Documentation Module

The Documentation module allows your agency to enter requests, updates and required documentation mandated by CAP case managers and/or the Division of Medical Assistance (DMA). You will be able to document the following:

Service Discharges –This feature is used to document a beneficiary discharge from a CAP service your agency provides to a current CAP beneficiary. Once you enter a discharge record, e-CAP will generate an electronic notice to the appropriate CAP case manager for follow-up.

Changes in Beneficiary Conditions – Service providers can report changes in the conditions or other circumstances of a CAP beneficiary you serve. This information will be sent electronically to the CAP case manager for follow-up.

Critical Incidents and Complaints – If there is a critical incident or a complaint related to a CAP beneficiary, you can document the incident or complaint in e-CAP. This makes it easier to coordinate follow-up with the CAP case manager and/or the Division of Medical Assistance.

Respite Services Utilization Tracking – If your agency provides CAP respite care services, this option is used to track respite care service usage on a monthly basis. Service providers document, by individual CAP beneficiary and month, the number of respite units provided they provided. This information is used for respite care tracking to help ensure the respite utilization limits are not exceeded.

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Nurse Supervision Notes – This option allows for the entry of nurse supervision notes, or other nursing notes, directly into e-CAP to support your agency’s oversight of the CAP services you provide. This is optional functionality. You also have the option of uploading nursing notes as a supporting document in e-CAP if you use another system to document nursing notes. .

CAP Service Requests– If an individual requests assistance from your agency in enrolling in the CAP program, you will be able to enter a request for CAP enrollment/participation in CAP using a standardized service request form (SRF). Once the SRF is developed and submitted by your agency, the SRF will be reviewed by the appropriate CAP case management agency and/or the Division of Medical Assistance (DMA).

Supporting Documentation – Your agency can upload various documents into e-CAP that need to be reviewed by CAP case managers or DMA. This information becomes part of the beneficiary’s electronic record. If it is a paper document, scan it so that it can be stored electronically and then uploaded into e-CAP.

Communications Log – You can use the communications log to document contacts or communications you have with, or about, a CAP beneficiary. This can include calls or meetings with the beneficiary, informal caregivers, CAP case managers, physician offices or other care providers. . The Comm Log feature allows entry of documentation of various contact/calls you make about a CAP beneficiary, displays a history of the communication log entries, and serves as a forum for electronic communication and follow-up between your agency and CAP case managers.

6.0. What’s Required

Some parts of e-CAP Direct Service Provider (DSP) interface are required while other parts are optional. The required functionality includes:

- Acceptance and rejection of service authorizations;
- Acknowledgement of participation notices;
- Acknowledgement of MDT meeting notices;
- Entry of service discharges;
- Entry of a critical incident; and
- Entry of expended respite units –if your agency provides CAP funded respite care.

7.0. Learn More

You will find additional on-line orientation and instructional materials for the e-CAP DSP interface under the Home Page Training Resource index. Or you can contact e-CAP Support at 1-888-705-0970.