

Community Alternatives Program Referral Process

A Medicaid Home- and Community-Based Service

The Community Alternatives Program (CAP) is a Medicaid Home- and Community-Based Services (HCBS) Waiver authorized under section 1915(c) of the Social Security Act and complies with 42 CFR § 440.180, Home- and Community-Based Waiver services.

WHO IS ELIGIBLE FOR CAP SERVICES?

Children/youths from zero to 20 years of age who meet a defined level of care, are medically fragile and have a reasonable indication of need for home- and community-based services to maintain their community placement are eligible for the Community Alternatives Program for Children (CAP/C).

Individuals 18 years of age and older who are physically disabled or aged, meet a defined level of care and have a reasonable indication of need for home- and community-based services to maintain their community placement are eligible for the Community Alternatives Program for Disabled Adults (CAP/DA).

HOW TO MAKE A REFERRAL

Do one of the following:

- Contact a case management entity in your community.
- Discuss your interest in receiving CAP services with your doctor or a hospital representative.
- Contact the Social Worker at your nursing facility.
- Contact NCLITSS Customer Support Center at 1-833-470-0597 to request a referral.
- Scan the QR code for additional resources and links to the CAP Program website.

HOW DOES THE REFERRAL PROCESS WORKS?

- A referral must be submitted with your name, date of birth, and full street address.
- A consent packet is mailed to the address included in the referral within two business days of the referral's approval.
- Three forms are included with the consent packet that must be returned to NCLIFTSS for review of eligibility for CAP services. These three forms are:
 - a. Service Request Consent form
 - b. Selection of Case Management form
 - c. Physician's WorksheetInstructions are in the consent packet on how to return the three required forms.
- When the signed and dated consent form or physician's worksheet is received, the review of your medical condition begins.
- If you meet the clinical requirements of level of care, a representative from NCLIFTSS will contact you to schedule an appointment to conduct a comprehensive assessment.
- The timeline to receive CAP services, if all requirements are met, can be up to 105 days.

