Community Alternatives Program Level of Care Request Worksheet

Physician's Worksheet Instructions

NCLIFTSS processed referrals for individuals wanting to receive Community Alternatives Program (CAP) services for Children (CAP/C) and Disabled Adults (CAP/DA). CAP is a part of the NC Medicaid Home and Community-Based Services program. It falls under section 1915(c) of the Social Security Act. NCLIFTSS helps NC Medicaid decide if referred individuals can receive home and community-based services through CAP services.

To be considered for CAP, a referral must be completed along with a physician's worksheet. The physician's worksheet should be completed by the doctor who knows the patient best. To make referral on the behalf of your patient, you will need to contact NCLIFTSS to make and referral and fill out the questions in the following worksheet. This worksheet is called the *Community Alternatives Program Level of Care Request Worksheet, known as the Physician's Worksheet*.

Be aware as you complete the worksheet that for your patient to get CAP services, they must:

- Are between 0 and 20 years old to receive Community Alternatives Program for Children (CAP/C) services, OR
- Are a disabled adult (ages 18-64) or an elderly adult (65 and older) to receive Community Alternatives Program for Disabled Adults (CAP/DA), AND
- Have medical conditions that need close monitoring and treatment by a nurse—similar to care given in a nursing home or hospital, AND
- Need at least one CAP service, as shown by a face-to-face assessment.

Please follow these instructions to complete the worksheet:

1. **Check the program that the applicant is requesting.**
   - CAP/C is for children ages 0 to 20.
   - CAP/DA is for disabled adults 18 years and older
2. **Provide a list of the applicant's ICD-10 diagnoses.**
   - Include the date the applicant received each diagnosis.
   - State the current primary and secondary diagnosis that causes the medical condition.
3. **Respond yes or no to the following statement:**
   "The applicant has a primary physical diagnosis that causes their disability or need for medical intervention**."**
   - If yes, provide the ICD-10 code for the primary diagnosis.
4. **Respond yes or no to the following statement:**
   "The applicant is prescribed medication." If yes, attach a list of the medication(s) when you return the form.
5. **Respond yes or no to the following statement:**
   "The applicant receives specialized treatments." If yes, attach a list of the specialized treatments when the form is returned.
6. **Check all the treatments, therapies and interventions that apply from the list provided on the worksheet.**
   - Checking *any* of the items on the list may show the need for care like what would be provided in a nursing home or hospital. This level of care is needed to receive CAP services.

7. **Respond yes or no to the following question,** "In your clinical judgment, are the applicant's health care conditions (diagnosis, medications, specialized treatments and medical regimen) chronic and severe enough to need care like what would be given in a nursing home or hospital?"
    - This is an **important question** that needs a response. Not answering this question may delay a decision on the applicant's request to get CAP services.
        - An individual must have severe and chronic needs to get CAP services. Their level of need would be like people admitted to a nursing facility or who have extended stays in a hospital.
    - Answering yes to this question:
        - Will continue the review of the request for CAP services.
    - Answering no to this question:
        - Will delay or stop the review of the request for CAP services.

If you have questions or need help, call NCLIFTSS at 1833-522-5429 or watch a video that explains how to complete this worksheet. You can access the video using the QR code below.

To learn more about CAP and the referral process, please use these resources:

- NCLIFTSS Website: ncliftss.acentra.com/
- CAP/DA Website: medicaid.ncdhhs.gov/providers/programs-and-services/long-term-care/community-alternatives-program-disabled-adults-capda
- CAP/C Website: medicaid.ncdhhs.gov/capc