

CAP Services

- Case Management
- Hourly Skilled Nurse, Nurse Aide, or Attendant Care
- Respite Care
- Reusable Incontinence Products
- Home and /or Vehicle Modifications, adaptive tricycles
- Community Transition Funding
- Caregiver Training and Education

State Medicaid Services

- Therapy Services
- Medical Supplies and Equipment
- Disposable Incontinent Products



GUILFORD COUNTY PUBLIC HEALTH

Guilford County DHHS
1203 Maple St.
Greensboro, NC 27405

336-641-3660

FAX: 336-641-3740

Community Alternatives Program for Children



Making a Difference in the Lives of Disabled Children and Their Families!

Who We Are

The Community Alternatives Program for Children (CAP/C) program serves:

- Medically fragile children.
- Children under age 21.
- Children who are at risk of having to live in a nursing home or hospital.

We serve children and their families by providing case management and other support. Our program helps children with disabilities stay at home with their families.



Eligibility Requirements

Children who may participate in the CAP/C Program:

- Have a serious chronic medical diagnosis, (diagnoses are not exclusively psychological, behavioral, cognitive, or developmental).
- Require in-home nursing care related to the medical diagnosis.
- Need to supplement other available supports in order to safely meet their needs.
- Must be approved for the appropriate type of Medicaid.

(Only the child's income is counted, not the parent's income).

Application Process

- **A referral form is completed** by a local CAP/C staff or downloaded from state website.
- **The referral information is forwarded** to the NC Division of Health Benefits (DHB) who determines if the child may be appropriate for CAP/C.
- **Medical information obtained from the child's physician is submitted** to confirm whether the diagnoses and care needs meet a level of care appropriate for CAP/C.
- **A Medicaid application must be made for the child.**
A Case Manager or case management team will **visit the home to conduct an assessment** and together with the family, develop a Plan of Care, to be approved by DHB.
- **If the plan is approved** by DHB, the Case Manager arranges for delivery of services through local community providers.
The Case Manager **provides ongoing monitoring and coordination of care.**

NCLIFTSS INFORMATION

CAP Referral Fax #: 833-470-0597

CAP Referral Questions #: 833-522-5429

CAP Referral EMAIL: NCLIFTSS@Kepro.com

Website: NCliftss I Home (kepro.com)