

CAP/C APPLICATION CHECKLIST

- Call Acentra/NCLIFTSS at 919-568-1717 or 833-522-5429 to start referral and for questions during this process
- Complete all of the referral paperwork and return to Acentra, including case management selection form, consent form, and physician form by deadline on letter
- Call your County DSS to begin Adult Long-term Care Medicaid application (will start disability determination - if you can provide updated electronic medical records, this helps expedite the process)
- If not currently receiving SSI, submit application for SSI (online, over the phone, or in person at local office). A denial here is ok but you must get it in writing and complete the entire process.
- Within 2 weeks of submitting CAP/C paperwork, either receive call to schedule assessment or receive denial letter in the mail
- If CAP/C referral is denied, can appeal decision. Refer to denial letter and AFMFKNC website for appeal information
- Once assessment is approved, receive call from case management agency to schedule visit and develop a plan of care
- Approval by Disability Determination Services (DDS) - no formal notice sent so will need to contact DDS or County DSS for decision
- Once DDS and CAP/C are approved, then LTC Medicaid can be approved. This can take up to 30 days (typically 1-2 weeks)
- Receive notice from County DSS via mail and/or CAP/C case manager that Medicaid and CAP/C are active and services can start
- For questions during the process, contact Acentra/NCLIFTSS
- For additional support, email info@fragilekidsnc.org