

ADULT MEDICAID
CAP – COMMUNITY ALTERNATIVES PROGRAM
300 N. Duke St.
560-8770 or 560-8716



PURPOSE

CAP is a specialized Adult Medicaid program which allows Medicaid funds to be used to provide community-based services to recipients who require institutional care in a nursing facility, but for whom care can be provided cost-effectively and safely in the recipient's home. SSI recipients continue to be eligible for Medicaid through the Social Security Administration, but DSS will establish and maintain their eligibility for CAP services. There are several CAP categories through which recipients may receive services: CAP/AIDS for qualifying individuals with AIDS, CAP/C for children, CAP/DA for disabled adults, and CAP/MR-DD for the mentally and developmentally disabled.

SERVICES

Each CAP recipient receives services based on his individual health and medical needs. Those services may include respite care, hourly nursing services, in-home aide assistance, home mobility aids, certain medical supplies, home delivered meals, and telephone alert systems, etc. CAP recipients with authorized I Medicaid will receive full coverage, which provides them with comprehensive health insurance, prescription drug benefits, and payment of the Medicare Part B premium if applicable.

ELIGIBILITY

CAP serves individuals who are age 65 and over, or who are under age 65 and who meet state/federal disability guidelines. Recipients must meet income and resource guidelines. Applicants are approved for the level of care stated on the FL2 form. Recipients require medical care equivalent to that provided in a nursing facility, but instead remain in their homes and receive necessary health and medical services there. Recipients under the CAP/MR-DD category may receive CAP services while residing in a domiciliary care facility or in their private residences.

With the exception of SSI recipients, participants in CAP services may have a monthly deductible, which must be met before Medicaid assistance for health, and medical needs can begin.

LONG TERM MEDICAID
300 N. Duke St.
560-8770 or 560-8716

PURPOSE

The Long Term Care (LTC) program provides cost-of-care assistance and medical insurance coverage for recipients who are receiving extended medical care in a hospital or Medicare/Medicaid-certified and licensed facility, such as a nursing home.

SERVICES

Recipients receive assistance with the cost of their care in the facility.

In addition to cost of care assistance, recipients receive full Medicaid benefits, which provides them with comprehensive health insurance coverage, prescription drug benefits, and payment of their Medicare Part B premium if applicable.

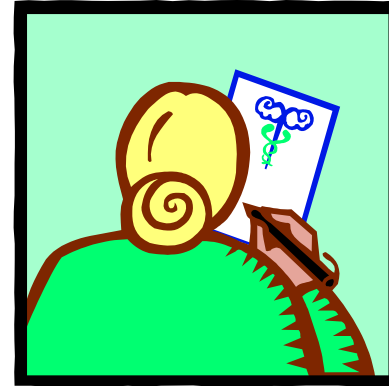
ELIGIBILITY

Individuals who are age 65 and over, or who are under age 65 and who meet state/federal disability guidelines who need assistance with their healthcare and medical needs and expenses. Recipients must meet income and asset limits.

Each recipient must be approved for the level of care that they are receiving in the medical facility. This approval is secured via an FL-2 form.

SSI recipients, although automatically eligible for Medicaid benefits through the Social Security Administration while residing in the community, must apply for Long Term Care assistance with DSS.

**ADULT MEDICAID
PRIVATE LIVING MEDICAID**
300 N. Duke St.
560-8771 or 560-8716



PURPOSE

Adult Medicaid consists of several programs that provide various levels of health insurance coverage and medical assistance benefits to low income individuals who meet the eligibility guidelines. Benefits may be provided to individuals residing in the community or in medical facilities such as hospitals, nursing homes, or domiciliary care facilities (rest homes). Private Living Medicaid (PLA) serves those individuals who reside in the home and not in care facilities.

SERVICES

A range of benefits is offered to individuals who reside in the community, with the greatest being full Medicaid coverage. This benefit level provides comprehensive insurance coverage for medical expenses, prescription drug benefits, medical transportation, and payment of the Medicare Part B premium if applicable. Limited Medicaid benefit coverage can be given to those individuals who do not qualify for full benefits, but who are Medicare recipients.

ELIGIBILITY

Adult Medicaid is designed to serve individuals who are age 65 and over, or who are under age 65 and who meet state/federal disability guidelines. Recipients must meet income and asset limits. Undocumented aliens must meet the same requirements as all other applicants, but are only eligible to receive emergency Medicaid benefits which offer limited medical coverage. Recipients of SSI are automatically eligible for Medicaid through the Social Security Administration

**ADULT MEDICAID
SPECIAL ASSISTANCE**
300 N. Duke St.
560-8770 or 560-8716



PURPOSE

Special Assistance (SA) is a program that serves individuals who meet Adult Medicaid eligibility requirements and qualify for domiciliary/rest home care or Mental Health-operated group home care. The program provides a cash payment to the recipient to assist with their cost of care in the facility, and provides full Medicaid benefits to them as well.

SERVICES

SA recipients receive a monthly cash payment to assist with the cost of their care in the facility. They also receive full Medicaid coverage benefits, which provides them with comprehensive medical coverage, prescription drug benefits, and payment of the Medicare Part B premium if applicable.

ELIGIBILITY

The SA program serves individuals who are age 65 and over, or who are under age 65 and who meet state/federal disability guidelines who need assistance meeting their healthcare and medical needs. Recipients of SA benefits must also reside in a Medicare/Medicaid certified and licensed domiciliary care facility or in a Mental Health-operated group home.

Applicants must be SSI recipients or ineligible for SSI due to excess income. Non-SSI recipients must meet income and asset limits.

An FL-2 or MR-2 form must be completed by the applicant's physician, indicating the applicant's need for domiciliary care.

Family and Children's Medicaid
North Carolina Health Choice (NCHC)
300 N. Duke St.
560-8754, 560-8786, 560-8769



PURPOSE

Family and Children's Medicaid consists of several programs that provide health insurance coverage and medical assistance benefits to low-income families with dependent children from birth through age 20.

North Carolina Health Choice (NCHC) provides a full package of health care benefit coverage for uninsured low-income children from birth through age 18. Applicants will be evaluated for NCHC if their income and asset levels are above the levels that qualify for Medicaid.

SERVICES

A range of benefits are offered which provide comprehensive insurance coverage for medical expenses including preventive care, dental care, family planning, and prescription drug benefits.

ELIGIBILITY

Individuals who need assistance meeting their healthcare and medical needs and who meet the following guidelines may be eligible.

There are several Medicaid programs through which applicants may receive services such as: (MAF) Medical Assistance to Families with Dependent Children, Caretakers of Children and Children age 19 & 20 (MIC) Medicaid for Infants and Children, (MPW) Medicaid for Pregnant Women, (FPW) Family Planning Medicaid, (MRF) Medicaid for Refugees, and IAS and HSF which provide medical assistance for adoption and foster care individuals.

To be eligible for North Carolina Health Choice (NCHC), a child cannot be eligible for full Medicaid benefits nor have comprehensive health insurance. Applicants must meet income limits and must participate in cost-sharing (a co-payment) for medical services.

Recipients of Supplemental Security Income (SSI), Work First Family Assistance (WFFA), and State/County Special Assistance (SA) are automatically eligible for Medicaid.

Medicaid applicants must meet income and asset limits. Non-qualified aliens must meet the same requirements as all other applicants, but are only eligible to receive emergency Medicaid benefits. There is no resource Test for MIC, MPW and FPW.

Applicants that are income eligible for North Carolina Health Choice (NCHC) do not have to meet a resource (asset) test. There is no emergency coverage for non-qualified aliens under NCHC.

With the exception of non-qualified aliens, all applicants must provide their social security number. Also, each particular Family and Children's Medicaid program may have additional specific eligibility guidelines.

APPLICATION

Most applicants apply for themselves or a representative may apply for them. Referrals are received from social workers, physicians, medical facilities, and other organizations.

The main office is located at 300 N. Duke Street. There are outreach offices at which interested individuals may also apply for Family and Children's Medicaid programs. These outreach offices are located at Durham Regional Hospital, Duke Medical Center, Lincoln Health Center, and the Durham Center. Usual business hours are Monday- Friday, 8:15am-5:30pm

Applicants are not required to provide anything at the time of application. However, verification of income, assets, and medical expenses may be required during the application processing period. Social security numbers and proof of citizenship will be needed. Applicants may find it helpful to bring these items with them to the application interview.

Mail-in applications are also available at the agency, outreach offices and the Health Department. The Mail-in applications may be returned to the agency without completing a face to face interview with a caseworker.

The processing standard for an application is 45 days.

CONTACT NAMES AND INFORMATION

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