

**NC DMA Long-Term Services and Supports authorization of Level of Care
Service Request for Home and Community-Based Services Physician Attestation**

This form is to verify that the assessment of medical, functional, psychosocial and behavioral health needs identified in the Service Request Form (SRF) for the listed individual are consistent with nursing facility level of care criteria. Based on this verification, this individual is considered medically stable to participate in a home and community based program.

Beneficiary Information:

Name: _____

MID #: _____

Primary Diagnoses (list attached): Yes No

Medication list attached: Yes No

Physician's Name: _____

Physician's Address: _____

Physician Signature

Date Attestation

Return this form to: _____

Contact Information: _____

For CSC/NCTracks Use Only:

Prior Approval Level of Care (LOC) Determination for A31 Community Alternatives Program (CAP) Children (CAP/C) or Disabled Adults (CAP/DA or CAP/Choice)

The Community Alternatives Program is a Medicaid Home and Community-Based Services (HCBS) Waiver authorized under § 1915(c) of the Social Security Act, found in 42 CFR440.180. Federal regulations for HCBS waivers may be found in 42 CFR Part 441 Subpart G. The CAP program waives certain NC Medicaid requirements to furnish an array of home and community based services to **children and adults with medical and physical disabilities** who are at risk of institutionalization. The services are designed to provide an alternative to institutionalization for beneficiaries in this target population who prefer to remain in their primary private residences, and would be at risk of institutionalization without these services.