Print Form

The Division of Medical Assistance
Home & Community Care Section

ADMINISTRATIVE MEMORANDUM

Subject: Conversion of Special Assistance Medicaid Category to Medicaid long-term care category for participation in CAP/DA Waiver-CAP Indicator code entry

Date:

Beneficiary Name:

MID:

FL-2 Prior Approval Date:

CAP Level of Care Indicator Code:

Special Assistance Eligibility Coverage Date:

Date Approved for Participation in CAP/DA or Choice Program:

Program Approved to Participate:

Request Made by:

Contact Information:

DMA INTERNAL USE ONLY

To: Angie Joyner, Claims Analysis

From: HCC CAP/DA-Choice Unit

Please convert the Medicaid eligibility category for the above named beneficiary to long-term care Medicaid for the participation in the CAP/DA Waiver.

CAP Indicator Code (circle the correct code): IC CS ID SD

Eligibility Period:

Requested Task Completed on:

Correspondence forwarded to _____ on _____.

_____
Signature

REV 3/13; 1/2014