

CAP/C PLAN OF CARE RECORD OF SERVICES AND SUPPLIES

Client                      MID           -           -

- |   |                          |     |   |
|---|--------------------------|-----|---|
| 1. Case Management  | <input type="checkbox"/> | 1   |   |
| 2. Waiver Supplies  | <input type="checkbox"/> | 2   |   |
| 3. Home Modifications   | <input type="checkbox"/> | 3   |   |
| 4. Regular In-Home Care                                       |                          |     |   |
| 4A. When Medicaid is the Only Payer                           | <input type="checkbox"/> | 4A  | } Complete only<br><u>ONE</u> of these. |
| 4B. When There Are Services in the School and in the Home     | <input type="checkbox"/> | 4B  |   |
| 4C. When There is Private Insurance                           |                          |     |   |
| 4CA. When the Insurance Pays a Percentage/Copay               | <input type="checkbox"/> | 4CA |   |
| 4CB. When the Insurance Pays Hours Per Day                    | <input type="checkbox"/> | 4CB |   |
| 4CC. When the Insurance Pays a Maximum Time Per Year          | <input type="checkbox"/> | 4CC |   |
| 4CD. When the Insurance Pays a Maximum Dollar Amount Per Year | <input type="checkbox"/> | 4CD |   |
| 4D. When There is Private Insurance and School                |                          |     |   |
| 4DA. When the Insurance Pays a Percentage/Copay               | <input type="checkbox"/> | 4DA |   |
| 4DB. When the Insurance Pays Hours Per Day                    | <input type="checkbox"/> | 4DB |   |
| 4DC. When the Insurance Pays a Maximum Time Per Year          | <input type="checkbox"/> | 4DC |   |
| 4DD. When the Insurance Pays a Maximum Dollar Amount Per Year | <input type="checkbox"/> | 4DD |   |
| 5. Short-Term-Intensive Services                              | <input type="checkbox"/> | 5   |   |
| 6. Respite Services   | <input type="checkbox"/> | 6   |   |
| 7. Non-Waiver Services  | <input type="checkbox"/> | 7   |   |
| 8. Non-Waiver Supplies and Equipment                          | <input type="checkbox"/> | 8   |   |

CAP/C fee schedule (and others) at: <http://www.ncdhhs.gov/dma/fee/index.htm>.

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Client                      MID            -            -

**1**

<b>CASE MANAGEMENT</b>									
Limits: There is no official limit to the number of hours that may be claimed, but the number of hours you claim must be supported by your case management notes. Be sure to refer to the CAP/C Manual for information on which case management activities are billable or non-billable.									
Instructions: If the recipient is not expected to be in the program for a full 12 months, you would divide by the length of time remaining in the program, not by 12. For example, if the recipient was going to turn 19 years old in 5 months, you would divide by 5 instead of by 12. Please explain this in the 'Other Comments' section. 'Less than Medicaid maximum allowable cost' means that your fee is less than that which is on the CAP/C fee schedule for case management.									
SERVICE/ SUPPLY	PROVIDED BY	FREQUENCY OR AMOUNT		COST				MEDICAID COST	MEDICAID CODE
Case Management – Annual Assessment		hours per year	X	\$ per hour	÷	12 months per year	=	\$ per month	T1016
Case Management – Monthly Activities		hours per month	X	\$ per hour			=	\$ per month	T1016
<input type="checkbox"/> Less than Medicaid maximum allowable cost <input type="checkbox"/> Other comments:									

**2**

<b>WAIVER SUPPLIES</b>									
Limits: May only be provided to children 3 years of age and older. There is no official limit on quantity; the amount provided is based on your assessment and plan of care, the physician's order, and the amount that will fit into the recipient's budget limit..									
Instructions: 'Less than Medicaid maximum allowable cost' means that the item costs less than the amount indicated on the CAP/C fee schedule for that item. You must have the physician's order on file, and it must be renewed annually.									
SERVICE/SUPPLY	PROVIDED BY	FREQUENCY OR AMOUNT		COST				MEDICAID COST	MEDICAID CODE
Re-Usable Diapers		per month	X	\$    each	=			\$    per month	T4539
Disposable Liners		per month	X	\$    each	=			\$    per month	T4535
<input type="checkbox"/> Less than Medicaid maximum allowable cost <input type="checkbox"/> Other comments:									

**CAP/C PLAN OF CARE RECORD OF SERVICES AND SUPPLIES**

Client                      MID            -            -

**3**

<b>HOME MODIFICATIONS</b>									
Limits: max \$1500 per fiscal year (July 1-June 30), or less if \$1500 would cause the recipient to exceed the monthly budget limit									
Instructions: 'On Budget From' is the date of delivery or beginning date of the service. 'On Budget To' is one year later, or sooner if it is expected that the child will leave the program sooner. Month and year are sufficient. Make sure you are accounting for 12 months, not 13; for example your 'from/to' dates would be 2/10-1/11, not 2/10-2/11. If the recipient is not expected to be in the program for a full 12 months, you would divide by the length of time remaining in the program, not by 12. For example, if the recipient was going to turn 19 years old in 5 months, you would divide by 5 instead of by 12. Your 'from/to' dates would also be 5 months apart. Please explain this in the "Comments" section. Please attach a copy of the invoice or receipt.									
TYPE OF MODIFICATION	PROVIDED BY	AMOUNT OR FREQUENCY	COST				MEDICAID COST	ON BUDGET FROM/TO	MEDICAID CODE
		one-time purchase	\$	÷	12 months per year	=	\$ per month	/ to /	S5165
		one-time purchase	\$	÷	12 months per year	=	\$ per month	/ to /	S5165
<input type="checkbox"/> Comments:									

**4 A**

<b>REGULAR HOURLY IN-HOME CARE WHEN MEDICAID IS THE ONLY PAYER</b>									
Limits: [            personal hrs per week (max 20)] +[ (            actual work hrs per week)+(1/2-1 hour for lunch)+(1/2-2 hours commute) for (max 50 hours per week)] +[            sleep hrs per week (max 56, usually nurse only)] – [            hrs other caregiver available] =            hours per week (max 126 hours per week, including school, insurance, and formal support whether or not paid by Medicaid).									
Instructions: There are two spaces under 'provided by' because sometimes there are two different providers working with the same recipient (for example one during the week, and another on weekends). If there is only one provider, leave the second space blank. 'Less than Medicaid maximum allowable cost' means that cost for the nurse or NA is less than what is on the CAP/C fee schedule for nurse or nurse aide services.									
SERVICE/SUPPLY	PROVIDED BY	FREQUENCY OR AMOUNT	COST				MEDICAID COST	MEDICAID CODE	
<input type="checkbox"/> Nurse <input type="checkbox"/> Nurse Aide		hours per week	\$	X	per hour	X	4.3 weeks per month	= \$ per month	<input type="checkbox"/> T1000 <input type="checkbox"/> S5125
<input type="checkbox"/> Less than Medicaid maximum allowable cost									
<input type="checkbox"/> Other comments:									



**CAP/C PLAN OF CARE RECORD OF SERVICES AND SUPPLIES**

Client                      MID                      -                      -

**4 C**  
**A**

<b>REGULAR HOURLY IN-HOME CARE WHEN THERE IS PRIVATE INSURANCE</b>													
Limits: [                      personal hrs per week (max 20)] +[ (                      actual work hrs per week)+(1/2-1 hour for lunch)+(1/2-2 hours commute) for (max 50 hours per week)] +[                      sleep hrs per week (max 56, usually nurse only)] - [                      hrs other caregiver available] =                      hours per week (max 126 hours per week, including school, insurance, and formal support whether or not paid by Medicaid). If insurance pays for 100% of the nurse care for the full year, the recipient is ineligible for CAP/C.													
<b>Option A</b>	Instructions: There are two spaces under 'provided by' because sometimes there are two different providers working with the same recipient (for example one during the week, and another on weekends). If there is only one provider, leave the second space blank. If the recipient is not expected to be in the program for a full 12 months, you would change your number of weeks of service and the number of months you divide by accordingly. For example, if the recipient was going to turn 19 in 5 months, you would change your duration in weeks (you will need to know the begin date of the private insurance benefit period), and you would divide by 5 instead of by 12. Please explain this in the 'Other Comment' section. Usual and Customary Rate (UCR) refers to the amount that the nursing agency bills for their service. A deductible is counted only if applies solely to the nursing services.												
	[Usual and Customary Rate (UCR) is \$                      per hour] X [Insurance pays                      %] = Actual cost \$                      per hour paid by insurance												
	[Medicaid maximum allowable rate \$                      per hour] - [Actual cost \$                      per hour paid by insurance] = Actual cost \$                      per hour paid by Medicaid.												
	[amount of insurance deductible per year \$                      ] ÷ [Actual cost \$                      per hour paid by insurance] =                      hours included in deductible												
	$\frac{\text{hours included in deductible}}{52 \text{ weeks per year}} \div \frac{\text{hours per week}}{\text{weeks included in deductible}} = \frac{\text{weeks included in deductible}}{\text{weeks remaining, to be inserted below}}$												
	SERVICE/ SUPPLY	PROVIDED BY	FREQUENCY OR AMOUNT				COST				MEDICAID COST	MEDICAID CODE	INSUR COST
	insurance deductible		annual					÷	12 months per year	=	\$ per month		
	Nurse		hours per week	X	weeks	X	\$ per hour insurance	÷	12 months per year	=			\$ per month
	Nurse		hours per week	X	weeks	X	\$ per hour Medicaid	÷	12 months per year	=	\$ per month	T1000	
	<input type="checkbox"/> Other comments:												

**CAP/C PLAN OF CARE RECORD OF SERVICES AND SUPPLIES**

Client                      MID                      -                      -

**4 C  
B**

<b>REGULAR HOURLY IN-HOME CARE WHEN THERE IS PRIVATE INSURANCE</b>														
Limits: [                      personal hrs per week (max 20)] +[ (                      actual work hrs per week)+(1/2-1 hour for lunch)+(1/2-2 hours commute) for (max 50 hours per week)] +[                      sleep hrs per week (max 56, usually nurse only)] – [                      hrs other caregiver available] =                      hours per week (max 126 hours per week, including school, insurance, and formal support whether or not paid by Medicaid). If insurance pays for 100% of the nurse care for the full year, the recipient is ineligible for CAP/C.														
<b>Option B</b>	Instructions: There are two spaces under ‘provided by’ because sometimes there are two different providers working with the same recipient (for example one during the week, and another on weekends). If there is only one provider, leave the second space blank. If the recipient is not expected to be in the program for a full 12 months, you would change your number of weeks of service and the number of months you divide by accordingly. For example, if the recipient was going to turn 19 in 5 months, you would change your duration in weeks (you will need to know the begin date of the private insurance benefit period), and you would divide by 5 instead of by 12. Please explain this in the ‘Other Comment’ section. Usual and Customary Rate (UCR) refers to the amount that the nursing agency bills for their service. A deductible is counted only if applies solely to the nursing services.													
	Insurance pays                      hours per day X 7 =                      insurance hours per week. Total hours per week-                      insurance hours per week =                      Medicaid hours per week													
	[Usual and Customary Rate (UCR) is \$                      per hour] X [                      insurance hours per week] = Actual cost \$                      per week paid by insurance													
	[amount of insurance deductible per year \$                      ] ÷ [Actual cost \$                      per week paid by insurance] =                      weeks included in deductible													
	52 weeks per year -                      weeks included in deductible =                      weeks remaining to be inserted below													
	SERVICE /SUPPLY	PROVIDED BY	FREQUENCY OR AMOUNT		COST							MEDICAID COST	MEDICAID CODE	INSUR COST
	insurance deductible		annual					÷	12 months per year	=	\$ per month			
	Nurse		Insurance hours per week	X	\$ per hour	X	weeks remaining	÷	12 months per year	=				\$ per month
	Nurse		Medicaid hours per week	X	\$ per hour	X	weeks remaining	÷	12 months per year	=	\$ per month	T1000		
	<input type="checkbox"/> Other comments:													

Client                      MID                      -                      -

**CAP/C PLAN OF CARE RECORD OF SERVICES AND SUPPLIES**

**4 C**  
**C**

<b>REGULAR HOURLY IN-HOME CARE WHEN THERE IS PRIVATE INSURANCE</b>													
Limits: [            personal hrs per week (max 20)] +[ (            actual work hrs per week)+(1/2-1 hour for lunch)+(1/2-2 hours commute) for (max 50 hours per week)] +[            sleep hrs per week (max 56, usually nurse only)] – [            hrs other caregiver available] =            hours per week (max 126 hours per week, including school, insurance, and formal support whether or not paid by Medicaid). If insurance pays for 100% of the nurse care for the full year, the recipient is ineligible for CAP/C.													
Instructions: There are two spaces under ‘provided by’ because sometimes there are two different providers working with the same recipient (for example one during the week, and another on weekends). If there is only one provider, leave the second space blank. If the recipient is not expected to be in the program for a full 12 months, you would change your number of weeks of service and the number of months you divide by accordingly. For example, if the recipient was going to turn 19 in 5 months, you would change your duration in weeks (you will need to know the begin date of the private insurance benefit period), and you would divide by 5 instead of by 12. Please explain this in the ‘Other Comment’ section. Usual and Customary Rate (UCR) refers to the amount that the nursing agency bills for their service. A deductible is counted only if applies solely to the nursing services.													
<u>Benefit Max</u> Insurance pays            hours per year ÷            total approved hours per week =            weeks per year paid by insurance OR Insurance pays            days per year ÷ 7 days per week =            weeks per year paid by insurance													
<u>Deductible, if applicable</u> [Usual and Customary Rate (UCR) is \$            per hour] X [hours per week] = Actual cost \$            per week paid by insurance [amount of insurance deductible per year \$            ] ÷ [Actual cost \$            per week paid by insurance] =            weeks included in deductible													
52 weeks per year –            weeks paid per year by insurance –            weeks included in deductible =            weeks paid by Medicaid													
Option C Insurance pays max time per year	SERVICE/ SUPPLY	PROVIDED BY	FREQUENCY OR AMOUNT		COST						MEDICAID COST	MEDICAID CODE	INSUR COST
	insurance deductible		annual		\$			÷	12 months per year	=	\$ per month		
	Nurse		hours per week	X	\$ per hour	X	insurance weeks excluding deductible	÷	12 months per year	=			\$ per month
	Nurse		hours per week	X	\$ per hour	X	MCD weeks	÷	12 months per year	=	\$ per month	T1000	
	<input type="checkbox"/> Other comments:												





**CAP/C PLAN OF CARE RECORD OF SERVICES AND SUPPLIES**

	off from school		hours per week at home during vacations	(up to 16 weeks, after deductible if any left)		per hour MCD		months per year		per month			
<input type="checkbox"/>	Other comments:												

**CAP/C PLAN OF CARE RECORD OF SERVICES AND SUPPLIES**

Client **MID** - -

**4 D  
B**

**REGULAR HOURLY CARE WHEN THERE IS PRIVATE INSURANCE AND SCHOOL**

Limits: [ personal hrs per week (max 20)] + [ ( actual work hrs per week)+(1/2-1 hour for lunch)+(1/2-2 hours commute) for (max 50 hours per week)] +[ sleep hrs per week (max 56, usually nurse only)] - [ hrs other caregiver available] = hours per week (max 126 hours per week, including school, insurance, and formal support whether or not paid by Medicaid). If insurance pays for 100% of the nurse care for the full year, the recipient is ineligible for CAP/C.

School hours per week , paid by  school system  Medicaid Total hours per week-school hours per week = hours per week home care

Instructions: There are two spaces under 'provided by' because sometimes there are two different providers working with the same recipient (for example one during the week, and another on weekends). If there is only one provider, leave the second space blank. Services in the school are sometimes billed according to the CAP fee schedule and sometimes billed according to the LEA fee schedule. If you can not determine what is being billed, your consultant may be able to find out by checking the claims data. If not, assume the CAP code and fee. If the recipient is not expected to be in the program for a full 12 months, you would change your number of weeks of service and the number of months you divide by accordingly. For example, if the recipient was going to graduate in 5 months, you would change your weeks to approximately 20 in school and 32 at home, and you would divide by 5 instead of by 12. Please explain in the 'Other Comments' section. Usual and Customary Rate (UCR) refers to the amount that the nursing agency bills for their service. A deductible is counted only if applies solely to the nursing services.

Insurance pays hours per day X 7 = hours per week. Total hours per week-insurance hours per week = Medicaid hours per week

[Usual and Customary Rate (UCR) is \$ per hour] X [Insurance hours per week] = Actual cost \$ per week paid by insurance

[amount of insurance deductible per year \$ ] ÷ [Actual cost \$ per week paid by insurance] = weeks included in deductible  
52 weeks per year - weeks included in deductible = weeks remaining

Option B Ins pays hours per day	SERVICE/ SUPPLY	PROVIDED BY	FREQUENCY OR AMOUNT	COST					MCD COST	MCD CODE	INSUR COST	
	insurance deductible		annual	\$			÷	12 months per year	= \$ per month			
	Nurse in school		hours per week in school	X \$ per hour		weeks (up to 36)	÷	12 months per year	\$ per month	<input type="checkbox"/> T1000 (CAP) <input type="checkbox"/> T1002 (LEA RN) <input type="checkbox"/> T1003 (LEA LPN)	\$ per month	
	Nurse at Home school year		hours per week at home when in school	X \$ per hour	X	weeks (up to 36, after deductible)	÷	12 months per year	=			\$ per month
	Nurse at Home school year		hours per week at home when in school	X \$ per hour	X	weeks (up to 36, after deductible)	÷	12 months per year	= \$ per month	T1000		
	Nurse at Home off from school		hours per week at home during vacations	X \$ per hour	X	weeks (up to 16, after deductible if any left)	÷	12 months per year	=			\$ per month
	Nurse at Home			X \$	X	weeks	÷	12 months	= \$	T1000		

CAP/C PLAN OF CARE RECORD OF SERVICES AND SUPPLIES

	off from school		hours per week at home during vacations		per hour		(up to 16, after deductible if any left)		per year		per month		
<input type="checkbox"/> Less than Medicaid maximum allowable cost <input type="checkbox"/> Insurance cost													
<input type="checkbox"/> Other comments:													

**CAP/C PLAN OF CARE RECORD OF SERVICES AND SUPPLIES**

Client                      MID                      -                      -

**4 D  
C**

**REGULAR HOURLY CARE WHEN THERE IS PRIVATE INSURANCE AND SCHOOL**

Limits: [          personal hrs per week (max 20)] + [ (          actual work hrs per week)+(1/2-1 hour for lunch)+(1/2-2 hours commute) for (max 50 hours per week)] + [sleep hrs per week (max 56, usually nurse only)] – [          hrs other caregiver available] =          hours per week (max 126 hours per week, including school, insurance, and formal support whether or not paid by Medicaid). If insurance pays for 100% of the nurse care for the full year, the recipient is ineligible for CAP/C.

School hours per week          , paid by  school system  Medicaid Total hours per week-school hours per week =          hours per week home care

Instructions. There are two spaces under ‘provided by’ because sometimes there are two different providers working with the same recipient (for example one during the week, and another on weekends). If there is only one provider, leave the second space blank. Services in the school are sometimes billed according to the CAP fee schedule and sometimes billed according to the LEA fee schedule. If you can not determine what is being billed, your consultant may be able to find out by checking the claims data. If not, assume the CAP code and fee. If the recipient is not expected to be in the program for a full 12 months, you would change your number of weeks of service and the number of months you divide by accordingly. For example, if the recipient was going to graduate in 5 months, you would change your weeks to approximately 20 in school and 32 at home, and you would divide by 5 instead of by 12. Please explain this in the ‘Other Comment’ section. Usual and Customary Rate (UCR) refers to the amount that the nursing agency bills for their service. A deductible is counted only if applies solely to the nursing services.

Benefit Max  
Insurance pays          hours per year ÷          total approved hours per week =          weeks per year paid by insurance  
**OR**  
Insurance pays          days per year ÷ 7 days per week =          weeks per year paid by insurance

Deductible, if applicable  
[Usual and Customary Rate (UCR) is \$          per hour] X [hours per week] = Actual cost \$          per week paid by insurance  
[amount of insurance deductible per year \$          ] ÷ [Actual cost \$          per week paid by insurance] =          weeks included in deductible

Option C Insurance pays max time per year	SERVICE/ SUPPLY	PROVIDED BY	FREQUENCY OR AMOUNT		COST					MCD COST	MCD CODE	INS COST	SCHOOL COST
	insurance deductible		annual		\$		÷	12 months per year	=	\$ per month			
	Nurse in school		hours per week in school	X	\$ per hour	X	÷	12 months per year	=	\$ per month	<input type="checkbox"/> T1000 (CAP) <input type="checkbox"/> T1002 (LEA RN) <input type="checkbox"/> T1003 (LEA LPN)		\$ per month
	Nurse at home, school year		hours per week at home when in school	X	\$ per hour	X	÷	12 months per year	=			\$ per month	

CAP/C PLAN OF CARE RECORD OF SERVICES AND SUPPLIES

Nurse at home, school year		hours per week at home when in school	X	\$ per hour	X	MCD weeks (up to 36, after deduc tible)	÷	12 months per year	=	\$ per month	T1000		
Nurse at home, no school		hours per week at home during vacations	X	\$ per hour	X	insur weeks (up to 16, after deduc tible if any left)	÷	12 months per year	=			\$ per month	
Nurse at home, no school		hours per week at home during vacations	X	\$ per hour	X	MCD weeks (up to 16, after deduc tible if any left)	÷	12 months per year	=	\$ per month	T1000		
<input type="checkbox"/> Other comments:													

**CAP/C PLAN OF CARE RECORD OF SERVICES AND SUPPLIES**

Client **MID** - -

**4 D**  
**D**

**REGULAR HOURLY CARE WHEN THERE IS PRIVATE INSURANCE AND SCHOOL**

Limits: [ personal hrs per week (max 20)] + [ ( actual work hrs per week)+(1/2-1 hour for lunch)+(1/2-2 hours commute) for (max 50 hours per week)] +[ sleep hrs per week (max 56, usually nurse only)] – [ hrs other caregiver available] = hours per week (max 126 hours per week, including school, insurance, and formal support whether or not paid by Medicaid). If insurance pays for 100% of the nurse care for the full year, the recipient is ineligible for CAP/C.

School hours per week , paid by  school system  Medicaid Total hours per week-school hours per week = hours per week home care

Instructions. There are two spaces under ‘provided by’ because sometimes there are two different providers working with the same recipient (for example one during the week, and another on weekends). If there is only one provider, leave the second space blank. Services in the school are sometimes billed according to the CAP fee schedule and sometimes billed according to the LEA fee schedule. If you can not determine what is being billed, your consultant may be able to find out by checking the claims data. If not, assume the CAP code and fee. If the recipient is not expected to be in the program for a full 52 weeks, you would change your number of weeks of service accordingly (you will need to know the begin date of the private insurance benefit period). Please explain this in the ‘Other Comment’ section. Usual and Customary Rate (UCR) refers to the amount that the nursing agency bills for their service. A deductible is counted only if applies solely to the nursing services.

**Benefit Max**  
[Usual and Customary Rate (UCR) is \$ per hour] X [hours per week] = Actual cost \$ per week paid by insurance  
[Max amount per year \$ ] ÷ [Actual cost \$ per week paid by insurance] = number of weeks paid by insurance

**Deductible, if applicable**  
[Usual and Customary Rate (UCR) is \$ per hour] X [hours per week] = Actual cost \$ per week paid by insurance  
[amount of insurance deductible per year \$ ] ÷ [Actual cost \$ per week paid by insurance] = weeks included in deductible

52 weeks per year – weeks paid per year by insurance – weeks included in deductible – weeks paid by school = weeks paid by Medicaid

Option D Insurance pays max dollars per year	SERVICE/ SUPPLY	PROVIDED BY	FREQUENCY OR AMOUNT	COST						MCD COST	MCD CODE	INS COST	SCH COST
	Insurance deductible		annual	\$			÷	12 months	=	\$ per month			
	Nurse at school		hours per week	\$ per hour	X	X	÷	12 months	=	\$ per month	<input type="checkbox"/> T1000 (CAP) <input type="checkbox"/> T1002 (LEA RN) <input type="checkbox"/> T1003 (LEA LPN)	\$ per month	\$ per month
	Nurse at Home, school year		hours per week at home when in school	\$ per hour	X	X	÷	12 months	=			\$ per month	
	Nurse at Home, school year		hours	\$ per hour	X	X	÷	12 months	=	\$ per month	T1000		

**CAP/C PLAN OF CARE RECORD OF SERVICES AND SUPPLIES**

		per week at home when in school				weeks (up to 36, after deductible)							
Nurse at Home, off from school year		hours per week at home when on vacations	X	\$ per hour	X	insur weeks (up to 16, after deductible if any left)	÷	12 months	=			\$ per month	
Nurse at Home, off from school year		hours per week at home when on vacations	X	\$ per hour	X	MCD Weeks (up to 16, after deductible if any left)	÷	12 months	=	\$ per month	T1000		
<input type="checkbox"/> Other comments:													

CAP/C PLAN OF CARE RECORD OF SERVICES AND SUPPLIES

Client                      MID           -           -

5

**SHORT-TERM-INTENSIVE SERVICES**

Limits: All episodes of short-term-intensive services must be approved by DMA. Provision of 24 hour per day care is limited to two weeks. An additional two weeks may be granted if the child’s needs cannot be accommodated within program limits and other arrangements need to be made. All short-term-intensive services must fit within the monthly budget limit.

Instructions: Short-term-intensive hours are counted as the additional hours provided. For example, if a recipient requests 24 hours on a particular day that they normally receive 18 hours, that is 6 short-term-intensive hours. ‘On Budget From’ is the first date of the short-term-intensive service. ‘On Budget To’ is one year later, or sooner if it is expected that the child will leave the program sooner. Month and year are sufficient. Make sure you are accounting for 12 months, not 13; for example your ‘from/to’ dates would be 2/10-1/11, not 2/10-2/11. If the recipient is not expected to be in the program for a full 12 months, you would divide by the number of months they have remaining. For instance, if the recipient was going to turn 19 years old in 5 months, you would divide by 5 instead of by 12. Your ‘from/to’ dates would also be 5 months apart. Please explain this in the “Comments” section. ‘Less than Medicaid maximum allowable cost’ means that cost for the nurse or NA is less than what is on the fee schedule for nurse or nurse aide services.

SERVICE/ SUPPLY	PROVIDED BY	DATES										MCD COST	MCD CODE	ON BUDGET FROM/TO	
<input type="checkbox"/> Nurse				X		=		X	\$	÷	12	=	\$	<input type="checkbox"/> T1000	/
<input type="checkbox"/> Nurse Aide			hours per day		number of days		total hours		per hour		months per year		per month	<input type="checkbox"/> S5125	to /

Reason:

<input type="checkbox"/> Nurse				X		=		X	\$	÷	12	=	\$	<input type="checkbox"/> T1000	/
<input type="checkbox"/> Nurse Aide			hours per day		number of days		total hours		per hour		months per year		per month	<input type="checkbox"/> S5125	to /

Reason:

<input type="checkbox"/> Nurse				X		=		X	\$	÷	12	=	\$	<input type="checkbox"/> T1000	/
<input type="checkbox"/> Nurse Aide			hours per day		number of days		total hours		per hour		months per year		per month	<input type="checkbox"/> S5125	to /

Reason:

- Less than Medicaid maximum allowable cost
- Other comments:

CAP/C PLAN OF CARE RECORD OF SERVICES AND SUPPLIES

6

**RESPITE CARE**

Limits: The following are maximum allowed hours. The hours must fit within the monthly budget.  
 0-30 hours per week scheduled of scheduled hourly care = 720 respite hours per fiscal year (July 1-June 30)  
 31-60 hours per week of scheduled hourly care = 540 respite hours per fiscal year (July 1-June 30)  
 61-90 hours per week of scheduled hourly care = 360 respite hours per fiscal year (July 1-June 30)  
 91 or more hours per week of scheduled hourly care = 180 respite hours per fiscal year (July 1-June 30)

Instructions: Respite hours are counted as the additional hours provided. For example, if a recipient requests 24 hours on a particular day that they normally receive 18 hours, that is 6 respite hours. Each day of institutional respite counts as 24 hours. 'Less than Medicaid maximum allowable cost' means that cost for the service is less than what is on the fee schedule for that service.

SERVICE/ SUPPLY	PROVIDED BY	AMOUNT OR FREQUENCY		COST			MEDICAID COST	MEDICAID CODE	
In-Home Nurse Respite		hours per year	X	per hour	÷	12 months per year	\$ per month	T1005	
In-Home Aide Respite		hours per year	X	per hour	÷	12 months per year	\$ per month	S5150	
Institutional Respite		days per year	X	per day	÷	12 months per year	\$ per month	H0045	days per year x 24 hours per day = hours per year

- Less than Medicaid maximum allowable cost  
 Other comments:

Recipient's level of care:  IC  SC  HC.

Total of amounts in the yellow boxes \$ . This amount is less than or equal to the budget limit for the recipient's level of care.

COMMENTS

CAP/C PLAN OF CARE RECORD OF SERVICES AND SUPPLIES

Client                      MID                      -                      -

7

Service	Provider	Frequency	Dates
Physical Therapy			<input type="checkbox"/> ongoing <input type="checkbox"/> /                      to                      /
Physical Therapy			<input type="checkbox"/> ongoing <input type="checkbox"/> /                      to                      /
Occupational Therapy			<input type="checkbox"/> ongoing <input type="checkbox"/> /                      to                      /
Occupational Therapy			<input type="checkbox"/> ongoing <input type="checkbox"/> /                      to                      /
Speech Therapy			<input type="checkbox"/> ongoing <input type="checkbox"/> /                      to                      /
Speech Therapy			<input type="checkbox"/> ongoing <input type="checkbox"/> /                      to                      /
Visual Instruction			<input type="checkbox"/> ongoing <input type="checkbox"/> /                      to                      /
Home Health Nurse Visit			<input type="checkbox"/> ongoing <input type="checkbox"/> /                      to                      /
Hospice			<input type="checkbox"/> ongoing <input type="checkbox"/> /                      to                      /
Home Infusion Therapy			<input type="checkbox"/> ongoing <input type="checkbox"/> /                      to                      /
			<input type="checkbox"/> ongoing <input type="checkbox"/> /                      to                      /
			<input type="checkbox"/> ongoing <input type="checkbox"/> /                      to                      /
			<input type="checkbox"/> ongoing <input type="checkbox"/> /                      to                      /
			<input type="checkbox"/> ongoing <input type="checkbox"/> /                      to                      /
			<input type="checkbox"/> ongoing <input type="checkbox"/> /                      to                      /
			<input type="checkbox"/> ongoing <input type="checkbox"/> /                      to                      /

CAP/C PLAN OF CARE RECORD OF SERVICES AND SUPPLIES

Client                      MID                      -                      -

8

supply	provider	amount/ frequency	O=owned R=rented C= continuous N=new, date__
<b>MOBILITY</b>			
walker			
stander			
manual wheelchair			
power wheelchair			
hospital bed			
transfer bench			
Hoyer lift			
<b>ELIMINATION</b>			
diapers/pull-ups			
chux			
indwelling catheters			
intermittent catheters			
ostomy bag			
skin barrier			
<b>ORTHOTICS AND PROSTHETICS</b>			
arms/hands			
legs/feet/hips			
spine			

supply	provider	amount/ frequency	O=owned R=rented C= continuous N=new, date__
<b>PERSONAL CARE</b>			
Bath/shower chair			
Hand-held shower			
<b>FEEDING</b>			
formula			
NG tube			
G/J tube, standard			
G/J tube, low profile			
G/J tube low profile extension set			
feeding kit			
enteral pump			
syringes			
TPN			
<b>DRESSINGS</b>			
sterile saline			
hydrogen peroxide			
sterile cotton-tip applicators			
gauze			
tape			
transparent dressing			
sterile gloves			

