

CAP Consumer-Directed Services Frequently Asked Questions

Q. What is a consumer-direct service?

A. Consumer-directed services, also known as consumer-direction, is one of the three waiver service options within the CAP waivers. Consumer direction affords the waiver beneficiary or their representative the opportunity to direct their own care, making the core decision about their care. The waiver beneficiary or their representative is designated as the employer of record (EOR) and they hire, manage, and train their own staff. A financial management agency assists the EOR with paying hired workers.

Q. Can you explain that service training, educational, and consultative as it relates to financial management services (FMS)?

A. Training, education, and consultative services is a CAP waiver service that has the intended purpose of improving the waiver beneficiary's and unpaid caregiver's decision-making process and overall independence. This service permits enrollment in a class or other training modalities to learn techniques and skills to meet the identified needs of the waiver participant. The financial management entity can assist with paying for identified training, education, or consultation based on an approved plan of care.

Q. To verify, does staff have to be CNA 1 or 2, if not a legally responsible person?

A. No under the consumer-directed service option.

Q. If there are beneficiaries not currently on CD Lite but whose parents are interested in being paid employees through consumer direction, do they also need to wait until July to start services?

A. Planning to transition to the new service option in the CAP/C waiver will begin in June. Starting in June and through October, the assigned CAP case manager will discuss with the waiver participant their needs during the annual reassessment to determine the best service option to meet their needs. Individuals newly enrolling in the waiver will transition to service as they are available to them.

Q. Can you specifically highlight the pieces that will change in the waiver renewal for the FMS?

A. The requirements for the FMS provider will not change in the new CAP/C waiver or the CAP/DA amended waiver. What is new to the CAP/C waiver is the ability for waiver participants with skilled needs to direct their care. The FMS provider will assist these families in enrolling in consumer-directed care. The FMS must confirm the hired worker for the waiver participant, with skill needs, is licensed as an RN or LPN as validated through the Board of Nursing (BON).

Q. Please confirm that there is an expectation that the FMS receive a copy of the Competency Evaluation before we allow services to begin.

A. Confirmed.

Q. Please clarify whose role it is to confirm that the individual providing nursing services meets the stated qualifications.

A. The FMS provider.

Q. Please clarify whose role it is to verify that the individual providing respite service meets the stated qualifications.

A. The FMS provider.

Q. How will families request respite 12 hours in advance? How is this documented? What about respite for emergency situations?

A. Planning for service needs should be included in the person-centered service plan, which includes respite. A best practice is incorporating a cadence schedule of respite and, when respite is needed, alerting the case manager to notify providers of the need. Respite is not considered an emergency service but can be used if there is an emergency situation experienced by the primary caregiver, such as going to a hospital unexpectedly. If unplanned services are needed or the primary caregiver is challenged to relieve the direct care worker at the scheduled time, a request for unplanned service occurrence is the best method to manage these occurrences versus using respite.

Q. An Employer Identification Number (EIN) is required for waiver participants enrolled in the consumer-directed service option. In some cases, the parent or legal guardian prefers the EIN to be obtained in their name. Will this continue to be allowed?

A. It is preferred if the EIN is in the waiver participant's name. However, the parent or legal guardian can decide the best option for their family. The FMS must counsel the family about the decision that is made.

Q. CAP case managers do not currently send the FMS provider the competency validation form. Will the CAP CM be required to send the completed validation form to the FMS provider?

A. Yes.

Q. A family using CD lite could transition to consumer-directed services and be the paid caregiver if they meet the extraordinary circumstances.

A. Yes

Q. Do LPNs and RNs still need 1,000 to 2,000 hours of experience? If so, how is this checked? Who checks this?

A. Yes, the hour of experience is one of the hiring requirements. The employer of record will validate the background and experience in the competency validation form. The FMS will review the completed form to ensure the hiring requirements are met.

Q. During the planned transition phases from the public health emergency services to the new services provisions, are families with a continued need review (CNR) in Oct. 2023 required to wait until the transition can begin?

A. Yes; however, changes in the care needs or situations may lead to a change in status assessment to realign the plan of care to meet newly identified needs.