

Fact Sheet

Community Alternatives Program for Children (CAP/C) Attendant Nurse Care

A Medicaid Home and Community-Based Service

The Community Alternatives Program for Children (CAP/C) is for children ages 0 to 20 years old who have physical health conditions. These health conditions are ongoing and severe. The goal of the program is to reduce unplanned urgent, or emergency care and extended hospital stays. This is done through services and supports.

ATTENDANT NURSE CARE (ANC)

- Is a self-managed service for CAP/C. Self-management of services is known as consumer direction.
- Allows a parent/primary caregiver to choose a nurse to care for their child who needs skilled nursing care and write the care plan.
- Can be used with other services such as private duty nursing (PDN) to cover the care needs of a CAP/C child.
 - ANC and PDN hours cannot be more than the approved number of nurse hours.
- Requires the nurse to be a Registered nurse (RN) or Licensed practical nurse (LPN) supervised by an RN.

CONSUMER DIRECTION (CD)

Allows a child or their legally responsible person to be the employer to hire and train a nurse of their choice, and create the schedule for the nurse to report to work. CAP/C calls this person the employer of record (EOR). The EOR is in charge of managing care and setting the pay rate for the nurse. A financial management company is assigned to pay the nurse for the hours worked.

ENROLLMENT REQUIREMENTS

- Consumer direction and ANC eligibility requirements must be met.
- The CAP/C child must require:
 - Hands-on nursing interventions at least every 2 or 3 hours during the day.
- The child or legally responsible person and the EOR must complete:
 - A consumer direction training course and receive a certificate.
 - A consumer direction self-assessment with results that show the ability and willingness to direct care.

- All ANC consumer direction forms that help in understanding the CAP/C child's care needs.

HIRING REQUIREMENTS

- The nurse must have an active license as an RN or LPN with no violations with the Board of Nursing.
- If an LPN is hired an RN must also be hired to provide supervision.
 - The RN is hired to support the LPN in making decisions and carrying out the care plan. The supervising RN is not hired to provide hands-on care to the CAP/C child.
 - Supervision visits may be 1 time per month or 1 time every 3 months. The schedule is based on the assessed needs of the LPN.
 - The supervising RN and their rate of pay must be listed on the plan of care. The RN's rate of pay is set by the EOR.
- An ANC nurse cannot be hired to work at school. PDN hours can be used at school.
- A parent or legally responsible person can be hired when they:
 - Meet the hiring requirements.
 - Have at least 1 of 5 extraordinary conditions.
 - The 5 extraordinary conditions are listed in the [CAP/C waiver](#).
 - Work as their child's ANC nurse for no more than 40 hours per week.

REQUIRED DOCUMENTS

1. CAP/C Skilled Declaration Form
 - Medicaid form completed by the beneficiary or legally responsible person and primary physician or designated staff.
2. CAP/C Skilled Level of Care Plan
 - Medicaid form completed by the beneficiary or legally responsible person.
3. Medication Administration Record
 - Created and monitored by the EOR and completed by the hired RN or LPN
4. Treatment Administration Record
 - Created and monitored by the EOR and completed by the hired RN or LPN
5. Competency Validation Form
 - Medicaid form completed by the EOR.
6. Nurse License Verification
 - Completed by the financial management company and confirmed by the EOR and case manager
7. LPN supervision plan, if applicable
 - Completed by the supervising RN and EOR.
 - Unique for each beneficiary.

8. Statement of Agreement from Providers Acknowledging Transition to Consumer Direction.

- Completed by a multiple disciplinary team discussion and
- Documented in the e-CAP system

Copies or samples of documents 1, 2, 3, 4, and 5 are attached behind this page.



CAP/C Skilled Declaration Form

This form is intended to be completed by the primary physician of the CAP/C waiver participant.

The legally responsible party of the Community Alternatives Program for Children (CAP/C) waiver participant is seeking approval to direct the care of this their child using the consumer-directed option through the CAP/C Home and Community-Based Services (HCBS) waiver. Consumer-directed care is a service option that permits the legally responsible party of a CAP/C waiver participant to create a care plan to direct and control the care of their child by recruiting and hiring a qualified professional (registered nurse or licensed practical nurse).

Dear Physician,

The child listed below reports having skilled needs that may require the oversight of a licensed professional. Please complete this form to assist with the development of a CAP/C care plan for this child.

Child's Name:

Date of Birth:

Medicaid or Patient ID Number:

Primary Diagnosis:

Height:

Weight:

Please respond to the questions listed below.

Is the child ventilator dependent? Yes No

If yes, Type: Hours per day:

Does the child have seizures? Yes No

If yes, Type: Frequency of seizures:

Frequency of seizure interventions: Date of last seizure and intervention:

Are emergency medications prescribed? Yes No If yes, attached a list of the medications

Are IV medications or TPN prescribed? Yes No If yes, attached a list of the medications

Is tracheostomy care required for this child? Yes No

Is this child oxygen dependent? Yes No

If yes, Liter per minute: Hours per day:

Continuous Yes No, prescribed rate:

Adjusted? Yes No, Frequency: Maintain 02 SAT %

Date of last physician assessment:

Changes in child's condition from last examination, Yes No

If yes, describe the changes:

Any special care needs (ex: ostomy, G-Tube, or wound care) that require specific attention Yes No;

if yes, describe:

Is the child ordered to receive therapies (PT, OT, ST, RT) Yes No;

if yes, describe:

Print Physician's Name:

Print Physician's Address:

Telephone number:

Physician's Signature or Stamp: X

Date:

Consumer Direction Care Plan for CAP/C Participants at a Skilled Level of Care Consumer Direction Skilled Level Care Plan

Participant's Name:

Care Plan Start Date:

Care Plan Coverage Period:

Name of Hired RN/LPN:

Primary Conditions:

Safety Measures:

Precautions:

Safety Measures:

Precautions:

Safety Measures:

Precautions:

Safety Measures:

Precautions:

Daily skilled needs/interventions and process to carry out tasks:

Needs/Intervention:

Process:

Needs/Intervention:

Process:

Needs/Intervention:

Process:

List any medical devices used to treat or prevent exacerbation of a medical condition blow:

Medications to be administered: Dose/frequency/Route

Medication:

Dose:

Frequency:

Route:

Medication:

Dose:

Frequency:

Route:

Medication:

Dose:

Frequency:

Route:

Medication:

Dose:

Frequency:

Route:

Medication:

Dose:

Frequency:

Route:

Medication:

Dose:

Frequency:

Route:

Durable Medical Equipment (DME) and Supplies used:

Restrictive Activities:

Lifting PO Intake Weight Bearing

Other: Other: Other: Other:

No Restrictions

Functional Limitations:

Diagnosis:	Diet Type:	Food Allergies:	Special Instructions:
------------	------------	-----------------	-----------------------

Pharmacy:	Physician:
-----------	------------

Emergency Contact Name:	Emergency Contact Number:
-------------------------	---------------------------

Emergency Interventions:

Nurse Signature	Initial
X _____	
X _____	
X _____	
X _____	

Diagnosis:	Diet Type:	Food Allergies:	Special Instructions:
------------	------------	-----------------	-----------------------

Pharmacy:	Physician:
-----------	------------

Emergency Contact Name:	Emergency Contact Number:
-------------------------	---------------------------

Emergency Interventions:

Nurse Signature	Initial
X _____	
X _____	
X _____	
X _____	

Task List and Employee Competency Validation

Beneficiary name:

Name of individual acting as employer:

Name of direct care employee:

Directions to complete: Circle the skill that is needed to address the beneficiary's care needs. Provide instructions on how the employee(s) shall complete the task. Provide the appropriate response to indicate the employee's ability to complete the task. Complete for each employee.

Note: Tasks should align with needs identified in the comprehensive assessment.

Bathing

Instructions to employee:

Employee's ability to complete task:

Previous caregiver: Yes No

Health or personal care experience: Yes No

Training provided: Yes No

Toileting

Instructions to employee:

Employee's ability to complete task:

Previous caregiver: Yes No

Health or personal care experience: Yes No

Training provided: Yes No

Incontinence care

Instructions to employee:

Employee's ability to complete task:

Previous caregiver: Yes No

Health or personal care experience: Yes No

Training provided: Yes No

Dressing

Instructions to employee:

Employee's ability to complete task:

Previous caregiver: Yes No

Health or personal care experience: Yes No

Training provided: Yes No

Personal hygiene

Instructions to employee:

Employee's ability to complete task:

Previous caregiver: Yes No

Health or personal care experience: Yes No

Training provided: Yes No

Transfer/ambulation positioning

Instructions to employee:

Employee's ability to complete task:

Previous caregiver: Yes No

Health or personal care experience: Yes No

Training provided: Yes No

Fall prevention

Instructions to employee:

Employee's ability to complete task:

Previous caregiver: Yes No

Health or personal care experience: Yes No

Training provided: Yes No

Feeding/meal prep

Instructions to employee:

Employee's ability to complete task:

Previous caregiver: Yes No

Health or personal care experience: Yes No

Training provided: Yes No

Vital signs/monitoring

Instructions to employee:

Employee's ability to complete task:

Previous caregiver: Yes No

Health or personal care experience: Yes No

Training provided: Yes No

Therapy reinforcement

Instructions to employee:

Employee's ability to complete task:

Previous caregiver: Yes No

Health or personal care experience: Yes No

Training provided: Yes No

G-tube/J-tube care

Instructions to employee:

Employee's ability to complete task:

Previous caregiver: Yes No

Health or personal care experience: Yes No

Training provided: Yes No

IV fluids/site check

Instructions to employee:

Employee's ability to complete task:

Previous caregiver: Yes No

Health or personal care experience: Yes No

Training provided: Yes No

Administration/monitoring of medication

Instructions to employee:

Employee's ability to complete task:

Previous caregiver: Yes No

Health or personal care experience: Yes No

Training provided: Yes No

Seizure management

Instructions to employee:

Employee's ability to complete task:

Previous caregiver: Yes No

Health or personal care experience: Yes No

Training provided: Yes No

Apnea monitoring

Instructions to employee:

Employee's ability to complete task:

Previous caregiver: Yes No

Health or personal care experience: Yes No

Training provided: Yes No

Catheter care

Instructions to employee:

Employee's ability to complete task:

Previous caregiver: Yes No

Health or personal care experience: Yes No

Training provided: Yes No

Wound care

Instructions to employee:

Employee's ability to complete task:

Previous caregiver: Yes No

Health or personal care experience: Yes No

Training provided: Yes No

Housekeeping

Instructions to employee:

Employee's ability to complete task:

Previous caregiver: Yes No

Health or personal care experience: Yes No

Training provided: Yes No

Shopping

Instructions to employee:

Employee's ability to complete task:

Previous caregiver: Yes No

Health or personal care experience: Yes No

Training provided: Yes No

Meal Preparation

Instructions to employee:

Employee's ability to complete task:

Previous caregiver: Yes No

Health or personal care experience: Yes No

Training provided: Yes No

Transportation

Instructions to employee:

Employee's ability to complete task:

Previous caregiver: Yes No

Health or personal care experience: Yes No

Training provided: Yes No

Other

Instructions to employee:

Employee's ability to complete task:

Previous caregiver: Yes No

Health or personal care experience: Yes No

Training provided: Yes No

Other

Instructions to employee:

Employee's ability to complete task:

Previous caregiver: Yes No

Health or personal care experience: Yes No

Training provided: Yes No

Other

Instructions to employee:

Employee's ability to complete task:

Previous caregiver: Yes No

Health or personal care experience: Yes No

Training provided: Yes No

