

CAP/C Attendant Nurse Care (ANC) Frequently Asked Questions

Q: In order to be hired potential applicants need to be deemed competent. However, if they need training to become competent isn't that a violation of the Fair Labor Standards Act?

A: Providers assigned to render services to waiver participants must comply with the Fair Labor Standard Act (FLSA). For services authorized to be rendered by an In-home or Home Health agency, that agency must follow FLSA while hiring and onboarding direct care workers to ensure the worker is trained and demonstrates competencies in the areas of need identified by the waiver participant's assessment. Financial management entities are responsible for following the FLSA in hiring direct care workers under consumer direction, and the employer of record (parent/ primary caregiver or representative) is responsible for ensuring the direct care worker can demonstrate competencies in carrying out tasks listed in the plan of care. The FLSA requires assurances of minimum wage, recordkeeping, overtime pay, and child labor standards. The CAP waiver program requires each direct worker to demonstrate the ability to perform the required assistance with ADLs or other tasks identified in the assessment before hiring.

Q: What is required to be charted or documented for Attendant Nurse Care?

A: The attendant nurse must document all medications, treatments provided, and other pertinent medical interventions or changes to the waiver participant while working. A workbook for waiver participants using Attendant Nurse Care outlines the required reporting forms.

Q: What will liability insurance look like for nurses? Will the nurse have to provide their own insurance like agencies do to a min amount?

A: Attendant nurse care is a service offered through consumer direction. Under consumer direction, the employer of record or waiver participant is responsible for Workman's Compensation. The employee hired to provide care to the waiver participant is an "independent worker" solely responsible for maintaining their certification, license, and liability insurance. A nurse working as an independent worker should consult the NC Board of Nursing regarding liability insurance coverage.

Q: How much do RNs get paid per hour under ANC?

A: The rate for the attendant nurse care is posted on the NC Medicaid Fee Schedule. The Fee Schedule is updated upon changes. This service is anticipated to be included in an updated Fee Schedule by November 2023.

Q: What is the maximum hourly rate for Attendant Nurse Care?

A: Under consumer direction, rates are negotiated by the employer of record (waiver participant or parent). The maximum rate that can be negotiated cannot exceed the posted Medicaid maximum limit listed on the published Fee Schedule, including taxes and Workman's Compensation.

Q: How does the enrollment process work for attendant nurse care?

A: Upon the approval of enrollment in the CAP/C waiver, a request can be made to elect to participate in the consumer-directed service option. The case manager will assist the waiver participant or parent in enrolling in consumer-directed care. A consumer direction training will be scheduled, and an attendant nurse care workbook will be provided to initiate the enrollment and hiring of nurses.

Q: In the coordinated caregiving option. Do the stipends vary based on the level of care etc.?

A: Yes, there are three stipend payment levels. Stipend level one is paid to a live-in caregiver for a waiver participant with low or moderate needs like CAP in-Home aide. Stipend level two is paid to a live-in caregiver for a waiver participant with high needs like pediatric nurse care. Stipend level three is paid to a live-in caregiver for a waiver participant with skilled care needs like attendant nurse care.

Q: Under consumer-directed care, can a second aide be hired to meet needs during days or times when primary hired aide is unavailable to work? (Note: This is not to request an increase in approved hours, but to allow for multiple aides to work in order to meet current approved hours.)

A: Yes.

Q: The aide who is working for the client now can they do respite hours for paid primary giver when the program starts?

A: Yes, the currently hired aide who is not a primary caregiver, or a live-in family member can be the respite provider for the paid primary caregiver as long as all competency requirements for the participant's assessed level of care are met.

Q: Can a foster parent serve as an LRP in this extraordinary circumstance?

A: No. A legally responsible representative is defined as a person acting for and legally authorized to execute a contract for the CAP/C applicant or beneficiary, such as a legal guardian, parent, stepparent, foster parent, custodial parent, adoptive parent, grandparent or sibling of a minor child, or holder of medical power of attorney.

Q: Under the extraordinary circumstances that may qualify a parent or legally responsible person to be the paid caregiver, do ALL FIVE conditions have to be met or just ONE?

A: Only one requirement must be met.

Q: Can a legal guardian be paid under consumer direction and coordinated caregiving?

A: Yes, when qualifying conditions are met.

Q: Would a beneficiary that lives in a college dorm part-time be eligible for coordinated caregiving?

A: CAP/C services are planned in a person-centered process in which the specific needs and scenarios are evaluated. When qualifying conditions are met and do not duplicate other supportive services the college student is receiving from the school to meet his college living needs, coordinated caregiving may be an option.

Q: What is needed for a parent to become an Attendant Nurse?

A: A parent may become an attendant nurse when enrolled in the consumer-directed service option. The parent must meet the hiring requirements outlined in the attendant nurse care service definition, and at least one condition under the extraordinary circumstances.

Q: Does this mean my nurse-level-care kid can have me as a paid caregiver, and we can still have occasional nurses from an agency for respite?

A: Yes, under the coordinated caregiving service option. Under the consumer-directed option, the paid caregiver must be an RN or LPN and meets the qualifying hiring requirements to be the paid caregiver. Respite services can be approved through an agency or consumer-directed services.

Q: Does the lack of CNAs criteria apply to my kid if she requires an LPN or RN? She is above aide-level need.

A: A child enrolled in the CAP/C waiver, which requires skill service intervention, must have an RN or LPN assigned to render the care. A child receiving PDN can temporarily receive PNA services if there is supporting documentation that there are no RN or LPNs available.

Q: What kind of stipend amount is the coordinated caregiver eligible for, for a nurse-level kid? How much does the agency overseeing the caregiver get?

A: Each service through the CAP/C waiver has established fees published on the NC Medicaid website. These published fees report the maximum amount NC Medicaid reimburses for each service. The provider authorized for the services may collect the total amount and determine the amount paid to a direct care worker. A portion of the daily rate paid to the Coordinated Caregiver provider will be paid to the live-in caregiver as a stipend.

Q: Is there a path to hire a nurse from another country?

A: The attendant nurse must comply with the North Carolina Board of Nursing (NCBON) licensure and certification rules. Nurses from another country should contact NCBON on specific requirements to become licensed in North Carolina.

Q: Are PDN families eligible for coordinated caregiving?

A: All waiver services are based on individual needs. When special conditions exist, the family may need to utilize multiple service options to meet the needs of their family/child. The CAP/C waiver does not offer 24-hour care; therefore, services cannot be planned to cover 24 hours of care.

Q: If the CAP/C beneficiary requires an LPN/RN level of care and there is adequate nursing care for daytime, but no adequate nursing care for nighttime, can parents/primary caregiver be paid for nighttime care?

A: The CAP/C waiver assists families in creating a service plan that is person-centered. When special conditions exist, the family may need to utilize multiple service options to meet the needs of their family/child. The CAP/C waiver does not offer 24-hour care; therefore, services cannot be planned to cover 24 hours of care.

Q: My daughter currently has PDN during the day; however, I'm still not able to work due to numerous appointments. Is there still a way to become a paid caregiver?

A: All waiver services are based on individual needs. When special conditions exist, a family may need to utilize multiple service options to meet the needs of their family/child. Your assigned case manager can assist you with developing a service plan to meet your family's needs.

Q: For families receiving private duty nurse (PDN) services, if the family chooses the option of consumer direction, will the financial agency coordinate the authorizations directly with PDN since weekly hours are not approved through CAP/C?

A: PDN is not a service in the CAP/C waiver and cannot be approved or managed by the CAP/C program. If a family is approved to receive PDN and wants to direct care using consumer direction, the child must be disenrolled from PDN services and enrolled in consumer-directed care to receive attendant nurse care services.

Q: To clarify, as a primary caregiver in an area without proper nursing support, is the Consumer Direction option the best option to help with a stipend for services? And is it the case manager that manages the request for this?

A: The newly approved CAP/C waiver permits a child that requires skilled intervention to direct care and is met by Attendant Nurse Care. Consumer Directed attendant nurse care is reimbursed in 15-minute increments. Coordinated caregiving is a service that supports the live-in caregiver to support the waiver participant in their home. Coordinated caregiving is reimbursed at a daily rate paid to the Coordinated Caregiver provider, who pays a portion to the live in caregiver as a stipend.

Q: If a child approved for PDN services and is the provider agency is not able to hire an RN to provide the care, is the family able to use a lesser level of care to meet needs while a nurse is being recruited?

A: Creating a plan of care to use an In-home aide or a pediatric nurse aide temporarily is possible to minimize gaps in service provision, relieve caregiver stress and mitigate health, safety, and well-being issues. The worker hired temporarily can't perform skilled care interventions but can perform instrumental activities of daily living (IADLs), monitoring, supervision, and activities of daily living tasks that do not require assessment and interpretation of care needs.