

CAP/C In-Home Aide and Pediatric Nurse Aide Frequently Asked Questions

Q: How are hours of need for In-home aide or pediatric nurse aide services increased?

A: Hours are calculated and assigned based on the CAP/C waiver beneficiary's documented need for assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) and other needs identified in an assessment. When changes in the waiver participant's condition are identified, providing that information to the CAP case manager will assist in re-evaluating the need for additional support of hours to assist with ADLs/IADLs and other needs.

Q: Does one service option have to be selected for an In-home aide or pediatric nurse aide? For instance, can a family choose coordinated caregiving and supplement some hours with consumer directed care?

A: Waiver services are individualized, and person-centered. When special conditions exist, a waiver participant could receive services under more than one waiver service option. The CAP/C waiver does not offer 24-hour care; therefore, services cannot be planned to cover 24 hours of care.

Q: Do you have to try to go through a healthcare company to find a CNA before a parent can become a caregiver? How do you prove that a CNA is not available in your area. Do you show your website and no replies

A: Yes, documented efforts (referrals to agencies and correspondence that a worker is not available) to recruit a direct care worker are required in order for a parent to meet one of the conditions under the extraordinary circumstances criteria. The case manager will assist the waiver participant in identifying an agency and sending referrals to that agency to document acceptance or not of the referral.

Q: Can a parent be a live in caregiver for a child who is approved to receive CAP In-Home aide or pediatric nurse aide services?

A: Yes, through coordinated caregiving. A parent can be the live-in caregiver and receive a stipend for providing the care needs of their child.

Q: What is the pay rate for in-home aide and pediatric nurse aide services? Is there anything electronically we keep track of, like an app or something?

A: The rate for the CAP in-home aide and pediatric nurse aide services is posted on 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: I am my child's caregiver through CD Lite. Am I already eligible to enroll and keep my status or do I need to go through the hiring process again?

A: CD-Lite, a program flexibility used during the public health emergency, will end no later than 11/1/23. Prior to that point, your assigned case manager will begin transition planning to transition your waiver beneficiary to a waiver service option that best meets his needs, which can include the consumer-directed services. When qualifying conditions are met through the extraordinary circumstances, a parent may continue to be the paid caregiver.

Q: Who decides the availability of home health agency caregivers under 3K-1? Is the family responsible for contacting all possible agencies?

A: This process of identifying the availability of agencies is a joint responsibility of the waiver participant/parent and the CAP case manager. The waiver participant must inform the CAP case manager of agencies to contact, and the case manager is responsible for managing (monitoring and following up) the referral to those agencies chosen by the waiver participant/parent.

Q: Who decides/certifies that there are no qualified CNAs available in the participants area thus allowing for a parent to serve as an in-home caregiver?

A: The CAP case manager.

Q: How many hours do respite care workers get?

A: A CAP/C beneficiary is allotted a maximum of 720 respite hours, per fiscal year.

Q: If a child has shared custody by parents, can services be provided in both homes, and can direct service options be used?

A: Yes, when special conditions exist, the family may need to utilize multiple service options to meet the needs of their family/child.

Q: Do you have to have been fired from a job to meet one of the extraordinary circumstances to be eligible to be paid caregiver?

A: The circumstance of the parent or legally responsible caregiving is situational and evaluated individually to determine when the qualifying conditions are met under the extraordinary circumstances.

Q: I have only ever needed to instruct and train our agency and nurses about my daughter's condition and medications. No agency has ever had any valuable "coaching" or instruction for me; it has only ever been the opposite. Why would an agency need to oversee me under coordinated caregiving?

A: Medicaid services are intended to be rendered by a qualified entity to ensure the health, safety, and well-being of a Medicaid beneficiary. This entity is also responsible for ensuring fair labor standard laws, providing training and support as needed and

managing and reporting fraud, waste, and abuse. Under the three service options of care in the CAP/C waiver, there is an entity that are Medicaid enrolled providers who are required to manage and carry out the functions listed above. For provider-led services, the entity is In-home or Home Health agency. For consumer-directed, the entity is the case manager and the financial management entity. For coordinated caregiving, the entity is coordinated caregiver agencies.

Q: As a parent with a child who is receiving an In-Home aide or pediatric nurse aide, can I be a coordinated caregiver?

A: Yes.

Q: Is there a maximum number of hours you are allowed to work for each child if you have multiple children in the program?

A: For a close kinship live-in relative or legally responsible person, when the extraordinary circumstances are met, a total of 40 hours per week may be authorized and approved.

Q: With program assurance: the parent or legally responsible person who is the paid caregiver cannot work more than 40 hours per week, can the parent or legally responsible person work part-time from home when the child is at school?

A: A paid caregiver can have other employment. However, the waiver participant's needs must be planned and cared for according to the plan of care and not around the work scheduled hours of other employment.

Q: Will I be eligible to be a paid caregiver to my granddaughter who I am her legal guardian?

A: A legal guardian who meets the extraordinary circumstances can become a paid caregiver.

Q: Is the parent stipend for parent caregivers, minimum wage?

A: The stipend provided under coordinated caregiving is not an hourly rate which must comply with the minimum wage requirements under the fair labor standard act.

Q: If parents as paid caregivers would like to opt out of an agency, can they?

A: No

Q: Is DHB aware of who the agencies would be to inform the families who can assist with coordinating care? Are there any examples or steps for the families to know for these services?

A: The agencies that are eligible to provide coordinated caregiving services are community-based agencies or Home Health agencies that have experience managing and supporting individuals needing long-term services and supports. These agencies have on staff or through contract nurses, dieticians, allied health care staff, behavioral

health specialists and other professionals to assist with supporting the live-in caregiver. Approved agencies to provide coordinated caregiving will be published and provided to CAP case management entities to add to their freedom of choice lists.

Q: If a parent chooses Consumer direction, will they be approved for a full year with their assessment or will they submit every 30 days still?

A: Enrollment in consumer-directed care does not require an every 30-day approvals.

Q: What is a competency evaluation?

A: A competency evaluation is an assessment, performed by the employer of record, of the skills and abilities of a direct care worker recruited to be the personal care assistant for the waiver participant directing care through consumer-directed services.

Q: What is the stipend for different levels of care?

A: 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: Do extraordinary circumstances still have to follow appendix k where it specifically states infectious disease under every option?

A: No, a parent, or legal guardian can become a paid caregiver if one of the five extraordinary circumstances is met. Infection disease covers other infections and not specifically COVID.

Q: Can you choose your own respite provider, like consumer-directed, when you do coordinated caregiving?

A: Yes.

Q: Do the extraordinary circumstances apply to a live caregiver under coordinated caregiving?

A: No

Q: What will the wages be for coordinated caregiving, and will there be an agency taking a portion of that?

A: A coordinated caregiver agency is paid a daily rate to provide needed support to the live-in caregiver under coordinated caregiving. The live-in caregiver is provided a stipend to caring the waiver participant. 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: How will extraordinary circumstances for parents being paid be proven? How can we prove the shortage of workers is due to infectious diseases?

A: Only one condition must be met under the extraordinary circumstances for a parent or legally responsible person to be the paid caregiver. This process of identifying the availability of agencies' ability to recruit workers is a joint responsibility of the waiver participant/parent and the CAP case manager. The case manager is responsible for managing (monitoring and following up) the accessibility of workers through agencies.

Q: What agencies will manage coordinated caregiving?

A: The agencies that are eligible to provide coordinated caregiving services are community-based agencies or Home Health agencies that have experience managing and supporting individuals needing long-term services and supports. These agencies have on staff or through contract nurses, dieticians, allied health care staff, behavioral health specialists and other professionals to assist with supporting the live-in caregiver. Approved agencies to provide coordinated caregiving will be published and provided to CAP case management entities to add to their freedom of choice lists.

Q: Can a live-in sibling 18 years or older be the SN child RESPITE caregiver?

A: A live-in relative (someone who resides with the CAP/C waiver beneficiary) cannot provide respite services to the CAP/C waiver beneficiary with whom they share a home.

Q: What are the guidelines for using more than one service option concurrently?

A: Waiver services are person-centered, and based on the CAP/C beneficiary's needs, are available in a personalized mix of service options designed to meet the beneficiary's 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: As a paid caregiver do you qualify to go with your child to school, acting as the paid caregiver?

A: No.

Q: I was a CD lite employee. Will the hours be reduced in this new wavier?

A: CD-Lite will end by 11/1/23. Services a legally responsible person or parent was authorized to receive during the public health emergency that had maximum work hour limits. Those same maximum work hour limits will remain the same.

Q: Do we have the option to stop receiving the services we have now to become our child's caregiver?

A: No, all transitions or changes in service options can be made during the waiver participant's annual reassessment or established month if the annual reassessment was completed in January – May 2023.

Q: What will the new pay rate for CD pediatric nurse care be?

A: All rates for services in the CAP/C waiver are published on the NC Medicaid website in a Fee Schedule. An updated Fee Schedule will be posted on or before November 2023.

Q: Are parents needing to get a CNA?

A: No, if the parent is eligible for hire under consumer-directed care or approved to be the live in caregiver under coordinated caregiving. When the parent is hired through an In-home or Home Health agency, a CNA certificate is required.

Q: What is the transition process from the public health emergency?

A: The public health emergency ended on May 11, 2023. States that implemented Appendix K flexibilities have six months to assist waiver participants in transitioning from any flexibilities they were receiving to ensure health and well-being and no gaps in services or pay. The official date the flexibilities will end is 11/11/23. Prior to that date, the assigned CAP case manager will begin transition planning during the waiver participant's annual reassessment month or designated assessment month.

Q: What would happen if we got caregivers from a company, but then they have a long lapse of being able to provide a new caregiver if one leaves?

A: An assessment should be made by the CAP case manager determine alternative options and if extraordinary circumstances apply to permit a parent or legally responsible person to be the paid caregiver in the interim.

Q: Can a live in-parent be the consumer-directed worker?

A: Yes when extraordinary circumstances are met.

Q: If a child has medical proof that the parent is the best medical choice for the child's health and safety, will they still be required to prove that they searched for a nurse? Example: A medically fragile child with epilepsy who has MORE seizures due to stress when they are away from the parent. The parent has to be around and provide care even if there is a nurse because of the added stress to child.

A: The case manager will assist the parent in determining if the extraordinary circumstances are met based on the scenario described above.

Q: When will new service codes for coordinated caregiving, attendant nurse care and other new services be available in eCAP?

A: On or before November 11, 2023.

Q: Person-centered choices and coordinated caregiving says, "not a primary caregiver or live-in relative", but what about someone that lives in the same home but is not related? such as a roommate? Can a roommate be a respite provider?

A: No

Q: When is it applicable that someone is required to have their CPR certification? It is required now for everyone.

A: When a waiver participant does not have a DNR or receive coordinated caregiving services.

Q: Do the extraordinary circumstances apply to parents who choose to receive coordinated caregiving services?

A: No

Q: Will there be an option for families who are not able to use the respite hours, due to home location, no extended family in proximity and child's medical complexities, to use them as the primary caregiver or their spouse use them?

A: No.

Q: What are the steps to becoming a paid caregiver?

A: An individual must meet hiring requirements established by the in-home aide or health agency or the requirements under consumer-directed care. The hiring entity will provide the hiring steps when an application for her is made.

Q: Under the consumer-directed option can a parent be one of the caregivers?

A: Yes, when at least one of the extraordinary circumstances is met.

Q: Why are the hours for a parent or live in caregivers' hours not higher during the summer break when the child is home 24/7

A: When a parent or legally responsible person is assigned as the paid caregiver, the maximum weekly hours is 40 regardless of the season.

Q: Can a participant utilize more than one service option? For example, part-time in-home aide, part-time paid caregiver, for different hours of the day?

A: Yes, when special conditions exist, the family may use multiple service options to meet the needs of their family.

Q: I'm already CPR certified; will I have to re-do my certification?

A: No if the CPR is currently active.

Q: How can I get the process started with being a paid caregiver for my adult son?

A: Individuals must be enrolled in the CAP waiver in order to have a legally responsible person to be the paid caregiver. The CAP case manager or hiring agency will discuss the hiring requirements, competencies and certifications that are needed.

Q: My child is currently using CD Lite services. If we pursue consumer-directed services and meet the extraordinary circumstances, would he be able to keep CD Lite?

A: CD-Lite, a flexibility under the waiver to assist with managing the shortage of workers during the public health emergency will end by 11/11/23. The CAP case manager is working with waiver participants and their families to determine current conditions and establish if the extraordinary circumstances are met. A service plan will be created to meet the families.

Q: If I am a parent already being paid as a caregiver for my child, can I continue?

A: If you are a paid using CD Lite services, this service option will end on November 11, 2023. Your assigned CAP case manager will begin transition planning in June 2023 to help you develop a plan of care and transition your child to the appropriate service option that meets your family needs. If you as a parent meet the extraordinary circumstances and wish to continue to be the paid caregiver, you can continue to be the paid caregiver.

Q: If I'm currently a parent paid caregiver under the CD Lite, will I automatically transition into the requirements under the Consumer Direct option?

A: No, but your assigned CAP case manager will begin transition planning with waiver participants in June 2023 to create a plan of care to transition your child to the appropriate service option that meets your family's needs. If you as a parent meet the extraordinary circumstances and wish to continue to be the paid caregiver, you can continue to be the paid caregiver.

Q: Does this program offer CNA1 & CNA2 classes? Or Can Refer Caregivers to the classes?

A: No.

Q: What is an IRA?

A: Individual risk agreement (IRA) is used to address concerning issues that may impact the health, safety, and well being of a waiver participant. The IRA includes strategies to address the safety concerns.

Q: If no CNA is available at an agency can the agency get a waiver to hire a PCA who has experience?

A: The person authorized to render care to the waiver participant must meet the qualifying conditions of the aide services listed on the participant's POC.

Q: What is the daily rate of pay for coordinated caregiving and how many days per month does that cover?

A: 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. Coordinated caregiving is paid at a daily rate and is based on the number of days approved in the service plan.

Q: What is the website for all of the referenced CAP/C information?

A: <https://medicaid.ncdhhs.gov/capc>

Q: Who are these agencies through coordinated caregiving?

A: The agencies that are eligible to provide coordinated caregiving services are community-based agencies or Home Health agencies that have experience managing and supporting individuals needing long-term services and supports. These agencies have on staff or through contract nurses, dieticians, allied health care staff, behavioral health specialists and other professionals to assist with supporting the live-in caregiver. Approved agencies to provide coordinated caregiving will be published and provided to CAP case management entities to add to their freedom of choice lists.

Q: What is the per diem rate, and how much of that per diem rate would be going to the provider agencies for their “services”?

A: 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. Coordinated caregiving is paid at a daily rate and is based on the number of days approved in the service plan. The rates are published on a Fee Schedule on the NC Medicaid website. These rates will be posted by November 2023.

Q: What is the rate of pay going to be for paid support caregivers or respite workers?

A: The rates for the all-waiver services are posted on the Fee Schedule on the N C Medicaid website. The updated Fee Schedule will be posted on or before November 2023.

Q: Can you provide an example for each level of care and those that are able to provide that care?

A: The CAP/C waiver has three acuity levels in determining what hands-on services are approvable. Level 1 is low care needs, often met using CAP In-Home Care services.

Level 2 is moderate/high, often met using the Pediatric Nurse Aide service. Level 3 is skilled, which will be met by using Attendant Nurse Care.

Q: Has the coordinated care stipend amount been decided?

A: The stipend is determined by the coordinated caregiving provided based on the care needs of the waiver participant.

Q: What qualifies as hardship in finding aides and what does that documentation consist of?

A: There are five conditions known as extraordinary circumstances that may be used to qualify a parent or legally responsible person to become a paid caregiver. Documented attempts of an agency soliciting and hiring workers to meet the distinct needs of the waiver participant without a positive outcome may validate extraordinary circumstances are met. The case manager's notes the express documented attempts to assist with linking the waiver participant to an agency as it is one of the documentation requirements.

Q: If my child is only approved for 25 hours a week of in-home aide services is that the company says so, or can we get more hours than that or what does it depend on?

A: Weekly hours approved are based on the participant's assessed needs. The waiver beneficiary/family and the CAP/C assigned case manager can best determine the type, amount and frequency of services needed to meet the waiver beneficiary's service needs.