CAP/C Waiver Renewal
Frequently Asked Questions

Q: Would coordinated caregiving be an option for a child who splits their time with both parents where both parents want to receive the daily stipend? Can more than one caregiver receive the daily stipend depending on which home the child is at on any given day?

A: Coordinated caregiving is provided in the primary residence of the waiver participant's home. When the parents of the waiver participant are ordered to share custody, coordinated caregiving services can follow the waiver participant from home to home. The stipend will be shared and paid to the parent with whom the child resides during the care intervention.

Q: Can an RN or LPN be used with all three of the programs, provider-led, consumer-directed or coordinated caregiving? Also, the term legally responsible person was used several times as a person who could be a caregiver, does this mean the legal representative of the client or the health care power of attorney?

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. When the child selects to receive Coordinated Caregiving, a Home Health agency is required to be the oversight agency. That agency must have an RN or LPN monitoring the child's care needs provided by a live-in caregiver. The definition used in the CAP/C waiver for a responsible person is a person who may act on behalf of the CAP/C beneficiary; a responsible party may be a legal representative who is legally authorized to execute a contract for the beneficiary (such as Power of Attorney, Health Power of Attorney, legal guardian, financial planner) or an individual (family member or friend) selected by the CAP/C beneficiary to speak for and act on their behalf.

For ages 0-20, the responsible party is considered the beneficiary's parent, stepparent, foster parent, custodial parent, adoptive parent, or anyone who has legal responsibility for the minor beneficiary.

Q: Will the Home Health Agency (HHA) be billing the coordinated caregiving and taking their overhead for managing the service out of the daily stipend?

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: Will codes be added to e-CAP and NCTracks for services such as Trike and coordinated caregiving?

A: Procedure codes will be added to NCTracks for the newly added CAP/C services. The codes will also be updated in the e-CAP systems.

Q: Will congregate nurse attendant and congregate nurse respite be available and have a code?

A: Procedure codes will be added to NCTracks for the newly added CAP/C services. Modifiers for billing purposes will be added to all services that offer congregate caretaking. These codes will also be updated in the e-CAP systems and published on NC Medicaid Fee Schedule.

Q: The new HCBS services Attendant Nurse Care, Community Integration, and Coordinated Caregiving are not listed in the CAP/C fee schedule. What are the procedure codes and what are the reimbursement rates? When will the last fee schedule of July 15, 2022, be updated online?

A: Procedure codes will be added to NCTracks for the newly added CAP/C services. These codes will also be updated in the e-CAP systems and published on NC Medicaid Fee Schedule on or before November 2023.

Q: Will Coordinated Caregiving only be through one agency and only available to counties that can provide 8-10 beneficiaries who desire to participate in this option?

A: Coordinated Caregiving is available to any interested waiver participant. NC Medicaid will post a request for interested providers if a provider is not available to render coordinated Caregiving in that participant's county.

Q: What is the implementation date for the new CAP/C waiver after the transition is completed?

A: The CAP/C waiver is effective from March 1, 2023 to February 29, 2028. Services in the waiver are available to participants. However, due to NC Medicaid utilizing Appendix K during the public health emergency, a coordinated transition plan to the new hands-on services in the waiver must be implemented to reduce and mitigate gaps and risks in the service provisions. The coordinated transition must be completed before November 11, 2023.

Q: Are generators covered under the new waiver and what are those specifications?

A: Generators are covered under the new CAP/C. The conditions for the coverage of generators have remained the same from the previously approved CAP/C waiver. The conditions are a Portable backup generator for a ventilator when the beneficiary uses the ventilator more than eight hours per day. In the event of a power outage, the beneficiary requires hospitalization, if not for the presence of the portable generator.

Q: Do you have a timeline for those beneficiaries in CD lite who wish to transition to coordinating caregiving?

A: Each beneficiary's needs will be assessed starting after May 12, 2023. The assigned case manager will begin the conversation with the waiver beneficiary and family about the new services and services to best meet the family's needs during the child's annual reassessment that occurs in May. At that time, the family will identify the best service option for them, and the case manager will assist the family in transitioning to this option on or before November 11, 2023, given careful planning of health, safety, and well-being.

Q: When will the independent CME start doing all the initial assessments?

A: NC Medicaid anticipates having an independent assessment entity by Summer 2023.

Q: Will parents participating in coordinated caregiving be able to work outside of the home as well?

A: The CAP/C policy states that a provider's external employment must not interfere with or negatively affect the provision of services; nor supersede the identified care needs of the CAP/C beneficiary.

Q: Ability for dual PDN/CAP-C recipients to be coordinated caregiving if they are not a licensed RN/LPN

A: Coordinated Caregiving is a service that supports the live-in caregiver to support the waiver participant in their home. When a family selects coordinated caregiving as their service option, the live-in caregiver does not have to be an RN or LPN because the coordinated caregiving agency is the oversight agency with RN and LPN on staff to offer support and supervision to the waiver participant.

Q: Ability for dual PDN/CAP-C families to utilize coordinated caregiving, attendant care nursing, and PDN as long as shifts do not overlap

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, waiver services cannot be planned to cover 24 hours of care.

Q: Ability to use agency directed services vs. coordinated caregiving.

A: The CAP/C waiver provides a person-centered planning process. A family has the discretion to choose the service option that best meets their family needs. To ensure the appropriateness of planning and payment, utilizing one service option is ideal; however, service options can be combined when special conditions are present.

Q: Ability for dual PDN/CAP/C recipients to utilize provider-led Pediatric Nurse aides if recipient <18.

A: The newly approved CAP/C waiver permits a responsible person to become the paid caregiver for a CAP/C waiver participant. This new provision permits any age waiver

participant to have their care provided by a responsible person who is paid when qualifying conditions are met.

Q: Can a parent be an attendant care nurse (if RN/LPN) and hire attendant care nurses, and hire PDN state plan nurses, if the shifts do not overlap-it is not a duplication of services?

A: The CAP/C waiver is conducted in a person-centered planning process. If a family is approved for Attendant Nurse Care and direct their care, they can choose the RN or LPN to render the care. They have the discretion to have as many workers as they need to meet the assessed hours of care, including themselves if they are an RN or LPN. Because the CAP/C waiver does not offer PDN services, a family cannot utilize PDN services.

Q: You need to clarify what age recipients qualify for each option, which level of care qualifies for each option, what can and cannot be used together, and why coordinated caregiving was forced rather than fee for service

A: The CAP/C waiver serves Medicaid beneficiaries between ages 0-20. Individuals enrolled in the CAP/C waiver are eligible for all services regardless of age when all qualifying conditions are met and there is an assessed need for the service. 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. CAP In-Home Aides and Pediatric nurse aides are reimbursed in 15-minute increments. Coordinated Caregiving is reimbursed at a daily rate because the caregiver lives in the home and provides support throughout the day without a defined schedule like the other hands-on services.

Q: When a parent is paid to provide nursing care for their own child who supervises the services and assumes the liability since Medicaid monies are paying them?

A: The newly approved CAP/C waiver expanded its consumer direction option to permit a child with skilled intervention to direct care. Under consumer direction, the representative, who is often the parent of the account, is responsible for hiring, training, and supervising the hired workers. The representative is responsible for managing the care needs, collaborating closely with the physician, and assuring the RN/LPN closely follows the medication and treatment orders. The family assumes the liability of directing their care.

Q: For Consumer Directed, whose responsibility is it to verify BON licensure, and who is responsible to for assuring that an RN is supervises the LPN and how is that RN paid?

A: Under consumer-directed care, financial management agencies are added to the plan of care to assist with onboarding the waiver participant in this care option. The financial management agency confirms and validates all hiring requirements, including validating a nurse license with the BON. The representative of the consumer direction

account is responsible for paying the RN for supervising an LPN from the Medicaid funds. This worker is added to the POC and reimbursed based on submitted timesheets or EVV entries.

Q: Can you explain Congregate Care?

A: Congregate care allows one caregiver to provide hands-on services to more than one waiver participant (usually siblings) who are related and live in the same home.

Q: Under Supportive Services - Training, Education and Consultative Services - You mentioned that this is available for the recipient's unpaid support system. Just to clarify - if a parent/relative is a paid caregiver, they will not have access to that benefit?

A: Training, Education, and Consultative Services are intended to support the waiver participant in meeting their needs or an informal caregiver to understand how to meet those needs. This service cannot be authorized for a paid caregiver.

Q: If we become paid caregivers, will we still be able to utilize our respite hours?

A: Respite services are intended to offer relief to the primary caregiver. A primary caregiver is not permitted to render respite services. The newly approved CAP/C waiver mandates that respite services be included in the POC at least quarterly to ensure the primary caregiver, who is also the paid caregiver, is given a break from the constant caregiving from being both the informal and formal caregiver.

Q: If a parent is on the CD Lite program due to no available CNAs in the area and has not been for over a year, can the parent change to be the worker now so that a POC revision does not have to be completed every 30 days?

A: Each beneficiary's needs will be assessed on May 12, 2023. The assigned case manager will begin the conversation with the waiver beneficiary and family about the new services and the service option that best meets their family's needs during the child's annual reassessment that occurs beginning in May. At that time, the family will identify the best service option for them, and the case manager will assist the family in transitioning to their preferred choice on or before November 11, 2023, given careful planning of health, safety, and well-being. While NC Medicaid has an active Appendix K, POC revisions for CD Lite must continue every 30 days.

Q: Are weighted blankets, or sensory equipment included in the specialized equipment and supplies area?

A: Children participating in the CAP/C waiver are entitled to all Medicaid services when qualifying conditions are met. If a physician submits an order for a weighted blanket or other sensory equipment, a referral should be made to Medicaid durable medical equipment section for review. If Medicaid can't reimburse the items requested, the CAP/C waiver can reimburse the item of need using the goods and services.

Q: Are CAP/C Services the same as the Innovations Waiver?

A: No

Q: Is the $28,000 modification limit separate for vehicle and home modifications, and is $56,000 available in total for both home and vehicle modifications?

A: The modification limit combines home accessibility and adaptation, vehicle modification, and assistive technology. The maximum limit is $28.000 over five waiver approval years.

Q: Does the attendant nurse have to be a licensed nurse or can a parent who has learned the skills be paid themselves or train someone else to provide the care?

A: Under the consumer direction option, the worker for Attendant Nurse Care must be an RN or LPN. Under the Coordinated Caregiving option, the live-in caregiver does not have to be an RN or LPN, as an oversight agency will have an RN for supervision.

Q: Is a family eligible to utilize the Modification Services for a ramp, if they are renting?

A: A justification of need is used to identify the appropriateness of services for waiver participants enrolled in the CAP/C waiver. The case manager can discuss with the waiver participant options for the family in meeting home accessibility and adaptation services.

Q: Will Consumer Direction Lite end in November?

A: Yes.

Q: How does the budget work for kids who had home modification/vehicle completed and billed in March under the expired waiver? Will it be taken out of this waiver? What about those home/vehicle mods that are currently being completed?

A: The new allotment of funds for the modification budget is effective March 1, 2023 - February 29, 2025. A POC revision is required for all requests for waiver services. The waiver request was approved if a justification of need was confirmed and validated. Our NCTracks systems track the date of service to ensure payment of claims.

Q: I do not understand what coordinated care is and how it will work.

A: Coordinated Caregiving is a service option that permits a family member/friend who lives in the home with the waiver participant to receive a stipend for attending to the care needs throughout the day. The waiver participant and the caregiver must share the same address. There is no defined schedule of when the services are to be rendered, but the live-in caregiver is available to assist when needed.

Q: Is coordinated caregiving taking the place of CD Lite?

A: There will be three service options families can select from to meet their needs. The three options are provider-led, consumer-directed, and coordinated caregiving. After the public health emergency expires and six months after that, consumer-directed lite will

end. Families will be assisted to transition to one of the service options by November 11, 2023.

Q: Multiple questions: When a Licensed Practical Nurse (LPN) is recruited and hired an RN must provide supervision, what code on the Fee schedule would cover the RN's cost of supervision? Where do Employers who self-direct find a nurse who will supervise? Who verifies LPN and RN licenses? The Employer? Case Manager? Fiscal Agent? For LPN and RN's, 1k to 2k hours of experience needed for Employees, how is this checked? Who checks this? What documentation is acceptable to show experience? Unexpected situations – The waiver suggests families can use unauthorized services for unexpected situations if they notify their case manager and Fiscal Management company within 24 hours. What is considered an unexpected situation? What billing code is used? How are units updated in NCTracks for unexpected situations? Will unexpected situations need to be EVV complaint? If so, how will that process work? Will there be any limits on unexpected situations?

A: Procedure codes for the newly added services will be added to NCTracks and posted to NC Medicaid Fee Schedule. The newly approved CAP/C waiver expanded its consumer direction option to permit a child with skilled intervention to direct care. Under consumer direction, the representative, who is often the parent of the account, is responsible for hiring, training, and supervising the hired workers. The representative can submit an ad for soliciting workers or collaborate with the financial management entity to identify interested workers. The representative is responsible for managing the care needs, collaborating closely with the physician, and assuring the RN/LPN closely follows the medication and treatment orders. The family assumes the liability of directing their care. Financial management agencies are added to the plan of care to assist with onboarding the waiver participant in this care option. The financial management agency confirms and validates all hiring requirements, including validating a nurse license with the BON and checking if the prospective employee has the required years of experience and passes a background check. The representative of the consumer direction account is responsible for paying the RN for supervising an LPN, which is from the Medicaid funds. The worker will be added to the POC and reimbursed based on submitted timesheets or EVV entries.

Unexpected situations are deviations from the regularly scheduled service delivery outlined in the plan of care. When the hours/days/hours change and a new plan is needed for that day only, it is considered an unexpected situation. The assigned case manager can assist families in understanding what this means.

Q: If the child has a Do Not Resuscitate (DNR), will CPR certification be required?

A: No

Q: Who determines if a legally responsible person meets the Extraordinary circumstances?

A: The case manager will determine if the extraordinary circumstances are met using the policy guidance.

Q: Can you please explain why, under the service options description it lists respite but, in the description, states it is "other than respite"?

A: Respite service intends to offer relief to the primary caregiver. A primary caregiver is not permitted to render respite services. The newly approved CAP/C waiver mandates that respite services be included in the POC at least quarterly to ensure the primary caregiver, who is also the paid caregiver, is given a break from the constant caregiving as both the informal and formal caregiver.

Q: Does the respite provider has to be a CNA 1 or 2 under provider-led services?

A: Respite services are authorized based on family needs. If the family needs someone to perform hands-on services, the person authorized to render that care must meet the qualifying conditions of the aide services listed on the POC.

Q: Where can the criteria for "extraordinary " be found?

A: The information is found in the definition section of the policy for each hands-on service.

Q: How does a live-in caregiver get paid under coordinated caregiving?

A: Through a stipend from the supervising Coordinated Caregiver agency.

Q: How many hours are available for the live in caregiver provided in the home?

A: If a parent or responsible person is assigned as the paid caregiver, the maximum weekly hours is 40. Under Coordinated Caregiving, there are no set hours or schedules. The live-in caregiver is available to provide support when needed. The live-in caregiver under coordinated caregiving is provided a stipend for their support and availability to the waiver participant.