



**NC Department of Health and Human Services
Division of Health Benefits**

Proposed Draft-for discussion only

CAP/C Waiver Renewal Changes

CAP/C Waiver Renewal
Stakeholder Feedback
November 2021

CAP/C Renewal Waiver Changes

Stakeholder Feedback

Add a permanent option for a parent to be a paid caregiver

Add private duty nurse as a coverable waiver service

Expand the coverage for modification, equipment, and technology, goods and services, community integration, and training, education and consultative services

NC Medicaid Proposed Plan

Add a new service called Coordinated Caregiving

Allow waiver participants at a skilled level to [consumer direct](#)

Update service definitions to ensure accessibility to the home and replacement of essential items and storage when a modification is performed. All definitions will be updated to cover risk factors that may mitigate determinants of health.

CAP/C Renewal Waiver Changes

Stakeholder Feedback

Increase personal care rates

Increase the CAP/C slots

Allow individualized planning for multiple children

Permit the permanent installation of a generator

NC Medicaid Proposed Plan

S.L. 2021-180 increases personal care rates

Slots will be increased gradually over the five-year waiver approval period

Congregate rates will be established for nurse respite. Each family and child are assessed, and a decision will be made regarding the need for individualized planning

The division will study this recommendation further

CAP/C Renewal Waiver Changes

- **Coordinated Caregiving permits payment to a live-in family member:** **Proposed Draft-for discussion only**
 - Coordinated Caregiving includes supportive services that assist the CAP/C beneficiary in living in the community. This includes such supports as adaptive skill development, assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs), skilled level intervention and management, linkage to health care providers and local resources, and protective oversight and supervision. In addition, there will be learning opportunities, developing, and maintaining skills in the areas of social and recreational activities and personal enrichment.
 - Coordinated Caregiving is provided by a caregiver who resides in the home of the CAP/C beneficiary or in the caregiver's home. Coordinated Caregiving is provided in a private residence, and affords all the rights, dignity, and qualities of living in a private residence including privacy, comfortable surroundings, and the opportunity to modify one's living area to suit one's individual preferences.
- Live-in caregiver will receive a stipend

CAP/C Renewal Waiver Changes

- Caregivers eligible for hire-Coordinated Caregiving

- a. a live-in caregiver who is at least 18 years of age. The caregiver must be:
 - i. in good health;
 - ii. able to follow written and verbal instructions;
 - iii. CPR certified; and
 - iv. pass criminal and health care registry checks
- b. a live-in caregiver who passes a competency validation. The caregiver must
 - i. demonstrated competency to perform the personal care activities specified in the CAP/C service authorization.
 - i. Demonstrate the ability to document service rendered to report and track the CAP/C beneficiary's:
 - 1. status, and significant changes in their health condition or behaviors, and
 - 2. participation in community-based activities and other notable or reportable events
 - 3. Medication management records, when applicable;
 - 4. Critical incidents;
 - 5. Grievances and complaints
- c. a live-in caregiver who can participate in:
 - i. home visits conducted by provider agency;
 - ii. education, skills training, and coaching as identified by provider agency; and
 - iii. multidisciplinary team meetings demonstrating collaboration and communication with other service providers and healthcare professionals (as appropriate).

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CAP/C Renewal Waiver Changes

- **Coordinated Caregiving limits, amounts and frequencies**

- The supportive caregiver is paid a stipend to provide the oversight and supervision needed to maintain community placement. An individual serving as the CAP/C beneficiary's parent, legal guardian, power of attorney, guardian, or representative may be assigned the coordinated caregiver.

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- Meet the [extraordinary criteria](#) outlined on pages 95 and 99 of the 3K-1 policy.
- A CAP/C beneficiary receiving coordinated caregiving services shall not receive any of the following services: in-home aide, pediatric nurse aide services, and consumer-directed services.
- A coordinated caregiver for a CAP/C beneficiary who meets the skill level criteria outlined in the 3G-2 clinical coverage policy must be an R.N. and BLS certified when the CAP/C beneficiary requires skilled interventions listed below:
 - Ventilator dependent
 - Sterile dressing
 - Tracheostomy care
 - Nasogastric, gastrostomy or jejunostomy tube feeding
 - Intermittent catheterization
 - Intravenous administration of medication or fluids

CAP/C Renewal Waiver Changes

- **Consumer-directed care for skilled level participants**
 1. become the employer of record under the consumer direction option to allow the primary caregiver to function in the role of employer by recruiting, hiring, and overseeing a licensed professional, specifically a registered nurse (R.N.), for the purpose of monitoring orders and health care conditions of a CAP/C beneficiary who is determined to meet the criteria in [Section 3.0](#) of the 3G-2 CCP.
 2. be able to collaborate with the primary physician to complete the CAP/C Skilled Declaration Form, which outlines the need for skilled care that must be used to develop a CAP/C Skilled Level care plan.
 3. be able to direct an interested worker in completing a competency skill assessment form and having the skill and ability to evaluate the responses to ensure the worker is qualified to carry out the tasks identified in the CAP/C Skilled Declaration Form and the Skilled Level care plan.
 4. must have one (1) trained primary informal caregiver to provide direct care to the CAP/C beneficiary during the plan and unplanned absence of a qualified worker/licensed professional.

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CAP/C Renewal Waiver Changes

- Providers who are eligible to be hired under consumer direction
 - A hired worker must meet the qualified worker requirements before payment can be made. The requirement of a qualified worker for each service type is listed below:
 - In-home aide services – any individual 18 years and over who can pass a registry and criminal background check.
 - Pediatric nurse aide - any individual 18 years and over the age who can pass a registry and criminal background check and has the competencies to perform semi-skilled tasks
 - Attendant Nurse-care- a licensed professional, R.N. who can pass a registry and criminal background check, in good standing with the Board of Nursing, and Basic Life Support (BLS) certified. The hired R.N. shall comply with specific requirements listed below that align with the [Nurse Practice Act](#).
 - Participating in implementing the health care plan developed by the Employer of Record by performing tasks assigned or delegated by and performed under the supervision or under orders or directions physician licensed to practice medicine, dentist, or other person authorized by State law to provide the supervision.

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CAP/C Renewal Waiver Changes

- Providers for consumer-directed services
 - The hired R.N. must have experience as outlined below:
 - A minimum of 1000 hours of experience in the previous two years in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.
 - A minimum of 2000 hours of experience in the previous three years in an acute care hospital caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.
 - A minimum of 2000 hours of experience in the previous five years, working for a licensed and certified home health agency caring for individuals with the care need(s) of individuals at the levels of care specified in this waiver.
 - A minimum of 2000 hours of experience in the previous five years in an area not listed above, that in the opinion of DHHS, would demonstrate appropriate knowledge, skill, and ability in caring for individuals at one or more of the levels of care specified in this waiver.

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CAP/C Renewal Waiver Changes

- **Providers for consumer-directed services**
 - The hired R.N. shall comply with specific requirements listed below that align with the [Nurse Practice Act](#).
 - Assessing the patient's physical and mental health, including the patient's reaction to illnesses and treatment regimens and reporting those reactions to the employer of record.
 - Recording and reporting the results of the nursing assessment.
 - Planning, initiating, delivering, and evaluating appropriate nursing acts.
 - Participating in teaching, assigning, delegating to, or supervising the Employer of Record and other family members in implementing the treatment regimen.
 - Collaborating with other health care providers in determining the appropriate health care for a patient but, subject to the provisions of G.S. 90-18.2, not prescribing a medical treatment regimen or making a medical diagnosis, except under the supervision of a licensed physician.
 - Implementing the treatment and pharmaceutical regimen prescribed by any person authorized by State law to prescribe the regimen.
 - Providing teaching and counseling about the patient's health.
 - Reporting and recording the nursing care given from the care plan and the patient's response to that care.
 - Supervising, teaching, and evaluating the Employer of Record and other family members who perform or are preparing to perform nursing functions when the nurse is not available.
 - Maintaining safe and effective nursing care, whether rendered directly or indirectly

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CAP/C Renewal Waiver Changes

- Providers for consumer-directed services
 - Consistent with the [Nurse Practice Statement](#), the R.N. shall accept only assignments they:
 - a. are qualified and competent to perform per the Skilled Declaration Form and the CAP Skilled Level of Care Plan;
 - b. are able to follow the policies and procedures to support safe patient care; and
 - c. are able to accept responsibility for self-regarding individual nursing actions, which includes:
 - 1. Having knowledge and understanding of the statutes and rules governing nursing and functioning within those legal boundaries.
 - d. Are able to accept accountability for the care provided to a CAP/C beneficiary and all nursing care delegated.
 - The R.N. hired under consumer direction must consider:
 - Employer expectations for their role, and
 - Determine whether the activities expected in the course of employment are consistent with:
 - Personal moral values,
 - Professional ethical standards, and most importantly
 - Legal standards of licensure

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CAP/C Renewal Waiver Changes

- **Consumer-directed care for skilled level participants**
 - The CAP/C beneficiary who is determined to meet a [skilled level](#) (consistent with 3G-2 policy) and wishes to direct their care through consumer direction must complete a CAP/C Skilled Level care plan in addition to the CAP person-centered service plan. The CAP/C Skilled Level care plan must be uploaded as a supporting document before the person-centered service plan can be approved and closed.
 - A service plan approved for a CAP/C beneficiary directing their care through consumer direction and determined to meet skilled level, the nurse care hours will be calculated using the nursing review criteria outlined in Attachment G in the [3G-2](#) clinical coverage policy.
 - Upon a request for a CAP/C beneficiary to change their care from private duty nursing to attendant nurse-care through consumer direction, the PDN provider agency must notify the assigned CAP/C case manager to collaboratively work together to create a transition plan, including the transition date for CAP/C beneficiary. The PDN provider must submit a request to end-date the prior approval for PDN services consistent with the transition plan.

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CAP/C Renewal Waiver Changes

- **Consumer-directed limit and amount**

- Participation will terminate if the primary caregiver of the employer of record demonstrates the inability to direct care by failure to follow the POC or CAP/C Skilled Level care plan, failure to hire qualified workers, misappropriate approved hours, or other acts of fraud, waste, and abuse.
- hours of care will be calculated based on needs and risks identified in the assessment. A live-in family member who is hired to render the care cannot be paid more than 40 hours per week.

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CAP/C Renewal Waiver Changes

- Modification, equipment, and technology, the definitions will be updated to: **Proposed Draft-for discussion only**
 - allow replacement of fixtures, items, and minor plumbing and electrical work, when applicable
 - ensure storage spaces are restored when removed during a modification, when applicable
- Goods and services, community integration and training, education and consultative services, the definition will be expanded to include:
 - a housing safety and quality inspection by a certified professional include the assessment of potential home-based health and safety risks to ensure the living environment is not adversely affecting occupants' health and safety, when applicable.
 - filters, hypoallergenic pillows, blinds, when applicable
 - violence intervention services, when not covered through the SPA
 - Linkage to health-related legal support, when applicable

CAP/C Renewal Waiver Changes

- A stakeholder webinar was held on Dec. 14 to discuss proposed changes in the CAP/C renewal waiver based on recommendations, feedback, and comments from stakeholder engagements from Sept. 2020 – November 2021.
- Make comments and provide feedback to the proposed changes in the CAP/C waiver to:
 - Medicaid.capc@dhhs.nc.gov; or
 - 919-855-4340