

NC Department of Health and Human Services Division of Health Benefits

CAP/C Attendant Nurse Care

CAP/C Waiver 1915(c) Home and Community-Based Services June 2023

Goals of CAP/C Services

- Leveraging waiver services to reduce the loss of service coverage for eligible individuals due to the shortage of direct care workers
- Advancing choice and alternatives for eligible individuals to meet their service needs
- Offering training and resource materials about CAP/C to interested and eligible individuals to build skills and competencies in using home and community-based services
- Allowing the eligible individual to be the center of their care

Objectives

- 1. Definition of attendant nurse care and participant's eligibility
- 2. Features of attendant nurse care
- 3. Preparing to use attendant nurse care
 - Do I want to be an employer?
 - Understanding and communicating health care needs
 - Evaluating staff's competency and readiness
 - Planning and monitoring for health, safety and well-being
- Qualifications for a legally response person to be the paid worker
- 5. Support as an employer
- 6. Timeline to use attendant nurse care

Definition

Attendant Nurse Care is a CAP/C waiver service for participants who have substantial, complex, and continuous skilled nursing care needs comparable to nursing care routinely provided in a hospital or skilled nursing facility or that requires more continuous care than is available through home health services. This level of care must be medically appropriate and medically necessary for the beneficiary to be covered by this service within the CAP/C waiver program.

Attendant Nurse Care can be provided using the following waiver options: consumer-direction or coordinated caregiving (as a skill level).

Participant's eligibility

Complex, substantial and continuous care, defined:

- Complex means scheduled, hands-on nursing interventions.
- Substantial means there is a need for interrelated nursing assessments and interventions. Substantial must require intervention requiring an assessment or judgment by a licensed nurse.
- Continuous means nursing assessments requiring interventions being performed at least every two (2) or three (3) hours during the coverage of this service.

Examples of complex, substantial and continuous care:

- A life-threatening medical condition characterized by reasonably frequent periods of acute exacerbation which requires frequent physician supervision or consultation and which, in the absence of such supervision or consultation, would result in hospitalization.
- Beneficiary need for frequent, ongoing, and specialized treatments and nursing interventions that are medically necessary.
- Beneficiary dependency on life-sustaining medical technology such that a reasonable level of health could not be maintained without the technology. Life-sustaining medical technology is dependent on a ventilator, endotracheal tube, gastrostomy tube (G-tube), oxygen therapy, cough assist device, chest physical therapy (P.T.) vest, and suction machine or care to compensate for the loss of bodily function.

Features

- Under the coordinated caregiving option, a live-in caregiver:
 - Expert of the waiver participant's needs
 - Receives a stipend for being readily available
 - Does not need a certification or be licensed as an RN or LPN
- Under the consumer-direction option:
 - Flexibility in recruiting efforts and hiring RN or an LPN of choice
 - Ability to create a holistic care plan to meet whole-family needs
 - Expert of waiver participant's needs

Do I want to be an employer of record (EOR)

- 1. EOR Responsibilities:
 - · create job descriptions, advertise, recruit, interview, and hire employees
 - evaluates skills and experience
 - set a wage for employees
 - supervise employees and health and well-being
 - fraud, waste and abuse and report any occurrences to FMS or CM
 - monthly with the CM to keep case manager aware of changing needs and progression of waiver participant
 - keeps in close contact with medical professionals to ensure medical needs of child are being met and addressed
 - reports and tracks critical incidents of the waiver participant
- 2. Self-assessment questionnaire
 - Assesses the waiver participant's readiness to enroll in consumer-directed services
- 3. Consumer-direction training
 - In-person or virtual training administered by NC Medicaid.

Understanding the waiver participant's healthcare needs and communicating those needs to hired staff

- Documentation:
 - 1. CAP/C Skilled Declaration Form
 - Is completed with the assistance of the primary physician or designated staff
 - Outlines the waiver participant's need for skilled care
 - 2. CAP/C Skilled Level Care Plan
 - Lays out the care plan for the waiver participant that the nurse must carry out daily

^{*}Tasks, amount, frequency, and duration of skilled care must be clearly outlined in the Skilled Declaration Form and the CAP Skilled Level of Care Plan.

Evaluating staff's competency and readiness:

- 1. Competency evaluation-outlines the experience and background of the interested nurse to be hired
 - Hired staff must meet the competency assessment requirements
- 2. Current CPR/BLS certification, where applicable
- 3. Training and core skill development

Planning and monitoring for health, safety and well-being:

- Care plan development
- MARs/TARs
- Attendant Nurse Care medication and treatment order forms
- Awareness of training needs as result of competency validation

Qualifications for parents

Qualifying Circumstances

- When a legally responsible person or a live-in relative is interested in becoming the paid caregiver under provider-led or consumer-directed services, the following qualifying extraordinary circumstances must apply:
- There are no available CNAs in the waiver participant's county or adjunct counties through a Home Health Agency/In-Home Aide Agency due to a lack of qualified providers, and the waiver participant needs extensive to maximal assistance with bathing, dressing, toileting and eating daily to prevent an out-ofhome placement.
- The waiver participant requires short-term isolation, 90-days or less, due to
 experiencing an acute medical condition/health care issue requiring extensive to
 maximal assistance with bathing, dressing, toileting and eating, and the waiver
 participant chooses to receive care in their home instead of an institution.
- The waiver participant requires physician-ordered 24-hour direct observation and/or supervision specifically related to the primary medical condition(s) to assure the health and welfare of the participant and avoid institutionalization, and the legal guardian is not able to maintain full or part-time employment due to multiple absences from work to monitor and/or supervise the waiver participant; regular interruption at work to assist with the management of the waiver participant's monitoring/supervision needs; or an employment termination.
- The waiver participant has specialized health care needs that can be only
 provided by the legal guardian, as indicated by medical documentation, and these
 health care needs require extensive to maximal assistance with bathing, dressing,
 toileting and eating to assure the health and welfare of the participant and avoid
 institutionalization.
- Other documented extraordinary circumstances not previously mentioned that places the waiver participant's health, safety and well-being in jeopardy resulting in an institutional placement.

Examples

- Referral made to the selected HHA, the HHA and the CME confirm a nurse is not available in the service area. The attempts to locate a nurse is clearly documented by the HHA and the CME.
- The waiver participant has a condition or illness and directed to not be around external individuals.
- The waiver participant has a condition or illness and ordered to not be around external individuals at least 90-days.
- The waiver participant has a contagious or chronic condition and requires 24hour observation that is best managed by a parent or legally responsible person.

 The waiver participant care is best managed by a parent/legally responsible person due to the complexity or continuous care needs as recommended by physician.

Support to Employer of Record

- Financial Management Agency
- Case management agency
- Home health agency

Timeline to use attendant nurse care





Beneficiary specific questions can't be answered.