

NC Medicaid Long Term Services and Support

**Consumer Direction:
Employer of Record**

Webinar and Q&A Session



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits



How to Participate in Today's Session

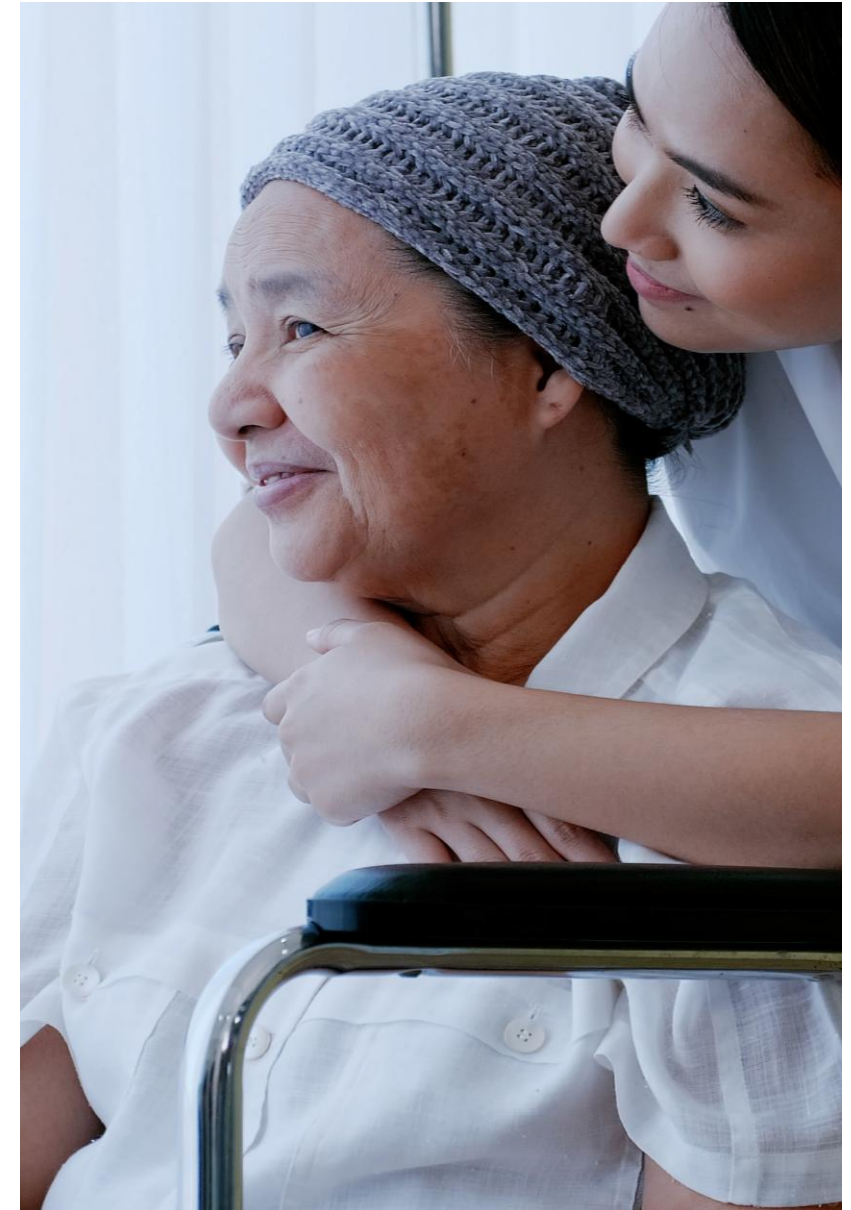
During today's session:

- Your camera and microphone will remain off unless you raise your hand to ask a question.
- Use the Q&A box for questions, comments, or technical issues.
- During the Q&A session, if you would like to speak, please use the Raise Hand feature. A moderator will call your name when it is your turn to ask your question.
- You may type your question in the Q&A box at any time. Submitted questions will be read aloud during the open Q&A session.
- Personal case information cannot be discussed during this session. If you have a specific case question, please send it by email: medicaid.CDtraining@dhhs.nc.gov
- You will receive an email confirmation and helpful resources after today's session.



Session Purpose

- Overview of Consumer Direction
- Review the Employer of Record (EOR) role
- Clarify key responsibilities and expectations
- Explain how the EOR works with key partners
- Monitoring for Health, Safety, and Well-being (HSW)
- Disenrollment and Transition to Other Care Models
- Legally Responsible Individual (LRI)
- Share helpful resources and support tools
- Q&A



Roles of NC Medicaid and NCLIFTSS

NC Medicaid

- Sets the rules for consumer direction
- Ensures participants have access to training, support, and a process for sharing concerns or seeking assistance.

NC LIFTSS

- EOR training
- Initial Consumer Direction Training
- Front Porch Chats
- Help with questions or concerns.

Annual Refresher Training is housed on the NCLIFTSS website.

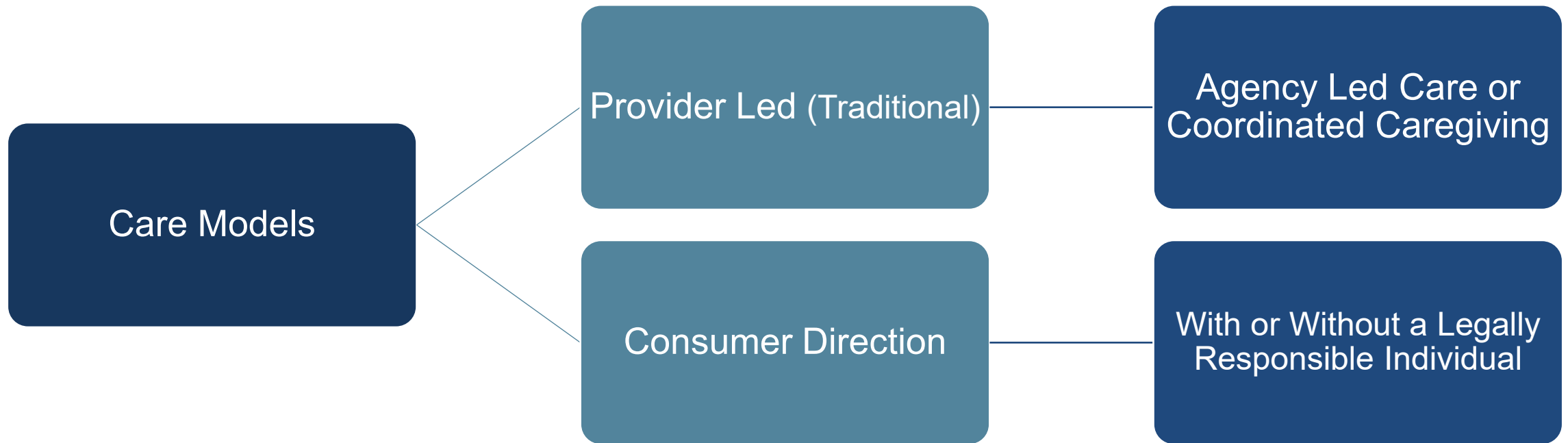


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Community Alternatives Program Waiver Care Models

The Community Alternatives Program (CAP) includes two waivers: CAP/C for children and CAP/DA for disabled adults. It is important to understand the different care models.



Key Terms

Programs

- Community Alternatives Program for Children (CAP/C)
- Community Alternatives Program for Disabled Adults (CAP/DA)

Care Models

- Consumer Direction (CD)
- Provider Led

- Financial Management Agency (FMA)
- Employer of Record (EOR)
- Case Manager (CM)

Other Important Terms

- Health, Safety and Well-being (HSW)
- Individual Risk Agreement (IRA)
- Critical Incident Reporting (CIR)
- Plan of Care (POC)



Case Management Entity (CME)

Consumer Direction

Consumer Direction: 5 Basic Principles

- Freedom to lead a meaningful life in the community;
- Authority over the use of public funds;
- Support to organize resources in ways that are life-enhancing and meaningful;
- Responsibility;
- Confirmation of the important leadership role of the individual and his or her family



Consumer Direction allows a beneficiary to:

Consumer-direction allows a beneficiary to:

- Recruit, hire, train, supervise, and if needed, separate from a direct care worker
- Set schedules and assign approved tasks based on their care needs
- Use services within their approved hours and budget
- Work with the Financial Manager for help with payroll, administrative and financial duties
- Work with your Case Manager for guidance and support
- Make choices that support independence, dignity, and quality of life

Understanding Consumer Direction

What It Is

- A care option that gives beneficiaries more control over their services
- Allows choice in **who provides care, when care is provided, and how care is delivered**
- Supports a more **person-centered approach**
- Gives the beneficiary a more active role in managing their care

Why it Matters

- Gives beneficiaries more choice and control over their care
- Supports person-centered planning
- Increases flexibility in services and scheduling
- Promotes independence and confidence
- Encourages active involvement in care decisions

Self Assessment Questionnaire and Orientation

- To enroll in this care model, each beneficiary must complete a self-assessment and orientation training before choosing this option.
- After completing both steps, the beneficiary can begin directing their own care.



ATTESTATION

Employer of Record

What is Employer of Record (EOR)

What the EOR is and Does

- Manages the workers who provide care
- May be the beneficiary or a designated representative
- Is chosen by the beneficiary or the Legally Responsible Individual (LRI)
- Oversees hiring, training, and supervision of workers
- Works with the case manager and Financial Management Agency (FMA)

What the EOR Cannot Do

- Cannot be paid for serving as the EOR
- Cannot serve as the paid LRI

Who Can Be the EOR?

The EOR can be:

- The beneficiary (**age 18 and older**)
- A Legally Responsible Individual (LRI)
- A Family member
- A person who is not related to the beneficiary

Note:

- *It is a Consumer Direction requirement to have a designated EOR.*
- *They do not have to live with the beneficiary or in North Carolina.*



Core Responsibilities of the EOR

Manage Workers

- Recruit, hire, train, and supervise caregivers
- Validate worker competencies
- Review and submit timesheets

Coordinate Care

- Work with the CME and FMA
- Help develop and follow the Plan of Care
- Support services within the approved budget

Maintain Communication

- Report changes in health or service needs
- Participate in required monthly and quarterly meetings
- Report fraud, waste, and abuse concerns

Ensure Preparedness

- Complete required training
- Maintain an emergency back-up plan

Choosing the Right Caregivers

As the EOR, it is important to choose the right people to give care. Look for caregivers who are kind, dependable, patient, and able to communicate. They should also be able to safely help with the care tasks you need.

Compassion

- Shows care, empathy, and understanding of the beneficiary's needs

Reliability

- Arrives on time, follows through, and provides consistent support

Patience

- Can work calmly with changing needs and challenging situations

Physical Ability

- Can safely complete required care tasks such as lifting, bathing, and transfers

Communication Skills

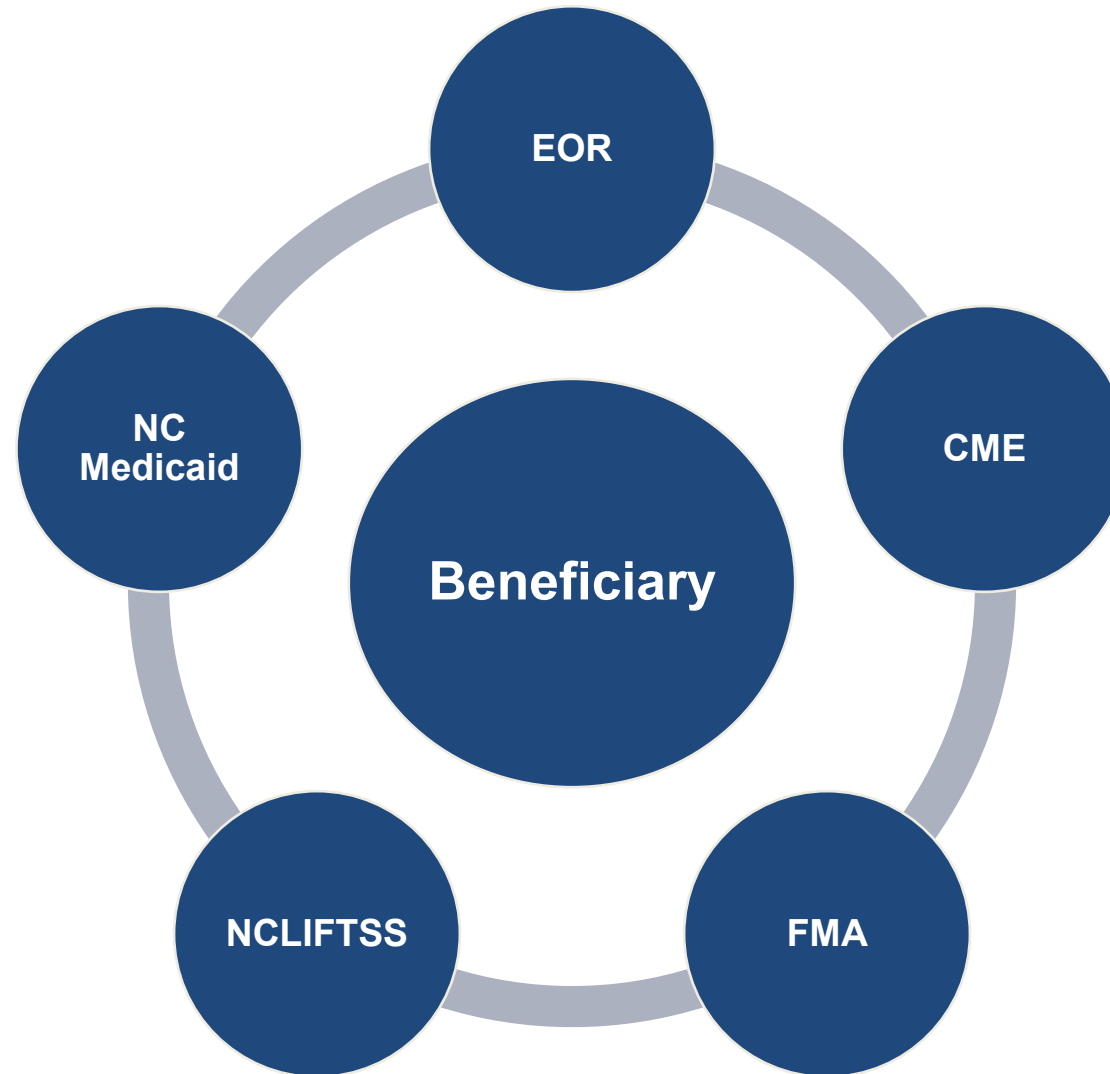
- Communicates clearly with the beneficiary, family, and care team

Competency

- Able to perform the duties outlined in the plan of care (POC)
- Has certifications as necessary



Key Participants



How the Key Roles Work Together

All key roles work together to support the beneficiary. Each role has clear responsibilities and works in collaboration.

Role	Responsibilities
Employer of Record	Oversees caregivers and day-to-day responsibilities
Caregiver or Direct Care Worker	Follows the task list and job duties, follows the plan of care
Case Manager	Supports planning, monitoring, and problem-solving
Financial Management Agency	Handles payroll, administrative and financial tasks and budget tracking
NCLIFTSS	Host Consumer Direction trainings, handles certificates, conduct assessments, review plans of care, and program support.
NC Medicaid	Oversight, Policy, and program accountability



Monitoring for Health, Safety, and Well-being

The following applies to non-LRI as paid caregivers.

The CME or case manager will regularly check in with the beneficiary to review services and help ensure their health, safety, and well-being are being maintained.

- Monitoring includes:
 - Monthly contact
 - Quarterly in-person visits
 - Quarterly Multidisciplinary Team meetings
 - Individual Risk Agreement (IRA) and critical incidents could increase monitoring requirements

When health, safety and well-being issues cannot be mitigated, disenrollment may occur.

Monitoring for Health, Safety, and Well-being

The following applies only to LRI as paid caregivers.

The CME or case manager will regularly check in with the beneficiary to review services and help ensure their health, safety, and well-being are being maintained.

- Monitoring includes:
 - Weekly contact
 - Monthly in-person contact
 - Quarterly home visits
 - Quarterly Multidisciplinary Team meetings
 - Individual Risk Agreement (IRA) and critical incidents could increase monitoring requirements

When health, safety and well-being issues cannot be mitigated, disenrollment may occur.

Consumer Direction Disenrollment

Disenrollment means a beneficiary may no longer be able to continue using the Consumer Direction option and may need to move to a provider-led service instead.

Possible Reasons for Disenrollment

- Not meeting monitoring rules (for example, not allowing the CME to check on services)
- Not being able to complete EOR duties
- Fraud, waste, or abuse
- Abuse, neglect, or exploitation
- Serious health or safety risks that cannot be fixed

Note: *To make sure the person keeps getting safe and steady care, they will continue with the services in their current plan until Consumer Direction services officially end.*

Consumer Direction: Right to Transition to Other Care Models

Participants may switch from Consumer-Directed services to Provider-Led at any time.

Transition Process

- 1) Participant notifies the CME that they want to switch care models
- 2) CME provides a Freedom of Choice (FOC) form
- 3) CME updates the person-centered plan and service plan
- 4) Plan of Care (POC) is submitted and approved
- 5) CAP Business System sends an updated participation letter

Important Note

Transitions are typically effective on the last day of the month so new services can begin on the first day of the next month.

Consumer Direction: Legal Responsible Individual (LRI)

- A LRI is someone who must care for another person under state law
- Under Consumer Direction, an LRI **MAY** be approved to be paid for up to 40 hours per week to give care.
- The number of hours are based on the person's individual needs in the plan of care.
- The LRI must meet special rules to be paid. Each beneficiary's situation is unique and is evaluated as part of the person-centered plan and reflected in the individuals plan of care.
- Anyone who is hired to give care must pass a background check and show they have the right skills.

Medicaid Fraud, Waste and Abuse: How to Report Misuse of Medicaid Money

Examples may include:

- Reporting hours that were not worked
- Billing for services that were not provided
- Misuse of Medicaid funds or approved budgets
- Falsifying timesheets or service records
- Abuse, neglect, or exploitation of a beneficiary

What to Do:

- Report concerns to your case manager or FMA
- Follow the reporting process for critical incidents
- If the issue remains unresolved, contact NC Medicaid at 919-527-7749 or submit a [Confidential Complaint Form](#).

Reporting concerns helps protect the beneficiary's health, safety, and well-being.

Respite Use

Respite care provides temporary relief for primary caregivers, allowing them to rest, recharge, and maintain their well-being while ensuring their loved ones continue to receive quality care.

- This break allows caregivers to rest, attend to personal matters, travel, or spend time with family and friends, helping prevent burnout and reduce stress
- It also ensures that the person receiving care continues to have a safe and supportive environment, whether at home, in a healthcare facility, or at an adult day care center

Important: *Planned and arranged respite must be added to the service plan*

- The legally responsible individual, when they are paid for providing care, cannot also provide respite care
- Use of respite can be considered duplicative of some other services and may impact stipend claims (Coordinated Caregiving) and other hands-on care services

Beneficial Information

- All direct care workers must be CPR certified.
- Ongoing customer support is available to help the participant, EOR or their representative with questions about FMA services.
- The FMA provider gives guidance on approved spending and budget limits, including overtime pay and changes that may affect employee pay rates.
- Costs for recruiting, hiring, and checking worker qualifications may be covered through the participant's goods and services budget.
- Each participant has a maximum budget limit for employee pay rates based on the Medicaid fee schedule and approved service plan.

Note: *The FMA does not act in the role as a co-employer.*



Employer of Record

Q & A

For case specific questions, contact: medicaid.CDtraining@dhhs.nc.gov

Trainings and Resources

Quarterly CAP Stakeholder Meetings: [Quarterly CAP Stakeholder Meetings | NC Medicaid](#)

- Next Meeting: Aug. 17, 2026- 1 p.m.
- [Register Here!](#)

CDS Initial and Annual Trainings can be found here on the [NCLIFTSS website](#).

Upcoming Initial Trainings

- Aug 26 – 2:30 p.m.
- Sept 23– 5:30 p.m.
- Oct 28 – 9:30 a.m.

Consumer Direction Refresher Training

The Annual Consumer Direction Refresher Training is available on demand:

[Annual Consumer Direction On-Demand Training](#)



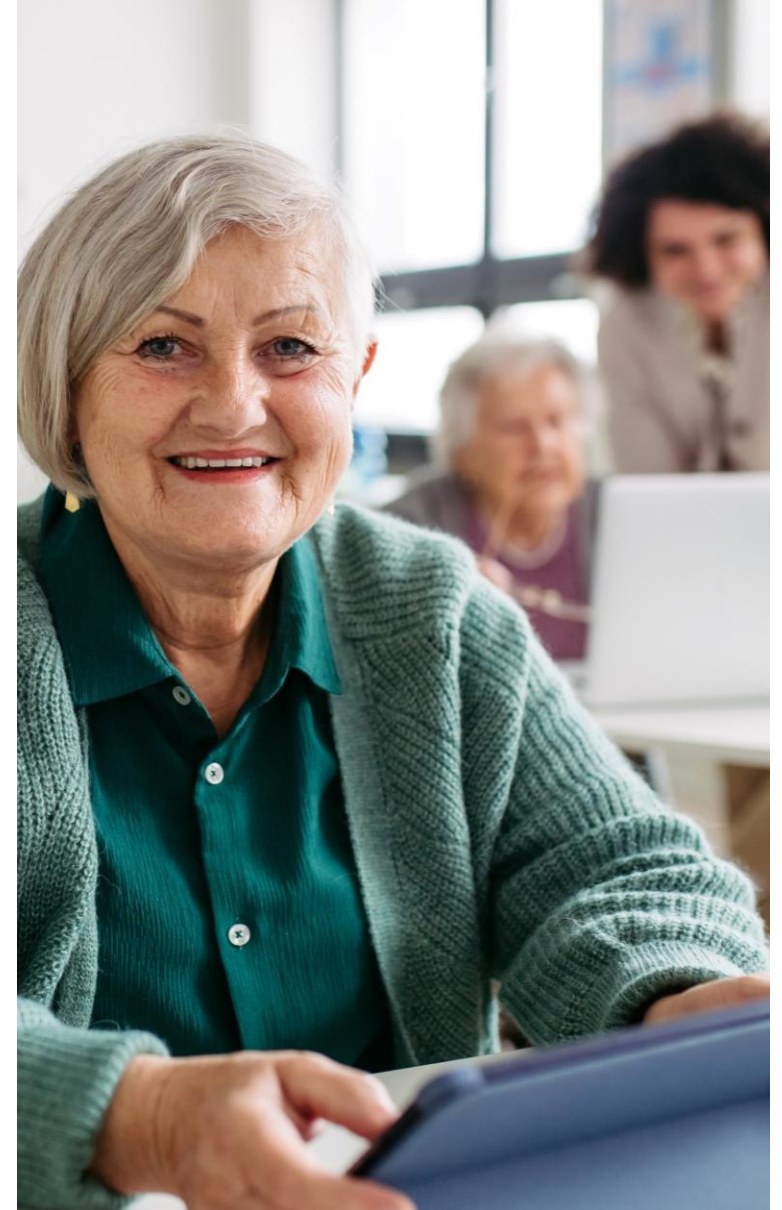
EOR Quarterly Sessions

Employer of Record training sessions will be held quarterly during the second week of the month.

Next Training Date:

- Wednesday, Oct. 14, 2026

Training details and registration information will be shared on the [NCLIFTSS website](#).



Thank you for attending!

Contact Information

NCLIFTSS Consumer Direction Inbox

NCLIFTSSConsumerDirection@acentra.com

NCLIFTSS Phone Line:

(833)522-5429

NC Medicaid CD Inbox

For case specific questions, contact:

medicaid.CDtraining@dhhs.nc.gov