NC Medicaid

# Long Term Services and Support

# Initial Consumer Direction Training

2026



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# Mandatory Consumer Direction Training

**The Community Alternatives Program for Children and Disabled Adults (CAP/C and CAP/DA) is a program that helps NC Medicaid beneficiaries to get care to meet their needs. This enables them to stay in their home and in the community.**

- This program is known as CAP.
- People who use CAP are called CAP participants.

**Consumer direction services is offered by CAP. It lets CAP participants take control of their care.**

- **To use consumer directed services training is required. The CAP participant or primary caregiver and their designated EOR must attend:**
  - An initial training when first enrolling in CD.
  - A yearly refresher training.

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# Flow of the Training

1. How to participate in the training
2. Teaching objectives
3. Consumer Direction in the CAP waivers
4. Questions & Answers
5. Break
6. Required Consumer Direction Forms
7. Questions & Answers
8. Training Ends

# How to Participate In The Training

**During the presentation:**

- Your cameras and microphones will be in the off position.
- A presenter will talk about consumer direction.
- You can type in a question at anytime in the Q & A or chat box during the training. Those questions will be read out loud during the Q & A open session.

**During the Q & A open session:**

- Your microphones will be turned on so you can ask questions. Someone will call your name when it is time for you to ask your question.

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# Teaching Objectives

**This training will teach:**

1. What consumer direction is.
2. How to be successful with consumer direction.
3. Who is part of consumer direction.
4. What an Employer of Record (EOR) is and does.
5. What services you can direct through consumer direction.
6. How to enroll in consumer direction.
7. What Medicaid fraud, waste, and abuse are.
8. What documents are needed for consumer direction.

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# What is Consumer Direction?

**Consumer direction is a way to get personal care services or attendant nurse care (ANC) through CAP.**

- It puts you in the driver's seat in planning and using your services.
- It lets you call the shots on:
  - Who to hire,
  - How much to pay within the Medicaid approved rates, and
  - What the employee can do.
- **It is also known as:**
  - The consumer-directed model of care
  - Consumer-directed
  - Consumer led
  - Choice
  - CD

# Who Can Enroll in Consumer Direction

## Anyone

- **CD is available to all CAP participants who:**
  1. Say they want to be in charge of their care.
  2. Understand their rights and are ok with the responsibilities of directing their care.
  3. Can and want to hire and manage employees.
  4. Are willing and have the time commitment to direct care.

# Basic Requirements of Consumer Direction

- Must have an EOR to write plans, supervise workers and sign timesheets.
- Must work with a care advisor to keep them updated of your progress and any changes.
- Must meet with the care advisor every month to talk about how consumer direction is working.
- Must attend mandatory monthly and quarterly meetings.
- Must keep the financial management agency (FMA) aware of changes in workers and worker's hours.
- Must review and understand your consumer direction budget.
- Must know what fraud, waste, and abuse is and report it if it happens.

# What is Good About Directing Care?

**Consumer direction gives CAP participants:**

- **Choice & Control**
  - In hiring people who you trust.
  - In paying your worker an amount you want (within the approved Medicaid rate).
  - In telling your workers how to care for you.

- **In-person help when you have questions**
  - By calling your care advisor.
  - By calling the person who helps you create the budget.
  - By joining participant engagement sessions such as the Front Porch Chats at NCLIFTSS.

- **Business support by**
  - Paying worker(s).
  - Building a budget.
  - Setting up your consumer direction business (Employer Identification Number or EIN).

# How to be Successful in Consumer Direction

1. **Know Strengths and Needs**
   - Understand what you do well and where you need help.
1. **Stick to The Budget**
   - Use your approved money the right way.
1. **Hiring the Right Person**
   - Choose the right person and make sure they follow the rules.
1. **Talk to The Team**
   - Set time each month to talk with:
     - Your care advisor,
     - The person who helps with your budget, and
     - All team members who help with the participant's care.
1. **Talk to Workers**
   - Set time aside to talk with your workers to make sure they know your needs.
1. **Plan for Care**
   - Know and understand the participant's care needs and putting the care needs on the task list that the workers do.
1. **Stay Safe and Healthy**
   - Watch for Medicaid money being used the wrong way.
   - Report health changes, injuries, and unexpected things to your CAP care advisor and FMA.

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# How to be Successful in Consumer Direction

## Knowing and using Consumer Direction's Key Helpers.

**Key Helpers:**

1. Employer of Record (EOR).
2. The Case Management Entity (CME).
3. Financial Management Agency (FMA).
4. Employees.

# Role of NC Medicaid and NCLIFTSS

## NC Medicaid:

- Sets the rules for CD. These are based on state and federal rules for CAP consumer direction.
- Makes sure that CAP participants can get training in consumer direction.
- Makes sure there is a grievance process for CAP participants to share concerns and get help with consumer direction.

## NC LIFTSS:

- Hosts trainings on CAP consumer direction.
- Answers questions and help with any concerns.

# Key Helper - Employer of Record

- **What is an EOR?**
  - Decision maker or Shot Caller.
  - Important person for consumer direction to keep the wheels turning.
- **Why is an EOR needed?**
  - It is required to set up your CD business, so you get to pick this important person. They run the consumer direction business.
- **Who can be an EOR?**
  - The CAP participant.
  - A Legally Responsible Person (LRP).
  - A Family member.
  - A person who is not related to the CAP participant.
- **Does an EOR need to live with me or in my state?**
  - No, they can live anywhere, but they will need to know you well enough to make decisions for you and manage hired staff.
    - **Does the EOR get paid?**

    - No, the EOR does not get paid.

# What Does The EOR Do?

## EOR Responsibility Overview:

- **Find employees.**
  - Example task: Interview people who apply for the job and fill out the competency validation form.
- **Manage employees.**
  - Example task: Approve time sheets.
- **Lead the care planning.**
  - Example task: Create a backup care plan.
- **Keep up communication.**
  - Example task: Schedule a monthly meeting to talk with your care advisor.
- **Take part in the required trainings.**
  - Example task: Complete the yearly refresher training.

# Key Helper - Case Management Entity

## A Case Management Entity (CME) is an organization that supports CAP participants:

- They provide a care advisor or case manager who is available to:
  - Give information on CAP consumer direction.
  - Answer questions.
  - Provide support and suggestions as needed.
  - Check if the participant is ready to manage their own care.
  - Create the plan of care.
  - Make a referral to an FMA and keep them updated of changing needs.
  - Check in on the CAP participant's health, safety, and well-being (HSW) monthly.

# Key Helper – Financial Management Agency

**A Financial Management Agency (FMA) helps support budgeting and some employment tasks.**

- **They help:**
  - Pay workers and check their backgrounds.
  - Send papers to the Internal Revenue Services (IRS) and Department of Labor (DOL) for the EOR.
  - Make the budget from the Plan of Care (POC) and let you know when you go over it.
  - Give training and help when needed.

# Key Helper - Employee

## An employee is someone you hire to perform caregiver tasks for you.

- **They help with:**
  - Everyday tasks like bathing, dressing, and eating (Activities of Daily Living or ADLs).
  - Other important tasks like using the phone and doing laundry (Instrumental Activities of Daily Living or IADLs).
  - Special medical needs.
  - Some light home maintenance tasks.
- **Submit timesheets and task sheets for approval.**
- **Follow the Plan of Care and task list.**
- **Stay aware of changing needs.**

**Other names for an Employee:**

- Direct Care Worker
- Personal Assistant
- Worker
- Staff

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# Key Helper - Employee

## How can I be a paid caregiver?

- Through a Home Healthcare agency as an employee.
- Through coordinated caregiving as a live-in caregiver.
- Through CD as an employee.

## A Legally Responsible Person (LRP) must:

- Meet job requirements.
- Have at least 1 of 5 extraordinary conditions.

# Key Helper – Employee

## An LRP is the person who can sign contracts for the CAP participant.

**An LRP could be:**

- A Parent for children under 18.
- A Legally appointed guardian.
- A Healthcare Power of Attorney.

**For an LRP to be a paid caregiver:**

- They must meet the hiring requirements.
- They must meet at least 1 of the 5 extraordinary conditions.
- They can be paid for a maximum of up to 40 hours per week.
- They cannot provide respite services or be the EOR.

# Key Helper – Employee

## Meeting the Extraordinary Conditions as an LRP:

To meet the extraordinary conditions at least one of the following must be met and documented: 1.

There are not enough trained providers. Local agencies do not have CNAs available.

2. A medical condition or care issue requires 90 days or less of isolation. The participant wants to isolate at home.

1. A doctor ordered 24-hour care because of the participant's primary condition. The LRP is not able to keep a job or has been fired because they are needed to help with care.

2. The participant has special health care needs. It is documented in medical files that the LRP must give the care.

3. Other serious conditions could put the participant’s health or safety at risk. This could lead to a move to a hospital or nursing home.

# Key Tasks of the EOR – Finding Employees

## Finding Employees:

- Create a job description.
- Set a rate of pay.
- Interview applicants.
- Verify applicant skills sets.
- Check references.

# Key Tasks of the EOR – Finding Employees

## Hiring an employee:

- **An employee must:**
  - Be 18 years of age or older.
  - Meet the IRS requirements for employment.
  - Be CPR certified, as applicable.
  - Have an RN/LPN license when applicable.
  - Pass a criminal and registry background check.

- **They cannot:**
  - Have convictions listed on the criminal history ban list or the health care registry.

# Key Tasks of the EOR – Finding Employees

## Overseeing the Hiring Process

| Making a Job Description: | Where to Find Employees: | Interviewing people who apply: |
|---|---|---|
| • State the job type | • Job boards | • Make a list of questions |
| • Describe the position | • Word of mouth | • Set the time needed for the interview |
| • List the responsibilities | • Family and friends | • Explain the job |
| • Describe special care needs | • Support groups | • Make the interview a conversation |
| • List the required:<br>  • Knowledge<br>  • Experience<br>  • Training<br>  • Certificates | • Current agency referrals<br>• Social media<br>• Local community colleges and universities | • Request for skills to be shown |

# Key Tasks of the EOR – Finding Employees

## Checking Employees after a background check

- **Criminal History that can prevent hiring:**
  - **Felonies related to:**
    - Making, selling or giving out drugs.
    - Abuse, neglect, assault, battery, criminal sexual conduct (1st, 2nd, 3rd degree), fraud/theft against minor or vulnerable adult.
    - Healthcare Fraud.
  - More than 1 felony conviction.
  - **Felony or Misdemeanor related to:**
    - Patient abuse.
  - Involving cruelty or torture.
  - **Misdemeanors related to:**
    - Healthcare fraud.
  - Abuse, neglect, or exploitation of a minor or disabled adult.
  - **Verified Reports related to:**
    - Being listed with the NC Health Care Registry for abuse, neglect or exploitation. This means they cannot work in the health care field in the state of NC.

# Key Tasks of the EOR – Managing Employees

## Managing Employees:

- Set and manage employee's schedules.
  - Make sure that employees work within the approved budgeted hours.
- Keep a record of tasks completed and hours worked.
- Approve timesheets.
- Look into payroll issues.
- Complete employee performance reviews.
  - Make sure CPR certification is renewed on time.*
- Fire employees if needed.

*** Not needed if there is a documented Do Not Resuscitate (DNR) order.**

# Key Tasks of the EOR – Planning Care

## Planning for Care needs of the CAP Participant

- **Lead the creation of:**
  - A person-centered Plan of Care (POC).
  - A backup and emergency plan for when:
    - Staff or the main caregiver can't be there or there's a scheduling problem.
    - There's an event like a hurricane or snowstorm.
  - An Attendant Nurse Care (ANC) skilled care plan.
- **Sign and follow the Beneficiary Rights and Responsibilities Form.**

# Key Tasks of the EOR - Communicating

## Real-time Communication

- **Stay in contact with all key players by:**
  - Meeting with the employee(s) each day they work.
  - Being part of the monthly and quarterly meetings.
  - These are about how CD is working for the CAP participant and employees. –

  Making changes quickly and telling all key players about changes.

  - Examples: changes to pay or budget and firing an employee.

# Key Tasks of the EOR - Communicating

## Real-time Communication

- **Voicing concerns, injuries, and risks:**
  - The CME must be told about all health, safety and well-being (HSW) concerns.
    - These are problems that can end with the participant being harmed. Some may be events that have happened like a fall.
  - A CAP participant may accept risks when a concern is raised.
    - When this happens, the CME must be told so that they can help make an individual risk agreement (IRA).

# Services You have Control Over

| Name of Service | Available To | Who can use this service |
|---|---|---|
| In-Home Aide I (IHA) | CAP/DA & CAP/C | When help is needed for at least 2 ADLs.<br>• ADLs are Activities of Daily Living:<br>  • Bathing, Dressing, Eating, Toileting, Hygiene, Mobility and Transferring |
| In-Home Aide II | CAP/DA Only | When help is needed to use or apply medical equipment or treatment for at least 2 ADLs.<br>• ADLs are Activities of Daily Living:<br>  • Bathing, Dressing, Eating, Toileting, Hygiene, Mobility and Transferring |
| Pediatric Nurse Aide (PNA) | CAP/C only | When a child needs help with at least 2 ADLs and meets the PNA requirements to use this service.<br>• Some of the examples:<br>  • Gastrostomy tubes (G-tube), and<br>  • Urinary Catheters |
| Attendant Nurse Care (ANC) | CAP/C only | When a child needs help with daily nursing care and meets the ANC requirements to use this service.<br>• Examples of children who use ANC:<br>  • Need for on-going ventilator support,<br>  • I.V. medications,<br>  • Complex wounds needing frequent dressing, or<br>  • Intensive pain management. |
| Respite | CAP/DA & CAP/C | When a short break (weekday or weekend) is needed to get things done or for rest.<br>• Two types of respite to use:<br>  • In-home Respite, or<br>  • Institutional Respite |

# Key Tasks of the EOR – Correctly Using Medicaid Money

**Making sure NC Medicaid Money is used correctly.**

**Misusing Medicaid money is seen as fraud, waste and abuse.**

- **What is fraud?**
  - Giving false info to Medicaid to pay for medical care or services on purpose.

- **What is waste?**
  - Using Medicaid resources in a careless or ineffective way. This harms the state's finances. Waste can be done on purpose or by accident.

- **What is Medicaid abuse?**
  - Using Medicaid resources in a way that is against rules of use.

# Key Tasks of the EOR - Correctly Using Medicaid Money

## Overseeing Medicaid Money to ensure the right payment and use.

Examples of fraud, waste, and abuse:

1. A worker writes hours on a timesheet that they did not work and the EOR approves it.
2. A worker provides services that are not on the POC, care plan, or approved by the EOR.
3. The EOR has not done or looked over the competency validation form with a worker but hires them anyway.

# Key Tasks of the EOR - Correctly Using Medicaid Money

## Reporting Misuse of Medicaid Money

## Suspected fraud, waste, and abuse must be reported immediately to:

- **Medicaid Fraud, Waste and Program Abuse Tipline**
  Phone: 877-DMA-TIP1 (877-362-8471)

- **Health Care Financing Administration, Office of Inspector General Fraud Line**
  Phone: 800-HHS-TIPS (800-447-8477)

- **State Auditor Waste Tipline**
  Phone: 800-730-TIPS (800-730-8477)

# Consumer Direction

# Q & A

# Consumer Direction

# Break

# How to Enroll In Consumer Direction

## Enrollment Steps:

### 1.Orientation & Training:

- Do the CD initial training and receive a certificate.
- Do the self-assessment questionnaire to see if CD is a good fit.

### 2.Employer & Employee Enrollment:

- Find people to work as your employees.
- Have a meeting with your FMA to learn about managing Medicaid money and paying your employees.

### 3.Service Plan Approval & Start Date:

- Create a plan for your care.
- Work with a CAP care advisor to create your POC and have it approved.
- Train and orient your employees.

# Required Enrollment Documents

1. CD Self-Assessment Questionnaire.
2. Consumer Direction Initial Training Certificate.
3. Task List and Employee Competency Validation.
4. Plan of Care (POC).
5. Attendant Nurse Care (ANC) Plan.

# Enrollment Documents - Questionnaire

**The Self-assessment Questionnaire is a form that helps you to understand if CD is a good fit for you.**

- It is completed when first enrolling in consumer direction.
- It answers questions to help:
  - Determine if consumer direction is a good fit.
  - Determine if the program participant/EOR have the time to direct care.
  - Understand your care needs.
  - Develop a task list for employee(s).
  - Identify if you know people to hire.
  - Identify what trainings are needed:
    - By program participant/EOR.
    - By employee(s).

# Enrollment Documents - Questionnaire

## Appendix G- Consumer-Direction Self-Assessment Questionnaire

The self-assessment questionnaire is used to determine your readiness to direct your care in the consumer-direction option of the Community Alternatives Program. The tools in the self-assessment questionnaire will identify areas that you are knowledgeable and areas that you may need additional help. These tools will also assist you in identifying your personal care needs and the required skills your hired employee will need to assure your health, safety, and well-being. Once you complete the self-assessment questionnaire; you will make it available to your case management entity. The self-assessment questionnaire includes the following sections:

- Is Consumer-Direction Right for Me?
- What Areas Do I Need Help?
- Task List and Employee Competency Validation

Beneficiary name: _____

Person completing form:_____

Individual acting as employer: _____

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# Enrollment Documents – Questionnaire

## Self-Assessment Questionnaire Completion Guide

**Purpose**

The self-assessment questionnaire is used to determine your readiness to consumer direct. The self-assessment will also be used to identify your training needs and confirm the ability of your employee(s). This tool will provide guidance to you, as the individual acting as the employer, in completing the self-assessment questionnaire.

**Who Completes the Self-Assessment?**

The self-assessment questionnaire shall be completed by the individual acting as the employer.

*Beneficiaries 0-17 years old*: to be completed by the parent or responsible party
*Beneficiaries 18 years old and older*: to be completed by the beneficiary
*Beneficiaries 18 years old and older requiring a representative*: to be completed by the representative

**Sections of the Self-Assessment**

**Is Consumer-Direction Right for Me?**

- Complete section during consumer-direction orientation.
- Answer questions related to health care needs from the perspective of the beneficiary.
- Answer questions related to managing care, finances, and employer responsibilities from the perspective of the individual acting as the employer.

**What Areas Do I Need Help?**

- Complete section after consumer-direction orientation.
- Place a check by the appropriate response to indicate your current knowledge level of each topic.

**Task List and Employee Checkoff**

- Complete section for all employees.
- Circle the tasks that are required to address the beneficiary's health care needs.
- Provide a response detailing how the employee(s) should complete the selected task.
- Check the response to indicate the employee's ability to complete the selected task.
    - *Previous caregiver: individual has previously provided services to the beneficiary*
    - *Hlth./pers. care experience: individual has health/personal care work experience*
    - *Training provided: employer will provide training to employee on selected task*

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# Enrollment Documents - Questionnaire

**Is Consumer-Direction Right for Me?**

Consumer-direction offers freedom and independent thinking. Complete this section below during your orientation session to help decide if consumer-direction is right for you.

Date consumer-direction enrollment process initiated:

_____

**Why do you wish to participate in the consumer-direction option of CAP?**

_____

_____

_____

_____

1. Do you want to appoint someone as your representative for consumer-direction?
   - ☐ Yes
   - ☐ No

*If yes, allow representative to complete the remaining sections of the questionnaire on your behalf.*

2. Do you want to be an employer?
   - ☐ Yes
   - ☐ No

*Registering with the Internal Revenue Service as an employer of record is a requirement.*

3. Are you able to dedicate approximately 2-4 hours per year for consumer-direction education?
   - ☐ Yes
   - ☐ No

*NC Medicaid provides annual training to consumer-direction participants.*

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# Enrollment Documents - Questionnaire

## What Areas Do I Need Help?

In this section, you will rate your knowledge and experience of each listed item to identify what areas you need help in understanding. Check the response that applies to your current knowledge and experience level.

| | |
|---|---|
| **No knowledge/experience** | I have no knowledge or experience in this area; extensive training needed. |
| **Minimal knowledge/experience** | I have some knowledge and experience in this area; substantial training needed. |
| **Substantial knowledge/experience** | I have advanced knowledge and experience in this area; minimal training needed. |
| **Extensive knowledge/experience** | I have expert knowledge and experience in this area, little training needed. |

| | No knowledge/ experience | Minimal knowledge/ experience | Substantial knowledge/ experience | Extensive knowledge/ experience |
|---|---|---|---|---|
| Deciding how to set a fair pay rate for an employee(s) | ☐ | ☐ | ☐ | ☐ |
| Setting job standards/responsibilities for an employee(s) | ☐ | ☐ | ☐ | ☐ |
| Completing an employee performance review | ☐ | ☐ | ☐ | ☐ |
| Reviewing an employee(s) work tasks and timesheets | ☐ | ☐ | ☐ | ☐ |
| Creating a job description | ☐ | ☐ | ☐ | ☐ |
| Resolving issues/conflict with an employee | ☐ | ☐ | ☐ | ☐ |

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# Enrollment Documents - Questionnaire

Self-Assessment Questionnaire/Training Completion Signature Page

My signature indicates that I have participated in a consumer-direction orientation session and completed the self-assessment questionnaire. I will follow the recommendations presented to me that may include: additional training, re-completion of the self-assessment questionnaire, and requests of other items that are needed to move forward in consumer-direction enrollment. I understand that compliance with NC Medicaid, case management entity, and financial management agency requirements is necessary for continued participation in the consumer-direction model of care. Failure to comply with consumer-direction requirements will result in my removal from the consumer-direction model of care and I will receive CAP services in the traditional provider managed model of care.

Individual acting as employer name: _____ Beneficiary name: _____

Individual acting as employer signature: _____ Date signed: _____

The care advisor's signature indicates that he or she has reviewed the self-assessment questionnaire, evaluated the responses to determine the consumer-direction abilities of the beneficiary/individual acting as the employer, and provided necessary training.

Training/education completed: _____

_____

_____

Following the completion of training the beneficiary/individual acting as the employer displays the ability to consumer direct.

☐ Yes ☐ No

*If no; further evaluation and consult with NC Medicaid will be completed to determine beneficiary/employer's readiness to consumer direct.*

Care advisor name: _____

Care advisor signature: _____ Date signed: _____

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# Enrollment Documents – Task List

**The Task List is a list of what you need your workers to do each time they work.**

- The task list is:
  - Made during initial enrollment.
  - Updated annually and when the participant's care needs change.
  - Used every time an employee works with the participant.
- Explains the services that an employee will do.
  - Tells what tasks and care are needed.
  - Is easy to follow and complete.
  - Includes the time each task will take.
- Must address (health) care needs as outlined in the comprehensive independent assessment.

# Enrollment Documents – Skill Validation

**The Employee Competency Validation is used to make sure an employee has the skills needed to provide your care.**

- The employee competency validation is:
  - Completed during hiring.
  - Updated annually.
  - Based on the task list.
- Must be completed for all employees before they can work.
- Is used to see if a person can do the caregiving job.
- Asks about experience with needed tasks.
- Asks about training needs.
- Check-in with employees regularly as needs change.

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# Enrollment Documents - List & Validation

## Task List and Employee Competency Validation

Beneficiary name: _____

Name of individual acting as employer: _____

Name of direct care employee: _____

Directions to complete: Circle the skill that is needed to address the beneficiary's care needs. Provide instructions on how the employee(s) shall complete the task. Provide the appropriate response to indicate the employee's ability to complete the task. Complete for each employee.

**Note: Tasks should align with needs identified in the comprehensive assessment.**

| Task | Instructions to employee: | Employee's ability to complete task: | |
|---|---|---|---|
| bathing | | Previous caregiver:<br>Hlth./pers. care experience:<br>Training provided: | ☐Yes No ☐<br>☐Yes No ☐<br>☐Yes No ☐ |
| toileting | | Previous caregiver:<br>Hlth./pers. care experience:<br>Training provided: | ☐Yes No ☐<br>☐Yes No ☐<br>☐Yes No ☐ |
| incontinence care | | Previous caregiver: | ☐Yes No ☐ |

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# Enrollment Documents - List & Validation

Task List and Employee Competency Validation Signature Page

My signature indicates that I have completed the task list and confirmed the skill set of the employee(s) that I intend to hire. I understand that an employee(s) is not required to be a licensed health care professional to provide my care needs. I have determined that my employee(s) has the competencies to complete the tasks required for my care and I take full responsibility of hiring, training, and supervising the employee(s) I hire and ensuring that he/she maintains the requirements needed to provide my care.

Individual acting as employer name: Beneficiary name:

Individual acting as employer signature: Date signed:

The care advisor's signature indicates that he or she has reviewed the completed task list and employee competency validation.

Care advisor name:

Care advisor signature: Date signed:

Appendix E: Created August 2018 Revised: November 2018

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# Enrollment Documents – Plan of Care

**POC is the document used to outline how your care needs will be met.**

- **The POC is:**
- Completed annually.
- Updated as care needs change.
- Lead by EOR and completed by the care advisor.
- **It includes information on services:**
- Type of service(s) and support(s).
- Who will provide the care.
- How much care is needed:
    - Number of hours approved to pay for care.
    - Schedule of care.
- How care will be given.

# Enrollment Documents – ANC Plan

**Attendant Nurse Care (ANC) Plan is used to share your detailed care needs with your nurse.**

- **Is a skilled level care plan:**
  - It is made when first enrolling in CD.
  - It is updated every year and when needs change.
  - It says what the skilled care needs are and what the nurse must do.
- **Key parts state the program participant's:**
  - Primary conditions.
  - Skilled needs/interventions.
  - Safety precautions and measures.
  - Dietary needs and allergies.
  - Medications and medical supplies/equipment.
  - Functional limitations and restrictions.

# Enrollment Documents – ANC Plan

## Consumer Direction Care Plan for CAP/C Participants at a Skilled Level of Care

| Consumer Direction Skilled Level Care Plan | | | |
|---|---|---|---|
| Participant's Name: ***Jane Doe*** | Care Plan Start Date: ***12/01/2023*** | Care Plan Coverage Period: ***12/01/23 – 11/30/24*** | Hired Nurse/Legally Responsible Person: ***John Smith*** |

Primary Conditions:

***Failure to thrive, Prader-Willi Syndrome, Seizure Disorder, Metachromatic Leukodystrophy, Dyspnea***

| Safety Measures | Precautions |
|---|---|
| ***Reduce choking hazards*** | ***Add Thick-It to fluids*** |
| ***Reduce fall hazards*** | ***Secure required braces, clear immediate environment of trip hazards*** |
| | |
| | |

Daily skilled needs/interventions and process to perform tasks:

| Needs/Intervention | Process |
|---|---|
| ***Bathing*** | ***(total physical assistance when bathing)*** |
| ***Toileting*** | ***(physical assistance with wiping and incontinent products)*** |
| ***Feeding*** | ***(G-Tube feeding*** |
| List any medical devices used to treat or prevent exacerbation of a medical condition | |
| ***G- tube, nebulizer, CPAP machine, O2 monitor*** | ***Utilize medical devices in accordance with doctor's orders*** |

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# Enrollment Documents – ANC Plan

Medications to be administered:
Dose/Frequency/Route

| Medication | Dose | Frequency | Route |
|---|---|---|---|
| ***Tylenol*** | ***100 mg*** | ***Bid*** | ***Oral*** |
| | | | |
| | | | |
| | | | |
| | | | |

Durable Medical Equipment (DME) and Supplies used

| DME | | Supplies | Amount |
|---|---|---|---|
| ***Hospital bed*** | | ***Blood testing strips*** | ***60 strips*** |
| ***Wheelchair*** | | ***Gloves*** | ***5 boxes*** |
| ***Nebulizer*** | | | |
| | | | |
| | | | |
| | | | |

Restrictive Activities:

- ☐ Lifting ☐ _____
- ☒ PO Intake ☐ _____
- ☐ Weight bearing ☐ _____
- ☐ No restrictions ☐ _____

Functional Limitations:

- ☒ Amputation ☐ Legally Blind
- ☐ Bowel/bladder (incontinence) ☐ Endurance
- ☐ Contracture ☐ Paralysis
- ☒ Dyspnea with minimal exertion ☐ Speech
- ☐ Other, specify: _____

Nutritional Requirements: ***1500 calorie soft mechanical diet***

List Allergies and what to do for allergic reactions: ***Pollen, dust, penicillin, food allergies, etc.***

Additional Information that is pertinent to care needs (***Request the medication administration record and treatment record from physician and attach to this care plan):***

***Jane requires line of sight supervision at all times to monitor seizure activity, fall hazards and physical aggression.***

***Hired Staff/Legally Responsible Person's Signature*** _____ ***Date*** _____

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# Benefits of Consumer Direction

## Proven Facts:

- Consumer direction gives more choice and control.
- The self-assessment questionnaire tells you your strong and weak areas.
- You can choose who you hire.
- You set your own schedule and tasks you want your employee to do.
- An employee shows up to work more regularly under consumer direction.
- You can pay your worker an amount you think aligns with their skills and your approved budget.
- You have help from care advisors and financial managers to support you and your employees.
- You get a budget to keep you updated on approved Medicaid funds.

# Abbreviations used in CAP

| Acronym | Meaning |
|---|---|
| ADLs | Activities of Daily Living |
| ANC | Attendant Nurse Care |
| CAP | Community Alternatives Program |
| CAP/C | Community Alternatives Program for Children |
| CAP/DA | Community Alternatives Program for Disabled Adults |
| CD | Consumer Direction |
| CPR | Cardiopulmonary resuscitation |
| CME | Case Management Entity |
| DOL | Department of Labor |
| FM | Financial Manager |
| FMA | Financial Management Agency |

| Acronym | Meaning |
|---|---|
| IADLs | Instrumental Activities of Daily Living |
| IHA | In-home Aide |
| IRA | Individual Risk Agreement |
| IRS | Internal Revenue Services |
| RN | Registered Nurse |
| LPN | Licensed Practical Nurse |
| LRP | Legally Responsible Person. (A parent or guardian) |
| MDT | Multidisciplinary Team |
| NA II | Nurse Aide II |
| PNA | Pediatric Nurse Aide |
| POA | Power of Attorney |
| POC | Plan of Care |

# Useful Resources

- **Consumer Direction**
  - **NCLIFTSS**
    - Website:ncliftss.acentra.com/
    - Email: NCLIFTSSConsumerDirection@acentra.com
    - Telephone number: (833) 522-5429

- **NC Medicaid**
  - CAP/C:Medicaid.capc@dhhs.nc.gov
  - CAP/DA:Medicaid.capda@dhhs.nc.gov
  - CAP Phoneline: (919) 855-4340

- **Financial Management Agencies (FMAs)**
  - **Acumen**
    - Website: acumenfiscalagent.com/state/north-carolina-cap/
    - (877) 901-5827
  - **GTI financial services**
    - Website:gtindependence.com/
    - (877) 659-4500
  - **Secure Direction NC, LLC**
    - Website:SecureDirectionNC.com
    - (833) 278-3737
  - **PPL**
    - CAP/C:
      - pplfirst.com/programs/north-carolina/cap-c/
      - Phoneline: (844) 740-3936
    - CAP/DA:
      - pplfirst.com/programs/north-carolina/cap-da-c/
      - Phoneline: (833) 202-6168

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# Useful Resources (continued)

## National Consumer Direction Resources

- **Self-Directed Services (overview):**
**medicaid.gov/medicaid/long-term-services-supports/self-directed-services/index.html**
- **State Profiles (interactive US map of Medicaid and CHIP profiles):**
**medicaid.gov/state-overviews/state-profiles/index.html**
- **Best Practices (report):**
**www.cms.gov/files/document/section648reportpdf**
- **Self-Direction Programs (interactive US map of self-directed services):**
**appliedselfdirection.com/self-direction-programs**
- **Paying Family Caregivers through Medicaid Consumer-Directed Programs: State Opportunities and Innovations (report): nashp.org/paying-family-caregivers-through-medicaid-consumer-directed-programs-state-opportunities-and-innovations/**
- **State Approaches to Consumer Direction in Medicaid (brief):**
**chcs.org/resource/state-approaches-to-consumer-direction-in-medicaid/**

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# Consumer Direction

# Q & A

# End of Training

## Thank you for attending!

### Contact Information:

**CAP Consumer Direction Inbox**

**NCLIFTSSConsumerDirection@acentra.com**

**CAP Phone Line:**

**(919) 855-4340**

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