

SECTION 4

CAP/C SERVICES

Learning Objectives

1. List the services provided by CAP/C.
2. Describe CAP/C Nursing Services. What are the criteria for receiving these services? What can or can not be provided?
3. Describe CAP/C Nurse Aide Services. Who is eligible for these services? What type of staff are needed to provide these services?
4. List the CAP/C waiver supplies. Distinguish between Medicaid supplies and waiver supplies.
5. List the home modifications available under CAP/C. Identify the budget for this service.
6. Describe the purpose of and the rules for use of respite services. Distinguish between respite services and short-term-intensive services.

NC DMA 10/2009

NURSING SERVICES

- Code: T1000
- Cost: \$9.18 per unit of 15 minutes (\$36.72/hour)
- RN or LPN (same rate for each)

NC DMA 10/2009

When planning the child's care and completing the cost summary, you will normally use the \$36.72 per hour as the basis for your calculations. However, provider agencies must bill for the service in units of 15 minutes; so when you review their claims, you will see the \$9.18 per unit rate.

HRS	UNITS
1	4
2	8
3	12
4	16
5	20
6	24

HRS	UNITS
7	28
8	32
9	36
10	40
11	44
12	48

HRS	UNITS
13	52
14	56
15	60
16	64
17	68
18	72

HRS	UNITS
19	76
20	80
21	84
22	88
23	92
24	96

NURSING SERVICES, CONT'D.

Must be

- Medically necessary
- Continuous
- Complex
- Substantial
- Ordered by the physician
- Provided to perform actual, scheduled, hands-on nursing tasks
- Provided by a home care agency that is 1) licensed by DFS to provide nursing services and 2) enrolled with DMA Provider Enrollment as a CAP/C provider

NC DMA 10/2009

Refer back to this training, Section 2, CAP/C Basics and Key Concepts, for definitions and more detailed explanations of continuous, complex, and substantial.

Nursing services must be ordered by the physician. If the physician will not order the nursing services, the patient cannot receive CAP/C.

If an agency is not enrolled as a CAP/C provider, they can not provide care to CAP/C clients. If an agency wishes to become a CAP/C provider, they should contact CSC at 866-844-1113.

NURSING SERVICES, CONT'D.

May

- Include performance of specialized procedures, preparation of material and equipment for treatment, assistance in learning appropriate self-care techniques, and other medical tasks performed on an ongoing, daily basis
- Include assistance with personal care tasks when needed as an integral part of the child's day to day treatment plan
- Accompany a child outside the home for school or medical appointments

NC DMA 10/2009

A nurse may accompany a patient and his/her caregiver to a medical appointment so that the nurse can provide medical care (i.e., tracheal suctioning) for the patient while the caregiver drives. Under no circumstances may the nurse drive, even if allowed by the nursing agency policy. A nurse can not attend to a medically fragile client while driving. Once they reach the medical office, Medicaid will not pay that nurse for the time spent in the doctors office. It is considered a duplication of services both because it is a medical facility, and because the parent is available to provide care.

If transportation is arranged through the county DSS, DSS may allow the nurse to be considered the paid attendant. If that happens, Medicaid will reimburse the nurse at minimum wage for attendant services while in the medical facility.

NURSING SERVICES, CONT'D.

Must NOT

- Be provided to be there just in case something happens
- Provide transportation
- Be provided by family, including parents, grandparents, and siblings, including step and in-law relationships
- Be provided in the nurse's home

NC DMA 10/2009

Under no circumstances may a nurse transport a client. A nurse can not attend to a medically fragile client while driving. A nurse may, however, accompany the client and parent/caregiver during transportation to school or medical appointments. Please see the notes for the previous slide.

Note that aunts and uncles are not prohibited from providing CAP/C nursing services.

Care should not be provided in the home of any paid caregiver. For example, the parent may not bring the child to the nurse's home to receive care.

NURSING SERVICES, CONT'D.

RN or LPN?

Consider the following factors:

- qualifications of the LPN in relation to client need and plan of nursing care
- stability of the client's clinical condition
- complexity of the task as well as the task's potential threat to the client's well-being
- limitation of LPN role in teaching and counseling to reinforcing activities planned and initiated by the RN
- continuous RN availability, on site when necessary, for direct participation in nursing care and supervision of the LPN
- RN accountability for evaluation of client's response to care provided and subsequent modification to plan of care or discharge of client from service
- established agency policies, procedures, practices, and channels of communication which lend support to the types of nursing services offered by the agency and through which the RN maintains accountability for nursing care given by all personnel to whom that care is delegated.

NC DMA 10/2009

Please refer to the North Carolina Board of Nursing for further information, particularly the article titled "Is There A Role For The LPN In Home Health Agencies?" found on the web site at <http://ncbon.org>.

NURSE AIDE SERVICES

- Code: S5125
- Cost: \$3.54 per unit of 15 minutes
(\$14.16 per hour)
- In-Home Aide, CNA I, CNA I+, or CNA II
(same rate for each)

NC DMA 10/2009

When planning the child's care and completing the cost summary, you will normally use the \$14.16 per hour as the basis for your calculations. However, provider agencies must bill for the service in units of 15 minutes; so when you review their claims, you will see the \$3.54 per unit rate.

HRS	UNITS
1	4
2	8
3	12
4	16
5	20
6	24

HRS	UNITS
7	28
8	32
9	36
10	40
11	44
12	48

HRS	UNITS
13	52
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18	72

HRS	UNITS
19	76
20	80
21	84
22	88
23	92
24	96

NURSE AIDE SERVICES, CONT'D.

Must be

- For children who need help with eating, bathing, dressing, personal hygiene, ambulation, and activities of daily living due to a medical condition
- Provided by a home care agency that is 1) licensed by DHR to provide Nurse Aide Services and 2) enrolled as a CAP/C provider

NC DMA 10/2009

The personal care needs must be related to a medical condition. The condition must not be psychological, developmental, cognitive, or behavioral. The care needs must result from the medical diagnosis. The care needs must not be age-appropriate; for instance personal care is required for all infants, whether they have medical problems or not. We can not replace the parental responsibility to provide age-appropriate care; we can only supplement the parent's care of the medical/nursing needs. In addition, the care provided must be related to the medical diagnosis. For instance, a child has Down's Syndrome and a congenital heart defect. Although the congenital heart defect is a medical diagnosis, there are no interventions related to that diagnosis – it requires physician follow-up, not in-home nursing care. The child's care needs are related to the developmental delays resulting from the Down's Syndrome (Down's Syndrome is not considered a medical diagnosis), and therefore the child is not appropriate for CAP/C. (The child should be referred to CAP-MR/DD).

If an agency is not enrolled as a CAP/C provider, they can not provide care to CAP/C clients. If an agency wishes to become a CAP/C provider, they should contact CSC at 866-844-1113.

NURSE AIDE SERVICES, CONT'D.

May

- Include help with home management tasks that are essential, though secondary to the health and welfare of the individual, rather than the family

NC DMA 10/2009

The aide may also do the following home management tasks when the task is incidental to the personal care tasks and when the aide is in the home to perform the higher level tasks.

Clean and care for clothing: ironing, simple mending, laundering

Do basic housekeeping tasks: sweeping, vacuuming, dusting, dishes in patient care area

Make unoccupied bed

Recognize and report changes in health and environment

Identify medications for client

Prepare simple meals

Observe and report symptoms of abuse, neglect, and illness to proper professional

Assist to find and use community resources

Perform reading and writing tasks

Demonstrate appropriate housekeeping practices for cleaning bathroom, kitchen and living areas used by client

Assist in organizing household routines

Plan menus using food guide

Assist with developing a market order

Demonstrate appropriate food handling, preparation and storage practices

CAUTIONS: *As you consider the tasks to be assigned to the aide, remember: You may not provide home management tasks as a separate service. These tasks are covered only when the aide is in the home to provide Personal Care.*

These home management tasks are to be done for the client only; for instance, the aide can do the client's laundry, but can not do the laundry for the rest of the family.

NURSE AIDE SERVICES, CONT'D.

Must Not

- Provide transportation
- Be provided by family, including parents, grandparents, and siblings, including step and in-law relationships
- Be provided just for home management tasks
- Be provided in the nurse aide's home

NC DMA 10/2009

Nurse Aide services may not be provided on the same day as Medicaid Personal Care Services or Home Health Aide Services, although it is unlikely that this situation would ever arise.

A nurse aide may accompany a patient and his/her caregiver to a medical appointment so that the aide can provide medical care for the patient while the caregiver drives. Under no circumstances may the nurse aide drive, even if allowed by the nursing agency policy. A nurse aide can not attend to a medically fragile client while driving. Once they reach the medical office, Medicaid will not pay that nurse aide for the time spent in the doctors office. It is considered a duplication of services both because it is a medical facility, and because the parent is available to provide care.

If transportation is arranged through the county DSS, DSS may allow the nurse aide to be considered the paid attendant. If that happens, Medicaid will reimburse the nurse aide at minimum wage for attendant services while in the medical facility.

The aide may perform home management tasks only when the task is incidental to the personal care tasks and when the aide is in the home to perform the higher level tasks.

Care should not be provided in the home of any paid caregiver.

Home management tasks are provided only when the aide is in the home to provide personal care. Home management tasks are provided for the client only, not for the client's family. For instance, the aide may wash the client's linens, but may not do the laundry for the family.

NURSE AIDE SERVICES, CONT'D.

In-Home-Aide

- Due to the medical fragility of CAP/C clients, CAP/C in-home-aide services are generally provided by NA Is and NA IIs listed on the DFS Nurse Aide Registry.
- See the scope of practice, below

NC DMA 10/2009

Due to the medical fragility of CAP/C clients, it is strongly recommended that aides performing any of these tasks meet the NC Board of Nursing's competency requirements and be registered as a Nurse Aide I in the NC Nurse Aide Registry at the Division of Health Services Regulation. However, if a client is receiving only the Level II Personal Care Services listed below, the staff may, if necessary, be an In-Home Aide who meets the competency and supervision requirements of the DHHS' In-Home Aide Services Plan.

The authorized tasks are:

assist ambulatory client with mobility and toileting

provide care for normal, unbroken skin

assist with personal hygiene (mouth care, hair and scalp grooming, fingernails and bathing: shower, tub, bed and basin)

cut and trim hair

provide basic first aid

shave client (electric and safety razor)

assist with applying ace bandages, TED's, and binders as stipulated in the service plan and under the direction of the client

assist limited function patient with dressing; observe, record and report self-administered medications

assist with applying and removing prosthetic devices for stable clients as stipulated in the service plan and under the direction of the client

assist with feeding clients with special conditions (no swallowing difficulties)

assist and encourage physical activity and/or prescribed exercise

assist client with self-monitoring of temperature, pulse, blood pressure and weight as stipulated in the service plan and under the direction of the client

NURSE AIDE SERVICES, CONT'D.

■ NA I

NC DMA 10/2009

Nurse Aide I Tasks

Aides performing any of these tasks must meet the NC Board of Nursing's competency requirements and be registered as a Nurse Aide I in the NC Nurse Aide Registry at the Division of Facility Services.

Personal Care

bathing (assist, bed bath, tub bath, shower, sitz); side rails/call rails; mouth care; skin care; nail care; bedmaking (modified); dressing and undressing

Body Mechanics

turn and position; transfer – chair and stretcher; use of lifts; assist with ambulation; range of motion exercises

Nutrition

prepare patients for meal time; feed patient; intake and output; force and restrict fluids

Elimination

bedpan/urinal; bowel/bladder retraining; collect/test specimens; perineal/catheter care; apply condom catheters; douches; enemas; insert rectal tubes/flatus bags; empty drainage devices from cavities/wounds; maintain gastric suction

Safety

side rails/call rails; mitts and restraints; CPR/Heimlich procedure; infection control (handwashing, isolation technique, universal precautions)

Special Procedures

vital signs (temperature, pulse, respirations, blood pressure; height and weight (stand up scales and bed scales); application of heat and cold; prevent and care for decubitus ulcers; surgical skin preps and scrubs; clean dressing changes; apply ace bandages, TEDS, and binders; apply and remove EKG monitor leads; postmortem care; cough/deep breathing

NURSE AIDE SERVICES, CONT'D.

- NA 1(+)

NC DMA 10/2009

A provider agency may select up to four Nurse Aide II tasks which may be performed in that agency by Nurse Aide I personnel who have not completed an entire Nurse Aide II Training and Competency Evaluation Program nor have NAII listing.

Requires use of Board of Nursing approved curriculum and notification to the Board of Nursing of which four tasks were chosen, and training and competency documentation/evaluations.

For CAP/C children, most common additional tasks are GT feeds, oxygen set-up and monitoring, and urinary catheterizations

NURSE AIDE SERVICES, CONT'D.

■ NA II

NC DMA 10/2009

Nurse Aide II tasks are performed as part of this service when the tasks are provided according to the NC Board of Nursing rules. Registration with the NC Board of Nursing's Nurse Aide II Registry or special training of Nurse Aide I personnel with Board of Nursing approval is required.

oxygen therapy

room set-up; monitoring flow rate

suctioning

oropharyngeal; nasopharyngeal

break-up and removal of fecal impaction

tracheostomy care

sterile dressing change/wound irrigation (over 48 hours old)

intravenous fluid

assistive activities; assemble/flush tubing during set-up; monitoring flow rate; site care; dressing changes; discontinue peripheral IVs

elimination procedures (ostomy care/irrigation)

catheterizations; irrigation of tubing

nutritional activities

oral, nasogastric infusions after placement verification by licensed nurse; gastrostomy feedings; clamping tubes; removing oral, nasogastric feeding tubes

NURSE AIDE SERVICES, CONT'D.

- Other nurse aide tasks

NC DMA 10/2009

The licensed nurse maintains accountability and responsibility for the delivery of safe and competent care. Decisions regarding delegation of any activities are made by the licensed nurse on a client-by-client basis. The following criteria must be met before delegation of any task may occur:

task is performed frequently in the daily care of a client or group of clients

task is performed according to an established sequence of steps

task may be performed with a predictable outcome

task does not involve on-going assessment, interpretation or decision-making that cannot be logically separated from the task itself.

As part of accountability, the licensed nurse must validate the competencies of the NA prior to delegating tasks, as well as monitor the client's status and response to care provided on an on-going basis.

NURSE AIDE SERVICES, CONT'D.

Nurse Aides and Medication Administration

- Nurse Aides may administer pre-filled and labeled standing medications.
- Nurse Aides may not administer any PRN medications.

NC DMA 10/2009

Aides may not decide which medication a client needs at a given time. The aide may follow instructions from a mentally competent client or caregiver to assist the client in taking the medication, or can follow specific instructions from the primary caregiver in giving the client pre-filled and labeled medications, including medications via gastrostomy tube. See the Board of Nursing's interpretive statement "Assisting Clients with Self-Administration of Medications: The Role of Unlicensed Assistive Personnel", available at www.ncbon.org or NCAC 36.0221 section B.

NURSE AIDE SERVICES, CONT'D.

Availability of Nurse Aides

In many instances, Nurse Aide IIs are unavailable, and home care agencies are unwilling to allow Nurse Aide Is to perform all of the tasks permitted by the Division of Facility Services and/or the Board of Nursing. Medicaid will not provide payment for an RN/LPN in these circumstances. It is the provider agency's option to staff the case with an RN/LPN, but that RN or LPN would have to be registered as a Nurse Aide with the Division of Facility Services/Board of Nursing, provide care within the NA scope of practice, and be reimbursed by Medicaid at the NA rate.

NC DMA 10/2009

Note that clients at the skilled level of care do not have a "choice" of nurse or nurse aide; the level of caregiver approved will depend upon the scope of practice that the client requires.

CASE MANAGEMENT

- Will be discussed in detail throughout this curriculum

NC DMA 10/2009

WAIVER SUPPLIES

- Reusable incontinence undergarments and the disposable liners for the undergarments for children ages 3 years and older

Disposable diapers are not a waiver supply; they are a Medicaid supply. Only re-usable diapers are a waiver supply.

NC DMA 10/2009

WAIVER SUPPLIES, CONT'D.

- The case manager must have a written physician's order on file within the recipient's record, and that order must be renewed at least every 12 months.
- The case manager must consider the supplies to be of sufficient quality to provide for the intended use
- Waiver supplies must be approved on the Plan of Care
- The case management agency bills Medicaid for these items.

NC DMA 10/2009

The written prescription need not be routinely submitted to DMA, but should be maintained in your case management files and produced for DMA if requested.

HOME MODIFICATIONS

- Code S5165
- Items manually priced, up to \$1500 per fiscal year (July 1 – June 30) is allowed
- Provided to adapt the home environment to help overcome functional limitations, therefore giving the client mobility, safety, and independence in the home.

NC DMA 10/2009

\$1500 per year is the maximum allowed. If the entire \$1500 does not fit in the child's budget, the child can only receive up to what fits in the budget.

Whatever amount of money is unused as of June 30 is lost; as of July 1, everyone starts over again with a new \$1500 (or amount allowed by the budget).

The \$1500 is not prorated. If a child comes onto CAP/C on June 1, that child can spend the entire \$1500 that month (provided it fits in the budget). He or she will get a new \$1500 on July 1 to spend over the following year.

HOME MODIFICATIONS, CONT'D.

- **Stationary wheelchair ramps**

portable ramps are not covered as they do not meet building codes

- **Safety rails**

- **Grab bars**

- **Widening of doorways for wheelchair access for the client**

NC DMA 10/2009

Home modifications not listed above are not covered. Some home modifications may be available through EPSDT.

HOME MODIFICATIONS, CONT'D.

- The case management agency bills Medicaid for these items
- Construction and installation must be completed in accordance with state and local building codes

NC DMA 10/2009

Providers of home modifications; i.e., a contractor who is widening doorways, have no Medicaid provider number, and therefore no way to bill Medicaid. The case management agency must pay the contractor and then get reimbursed by Medicaid. Modifications must be done in accordance with building codes as part of our assurance of health, safety, and well-being of the recipient.

RESPIRE SERVICES

- In-home nurse aide respite

S5150, \$14.16/hour

- In-home nurse respite

T1005, \$36.72/hour

- Institutional respite

H0045, \$211.20/day

NC DMA 10/2009

RESPITE SERVICES, CONT'D.

The maximum number of respite hours available to each patient (provided that it fits in the patient's budget) each fiscal year (July 1 – June 30) is determined by the number of hours of formal support they receive per week.

Each day of institutional respite counts as 24 hours against the limit.

Hours of Formal Support Provided Each Week	Hours of Respite Available Each Fiscal Year
0-30	720
31-60	540
61-90	360
91 or more	180

NC DMA 10/2009

There is a worksheet available (for your optional use) on the web at <http://www.dhhs.state.nc.us/dma/forms.html#prov> that can assist you with tracking the respite hours used and available.

Respite hours do not “carry over” from one fiscal year to the next. On June 30 of each year, any unused respite hours are lost. As of July 1 of each year, everyone starts over again with a new 720, 540, 360, or 180 hours as applicable.

Respite may be used on a routine basis; i.e., every Saturday evening for the parents to go out.

Respite hours are not prorated by Medicaid over the fiscal year. If a child comes onto CAP/C on June 1, they technically have 720 hours of respite available to them that month (provided it fits in the budget and is in accordance with other CAP/C regulations).

RESPIRE SERVICES, CONT'D.

- Respite services are provided to meet the needs of the caregiver. It is intended to be leisure time for the caregiver.
- It is available to be taken and placed on the budget as needed, or you can budget the annual allotment to be used as desired.
- Extra time that is not for leisure activities for the caregiver should be counted as short-term-intensive hours. Examples include family emergencies, unusual/intermittent work obligations, or temporary increased medical needs of the child.

NC DMA 10/2009

All other CAP/C services are based on the specific unmet medical/nursing needs of the child. We can not take into account the needs or preferences of the parents, siblings, or anyone except the child. Respite allows us to take the rest of the family into account. Respite can be used for things such as going out to dinner, spending some time dedicated with the siblings, or going away for a weekend. It is acceptable for respite to occur on a regularly scheduled basis; i.e., the parents may use respite every Friday night to have a 'date night'.

Short-term-intensive services are for extra care needs related to non-leisure activities. Short-term-intensive hours are frequently used to provide nursing care when a child is off from school, but the parent must work. They are also used during times when a child temporarily needs more care, such as during an acute illness or after a hospitalization. Other circumstances, such as a death in the family, an overnight business trip, or illness of the caregiver, would be covered by short-term-intensive hours. Unlike the hour limit for respite, there is no limit to the number of short-term-intensive hours that a child can receive provided that they are necessary, fit in the budget, are approved on the plan of care.

Note that there are limits regarding the provision of 24 hr/day care for both respite and short-term-intensive hours. 24 hr/day care will only be approved for a maximum of two weeks. If 24 hr care needs to continue beyond that time, it may be approved by DMA for up to another 2 weeks. If 24hr/day care needs extend beyond that time, CAP/C can not meet those needs, and alternate arrangements, including placement in a hospital or nursing facility if necessary, should be considered.

SUMMARY

- CAP/C provides nursing services, nurse aide services, case management, waiver supplies, home modifications, and respite care. Other services provided to CAP/C children are not CAP/C services.
- CAP/C Nursing: T1000, \$36.72/hour, medically necessary, physician ordered, continuous, complex, substantial, actual tasks/not for monitoring, may accompany but not transport.

NC DMA 10/2009

SUMMARY, CONT'D.

- CAP/C Nurse Aide: S5125, \$14.16/hour; for help with ADLs due to a medical condition; may provide home management tasks secondary to ADLs; may accompany but not transport
- Waiver supplies: reusable incontinence undergarments with disposable liners, must have prescription on file, case management agency bills Medicaid

NC DMA 10/2009

SUMMARY, CONT'D.

- Home Modifications: S5165, max \$1500/fiscal year; stationary wheelchair ramps, safety rails, grab bars, widening of doorways for wheelchair access; must be done according to building codes; case management agency bills Medicaid
- Respite: in home or institutional; nurse or nurse aide; maximum determined by amount of regular formal support; for leisure activities of caregivers; short-term-intensive hours for non-leisure activities

NC DMA 10/2009

REVIEW QUESTIONS

Please make sure you can answer the following questions before proceeding to the next section.

1. The following service is NOT a CAP/C service.
 - A. nursing
 - B. case management
 - C. physical therapy
 - D. respite

2. True or False: CAP/C staff can drive a patient home from school if allowed by their agency policy and the parent.

3. True or False: A patient's mother can be the CAP/C nurse or nurse aide for her own child.

5. Nursing or nurse aide services may be authorized to
 - A. provide scheduled, hands-on care.
 - B. be there in case something happens.
 - C. provide care that would be developmentally appropriate for a healthy child of the same age.

6. True or False: Nurse aides may administer pre-filled and labeled medications if allowed by agency policy and part of the plan of care.

7. True or False: If there is not a nurse aide available to staff a case, you may use a nurse instead.

8. True or False: Disposable diapers such as Pampers or Huggies are not a waiver supply.

9. Which of the following home modifications is NOT allowed under CAP/C?
 - A. wheelchair ramp
 - B. stair lift
 - C. widened doorways
 - D. grab bars

REVIEW QUESTIONS CONTINUED

10. List the three types of respite available under CAP/C.

11. Explain the difference between respite hours and short-term-intensive hours.

REVIEW ANSWERS

1. C. Physical, speech, occupational, and respiratory therapy are regular Medicaid services.
2. False. Staff may accompany a child while someone else drives, but they may never drive.
3. False. Family members including parents, grandparents, and siblings, including step-and in-law relationships may not be the paid CAP/C caregiver. CAP/C exists to assist parents with the responsibility of caring for their child by supplementing their care; it cannot assume normal parental responsibility.
4. B.
5. True. However, they may not administer as-needed medications.
6. False. The care provided must not exceed the scope of practice needed by the patient.
7. True. They are a regular Medicaid supply.
8. mouth; feeding tube
9. B. A stair lift, although a home modification, is not covered under the CAP/C waiver.
10. In-home nurse; in-home aide; institutional
11. Respite hours are for when extra time is needed to accommodate leisure activities of the caregiver. Short-term-intensive hours are extra hours that are used to accommodate non-leisure activities.