Consumer-Direction Education & Enrichment

An Overview for Beneficiaries & Families

2018

Training Objective

To gain required skills and knowledge to direct care using supports from the Community Alternatives Program.

Consumer-direction is a service delivery model that allows the Community Alternatives Program (CAP) beneficiary or his/her representative to have more choice and control over select waiver services by filling the role of employer.

Benefits of Consumer-Direction

Choice/ Control
- Freedom to create a care plan that meets needs
- Choice to hire individual(s) who meet needs
- Control to set pay rate for employee(s) [within Medicaid guidelines]

Support/ Guidance
- Professional support to assist with processes
- Guidance to empower sound decisions
- Assistance in completing criminal history record and health registry checks

Financial Advice
- Assistance in managing payroll
- Guidance in managing a program budget
- Guidance in understanding IRS & DOL

Participation Requirements

The consumer-directed model of care is available to all waiver participants who meet the following requirements:

1. Express a desire to consumer-direct

2. Understand rights and accept responsibilities of directing care
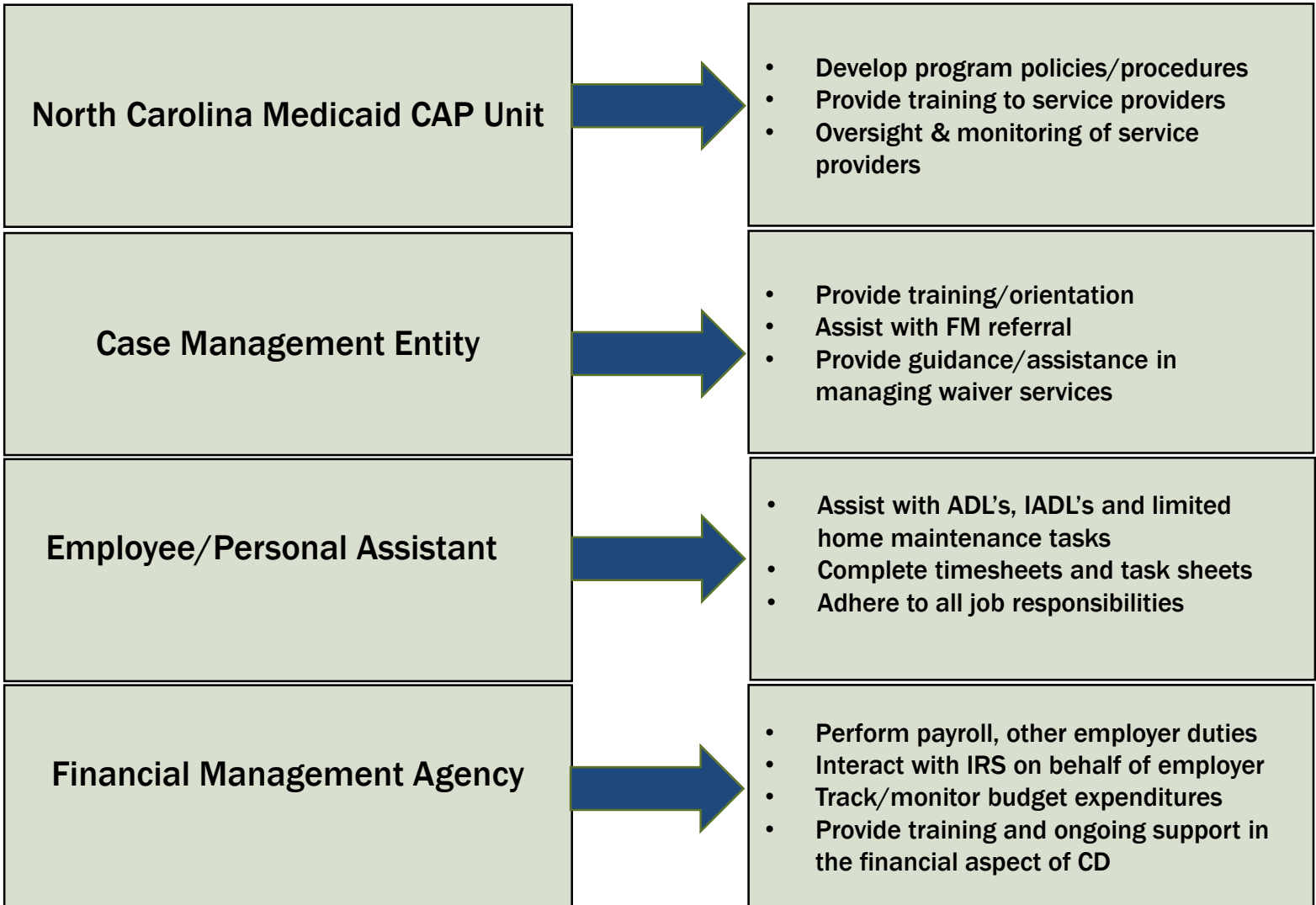
3. Be willing and capable to assume responsibilities of an employer to caregiver(s)

4. Complete self-assessment questionnaire indicating readiness/willingness to direct care

Enrollment Process

1. Orientation & training

2. Employer & employee enrollment

3. Service plan development & implementation

Key Player Roles

North Carolina Medicaid CAP Unit	• Develop program policies/procedures • Provide training to service providers • Oversight & monitoring of service providers
Case Management Entity	• Provide training/orientation • Assist with FM referral • Provide guidance/assistance in managing waiver services
Employee/Personal Assistant	• Assist with ADL's, IADL's and limited home maintenance tasks • Complete timesheets and task sheets • Adhere to all job responsibilities
Financial Management Agency	• Perform payroll, other employer duties • Interact with IRS on behalf of employer • Track/monitor budget expenditures • Provide training and ongoing support in the financial aspect of CD

Employer's Responsibilities

Recruit employee(s)

Manage employee(s)

Develop employee job description

Verify employee(s) skill set

Complete employee(s) performance evaluation

Terminate employee(s)

Set and manage employee(s) schedule

Ensure employee(s) works within approved budgeted hours

Approve timesheets

Maintain record of task completed

Investigate payroll matters

Participate in initial orientation and annual training sessions

Maintain regular contact with support agencies by:

1. Participating in monthly and quarterly work performance meetings

2. Complete required actions for employee changes (i.e. pay rate changes, termination)

Lead the person-centered plan of care development

Develop a reliable back-up plan to ensure coverage when employees are not available and/or scheduling conflicts occur

Sign and comply with Beneficiary Rights and Responsibilities Form

Self-assessment Questionnaire

Identifies readiness and willingness to self-direct:

- Determines if consumer-direction is the right fit

- Identifies total care needs of the beneficiary

- Assists in the development of a plan of care and task list

- Identifies if availability of time is sufficient to commit to the tasks required to be an employer

- Identifies network to ensure availability of potential employee(s)

- Determines training needs for the employee(s) as well as the individual who is directing care

Competency Validation Requirements:

- Completed for all employees prior to beginning work

- Must identify employee's ability to complete required tasks

- Identifies training needs of employee

- Must be completed annually at reassessment to ensure employee maintains skills required to address beneficiary's changing needs

Plan of Care

A person-centered plan of care (POC) is a document created after a comprehensive assessment to identify goals, objectives, and services that will meet the needs of the beneficiary.

Services listed on the POC include:

- Type

- Provider name

- Amount

- Duration

- Frequency

Task List

A task list is a document that details the services that shall be provided by the employee(s).

Consider the following when developing a task list:

- Are the tasks related to the beneficiary's health care needs?

- Are the tasks specific and detailed?

- Does the task list include time frames of when the tasks should be performed?

- Are the tasks documented in a manner that can be followed by the employee and/or back-up employee?

Consumer-directable services:

CAP/C

Procedure Code	Description	Medicaid Maximum Allowable
T2027	Personal care Assistance	$15.60
S5150	Personal Care Assistance Respite	$15.60
T1019	Pediatric Personal Care	$18.60
T1004	Pediatric Personal Care Respite	$18.60

CAP/DA

Procedure Code	Description	Medicaid Maximum Allowable
S5135	Personal care Assistance	$13.88
S5150	Personal Care Assistance Respite	$13.88

Employee Recruitment

Minimum employment requirements:
- 18 years of age or older
- U.S. citizen or legally authorized to work in the U.S.
- CPR certified (CAP/C only)

Employment restrictions:
- Parent of a beneficiary 0-17 years old
- POA, guardian, or representative
- Convictions listed on the criminal history ban list or the health care registry (see list in supplemental documents)

Employee Hiring Process

Creating a job description	Resources	Interviewing
• List job type • Describe job position • List responsibilities • Describe special care needs • List required knowledge and experience • List required training and/or certification	• Job boards • Word of mouth • Family/friends • Support groups • Current agency referrals • Social media • Local community colleges/universities	• Create a list of questions • Determine the time needed • Explain the position • Make the interview a conversation • Request demonstrations

Medicaid Fraud

The intentional providing of false information to Medicaid to pay for medical care or services.

Examples of fraud, waste, and abuse:

- Recording work hours on timesheet that were not worked

- Knowingly approving incorrect timesheets

- Providing medically unnecessary services

- Allowing unauthorized individuals to provide services

Program Integrity

Protect the integrity of the Medicaid program

- Prevent
- Identify, and
- Investigate potential fraud, waste, and abuse

Suspected incidents of fraud, waste,
and abuse must be reported
immediately to:
Medicaid fraud, waste, and program
abuse tip-line:
1-877-DMA-TIP1 (1-877-362-8471)

When concerns are identified, the case management agency will work with the beneficiary/employer to identify the best action to resolve concerns through a corrective action plan.

Important Facts

CD allows more choice and control

Self-assessment questionnaire is necessary tool

Employee must meet eligibility criteria prior to work

Suspected cases of Medicaid fraud must be reported immediately.

Beneficiary must meet eligibility criteria prior to enrollment

Resources and supports are available to assist beneficiary

Financial agency helps ensure costs remain within budget limits

Corrective action will be applied prior to removing CD as an option

Supplemental Information

- Acronym list

- Enrollment process

- Employee criminal history ban list

- Areas of concern

- Resources

Acronyms

ADL's   – Activities of Daily Living

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

DOL   – Department of Labor

FM   – Financial manager

IADL's   – Instrumental Activities of Daily Living

IRS   – Internal Revenue Services

POA   – Power of attorney

POC   – Plan of care

Enrollment Process

1. **Orientation & training**
   - Training provided by case management entity
   - Self-assessment completion

2. **Employer & employee enrollment**
   - Employee recruitment
   - Financial management enrollment meeting

3. **Service plan development & implementation**
   - POC development
   - NC Medicaid approval
   - Service authorizations to select providers

Employee Criminal History Ban List

- Felonies related to manufacture, distribution, prescription, or dispensing of a controlled
  substance
- Felony health care fraud
- More than one felony conviction
- Felony for abuse, neglect, assault, battery,
  criminal sexual conduct (1st, 2nd, 3rd degree), fraud/theft against minor or
  vulnerable adult
- Felony or misdemeanor patient abuse
- Felony or misdemeanor involving cruelty or torture
- Misdemeanor healthcare fraud
- Misdemeanor for abuse, neglect, or exploitation of a minor or disabled adult
- Substantiated allegation of abuse, neglect or exploitation listed with the NC Health
  Care Registry
- Any substantiated allegation listed with the NC Health Care Registry that would
  prohibit one from working in the health care field in the state of NC

Areas of Concern

- Misuse of Medicaid dollars

- Repeated unapproved expenses (i.e. authorizing work outside of approved hours)

- Inability to recruit, hire and maintain an employee(s) to meet beneficiary health care needs as outlined in a comprehensive assessment

- Repeated failure to report critical incidents to care advisor *(incidents that have the potential to impact the health, safety, and well-being of the beneficiary)*

- Failure to gain the required competencies for self, representative, or employee

- Immediate health and safety concern

- No approved representative available when deemed necessary

- Refusal to accept the necessary care advisement and training when deemed necessary

- Refusal to allow care advisor to monitor services

- Refusal to participate in mandatory monthly and quarterly monitoring requirements

- Non-compliance with supports: Financial Management Agency, NC Medicaid or case management agency

- Inability or refusal to comply with the approved service plan or waiver requirements

Resources

- CAP/C Clinical Coverage Policy 3K-1
- CAP/DA Clinical Coverage Policy 3K-2
- Consumer-Direction Instructional and Technical Guide

- CAP/C website
https://dma.ncdhhs.gov/providers/programs-services/long-term-care/community-alternatives-program-for-children

- CAP/DA website
https://dma.ncdhhs.gov/providers/programs-services/long-term-care/community-alternatives-program-for-disabled-adults

- Financial Management Services Agencies
  Outreach Health   GT Independence
  outreach.com   gtindependence.com
  1-800-793-0081   1-877-659-4500