



# Providing Structured Family Caregiving through the Health & Wellness and Traumatic Brain Injury waivers

Bureau of Disabilities Services



# Structured Family Caregiving Defined

- Defined as a caregiving arrangement in which a waiver participant of any age lives with a principal caregiver who provides daily unskilled care and support to the participant based on daily care needs.
- The goal of Structured Family Caregiving is to provide necessary care while emphasizing the participant's independence in a home environment that will provide the participant with a range of care options as the needs of the participant changes.
- An individual with a skilled need is not precluded from accessing the service of SFC but the principal caregiver can not be reimbursed for providing skilled care under SFC.

# Structured Family Caregiving Defined - continued

- The person responsible for providing day-to-day support (principal caregiver) may be a non-family member or a family member who lives with the participant in a private home. The family member may be the parent of the minor child or spouse, also known as legally responsible individual.
- Structured Family Caregiving preserves the dignity, self-respect and privacy of the participant by ensuring high quality care in a non-institutional setting.





# Provider Requirements

- Structured Family Caregiving agencies (provider agencies) are the Medicaid Provider of this service and are responsible for identifying principal caregivers and substitute caregivers as needed, assessing the home setting, and providing ongoing oversight and support.
- SFC Provider must conduct a minimum of at least two visits within two quarters of the service plan year.
  - Additional home visits and ongoing communication with the principal caregiver is based on the assessed needs of the participant and the caregiver.
  - Conducted by a registered nurse and/or a caregiver coach as determined by the person-centered plan of care.
- The use of the separate service of caregiver coaching is not allowable for individuals who are accessing structured family caregiving.



# Provider Requirements (continued)

- Principal caregivers must receive a minimum of 8 hours in person annual training that reflects the participant's and principal caregiver's assessed needs.
  - Training may be delivered during quarterly home visits, or in another manner that is flexible and meaningful for the caregiver.
- The Provider agency must make a substitute caregiver available to allow opportunities for primary caregiver wellness and skill development, up to 15 days per year.
- Provider agencies must work with participants and principal caregivers to establish backup plans for emergencies and other times when the principal caregiver is unable to provide care.
- Provider agencies must capture daily notes that are completed by the principal caregiver in an electronic format and use that information to monitor participant health and provide support.
  - Agency provider must make notes available to waiver care managers and the State, when requested.

# Levels of Service

There are three service levels of structured family caregiving each with a unique rate. The applicable rate is determined through completion of the Structured Family Care Level of Service Assessment (SFC LOS Assessment).

Care Managers complete this assessment at least annually to accurately reflect the relative support need of the individual. The SFC LOS Score determines the reimbursement rate to be utilized in the participant's next service plan.



# Provider Documentation Requirements

- Training outlined in the service plan that provider agency will provide to principal caregiver.
- Back up plan for emergencies and other times when the principal caregiver is unable to provide care
- Provision of substitute caregiver available to allow opportunities for primary caregiver wellness and skill development, up to 15 days per year
- Electronic caregiver notes of the participant's status, and updates in the participant's health status, behaviors and participation in community-based activities, or other reportable events.
- Medication management records, if applicable.



# Care Management Documentation Requirements

- Identified need for Structured Family Caregiving in the service plan.
- Services outlined in the service plan performed by the principal caregiver.
- Caregiver assessment findings.
- Must provide the completed person-centered service plan and Caregiver Assessment to the Structured Family Caregiving provider.







# Activities Allowed

- Services provided by a principal caregiver who is the spouse of the participant or the parent of the minor participant.
- Home and Community Assistance care services related to needed IADLs.
- Attendance Care Services related to needed ADLs.
- Medication oversight
- Escorting for necessary appointments
- Appointments and community activities that are therapeutic or assist with maintaining natural supports
- Other appropriate supports as described in the individual's service plan

***SFC recipients can receive other services in the course of a day where some portion of the day SFC is being delivered.***

# Activities Not Allowed

- Separate payment will not be made for the following:
  - Home and Community Assistance
  - Attendant Care
  - Assisted Living
  - Adult Family Care





# Billing Guidelines

- Structured Family Caregiving is not currently a service subject to Electronic Visit Verification (EVV)
- SFC is approved through a daily reimbursement rate. Providers are responsible for developing policies and procedures for principal caregiver reimbursement and service delivery that are compliant with HCBS and Medicaid rules.
- All billing should occur based upon documented delivery of service



# Anti-Kickback Statute

**[42 U.S.C. § 1320a-7b(b)]**

The AKS is a criminal law that prohibits the knowing and willful payment of "remuneration" to induce or reward patient referrals or the generation of business involving any item or service payable by the Federal health care programs (e.g., drugs, supplies, or health care services for Medicare or Medicaid patients). Remuneration includes anything of value and can take many forms besides cash, such as free rent, expensive hotel stays and meals, and excessive compensation for medical directorships or consultancies.

**In some industries, it is acceptable to reward those who refer business to you. However, in the Federal health care programs, paying for referrals is a crime.**



# How to Stay Up to Date

## Indiana Health Coverage Programs (IHCP) Bulletins

<https://www.in.gov/medicaid/providers/provider-references/bulletins-banner-pages-and-reference-modules/ihcp-bulletins/>

## DDRS Webpage and Announcements

<https://www.in.gov/fssa/ddrs/index.html>

## DDRS HCBS Provider Module

<https://www.in.gov/medicaid/providers/files/modules/ddrs-hcbs-waivers.pdf>