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Structured Family Caregiving and Home Health Services Frequently Asked Questions

Home Health Services include skilled nursing, skilled therapies (such as physical therapy, occupational therapy and speech-language pathology) and home health aide services (such as support for bathing, feeding and mobility). These services are available to anyone who receives Medicaid and has a medical need for these services.

While some Home Health Services are similar to services available through your Medicaid waiver, the process for getting these services is somewhat different. Waiver services can only be accessed once you have exhausted all other available support. It is important that you, as a waiver participant, know how to request and access Home Health Services if they could be used to help meet your needs.

This FAQ is intended to provide general answers to questions we have frequently received. For more details on Home Health Services please see the [Home Health Services IHCP Provider Reference Module](#).

- What changes do you plan to make to the Home Health Module of the Medicaid Medical Policy Manual, and how have stakeholders and participants been involved in formulating the changes? Does CMS have to approve the changes? Is there a public comment period? Do you plan to enforce this before the policy manual is changed?
 - The Home Health Reference Module, along with all IHCP reference modules, are updated on at least an annual basis to reflect current federally approved services, guidelines, policy and expectations for approved Medicaid providers. The reference modules do not require public input or federal approval before publication. The current Home Health Services module is currently being reviewed for any necessary edits or clarifications. When an update is released, an announcement will be made.



- Will waiver service hours be reduced when PA home health is approved? If so, will that be proportionate (if approved for 8 hours of PA a day, ATTC or something else reduced by 8 hours per day)? What if someone cannot get the PA hours filled?
 - The number of hours approved for ATTC are based upon the individual's assessed need and access to entitlement services.

- What considerations are given to families with immunocompromised members that cannot have outside help come into the home for HHA and choose to do SFC? Can PA HHA be declined due to immune concerns and still receive SFC? Will there be a "person-centered" option for when an unknown and ever-changing person coming into your home is not a safe or viable option?
 - A waiver recipient can be authorized to receive Structured Family Caregiving and PA for Home Health. Structure Family Caregiving is defined as a caregiving arrangement in which a participant lives with a principal caregiver who provides daily care and support to the participant based on daily care needs which is reimbursed as a daily rate. PA is not a requirement for accessing SFC. To maximize support options, we encourage utilization of all resources. If an individual qualifies for HH and SFC, that person could potentially receive more support without duplication of services.

- How will this affect the fact that we have to apply for PA hours in order to qualify for SFC? Can we start SFC at any time without having HHA in place yet?
 - PA is not a requirement for accessing SFC. Structured Family Caregiving is a service that is available to all individuals accessing the Health & Wellness and Traumatic Brain Injury waivers. Individuals who are utilizing SFC have access to Medicaid state plan services.

- Will utilizing case management through the waiver be enough to keep the waiver?
 - Yes. Individuals must access one service on a monthly basis to maintain their waiver. Case management is the only required service on the waiver.

- Can a significant other (not married to LRI) do SFC?
 - Yes. There are no restrictions to relationships of LRI and non-LRI to be a paid caregiver of SFC.

- How many hours are required per day to be eligible for SFC?
 - SFC is a daily per diem rate therefore FSSA has not instituted an hourly requirement.

- Does SFC require CPR certification and TB testing?
 - Yes. To be approved as a paid caregiver the certified Medicaid provider agency is responsible for ensuring that employees meet the requirements outlined in Indiana Administrative Code, which include CPR certification and TB testing.

- How difficult will it be to switch SFC providers now that plans have been submitted?
 - Individuals accessing waiver services have the ability to choose and change the provider of any service at any time. The process to do so has not changed.

- How many kids can a parent provide SFC for?
 - Individuals who meet eligibility requirements for waiver services have access to the services available via their approved person-centered plan. The service standards do not limit the number of children in one household who can access waiver services.

- How many kids can a parent provide HHA for?
 - Home health services are approved based upon the criteria outlined in the home health module. Paid caregivers must follow Medicaid regulations on the delivery of services.

- Who will ultimately enforce these guidelines? CMs? Agencies? FSSA?
 - Everyone has a responsibility to ensure compliance which includes FSSA, CMs, provider agencies, individuals and their families. All services are subject to current audit procedures outlined in the approved waivers.

- How will FSSA know if one person is delivering both HHA and SFC if the CM and agencies don't know these guidelines and don't inform the caregiver?
 - As a certified Medicaid provider, the agency is responsible for knowing and following all guidelines for service provision.

- Are there any situations in which a caregiver would have to pay back money paid to them?
 - In situations where the certified Medicaid provider agency is found to be non-compliant, FSSA will take action against the provider agency and hold them accountable for coming into compliance. Individuals and paid caregivers who knowingly and willingly misrepresent themselves and their situation may be held liable.

- If a caregiver decides to provide HHA instead of SFC, could a waiver recipient utilize another waiver service, such as meals, and still maintain their waiver eligibility?
 - Yes

- Will changing the primary caregiver cause a redetermination of tier level?
 - No. The level of service assessment for Structured Family Caregiving is completed upon entry to the service, annually, and upon request due to a change in the person's condition.

- If a recipient is unable to keep the H&W waiver due to the new requirements, will expedited approval be provided for families back to the FSW if the recipient qualifies?
 - Individuals who are actively receiving services on the Health & Wellness waiver and no longer meet Nursing Facility level of care can be considered for priority criteria for the Family Support Waiver if they meet eligibility requirements for ICF/IDD level of care.

- If the recipient gets discharged from their PA agency due to lack of staffing, will it impact the waiver recipient's eligibility for SFC?
 - No

- Given that CMs and agencies were misinforming families on who can deliver SFC alongside PA hours, can families be provided a grace period to align with these guidelines?
 - No