

PROVIDER BULLETIN

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Structured Family Caregiving Waiver

Applies to: HCBS Providers

Effective date: July 1, 2021

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Structured Family Caregiving Waiver

Effective July 1, 2021, the MO HealthNet Division (MHD) along with the Department of Health and Senior Services, Division of Senior and Disability Services (DSDS) implemented the Structured Family Caregiving Waiver (SFCW). The SFCW was developed to provide an option for individuals ages 21 and older diagnosed with Alzheimer's or a related disorder who wish to live at home in the community and would otherwise require institutionalization in a nursing facility to remain in the community. This waiver is unique in that it requires both the primary caregiver and participant to reside in the same home, whether it be the private home of the primary caregiver or the participant. Furthermore, the primary and substitute caregivers may be a non-family member, a family member or a legal guardian, which would include the spouse.

Eligibility

All SFCW participants must meet the following eligibility criteria:

- Initial entry into the SFCW is limited to individuals 21 years of age and over;
- Diagnosed with Alzheimer's or a related disorder, as defined by state statute 172.800 RSMo, by a physician licensed in the State of Missouri;
- The participant and primary caregiver must reside full time in the same household;
- Established backup plan: A qualified substitute caregiver familiar with the participant's needs, chosen by the participant or legal guardian and employed by the provider, must be identified and available to provide services at times when the primary caregiver is not available;
- Require Nursing Facility Level of Care (LOC);
- Have an appropriate Medicaid Eligibility (ME) code; and
- Be in active Medicaid status.

Services

SFCW services are inclusive of all homemaker and attendant care services outlined in the participant's plan of care. Allowable activities include: homemaker and attendant care services related to activities of daily living (ADLs) medication oversight (to the extent permitted under State law), escorting to necessary appointments such as doctor appointments and community activities that are therapeutic in nature or assist with maintaining natural supports, and/or supportive and health-related attendant and homemaker services that substitute for the absence, loss, diminution or impairment of a physical or cognitive function. SFCW services also includes a qualified substitute caregiver chosen by the participant and employed by the provider agency to provide services at times when the paid primary caregiver is not available. There shall be one caregiver providing services to one participant.

Since SFCW services are provided in a private residence, the participant will maintain all of the rights, dignity and qualities of living in a private residence including privacy, comfortable surroundings, and the opportunity to modify one's living area to suit one's individual preferences. The goal of this service is to provide necessary care while fostering and 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 change. The goal is reached through a cooperative relationship between the participant (or the participant's legal guardian), the primary and substitute caregivers, and the provider agency. Participant needs shall be addressed in a manner that support and enable the individual to maximize abilities to function at the highest level of independence possible, while primary and substitute caregivers receive initial and ongoing support in order to provide high quality care.

Reimbursement

The procedure code identified for SFCW services is S5126 HB, which providers will bill as a daily rate. As defined by state statute 208.896 RSMo, the SFCW unit of service is one day, which equals a 24-hour period of time. The per diem unit rate is based upon 60% of the nursing facility daily rate. The in-home services provider may retain no more than 35% of the SFCW unit rate. The in-home provider must pay the primary caregiver and substitute caregiver for services rendered.

The SFCW unit of service will be inclusive of all in-home services outlined in the participant's plan of care. The participant must be eligible for MO HealthNet coverage on each date of service in order for reimbursement to be made to the provider. This is a requirement even when the service has been prior authorized. It is the responsibility of the provider to verify eligibility by contacting the MHD interactive voice response (IVR) system at (573) 751-2896 or online at www.emomed.com.

Provider Requirements

Providers must be a current MHD-enrolled in-home services personal care provider and submit a Personal Care SFCW Addendum to the Missouri Medicaid Audit (MMAC) and Compliance Contracts Unit in order to provide SFCW services. This addendum is available on MMAC's Provider Contracts Unit Forms webpage at: <https://mmac.mo.gov/providers/provider-enrollment/home-and-community-based-services/provider-contracts-forms/>. Services cannot be provided by residential care or assisted living facility providers.

Prior to the start of services and during the development of the person-centered plan of care, the home settings shall be assessed by provider agency staff whom meet at least the minimum requirements of a licensed practical nurse in good standing with the State of Missouri. The licensed practical nurse shall determine if caregivers are properly qualified to meet the participant's needs during the person-centered care planning process. After services are initiated, provider agency staff whom meet at least the minimum requirements of a licensed practical nurse must conduct, at a minimum, monthly home visits. The need for additional home visits and ongoing communication with the primary and substitute caregivers will be based on the assessed needs of the participant and the primary and substitute caregivers. The provider agency must capture daily notes that are completed by the primary and substitute caregivers in an electronic format, and use the information collected to monitor participant health and caregiver support needs. Upon request, the agency provider must make such notes available to the State. The specific needs for SFCW services must be reflected in the participant's Person-Centered Care Plan (PCCP). Agency providers develop, implement, and provide ongoing management and support of a PCCP that addresses the participant's level of service needs.

Providers are to provide primary and substitute caregivers with a minimum of 8 hours annual training regarding the participant's assessed needs. Training may be delivered during monthly home visits, through secure electronic communication methods, or in another manner that is flexible and meaningful for the primary and substitute caregivers. Agency providers must work with participants and primary and substitute caregivers to establish backup plans for emergencies and other times when the primary caregiver is unable to provide care. Paid services must be provided by a qualified substitute caregiver familiar with the participant's needs during those times when the primary caregiver is absent from the home or otherwise cannot provide the necessary level of care. Employees of agency providers who provide medication oversight must receive necessary instruction from a doctor, nurse, or pharmacist regarding medications prescribed to the participant. Documentation to support services rendered include participant's status and changes in health or behaviors, participant's participation in community-based activities or other reportable events, medication management records to understand changes in health status and better communicate changes with participant's doctors and medical professionals, home visits conducted by provider agency staff, education and skills training conducted with the primary and substitute caregivers, communication with other service providers and healthcare professionals, and records of all qualified caregivers including qualified substitute caregivers.

For more information regarding this waiver, including a copy of the waiver application, go to the following link: <https://dss.mo.gov/mhd/waivers/1915c-home-and-community-waivers/structured-family-caregiving-waiver.htm>

Provider Bulletins are available on the MO HealthNet Division (MHD) website at <http://dss.mo.gov/mhd/providers/pages/bulletins.htm>. Bulletins will remain on the Provider Bulletins page only until incorporated into the [provider manuals](#) as appropriate, then moved to the Archived Bulletin page.

MO HealthNet News: Providers and other interested parties are urged to go to the MHD website at <http://dss.mo.gov/mhd/> to subscribe to the electronic mailing list to receive automatic notifications of provider bulletins, provider manual updates, and other official MO HealthNet communications via E-mail.

The information contained in this bulletin applies to coverage for:

- MO HealthNet Fee-for-Service

Questions regarding MO HealthNet Managed Care benefits should be directed to the patient's MO HealthNet Managed Care health plan. Before delivering a service, please check the patient's eligibility status by swiping the MO HealthNet card or by calling the Provider Communications Interactive Voice Response (IVR) System at 573-751-2896 and using Option One for the MO HealthNet ID card.

Provider Communications Hotline
573-751-2896