



#### INTRODUCTION

The Structured Family Caregiving Waiver (SFCW) is a Home and Community Based Services (HCBS) waiver service offered through the Division of Senior and Disability Services (DSDS) available to participants with a diagnosis of Alzheimer's disease or related dementia disorders. The goal of the SFCW is to provide necessary care to participants in a home environment by fostering their independence while preserving dignity, self-respect, and privacy in a non-institutional setting.

#### PURPOSE

SFCW is designed to provide long-term care and services by a primary caregiver in the participant's or primary caregiver's home and community. Participant needs shall be addressed in a manner that supports and enables the individual to maximize their ability to function at the highest level of independence possible. The participant's needs are met by a cooperative relationship between the participant and/or legal guardian, the primary and substitute caregivers, and the SFCW provider.

The participant's right of self-determination shall be sought and respected throughout the Person-Centered Care Planning (PCCP) process and delivery of the SFCW. The participant shall participate and approve of the services being delivered, or when appropriate, the legal guardian may communicate this approval.

#### ELIGIBILITY

All SFCW participants must meet the following eligibility criteria:

- Be 21 years of age and over at initial entry
- Diagnosed with Alzheimer's or related dementia disorders as defined by state statute [172.800 RSMo.](#) by a licensed health care professional
- Reside full-time in the same household as the primary caregiver
- Have an 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.
- The primary and substitute caregivers may be a non-family member or a family member which may include immediate family members, spouse or legal guardian
- Meet Nursing Facility Level of Care (LOC)
- Have an appropriate [Medicaid Eligibility \(ME\)](#) code
- Be in active [Medicaid status](#)

- Participants eligible for Medicaid on a spenddown basis may be authorized to receive SFCW during periods when spenddown liability is met.
- When the participant has not met their monthly spenddown liability amount, the participant and provider may make a private arrangement for the continued delivery of services. In these instances, the participant is responsible for the cost of services received.
- Authorization of the SFCW does not meet the requirements for an individual to be eligible for Home and Community Based (HCB) Medicaid.
- Participants in a 'Transfer of Property penalty' may be eligible for Medicaid funded SFCW
- Participants who receive Medicaid due to eligibility for Blind Pension (BP) are not eligible for the SFCW.

### **RESTRICTIONS**

The SFCW has the following restrictions:

- Must not reside in a facility of any kind, group home, or boarding home
- Must not be enrolled in any other HCBS state plan or waiver service, regardless of which state agency administers the waiver
- The hiring of more than one primary caregiver is not allowed

### **LIMITATIONS AND WAITLIST**

The SFCW is limited to a specific number of unduplicated participants during any waiver year.

- The SFCW year runs from July 1 of each year through June 30 of the following year.
- If a participant leaves the SFCW during a waiver year for any reason, the slot remains occupied for the duration of the waiver year.
- In the event all slots are filled during a waiver year, individuals will be enrolled based upon the earliest date of referral.

### **SERVICE DESCRIPTION**

Supportive and health-related attendant and homemaker services are provided when a person experiences loss, reduction, or impairment of a physical or cognitive function. The services help with essential daily needs, including both Instrumental Activities of Daily Living (IADLs) and Activities of Daily Living (ADLs) and consists of the following:

- Homemaker, which includes general household tasks such as cleaning and laundry
- Attendant care to assist with ADLs such as bathing, dressing, and other personal care tasks
- Medication oversight to manage medications and doses (to the extent permitted under State law)
- Escorting individuals to necessary appointments, whenever possible, such as taking them to doctor appointments and community activities that are therapeutic or assist with maintaining natural supports

### **PROCESS**

When requested, services available through the SFCW shall be discussed with the participant, their legal guardian, and anyone else the participant requests. DSDS staff shall confirm that the live-in caregiver who

is already providing care to the participant will be the primary caregiver delivering SFCW. DSDS staff shall then document the identity of the primary and substitute caregivers.

DSDS staff shall confirm the diagnosis that meets the criteria outlined by state statute 172.800 RSMo by contacting the licensed health care professional identified by the participant or legal guardian. If unable to reach by phone, DSDS staff shall utilize the [SFCW Diagnosis Verification form](#). DSDS staff shall upload the completed form upon receipt.

#### PROVIDER CHOICE

The SFCW provider is required to develop, implement, and provide a Person-Centered Care Plan (PCCP) that addresses the participant's needs and ensures the primary and substitute caregivers are properly qualified to meet the participant's needs.

The HCBS provider must be enrolled as a SFCW provider with the Department of Social Services (DSS), MO HealthNet Division, and Missouri Medicaid Audit and Compliance (MMAC) Unit. The SFCW provider is selected through the participant's choice and provider availability. A list of all qualified providers is available to the participant or legal guardian upon request, at reassessment, or anytime a provider change request is made.

#### APPROVAL

DSDS staff shall submit the request for SFCW to their supervisor for review. The supervisor shall review all requests for SFCW to ensure all steps are complete and the participant's unmet needs require the SFCW. If documentation supports the request, the supervisor shall forward the request to the Bureau of Federal Programs (BFP) for review prior to authorization of SFCW. Pending approval from BFP to authorize SFCW, the SFCW unit and provider selection may be entered in pending status in the participant's electronic case record.

BFP will review the SFCW request and, if necessary, request additional clarification or details.

- The supervisor will be notified if the request is not approved for any reason.
  - Denial of a request for SFCW enrollment requires an [adverse action](#). DSDS staff shall send a [Notice of Adverse Action](#) to the participant and/or legal guardian, which is subject to [appeal rights](#).
- Upon approval of a request, BFP will determine if a SFCW slot is available and notify the supervisor to enroll the participant.

#### AUTHORIZATION

The SFCW unit of service is one unit per day, which equals a 24-hour period. The per diem unit rate is based upon 60% of the nursing facility monthly rate. The SFCW unit shall never be authorized with any other HCBS.

The SFCW provider shall not receive more than 35% of the SFCW unit rate. The provider must pay the primary caregiver and substitute caregiver for services rendered.

**NOTE:** Participants receiving other HCBS or waiver services who wish to enroll in SFCW must have their existing services end-dated prior to the authorization of SFCW.