



# Structured Family Caregiver Waiver Request Checklist



**Purpose:** This document provides instruction on the content and process of Structured Family Caregiving Waiver requests. As an internal resource, this document shall not be uploaded to the electronic case record.

## Eligibility Criteria

*The following eligibility criteria must be verified before proceeding with the request(s):*

- ☐ Participant is aged 21 or older
- ☐ Participant has an appropriate ME code to receive HCBS as outlined in the Medicaid Codes policy (Policy 2.00, App 3)
- ☐ Participant has a confirmed Dementia diagnosis such as Alzheimer's or a related disorder ([see examples](#))
- ☐ Participant lives with the primary caregiver who has the responsibility of providing around the clock care for participant's health and welfare
- ☐ A substitute caregiver must be identified and documented in case notes
- ☐ The participant is not enrolled in any other waiver. Be sure to check CIMOR
- ☐ An assessment has been completed in the last 365 days
  - If a service extension was completed, coordinate with your supervisor to have an assessment completed before continuing with the request.
- ☐ An appropriate goal and back-up plan are present within the last 365 days
- ☐ A completed and signed Participant Choice Statement (HCBS-3) has been uploaded to the HCBS Web Tool within the last 365 days.

**NOTE:** As a reminder, when a participant chooses SFCW they no longer qualify for Home and Community Based Medicaid (HCB). Family Support Division shall be notified by submitting the IM-54a.

## Demographics

- ☐ Verify that the Marital Status/Living Arrangement drop-down selection in the electronic case record is correct and updated.

## Case Notes

- ☐ Should clearly reflect the diagnosis of the participant and how the diagnosis was confirmed.
- ☐ Should state who is the participant's primary caregiver and confirmation that the participant and primary caregiver reside together. Substitute caregiver shall also be noted.
- ☐ Should accurately reflect participant's overall current circumstances, vital information, and description of the changes to the health condition.
- ☐ If request is made at time of assessment, ensure the InterRAI HC is consistent with the description in case notes.
- ☐ Marital status, living arrangements, and other responsible party should be updated. If information has changed, note the changes in case notes.

## Send to Supervisor for Review

- ☐ Once all of the above is complete, staff shall send the worksheet(s) and this checklist to their immediate supervisor.
- ☐ Subject line of the email: Name DCN, SFCW Request



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## Supervisor Review

The supervisor shall complete a comprehensive review of the SFCW request and coordinate any needed changes with the staff.

At minimum, the supervisor shall review the following:

- ☐ Verify participant meets all eligibility criteria and staff has completed all items listed above
- ☐ Is there an assessment and a Participant Choice Statement within the past 365 days
- ☐ Are any major changes in the participants circumstances clearly documented in a case note?

## Supervisor Submits Request

- ☐ After reviewing the request, the supervisor will submit to [Waivers.LTSS@health.mo.gov](mailto:Waivers.LTSS@health.mo.gov)
  - Email subject line: Name, DCN, SFCW Request
  - CC the team member who completed the request

## BFP Reviews the Request

- ☐ BFP staff will conduct a brief review
- ☐ If necessary, BFP will request clarification and/or additional information.
  - Staff shall refer to this interaction with BFP as a "consultation was made" in case notes
  - Staff should not copy emails or enter quotation of the conversation in the electronic case record

## Approval and Authorization

Once BFP approves, BFP will email the staff and supervisor with a notification of approval, then:

- ☐ Document BFP approval in case notes
- ☐ Team member shall enter the authorization and ensure that all other services have been ended
- ☐ Team member shall email their supervisor and BFP with notification the care plan has been authorized
- ☐ BFP will review the authorization and communicate any needed changes to the supervisor