

Purpose

This document provides instruction on the content and process of Structured Family Caregiving Waiver (SFCW) 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:

- ☐ Participant is age 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 the participant's health and welfare.
- ☐ A substitute caregiver must be identified and documented in case notes.
- ☐ The participant cannot be enrolled in any other waiver. Be sure to check CIMOR
- ☐ An assessment has been completed in the last 365 days.
 - If a reauthorization was completed, coordinate with your supervisor to have a face to face assessment completed before continuing with the request.
- ☐ An appropriate goal and backup plan are present within the last 365 days.
- ☐ A completed and signed Participant Choice Statement (HCBS-3) has been uploaded to Fusion within the last 365 days.

NOTE: 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 Marital Status/Living Arrangement drop-down selection in the electronic case record is updated accurately.

Case Notes

- ☐ Should clearly reflect the diagnosis of the participant and how the diagnosis was confirmed.
- ☐ Should state who the participant's primary caregiver is and confirm 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.

Send to Supervisor for Review

- ☐ Once all the above is complete, staff shall send the HCBS-3a and/or HCBS-3c and this checklist to their immediate supervisor.
- ☐ Subject line of the email: Name, DCN, SFCW Request

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 have completed all items listed above.
- ☐ Confirm there is an assessment and a Participant Choice Statement within the past 365 days.
- ☐ Documentation clearly identifies any major changes in the participant's circumstances.

Supervisor Submits Request

- ☐ After reviewing the request, the supervisor will submit to Waivers.LTSS@health.mo.gov
 - o Email subject line: Name, DCN, SFCW Request
 - o 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.
 - o Staff shall refer to this interaction with BFP as a "consultation was made" in case notes.
 - o 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.