

STRUCTURED FAMILY CAREGIVING: WAIVER DIFFERENCES



Impact on Providers: Differences in waiver programs impact providers in service delivery, documentation, and personnel requirements. .

Service Levels and Rates

Health and Wellness/TBI Waiver:

Level 1	AFC/SFC LOS Assessment Score of 0-35	\$77.54/day
Level 2	AFC/SFC LOS Assessment Score of 36-60	\$99.71/day
Level 3	AFC/SFC LOS Assessment Score of 61+	\$133.44/day

CIH Waiver:

Level 1	ALGO Score 0 or 1	\$77.54/day
Level 2	ALGO Score of 2	\$99.71/day
Level 3	ALGO Score of 3, 4, 5, or 6	\$133.44/day

Provider Responsibilities

Health and Wellness Waiver

- Agencies must conduct a minimum of two quarterly home visits. Additional home visits and ongoing communication with the principal caregiver is based on the assessed needs of the participant and the principal caregiver.
- Home visits are conducted by a registered nurse and/or a caregiver coach as determined by a person-centered plan of care.
- Caregiver coach and nursing staff
 - Provider person-centered and age-appropriate support to the waiver individual and their primary caregivers as the caregiver assists the waiver individual with activities such as bathing, dressing, feeding, skin care, etc.
 - The caregiver coach and nursing staff serve as a resource for training on various relevant care needs and support strategies to primary caregivers based on assessed needs. The caregiver coach and nursing staff do NOT provide skilled care.
- Caregivers receive a minimum of eight hours in-person annual training that reflects the participant's and caregiver's assessed needs
- The Provider Agency must make a substitute caregiver available, up to 15 days per year
 - Provider determines how unskilled respite time is calculated (only used as a full day or ability to access hourly)

CIH Waiver

- The provider agency must conduct two visits per month to the home, one by a registered nurse or licensed practical nurse and one by a structured family caregiving home manager.
- The provider agency must keep daily notes that can be accessed by the State.
- Ten percent of the total per diem amount is intended for use by the provider for respite as needed. It is the provider's responsibility to approve any providers of respite chosen by the family or the individual
 - Respite service for the family caregiver must be offered and funding for respite service is included in the per diem paid to the service provider. The actual service of respite care may not be billed in addition to the per diem



Documentation Standards

Health and Wellness Waiver

- Documentation to support services rendered, including electronic caregiver notes that record and track the participant's status, updates or significant changes in their health status or behaviors, and participation in community-based activities and other notable or reportable events
- Medication management records, if applicable
- Documentation of home visits conducted by the RN and caregiver coach
- Documentation of education, skills training, and coaching conducted with the caregiver
- Documentation demonstrating collaboration and communication with other service providers and healthcare professionals
- The provider agency must capture daily notes that are completed by the family caregiver in an electronic format

CIH Waiver

- Documentation of training to family caregivers according to agency policies/procedures
- One entry per individual per week
- Monthly/quarterly reports must be uploaded to the document library of the state's case management system by the chosen provider on or before the 15th day of the following month
- Documentation by families must provide one dated entry per day detailing an issue concerning the individual. The entry should detail any outcome-oriented activities, tying those into measurable progress toward the individual's outcome
 - The entry should include any significant issues concerning the individual, including health and safety management, intellectual/developmental challenges and experiences aimed at increasing an individual's ability to live a lifestyle that is compatible with the individual's interest and abilities, Modification or improvement of functional skills, guidance and direction for social/emotional support, and/or facilitation of both the physical and social integration of an individual into typical family routines and rhythms

Personnel Requirements

Health and Wellness Waiver

- Provider and home must meet the requirements of the Indiana Adult Foster Care Service Provision and Certification Standards.
- DA approved
- 455 IAC 2 Becoming an approved provider; maintaining approval
- 455 IAC 2 Provider Qualifications: General Requirements
- 455 IAC 2 General requirements for direct care staff
- 455 IAC 2 Procedures for protecting individuals
- 455 IAC 2 Unusual occurrence; reporting
- 455 IAC 2 Transfer of individual's record upon change of provider
- 455 IAC 2 Notice of termination of services
- 455 IAC 2 Provider organizational chart
- 455 IAC 2 Collaboration and quality control
- 455 IAC 2 Data collection and reporting standards
- 455 IAC 2 Quality assurance and quality improvement system
- 455 IAC 2 Financial information
- 455 IAC 2 Liability insurance
- 455 IAC 2 Transportation of an individual
- 455 IAC 2 Documentation of qualifications
- 455 IAC 2 Maintenance of personnel records
- 455 IAC 2 Adoption of personnel policies
- 455 IAC 2 Operations manual
- 455 IAC 2 Maintenance of records of services provided
- 455 IAC 2 Individual's personal file; site of service delivery

CIH Waiver

- Enrolled as an active Medicaid provider
- Must be FSSA/DDRS-approved
- Must comply with Indiana Administrative Code, 460 IAC 6, including but not limited to:
- 460 IAC 6-10-5 Documentation of Criminal Histories,
- 460 IAC 6-12-1 and 460 IAC 6-12-2 Insurance,
- 460 IAC 6-11-1 to 460 IAC 6-11-3 Financial Status of Providers,
- 460 IAC 6-5-3 Adult Foster Care Services Provider Qualifications,
- 460 IAC 6-14-5 Requirements for Direct Care Staff,
- 460 IAC 6-14-4 Training

>>> SFC WAIVER DIFFERENCES CONTINUED

> Activities Not Allowed

Health and Wellness Waiver

- Personal care services provided to medically unstable or medically complex participants as a substitute for care provided by a registered nurse, licensed practical nurse, or other health professional
- Separate payment will not be made for any of the following waiver services:
 - Assisted Living
 - Attendant Care
 - Home and Community Assistance
 - Adult Family Care

CIH Waiver

- Services provided by a caregiver who is the spouse of a participant, the parent of the minor participant, or the legal guardian of the minor participant
- Transportation services and respite services may not be used in conjunction with SFC services
- The service of residential habilitation and supports is not available to participants receiving SFC services

> Additional Resources:

- [455 IAC 2](#)
- [460 IAC](#)

Still have questions? Reach out to your Technical Assistance Team!



	<p>BRANDI FOREMAN VICE PRESIDENT: COMPLIANCE AND REGULATORY AFFAIRS</p> <p>📞 317-634-4957 ✉️ brandi@inarf.org 🌐 www.inarf.org www.abilityin.org</p> 		<p>COURTNEY SCOTT PUBLIC POLICY ANALYST</p> <p>📞 317-634-4957 ✉️ courtney@inarf.org 🌐 www.inarf.org www.abilityin.org</p> 
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Or Check out our Technical Assistance Webpage at:
https://www.inarf.org/technical_assistance.html