## STRUCTURED FAMILY CAREGIVING PROVIDER PROVISIONS

**A 1.1 PURPOSE:** The South Dakota Department of Human Services ("State" or "DHS"), Division of Long Term Services and Supports (LTSS), provides home and community-based service options to individuals 60 and older and to individuals 18 years of age and older with disabilities. State services enable these South Dakotans to live independent, meaningful lives while maintaining close family and community ties. The State provides home and community-based services, as specified in the Individual Support Plan (ISP), to prevent or delay premature or inappropriate nursing facility placement

The Structured Family Caregiving service offers HOPE Waiver consumers an opportunity to reside with a principal caregiver in the consumer's own private home or in the private home of the principal caregiver. The goal of this service is to provide necessary care and supervision for the consumer, and to provide an opportunity for the consumer to remain in the community in the most integrated setting. This is accomplished through a cooperative relationship between the consumer, the principal caregiver, the consumer's HOPE Waiver case manager, and the Medicaid enrolled Structured Family Caregiving Provider agency.

**A 1.2 PROVISION:** In addition to the requirements outlined in the SD Medicaid Provider Agreement, the Provider agrees to comply with all the requirements in this document.

## STANDARD PROGRAM DEFINITIONS

**B 2.1 "Case Management"** includes reassessing the consumer's needs and eligibility at least annually, facilitating the development of the ISP, convening annual and as-needed person-centered planning meetings to develop and approve changes to the ISP, authorizing additional services by the Provider and/or third parties, and resolving any consumer concerns and other consumer-related issues. The State will provide on-going case management for each consumer.

**B 2.2 "Critical Service Need Consumer"** is a consumer who needs service(s) (i.e., oxygen, injection, medication, wound care, therapy) provided on each assigned day without which the consumer's health condition would decline. The LTSS Case Management Specialist will communicate with the Provider (through the ISP) when a consumer has been identified as a critical service need consumer. When a critical service need consumer is identified, the LTSS Case Management Specialist will work with the consumer and the Provider to develop a critical service back-up plan to

coordinate service provision during an emergency and when the principal caregiver(s) is not available to provide services to the consumer. The Provider must notify the State immediately of any change in scheduled visits and/or when a critical service need consumer cannot be provided necessary services for any reason.

**B 2.3 "Eligible Consumer"** is any person in need of services who has been determined eligible by DHS.

**B 2.4 "Individual Support Plan (ISP)"** is an electronic document within each consumer's record in the Therap case management system. The ISP is developed by the LTSS Case Management Specialist with the consumer, as well as any individuals the consumer chooses. The ISP must be finalized with the agreement and informed consent of the consumer in writing and signed by all individuals and providers responsible for its implementation.

The ISP reflects the services and supports that are important for the individual to meet the needs identified through an assessment of need, as well as what is important to the individual with regards to preferences for the delivery of such services and supports.

**B 2.5 "Medicaid-Enrolled Structured Family Caregiving Provider Agency"** (also referenced as "Provider" throughout this document) is the entity responsible for the oversight of the Structured Family Caregiving service. The Medicaid enrolled Structured Family Caregiving Provider Agency provides coaching and support to the principal caregiver and passes through a portion of the Medicaid reimbursement to the principal caregiver.

**B. 2.6 "Person-Centered Philosophy"** encompasses values, concepts and tools that are used to promote a person's positive control over the life they have chosen for themselves. The core concept of what is important to (happy, content, satisfied) and important for (healthy, safe and seen as a valued member of their community) a person is the core concept and is foundational during care planning process.

**B 2.7 "Principal Caregiver"** is the primary caregiver for the eligible consumer. The principal caregiver provides routine intermittent personal care, supervision, cueing, meals, homemaker services, chore services, medication management (to the extent permitted under State law), and other instrumental activities of daily living (e.g. transportation for necessary appointments and community activities, shopping, managing finances, and phone use) to the eligible consumer. The principal caregiver receives a stipend from the Medicaid enrolled Structured Family Caregiving Provider Agency. A principal caregiver is not an employee of the Medicaid enrolled Structured Family Caregiving Provider Agency and is not subject to employee regulations such as wage/hour laws, workers compensation, and unemployment.

**B 2.8 "Significant Change"** is a major decline or improvement in a consumer's status that results in an increase or decrease in aggression, cognition, activities of daily living, change in chronic diagnosis, or change in treatments received (for example, dialysis,

chemotherapy, tracheotomy, IV medication) that is anticipated to last longer than 30 days.

**B 2.9 "Staff"** are individuals employed by the Medicaid enrolled Structured Family Caregiving Provider Agency to complete the tasks necessary to oversee the provision of the Structured Family Caregiving service.

**B 2.10 "Structured Family Caregiving"** is personal care and support services provided to a consumer in the consumer's private home or the private home of the principal caregiver.

Structured Family Caregiving includes routine intermittent personal care, supervision, cueing, meals, homemaker services, chore services, medication management (to the extent permitted under State law), and other instrumental activities of daily living (e.g. transportation for necessary appointments, community activities, shopping, managing finances, and phone use) and other appropriate activities as described in the consumer's person-centered service plan are included activities in structured family caregiving.

Consistent with a consumer's assessed needs and as reflected in the person-centered Individual Support Plan (ISP), separate payment for other waiver services provided by a third party Medicaid Provider may be authorized by the State including community transition supports, community transition coordination, adult companion services, adult day services, respite care, emergency response systems, in-home nursing services, specialized medical equipment, specialized medical supplies, environmental accessibility adaptations, and nutritional supplements. Consistent with a consumer's assessed needs and as reflected in the person-centered Individual Support Plan (ISP), extraordinary personal care needs that exceed intermittent daily assistance may also be authorized for separate payment for example, when the consumer requires more than one person assist to complete activities of daily living.

Separate payment for meals, homemaker services and/or chore services will not be provided on behalf of consumers receiving Structured Family Caregiving services as these activities are integral to and inherent in the provision of Structured Family Caregiving. Payments made for Structured Family Caregiving are not made for room and board, items of comfort or convenience, or the costs of home maintenance, upkeep, or improvement.

**B 2.11** "**Therap**" is the online case management documenting and billing software.

**B 2.12 "Therap Service Auth"** is the electronic document in Therap which details the services authorized for the consumer. The "Therap Service Auth" must be acknowledged by the Provider and returned to LTSS upon confirmation that the caregiver meets qualifications. Failure to sign and return the "Therap Service Auth" may negatively affect reimbursement for services provided. Any permanent change to the "Therap Service Auth" must be reviewed and authorized by the State.

If a Provider is concerned that there is an error on the 'Therap Services Auth', the Provider should not acknowledge the 'Therap Service Auth'. The Provider should contact the LTSS Case Management Specialist assigned as the consumer's case manager to resolve any potential discrepancies.

## STANDARD PROGRAM REQUIREMENTS

**C 3.1 RULES AND REGULATIONS:** The Provider shall comply with all South Dakota Codified Laws and Administrative Rules of South Dakota applicable to the services provided. The Provider also agrees to comply in full with all licensing requirements and other standards required by federal, state, county, city or tribal statute, regulation or ordinance in which the service and/or care is provided. Liability resulting from noncompliance with regulations, licensing and/or other standards required by federal, state, county, city or tribal statute, regulation or ordinance or through the Provider's failure to ensure the safety of all consumers served is assumed entirely by the Provider.

**C 3.2 VERIFICATION AND DOCUMENTATION:** The Provider is required to maintain documentation and verification demonstrating compliance with these Provider Provisions. This documentation must be readily available upon request.

**C 3.3 REFERRALS AND GEOGRAPHIC AREA:** Any LTSS consumer living within the Provider's identified geographic area may be referred to the Provider. The Provider is expected to consider all referrals but may turn down a referral due to safety concerns, unavailability of staff, or inability to serve consumer need. The consumer will be offered the choice of available Providers and select the Provider of his/her choice.

**C 3.4 INTERPRETERS:** If Interpreter services are necessary, Providers must utilize DHS approved interpreters. Interpreter services must be authorized by the LTSS Case Management Specialist prior to Interpreter services being utilized. The LTSS Case Management Specialist and Provider will cooperatively arrange for interpreter services as necessary for service provision.

**C 3.5 REIMBURSEMENT:** The rate(s) for services are specified in the HOPE Waiver Fee Schedule. Structured Family Caregiving services are billed at a tiered daily rate. Rate tiers are determined by a standardized needs assessment tool that is completed by the LTSS Case Management Specialist at least annually HOPE Waiver consumers.

The stipend paid to the structured family caregiver must be 50% or more of the HOPE Waiver consumer's identified rate.
Hospital reserve bed days: The Provider may bill SD Medicaid for a maximum of five consecutive days when a consumer is admitted to an inpatient hospital stay. Up to five

consecutive days may be billed to SD Medicaid per hospitalization; however, the consumer must return home for a minimum of 24 hours before additional hospital reserve bed days will be paid.

The daily reimbursement for Structured Family Caregiving services is permissible when a consumer travels out of state travel and is accompanied by his/her principal caregiver. Travel-related expenses will not be reimbursed by the State. If out of state travel exceeds 30 days, the Provider must notify the LTSS Case Management Specialist.

The State's reimbursement rate for services must not exceed the Provider's private pay rate(s). If the State's rate(s) of reimbursement exceeds the Provider's private pay rate(s), the State's reimbursement will be adjusted to match the private pay rate(s).

Approved claim forms, including all required information (e.g. Provider's National Provider Identification (NPI), consumer's primary diagnosis code, etc.) will be submitted by the Provider to the State for payment of services authorized and provided. The State will not reimburse or otherwise be liable for purchases or transactions made by the Provider on behalf of the consumer.

It is the responsibility of the Provider to review the Therap Service Auth to ensure the details (including the rate, units and frequency, and recipient ID) are correct prior to acknowledging the Therap Service Auth. If any of the Therap Service Auth information is incorrect, the Provider must contact the LTSS Case Management Specialist to mitigate potential claims error(s).

If the Provider is reimbursed at the incorrect rate resulting in an overpayment, necessary action to resolve this overpayment will be initiated by the State, including voiding of Medicaid claims. If the Provider is reimbursed at the incorrect rate resulting in an underpayment, the Provider will be required to initiate the necessary action(s) to correct the underpayment, including voiding of Medicaid claims. The Provider must resubmit the claims at the correct rate to receive appropriate reimbursement.

The Provider must only bill for services authorized and acknowledged in Therap and delivered by the Provider. Total units authorized are a maximum for the entire duration of the Therap Service Auth. The scheduled frequency and duration of each service is included in the Therap Service Auth and must be followed. Reimbursement received for units above and beyond the total units, frequency and/or duration specified in the Therap Service Auth will be recouped by the State and the Provider will be responsible to continue to provide services at the scheduled frequency and/or duration as indicated on the Therap Service Auth. If overutilization occurs, the Provider must provide care logs for services rendered during the affected timeframe upon request.

The Provider must contact the LTSS Case Management Specialist if the authorized services routinely take more or less time to complete than indicated in the Therap Service Auth, or if additional services are being requested.

The State's reimbursement for services rendered shall be considered payment in full. Except for the cost-share for waiver services, the Provider may not bill the consumer for any additional fees. The Provider will be advised of the consumer's cost-share, if any, and will be responsible for collecting the cost-share from the consumer.

For assistance with claims denials and billing issues, Providers must notify the State within the 6-month time limits outlined in ARSD 67:16:35:04. For all claims inquiries, Providers must submit a Claims Resolution Template to ltsstherap@state.sd.us for further review and technical assistance. Providers are encouraged to resubmit all previously denied claims every 90 days for SD Medicaid claims compliance. Claims inquires will be reviewed by LTSS staff in the order in which they are received.

LTSS will not address or review SD Medicaid claims issues that are not in alignment with ARSD 67:16:35:04. LTSS staff will not review and research claims if there is not a claim submitted to Medicaid within 6 months of the date of service and every 3 months thereafter per Medicaid billing requirements. It is ultimately the responsibility of the Provider to submit a request for reimbursement for services provided within established guidelines.

LTSS will assist Providers with claims resolution if there is a Claims Resolution Template submitted within 3 months of the date of service. This will ensure there is still time to resolve the issue prior to the timely filing deadline.

**C 3.6 BACKGROUND CHECK:** The Provider must, at a minimum, conduct a State fingerprint background check principal caregivers and employees hired to work in the homes of consumers to screen for disqualifying criminal convictions. The Provider may choose to conduct a State fingerprint background check for any individual residing in the household that is 18 years of age and older at their discretion.

The Provider may request the State's approval for an alternative background check by completing and submitting the Provider Request for Approval of Alternative Background Check form, along with a description of the alternative background check (produced by the company that process the background checks).

To receive approval, the alternative background check results for caregivers and for employees hired by the provider must be readily accessible to the State upon request and the description of the alternative background check must include verification that the following threshold criteria are met:

- The alternative background check verifies the identity of the individual by utilizing at least two unique types of identification (must include a government issued photo ID and an additional document that meets I-9 standards);
- The alternative background check identifies the criminal history of the individual; and

- The alternative background check creates a report of the criminal history of the individual which is readily accessible to the provider.

Caregivers, and provider staff entering the homes of consumers must meet the following minimum standards:

1. Be 18 years of age or older;
2. Be employed by an enrolled Medicaid Provider or be a principal caregiver contracted as an independent contractor;
3. Pass a State fingerprint (or State approved) background check.
    a. The following are a list of disqualifying convictions that would automatically preclude an individual from being hired/contracted:
        i. Conviction of a crime of violence as defined by SDCL 22-1-2 or a similar statute from another state;
        ii. Conviction of a sex crime pursuant to SDCL 22-22 or SDCL 22-24A or SDCL 22-22A-3 or similar statutes from another state;
        iii. Class A and/or B felony convictions.
    b. The following are a list of fitness criteria that may preclude an individual from being hired/contracted at the discretion of the provider:
        i. Convictions of other felonies not described in 3.a.iii;
        ii. Misdemeanor convictions related to fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct;
        iii. Any convictions, including any form of suspended sentence, which are determined to be detrimental to the best interests of SD Medicaid. This includes convictions related to a person's character such as perjury and fraud related charges as individuals determined to be dishonest with any party should not be assumed to be honest with SD Medicaid;
        iv. Any conviction related to obstruction of a criminal investigation.

**C 3.7 OIG LEIE AND SAM EXCLUSION LIST(S):** The Office of the Inspector General (OIG) has the authority to exclude individuals and entities from federally funded health care programs and maintains a list of all currently excluded individuals. The Provider must check the OIG List of Excluded Individuals and Entities (LEIE) a minimum of once every month to ensure that new hires and current employees are not on the excluded list. The OIG exclusions database can be searched online at https://exclusions.oig.hhs.gov/.

The System for Award Management (SAM) lists individuals and entities who are suspended or debarred from receive federal funding, contracts, subcontracts, financial and non-financial assistance and benefits. The Provider must screen staff through the SAM system, a minimum of once every month, to ensure that new hires and current employees are not on the excluded list. The SAM exclusion database can be searched online at: https://sam.gov/content/exclusions.

Any payments made for services provided by an employee found on the OIG Exclusionary list or SAM list of individuals who are suspended or debarred must be

reported to DHS staff. Participating providers receiving state and federal Medicaid or Medicare dollars have an obligation to report any payments received in error to DHS.

**C 3.8 DRIVER'S LICENSE:** The Provider is responsible for maintaining proof of a valid driver's license for any employees transporting consumers.

**C 3.9 DHS COST REPORT:** The Provider agrees to submit a cost report in the format required by the State within four months following the end of the Provider's fiscal year. Failure to submit the report will result in the termination of the Provider's contract with the State. For further information regarding the DHS annual cost report, please visit DHS Budget and Finance webpage link: https://dhs.sd.gov/budgetandfinance.aspx.

## PROGRAM POLICY REQUIREMENTS

**D 4.1 STATEWIDE COVERAGE:** The Provider is bound to serve statewide. The Provider must have a policy and procedure manual which includes a policy for statewide coverage. The statewide coverage policy must detail the Provider's process for ensuring statewide coverage for Structured Family Caregiving.

**D 4.2 POLICY AND PROCEDURE MANUAL:** The Provider must have a policy and procedure manual. The policy and procedure manual must be easily accessible upon request. The policies required within the Provider Provisions must be included in the policy and procedure manual.

**D 4.3 INTAKE AND ADMISSIONS:** The Provider must have an intake/admissions policy. The intake/admission policy must include the Provider's process for reviewing and accepting referrals as well as the process to ensure services will begin in a timely manner. The Provider will begin provision of authorized services within fourteen (14) business days of receipt of the results of the principal caregiver background check. If the Provider is unable to meet the fourteen-day deadline, the Provider must contact the consumer's LTSS Case Management Specialist to discuss the plan for ensuring services are provided.

**D 4.4 DISCHARGE:** The Provider must have a consumer discharge policy. When the Provider determines services to a consumer must be discontinued by their agency, the Provider must notify the State at least 30 days before the consumer is discharged, unless the consumer's home constitutes an unsafe environment for Provider's staff and/or the consumer. The notice must be in writing and must specify the reason for discharge in accordance with the Provider's discharge policy.

Any changes to a consumer's Individual Support Plan (ISP) will be communicated to the Provider as soon as the State is made aware of the change, including discontinuation of services. When the State determines that services to a consumer must be discontinued, the Provider will be notified as soon as possible.

**D 4.5 DOCUMENTATION:** The Provider must have a documentation policy. The documentation policy must outline how Structured Family Caregiving staff document substantive interactions with a consumer and principal caregiver. Documentation must be kept for each consumer. Records must be retained for six (6) years after a claim has been paid or denied. Documentation can be kept in written or electronic form and must be easily accessible upon request. The Provider is responsible for reviewing caregiver notes and following up with principal caregivers to ensure that care is provided to the consumer based on the consumer's Individual Support Plan (ISP).

**D 4.6 STAFFING:** The Provider must have a policy for staffing. The staffing policy must include job qualifications, the process for conducting background checks, OIG exclusions, SAM exclusions, and the process for performance evaluations. The Provider must deactivate any staff member account in their Therap Provider account upon employee termination.

**D 4.7 STAFF TRAINING:** The Provider must have a staff training policy. The staff training policy must include identification of the processes and timelines for new staff orientation and annual staff training. The Provider must provide a new employee orientation to each new employee before the employee enters a consumer's home unsupervised.

The new employee orientation must include: the requirements of Structured Family Caregiving as outlined in the Structured Family Caregiving Provider Provisions (this document); the Structured Family Caregiving staff member's role in supporting lay caregivers to complete the personal care and related activities noted in the consumer's ISP and in providing ongoing caregiver coaching that is appropriate to the needs of the caregiver and culturally competent; the Provider's obligation to collaborate with LTSS to ensure quality outcomes for the consumer.

The Provider will ensure that each Structured Family Caregiving staff member receives a minimum of six (6) hours of training annually. The Provider must maintain a training record for each Structured Family Caregiving staff member and document the date, length, and topic of each training completed.

**D 4.8 OIG/LEIE AND SAM VERIFICATION:** The Provider must have a policy that specifies both process(es) (OIG & SAM) for conducting staff exclusion search and the policy must have a mechanism for ensuring that the staff who perform the verifications are not listed on either exclusion list(s).

For review purposes, all employee files should contain evidence that the OIG list and SAM list was checked. A page can be printed from the OIG web page and SAM web page, or the file should contain documentation of the date the list was checked and the outcome of the check and who did the check. Background checks or screening information should also be contained in the personnel file and available to state program staff.

**D 4.9 ABUSE NEGLECT AND EXPLOITATION:** The Provider must have a policy for abuse neglect and exploitation. In accordance with South Dakota law, the Provider is mandated to immediately report any suspected abuse neglect or exploitation of a consumer. The policy for abuse neglect and exploitation reporting must conform to the mandatory reporting laws and address the requirement to provide training on mandatory reporting laws to staff on an annual basis. See South Dakota Codified Law (SDCL) 22-46 for South Dakota's mandatory reporting laws for elders and adults with disabilities. To make a referral to Adult Protective Services (APS), visit https://dhs.sd.gov/ltss/adultprotective.aspx.

**D 4.10 INCIDENT REPORTING:** The Provider must have an incident reporting policy. The Provider must submit a critical incident report to the LTSS Case Management Specialist documenting the circumstances of any incident that involves serious injury, a missing person, restraint, seclusion, abuse, neglect, exploitation or death incidents, or any consumer-related concerns, incidents or occurrences not consistent with routine care.

Examples of serious injuries include fracture, concussion, laceration requiring sutures, severe burn, dislocation of major limb, internal injury, etc. Examples of a consumer-related concern, incident or occurrence include falls without serious injury, stroke, heart attack, malnutrition, dehydration or any reports of hospitalizations or emergency room visits due to illness, etc. An incident report does not relieve a Provider of any mandatory reporting requirements under South Dakota law.

Upon being informed that an LTSS consumer has been hospitalized or discharged from the hospital, the Provider will communicate this information to the LTSS Case Management Specialist to assure the consumer's need for service provision continue to be met appropriately. The LTSS Critical Incident Report can be found on the DHS LTSS Provider Resources page, link: https://dhs.sd.gov/ltss/ltssproviders.aspx.

**D 4.11 EMERGENCY RESPONSE:** The Provider must have an emergency response policy. An "emergency" is defined as a situation that is sudden, generally unexpected, and demands immediate attention to prevent or reduce physical harm to an individual. When a staff member is in a consumer's home and an emergency occurs, the staff member must call 911 immediately. The Provider must notify the LTSS Case Management Specialist of the emergency upon resolution of the emergency or transfer of the consumer to emergency responders.

**D 4.12 HEALTH AND SAFETY:** The Provider must have a policy for health and safety. The health and safety policy must detail the use of universal precautions. The Provider must provide all supplies and equipment needed for Structured Family Caregiving staff members performing home visits to practice infection control.

**D 4.13 CONFIDENTIALITY:** The Provider must have a consumer confidentiality policy. The confidentiality policy must include specifics on maintenance of consumer records, transmission of personal consumer information and confidentiality practices by staff.

**D 4.14 CONSUMER RIGHTS:** The Provider must have a consumer rights and responsibilities policy. The consumer rights and responsibilities policy must include the rights and responsibilities of the consumer; and how rights and responsibilities are conveyed to the consumer as well as the consumer's right to remain free from restraints and seclusion. The Provider must provide annual staff training on the prohibition of restraints and seclusion on an annual basis.

**D 4.15 QUALITY ASSURANCE:** The Provider must have a quality assurance policy. The Provider must have a written quality assurance plan detailing all activities conducted by the Provider to ensure quality service provision. The Provider must also have a quality assurance policy specifying how the Provider will discover, fix, and report problems. The Provider will cooperate with quality performance audit activities conducted by the State.

The Provider agrees to participate in any evaluation and/or consumer and principal caregiver satisfaction program developed and conducted by the State to determine the effectiveness of service provision statewide

**D 4.16 CONSUMER GRIEVANCE:** The Provider must have a consumer grievance policy. The consumer grievance policy must include how the consumer is notified of the grievance policy, where grievances are reported and the process for addressing and resolving consumer grievances and feedback.

**D 4.17 GIFTING:** The Provider must have a gifting policy. The gifting policy must detail the Provider's expectations and prohibitions regarding staff acceptance of gifts from consumers.

## STRUCTURED FAMILY CAREGIVING PROVIDER AGENCY RESPONSIBILITIES

**E 5.1 PROVIDER STAFFING:** The Provider must have sufficient staff and resources to perform care conferences with the consumer and principal caregiver on a regular basis. Staff will perform in-home assessments of the principal caregiver and home, collaborate with the LTSS Case Management Specialist in the development and ongoing review of the Care Plan/Service Plan, review and follow-up on caregiver notes and provide caregiver education resources and ongoing support to principal caregivers.

Provider staff must have experience in working with elders and/or adults with disabilities and/or be trained by the Provider agency in conducting assessments of the principal caregiver and home and trained in providing coaching to lay caregivers.

**E 5.2 QUALIFICATIONS OF CAREGIVERS AND HOMES:** The Provider must administer caregiver and home qualification policies and procedures to ensure each principal caregiver who participates in Structured Family Caregiving is able to meet the assessed needs of the eligible consumer to whom the principal caregiver will be providing care and other supports and that the home is safe and accessible to the

eligible consumer. The policies and procedures must address all of the following requirements.

The principal caregiver must:

- Live in the same qualified home as the consumer
- Be the primary person responsible for providing daily care and support to the consumer based on the consumer's assessed needs
- Pass a background check as detailed in Section D 4.2
- Be a responsible adult who is 18 years of age or older and be assessed by the Provider Agency as capable of providing the support the consumer needs
- Be qualified as a Structured Family Caregiving caregiver before the principal caregiver receives a Structured Family Caregiving caregiver stipend
- Not support more than two consumers in Structured Family Caregiving.

The home must:

- Not be owned by the Provider, but rather owned or rented by the consumer or principal caregiver or a member of the consumer's family.
- Be safe, accessible, and allow for the comfort and privacy of the consumer receiving care.

The Provider must collaborate with the State to support the principal caregiver to remedy any issues that may come up with the safety of the home (e.g., need for safety and accessibility accommodations, need to address concerns such as pests, obstructions, or other hazards) throughout the time that the consumer and principal caregiver participate in Structured Family Caregiving.

**E 5.3 SFC SUPPORT PLAN:** The Provider must establish a family-centered Structured Family Caregiving support plan for the coaching and support of the principal caregiver. The family-centered Structured Family Caregiving support plan must identify the resources, coaching, and support the Medicaid enrolled Structured Family Caregiving Provider Agency will provide to the principal caregiver.

**E 5.4 CAREGIVER COACHING AND SUPPORT:** The Provider must provide education, resources, and coaching to caregivers that is appropriate for lay caregivers and that includes but is not limited to: managing chronic conditions, understanding the progression of behavioral health conditions (if applicable), medication reconciliation, and handling urgent and emergency situations.

Additionally, the Medicaid-enrolled Provider agency must be accessible during normal business hours to coach a principal caregiver to manage urgent and emergency situations in the home and, in conjunction with the principal caregiver and the waiver case manager, establish an emergency back-up plan for instances when the principal caregiver is unable to provide care.

The Provider must begin providing ongoing caregiver education (as described below), coaching, and support to the principal caregiver after the start of services. The Provider

must review the principal caregiver's coaching needs as part of a monthly care conference and document and address any changes necessitated by changes in the consumer's condition or by other circumstances in the home.

The Provider must provide each principal caregiver with an orientation to the general requirements of Structured Family Caregiving within 30 days of the start of Structured Family Caregiving services. The orientation must include:

- The requirements of Structured Family Caregiving as outlined in the Structured Family Caregiving Provider Provisions (this document) and the principal caregiver's obligations to complete the personal care and related activities noted in the consumer's Care Plan/Service Plan; the required collaboration with the Structured Family Caregiving Provider agency to oversee activities in the home; the required reporting on the consumer's health status and general well-being and critical incidents; and the requirement to provide notes in accordance with the Provider's documentation requirements.
- The roles and responsibilities of Structured Family Caregiving Provider staff and principal caregivers.
- Respecting the consumer's privacy and protecting the confidentiality of the consumer's private health care information and the relevant provisions of the Health Insurance Portability and Accountability Act of 1996 and any other applicable act or regulation; and
- Prevention of, and reporting of, abuse, neglect, mistreatment, and misappropriation/financial exploitation.

The Provider must provide each principal caregiver with other general foundational knowledge within 90 days of the start of Structured Family Caregiving services including:

- Basic first aid, cardiopulmonary resuscitation (CPR), and the Heimlich maneuver;
- Universal precautions and infection control practices;
- Techniques for safely providing personal care, including good body mechanics;
- Recognizing the physical, social, emotional, and behavioral support needs of the consumer.

The Provider must identify any additional training and coaching needs of the principal caregiver that are specific to the needs of the consumer and deliver that training and coaching as needed. The training may be delivered by whatever methods are most appropriate to the learning style of the caregiver.

The Provider must engage and communicate with principal caregivers on a regular basis to review information or changes in the consumer's status, to report incidents or accidents as they occur, and to participate in monthly case conferences and home visits

(on-site or virtual). At least one care conference must be conducted as an on-site, face-to-face visit on an annual basis with the consumer and principal caregiver.

The Provider must issue stipends to principal caregivers in a timely manner in accordance with the independent contractor agreement between the Provider and the principal caregiver.

**E 5.5 PROVIDER COLLABORATION WITH LTSS**: The Provider must provide LTSS Case Management Specialists with an update on each eligible consumer through participation in the consumer's ISP meeting(s) and/or through providing case notes and other documentation. Updates should be given upon a significant change in the consumer's health status or circumstances in the home, and whenever requested by the State.

The Provider must collaborate with the State and the Structured Family Caregiving caregiver to establish an emergency back-up plan for instances when the principal caregiver is unable to provide care.