

To: Managed Care Organizations for Employment and Community First CHOICES
Department of Intellectual and Developmental Disabilities

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Subject: **Family Caregiver Stipend in Employment and Community First CHOICES**

This memo provides additional guidance and expectation on implementation of the Family Caregiver Stipend as an available benefit in Employment and Community First (ECF) CHOICES Group 4. Please direct all questions to Lisa Mills: lisa.mills@tn.gov or 629-207-1112.

Brief Overview of the Family Caregiver Stipend and Its Purpose

The Family Caregiver Stipend is a service included in the ECF CHOICES Group 4 benefit package. The Family Caregiver Stipend was approved by the federal Centers for Medicare and Medicaid Services (CMS) as a service that can be provided ***in lieu of Supportive Home Care***. The actual approved service title is “Family Caregiver Stipend in lieu of Supportive Home Care.” The Family Caregiver Stipend may not be provided in lieu of any other ECF CHOICES service. Further, the Family Caregiver Stipend is not intended to provide a payment in lieu of natural (or unpaid) supports. None of the benefits available in ECF CHOICES are intended to supplant those natural caregiving supports. Rather, ECF CHOICES benefits should wrap around natural supports, helping to sustain them over time. It is expected that family caregivers provide natural supports to their family member enrolled in ECF CHOICES if that individual continues to live with the family. These supports are a natural part of family life. That said, the Family Caregiver Stipend recognizes that, in some situations, providing these natural caregiving supports may cause a family to incur additional expenses, or forego opportunities for earnings, and seeks to help offset those expenses or lost earning opportunities.

According to the CMS-approved Family Caregiver Stipend definition, the stipend may be paid when “the family is providing ***daily*** services and supports ***that would otherwise be defined within the scope of Supportive Home Care services***.” This means that a member must otherwise have a daily need for Supportive Home Care, as determined through the comprehensive assessment and person-centered planning process used to create the Person Centered Support Plan (PCSP). A daily need for Supportive Home Care is present if the member would otherwise need this service, were it not for the fact that the family is providing ***at least daily*** services and supports to the member that are consistent with the services and supports available through the Supportive Home Care benefit.

Supportive Home Care Defined

Under the definition approved by CMS for ECF CHOICES, Supportive Home Care involves the provision

of services and supports in the home and community ...that directly assist the individual with activities of daily living and personal needs to insure adequate functioning in their home and maintain community living. Supportive Home Care services may be provided outside of the person's home as long as the outcomes are consistent with the supports defined in the person-centered support plan with the goal of ensuring full participation and inclusion.

Services include:

- Hands-on assistance with activities of daily living such as dressing/undressing, bathing, feeding, toileting, assistance with ambulation (including the use of a walker, cane, etc.), care of hair and care of teeth or dentures. This can also include preparation and cleaning of areas used during personal care activities such as the bathroom and kitchen.
- Observation of the person supported to assure safety, oversight direction of the person to complete activities of daily living or instrumental activities of daily living. *Note: activities of daily living are defined in the bullet immediately above and instrumental activities of daily living include the activities defined in the next two bulleted sections as well as managing finances, shopping for clothing and other essential items, communicating by phone or other media, and traveling around and participating in the community. [Source: TennCare's approved 1115 Demonstration Waiver and Code of Federal Regulations]*
- Routine housecleaning and housekeeping activities performed for the person supported (and not other family members or persons living in the home, as applicable), consisting of tasks that take place on a daily, weekly or other regular basis, including: washing dishes, laundry, dusting, vacuuming, meal preparation and shopping for food, picking up medications and similar activities that do not involve hands-on care of the person.
- Necessary cleaning of vehicles, wheelchairs and other adaptive equipment and home modifications such as ramps.

Additional Considerations before Authorizing the Family Caregiver Stipend

If the member would otherwise need daily Supportive Home Care services (as previously described), the approved service definition also requires that **“supports necessary for employment and community integration and participation are provided first or available to the person through other sources (whether paid or unpaid) or as part of the supports provided by the family caregiver.”**

During the person-centered planning process to develop or update the PCSP, it is expected that a member's goals for employment and community integration are identified, and that the type of

supports necessary for the member to achieve those goals are identified and included in the PCSP. Most members will have employment goals in their PCSP because they enrolled in the program through one of the employment priority categories, indicating during the pre-enrollment intake process that they had an interest in exploring, pursuing, keeping, regaining or advancing in employment for which ECF CHOICES employment services would be beneficial.

It is important to note that most employment-related support needs cannot be addressed through the Supportive Home Care benefit, and thus would not be appropriately addressed through the authorization of the Family Caregiver Stipend, because they do not fall into the scope of Supportive Home Care as defined above.

With regard to employment, Supportive Home Care (and the Family Caregiver Stipend when authorized in lieu of Supportive Home Care) can be used to provide support to a person to: get ready for work; shop for, wash and iron work clothes; pack a lunch for work; and get to/from work. However, Supportive Home Care and the Family Caregiver Stipend are not benefits that can cover employment-related goals and needs which would otherwise be met through Vocational Rehabilitation or through authorization of the range of Supported Employment services available through ECF CHOICES (e.g. Exploration, Discovery, Situational Observation and Assessment, Benefits Counseling, Job Development or the creation of a Job Development Plan, Self-Employment Start-Up or the creation of a Self-Employment Plan, Job Coaching and Career Advancement.) When a member has an employment goal and needs supports beyond the scope of the Supportive Home Care definition (and therefore beyond the scope of what the Family Caregiver Stipend can cover), it is expected that this need will be addressed in the PCSP along with any need for Supportive Home Care (or authorization of the Family Caregiver Stipend in lieu of Supportive Home Care). Where needed supports for employment are within the scope of what can be covered under Supportive Home Care (to get ready for work; shop for, wash and iron work clothes; pack a lunch for work; and get to/from work) and are going to be provided by a family caregiver who will be receiving the Family Caregiver Stipend, the specific supports, including type and amount, must be defined in the PCSP.

Similarly, if the Family Caregiver Stipend is being authorized, the approved definition requires that supports necessary for community integration are also addressed in the PCSP. With regard to community integration, Supportive Home Care (and the Family Caregiver Stipend when authorized in lieu of Supportive Home Care) can be used to provide support to a person to: get ready to participate in the community; shopping for groceries, clothing and other essential items; picking up medications; getting to/from places in the community; and participating in the community. This is fairly broad support for community integration. However, if the Family Caregiver Stipend is being used to meet a member's service/support needs for community integration, the member's specific community

integration goals, activities and supports to be provided by the family caregiver must be clearly outlined in the PCSP. Further, as with all services, the assistance actually provided by the family caregiver must be provided consistent with the member's PCSP and in a manner that supports the member's increased independence and ability to rely on natural community supports, allowing the fading of paid supports over time whenever possible.

Determining the Amount of the Monthly Family Caregiver Stipend

It is important to note that the monthly Family Caregiver Stipend can be any amount, up to \$1,000 maximum for an adult age 18 or older, and \$500 maximum for a child under age 18. When determining whether a member has a need for Supportive Home Care, the extent of that need should be a consideration used to help determine the amount of the Family Caregiver Stipend, if this is being authorized in lieu of Supportive Home Care. Moreover, in accordance with the approved service definition, consideration must be given to the cost of other services/supports that are needed to meet the member's employment and community integration goals, as described above. According to the approved service definition for the Family Caregiver Stipend, "The amount of Family Caregiver Stipend approved shall be based on the needs of the individual taking into account the supports necessary for employment and community integration and participation." Per discussion above, the approved definition requires that supports necessary for employment and community integration and participation are provided for first, or available to the person through other sources (whether paid or unpaid) or as part of the supports provided by the family caregiver (if needed supports are within the scope of what is permitted under Supportive Home Care, as described above).

Importance of Paying the Family Caregiver Stipend after Services are Rendered

It is important to recognize that, under Medicaid policy, payment for any ECF CHOICES benefits may only be made if the ECF CHOICES member receives a service or support. In the case of the Family Caregiver Stipend, this means the stipend may only be paid if the member has received daily services and/or supports, consistent with the services and supports otherwise covered through Supportive Home Care, from the family member being paid the stipend. The nature, frequency and schedule of the services and supports that will be provided by the family caregiver each month should be outlined in the PCSP. **Please note the pattern and frequency of the supports provided should generally reflect the expectation of daily support; but there is not a rigid requirement that the family caregiver must provide support on every single day of the month in order to qualify for the stipend payment in that month. Nor is the family expected to document the provision of assistance as a provider of Supportive Home Care (or other ECF CHOICES services) would be required to do. However, Managed Care Organizations are expected to develop an appropriate way to verify assistance rendered by the family caregiver.** The PCSP should also identify the stipend amount that will be paid to the family

caregiver each month, after confirmation by the MCO that the services and supports outlined in the PCSP have been provided. In all cases, payment of the Family Caregiver Stipend must occur retrospectively, after the period of time during which the family caregiver provided the supports for which the stipend is being paid.

How the Family May Use the Family Caregiver Stipend

According to the approved Family Caregiver Stipend definition, “the funds may be used to compensate lost wage earning opportunities that are entailed in providing support to a family member with a disability and to help offset the cost of other services and supports the person needs that are not covered under this program.” As stated previously, is expected that family caregivers continue to provide natural supports to their family member enrolled in ECF CHOICES if that individual continues to live with the family. Given this, the stipend is appropriately authorized when the extent of the supports needed (which are otherwise consistent with Supportive Home Care) result in the family caregiver having to forego wage earning opportunities and the provision of the Family Caregiver Stipend can help sustain the availability of assistance by the family caregiver in lieu of Supportive Home Care. This could mean being unable to engage in at least part-time work, or not being able to work more hours or take a higher paying job because of caregiving responsibilities.

The stipend is also appropriately authorized when the family caregiver is providing supports consistent with Supportive Home Care (as described above) and the family caregiver is also incurring one-time or on-going expenses related to providing the ECF member with support, or a specific item(s) for the member's benefit, that is not otherwise available through the ECF CHOICES program.

Because the stipend is authorized specifically to 1) compensate for a family caregiver’s lost wage earnings opportunities as a result of the family caregiver’s time spent providing services and supports to the member; or 2) offset the cost of other services and supports the person needs that are not covered under this program, the family caregiver has autonomy in deciding how the funds will be used once the assistance is provided, and those funds are received.

In administering this benefit, the most important thing to be assured is that the member receives an appropriate level of support, consistent with the amount, type and intensity of support they would otherwise have received through Supportive Home Care if that service had been included in the PCSP, and that the services/supports needed by the person for employment and community integration are not limited by the payment of the Family Caregiver Stipend.

Requesting Initial Enrollment in Group 4 to Access the Family Caregiver Stipend

When an adult with an intellectual or developmental disability is determined eligible for ECF CHOICES

Group 5 or 6, they qualify for a higher expenditure cap (enabling access to greater amounts of services and supports) than people who are determined eligible for Group 4. Access to the higher expenditure cap (and the higher level of services and supports that comes with this expenditure cap) is approved because an individual's needs justify this. This means there is an expectation that individuals eligible for ECF CHOICES Group 5 or 6 will need more services and supports than are available through the Group 4 expenditure cap.

Under existing TennCare rules, an adult eligible for Group 5 or 6 may request, at the time of initial enrollment, to be enrolled in Group 4 instead, if that adult lives with his/her family. Per TennCare rules, before an MCO submits a request for a person eligible for ECF CHOICES Group 5 or 6 to be enrolled in Group 4, it is essential that the MCO has determined and confirmed that the member can be **both** safely and appropriately served in Group 4.

Ensuring a member can be **both** safely and appropriately served means ensuring that, in addition to all health and safety needs being met, the member would be able to receive all services necessary to meet the member's needs and goals, in an adequate amount necessary to sufficiently address those needs and goals, and that access to the full range of services that the member could benefit from receiving will not otherwise be restricted by the move to Group 4 and the lower expenditure cap. Per TennCare rules, a member may not be enrolled in ECF CHOICES Group 4, even if the member or his/her legal representative prefers this, if the MCO cannot confirm and document that the member's needs can be **both** safely and appropriately met in Group 4.

Where initial enrollment is done by the Department of Intellectual and Developmental Disabilities (DIDD), an applicant otherwise eligible for enrollment into Group 5 or 6, but requesting enrollment into Group 4 to access the Family Caregiver Stipend, will be informed, prior to enrollment, of the following:

- No one in Group 4 is guaranteed to get the Family Caregiver Stipend.
- The person's family may not qualify for the stipend if the person is enrolled in Group 4.
- After enrollment into Group 4, the person's Managed Care Organization (MCO) must make a determination regarding whether the person can be **both** safely and appropriately served in Group 4. If the MCO determines that the person cannot be both safely and appropriately served in Group 4, s/he will be transitioned to Group 5 or 6, as appropriate based on the person's level of care. The person will not be able to stay in Group 4.

After initial enrollment, the MCO is responsible for determining whether the member can be **both** safely and appropriately served as part of the initial comprehensive assessment done within the first thirty (30) days of enrollment. If the MCO determines that the member cannot be **both** safely and

appropriately served in the ECF CHOICES group in which the member was enrolled, the MCO must prepare and submit a transition request to TennCare to facilitate the member's transition to an ECF CHOICES group where the member can be **both** safely **and** appropriately served. To the extent that the member's needs can only be safely met in Group 6 and the member has not previously been determined to meet NF LOC, this request must include a safety determination request for NF LOC.

Transitions after enrollment between ECF CHOICES groups are only permitted for reasons of safety or to ensure a person, initially enrolled by DIDD in Group 4, can be both safely and appropriately served. These transitions are always transitions from a group with a lower expenditure cap group to a group with a higher expenditure cap.

ECF CHOICES Group 4 Slots are Limited

TennCare also wishes to point out to all parties that Group 4 enrollment slots are limited. Use of a Group 4 slot by a person otherwise eligible for Group 5 or 6, may mean that a person only eligible for enrollment in Group 4 may be denied access to ECF CHOICES. While TennCare strives to ensure that capacity continues to be available in all Groups, it is important to note that children ages 17 and younger are only able to qualify for Group 4 in ECF CHOICES.

Eligibility for ECF CHOICES Based on Need for Ongoing Home and Community-Based Services

Per TennCare rules, all otherwise eligible individuals with disabilities must have a need for ongoing Home and Community-Based Services in order to meet the medical necessity criteria to qualify for enrollment in ECF CHOICES. However, TennCare rules further specifies that "If a Member's ongoing need for assistance with activities of daily living and/or instrumental activities of daily living can be met, as determined through the needs assessment and care planning processes, through the provision of assistance by family members and/or other caregivers...the Member does not require Home and Community-Based Services in order to continue living safely in the home and community-based setting and to prevent or delay placement in a Nursing Facility," and thus the member does not meet the medical necessity of care standard to qualify for the program. Therefore, a person seeking initial enrollment into Group 4, or a member enrolled in Group 4, who states that the Family Caregiver Stipend is the only ongoing Home and Community-Based Service that s/he needs and wants would not be considered to meet the medical necessity of care standard to qualify for the program.