

5160-44-33

Nursing facility-based level of care home and community-based services programs: structured family caregiving.

(A) "Structured Family Caregiving (SFC)" is a service in which an individual at least eighteen years of age who is enrolled on either the MyCare Ohio, Ohio home care, or pre-admission screening system providing options and resources today (PASSPORT) waiver program, resides with a caregiver who provides daily care and support to the individual when the individual meets the following criteria:

- (1) The caregiver resides with the individual in the individual's private home or resides with the individual in the caregiver's private home.
- (2) The individual needs assistance with daily personal care and household support, and assistance with activities needed to promote independence and integration into the community.
- (3) The individual chooses to receive SFC.

(B) The waiver service provider will:

- (1) Be an agency provider as defined in rule 5160-45-01 of the Administrative Code meeting the following criteria:
 - (a) For the Ohio home care waiver program, providers will be a medicare-certified home health agency, ~~or~~ otherwise-accredited agency, or hold an accreditation from an organization recognized by the centers for medicare and medicaid services (CMS) or the United States department of health and human services (HHS) and operate in accordance with Chapter 5160-45 of the Administrative Code.
 - (b) For the PASSPORT program, providers will be an Ohio department of aging (ODA) certified provider and operate in accordance with Chapter 173-39 of the Administrative Code.
 - (c) For MyCare waiver program, providers will operate in accordance with either paragraph (B)(1)(a) or paragraph (B)(1)(b) of this rule, as appropriate.
- (2) Complete caregiver training.
 - (a) For medicare-certified home health agencies, the caregiver will successfully meet the trainings specified in 42 C.F.R. 484.80 (as in effect on October 1, 2023).

- (b) For otherwise-accredited and Ohio department of aging certified agencies, the caregiver will successfully complete at least eight hours of initial training that the individual determines the provider needs to meet the individual's specific needs by the deadline the individual establishes.
 - (c) The provider will ensure the caregiver receives structured training tailored to support the caregiver to meet the individual's assessed needs.
 - (d) The provider will maintain documentation that demonstrates the training described in paragraph (B)(2) of this rule has been completed.
- (3) Ensure SFC is provided as authorized and that any modifications needed in settings adhere to the individual's approved person-centered services plan (PCSP). Settings where the individual resides in a private residence owned or leased by a caregiver who is not related by blood or marriage are considered provider-owned or controlled settings and are subject to compliance with the conditions described in paragraph (C) of rule 5160-44-01 of the Administrative Code.
- (4) Ensure that the caregiver employed by or contracted with the agency provider is able to meet the individual's need for assistance with daily care as assessed by the waiver program case management entity for the relevant waiver program.
- (5) Employ coaching and support professional staff.
 - (a) The provider's coaching and support professional staff will include:
 - (i) A registered nurse (RN), in accordance with Chapter 4723. of the Revised Code,
 - (ii) A licensed practical nurse (LPN), at the direction of an RN, in accordance with Chapter 4723. of the Revised Code,
 - (iii) A licensed social worker (LSW), in accordance with Chapter 4757. of the Revised Code, or
 - (iv) A licensed independent social worker (LISW), in accordance with Chapter 4757. of the Revised Code.
 - (b) The provider's coaching and support professional staff will:
 - (i) Conduct an initial in-person home visit with the individual and the caregiver of SFC to review the roles and responsibilities of the

caregiver and the provider, applicable rules of ODM and ODA, and relevant policies of the provider which apply to provider staff.

- (ii) Conduct monthly contact with the individual and caregiver to provide individualized coaching to the caregiver to increase the caregiver's competencies to provide care to the individual, help the caregiver identify signs of change in the individual's general condition and how to manage such circumstances. Monthly contact will also be made to ensure the caregiver is attending to self-care needs, assess the provision of SFC, review the caregiver's goals and needs, share relevant educational content, assess the individual's satisfaction with care delivery and relationship with the caregiver. Contacts may be a combination of telephonic and in-person visits, with no more than sixty calendar days between in-person visits.

- (6) Maintain a record for each individual served, in accordance with the criteria outlined in:

- (a) Paragraph (A)(9) of rule 5160-46-04 of the Administrative Code if providing SFC to an individual enrolled on the Ohio home care waiver program.
- (b) Rule 173-39-02 of the Administrative Code if providing SFC to an individual enrolled on the PASSPORT program.
- (c) Paragraph (B)(6)(a) or paragraph (B)(6)(b) of this rule if providing services to an individual enrolled on the MyCare waiver program, as appropriate.

- (C) Limitations for SFC include the following:

- (1) SFC will not be authorized for individuals who are medically unstable or medically complex as a substitute for skilled care provided by an RN, LPN, licensed nurse, or other licensed health care professional.
- (2) SFC will not be provided on the same calendar day as out-of-home respite as described in rules 5160-44-17 and 173-39-02.23 of the Administrative Code.
- (3) SFC will not be provided on the same calendar day when a combination of more than two hours of the following services are authorized on the individual's PCSP:
 - (a) Choices home care attendant service as described in rules 5160-58-04 and 173-39-02.4 of the Administrative Code.

- (b) Home care attendant service as described in rules 5160-44-27 and 173-39-02.24 of the Administrative Code.
 - (c) Homemaker as described in rules 5160-31-05 and 173-39-02.8 of the Administrative Code.
 - (d) Personal care services as described in rule 5160-46-06 of the Administrative Code or personal care as described in rule 173-39-02.11 of the Administrative Code.
- (D) Spouses and other relatives with legal decision-making authority may only provide SFC in accordance with the criteria outlined in rule 5160-44-32 of the Administrative Code.
- (E) Authorization process.
 - (1) SFC may be authorized for individuals who are eligible and choose to access the service.
 - (2) The maximum allowable payment rates and procedure codes for SFC are listed in rule 5160-46-06 of the Administrative Code. SFC may be authorized as a full day, or a half day as indicated in the individual's PCSP.
 - (a) SFC will be authorized as a full day, unless the individual is assessed to need additional services described in paragraph (C) of this rule to be provided on the same calendar day as SFC.
 - (b) SFC will only be authorized as a half day when the individual is assessed to need additional services described in paragraph (C) of this rule to be provided on the same calendar day as SFC.
 - (3) The caregiver will provide SFC for no more than three individuals who reside at the same address. When SFC is provided to more than one individual at the same address, the provider will be reimbursed at a group rate as defined in:
 - (a) Paragraph (A)(5) of rule 5160-46-06 of the Administrative Code if providing SFC to individuals enrolled on the Ohio home care waiver program.
 - (b) Paragraph (C)(3) of rule 5160-31-07 of the Administrative Code if providing SFC to individuals enrolled on the PASSPORT program.
 - (c) Paragraph (C) of rule 5160-58-04 of the Administrative Code if providing SFC to individuals enrolled on the MyCare waiver program.

- (F) As a condition of receiving SFC, individuals will agree to and cooperate with monthly waiver program care management agency contacts. Contacts may be a combination of telephonic and in-person visits, with no more than sixty calendar days between in-person visits.

Effective:

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Certification

Date

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