

**Indiana Family and Social Services Administration:
Aged & Disabled (A&D) Waiver Attendant Care and Structured Family Care Overview**

The following table provides an overview to waiver recipients, family members, and stakeholders about attendant care and structured family care in order to inform their planning activities. Please note, as stated in previous guidance, beginning July 1, 2024, legally responsible individuals may not provide Attendant Care (ATTC) in compliance with the CMS- approved Aged & Disabled (A&D) waiver. However, legally responsible individuals will be able to provide care under Structured Family Caregiving (SFC) starting on July 1, 2024. FSSA will work with providers and families currently utilizing LRI-provided attendant care to transition to an alternative attendant care provider or to determine a transition plan to structured family caregiving. Previous communications and future updates on this topic can/will be located at [FSSA: Medicaid Strategies \(in.gov\)](https://www.in.gov/fssa/medicaid-strategies)

	Attendant Care	Structured Family Caregiving
What is the purpose of the service?	Attendant Care (ATTC) provides direct, hands-on care to participants for non-skilled activities of daily living based on the participant’s specific, assessed care needs which exceeds assistance required for an individual meeting developmental milestone of the same age.	Structured Family Caregiving (SFC) is a caregiving service arrangement in which a waiver participant lives together with a principal caregiver who provides daily care and support to the participant based on the participant’s daily care needs and activities of daily living (ADLs).
What is included in the waiver service?	<ul style="list-style-type: none"> ● Supporting the waiver recipient with activities of daily living such as personal care assistance, including activities such as bathing, oral hygiene, hair care, shaving, hand and foot care, intact skin care, application of cosmetics, dressing, toileting, eating, etc. ● Supporting the waiver recipient with Instrumental Activities of Daily Living such as meal preparation and housekeeping ● Transportation to non-medical community activities which exceeds assistance required for an individual meeting developmental milestone of the same age. ● Mobility assistance ● Health and safety and household tasks, such as making the member’s environment free from safety risks, providing reminders to take medicine, and assisting with correspondence, or paying bills. 	<ul style="list-style-type: none"> ● Supporting the waiver recipient with activities of daily living such as personal care assistance, including activities such as bathing, oral hygiene, hair care, shaving, hand and foot care, intact skin care, application of cosmetics, dressing, toileting, eating, etc. ● Supporting the waiver recipient with Instrumental Activities of Daily living such as meal preparation & housekeeping ● Transportation to appointments and community activities that are therapeutic in nature or assist with maintaining natural supports. ● Mobility assistance ● Accompanying the recipient to necessary appointments, whenever possible, such as transporting individuals to the doctor

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		<ul style="list-style-type: none"> ● Medication oversight (to the extent permitted under State law) ● Agency provider conducts home visits based on the participant's assessed needs and caregiver coaching needs to provide support to the principle caregiver. ● Respite for the principle caregiver for a maximum of 15 days per calendar year ● Principle caregivers receive annual training that reflects the participant's and caregiver's assessed needs. ● Agency providers work with participants and caregivers to establish backup plans for emergencies and other times when the principal caregiver is unable to provide care. ● Other appropriate supports as described in the individual's service plan.
Is delivering skilled care included in the service?	No. Nursing and similar support provided by licensed or credentialed health professionals is not covered or reimbursed through this service, though many waiver recipients may qualify for the State Plan Home Health benefit.	No. Nursing and similar support provided by licensed or credentialed health professionals is not covered or reimbursed through this service, though many waiver recipients may qualify for the State Plan Home Health benefit.
How is the service rate structured?	Hourly rate. This rate is the same regardless of assessed need.	Per diem (daily) rate based upon the assessed level of need of the waiver recipient. A structured family care needs assessment is conducted by the case manager during the waiver recipient's service planning process and determines Level 1, Level 2, or Level 3 support needs.
What is the rate the state pays the waiver provider (the agency contracted with FSSA)?	<p>\$34.36/hour of direct service to the provider agency based on assessed need.</p> <p>The caregiver providing attendant care is employed or contracted by the Medicaid provider agency; the provider agency and the caregiver each receive a portion of the rate.</p>	<p>Structured family care is divided into three levels of care need. The daily rates for corresponding levels of care need paid to the provider agency are:</p> <p>\$77.54/day Level 1 \$99.71/day Level 2 \$133.44/day Level 3</p>

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		The caregiver providing the structured family care is compensated by the SFC provider agency; the provider and the individual providing SFC each receive a portion of the rate.
What are the assumptions or estimates that were used to develop the provider rate?	<p>Estimated compensation to attendant caregiver: 60% of hourly rate. Estimated administrative cost to provider agency: 40-45% of hourly rate.</p> <p>Administrative costs include mileage for traveling to waiver member, administration and overhead (e.g., office functions), and training and supervision of attendant care caregiver.</p>	<p>Estimated compensation to caregiver: 65-70% of daily rate. Estimated administrative cost to provider agency: 30-35% of daily rate.</p> <p>Administrative costs include coach and nurse supervision delivered to the caregiver, overhead (e.g., office functions), and staff transportation to caregiver. Also includes an allowance for the provider to provide respite care for the caregiver at 15 days per year.</p>
Does the State require the provider agencies to reimburse paid caregivers using the same logic?	No. The State collects data from provider agencies and benchmarks against national data to develop the components when setting rates. Provider agencies have the responsibility to determine the wages and benefits they will offer to attendants (caregivers).	No. The State collects data from provider agencies and benchmarks against national data to develop the components when setting rates. Provider agencies have the responsibility to determine the wages and benefits they will offer to caregivers providing structured family care.
Is compensation received by a principal caregiver providing a waiver service taxable?	<p>Current IRS guidance (linked here and here) indicates payments made for a waiver service to a recipient by an in-home caregiver are not taxed by the IRS.</p> <p>FSSA cannot provide tax advice and individuals should consult IRS rules & State tax rules (Indiana Code, Indiana Department of Revenue) to understand application to their unique situation.</p>	

Key Terms and Definitions:

Activities of Daily Living (ADL) - These activities include dressing, bathing, grooming, eating, walking, and toileting with hands-on assistance provided as needed.

Instrumental Activities of Daily Living (IADL) – Includes more complex activities related to the ability to live independently in the community such as food preparation, housekeeping, managing finances, and laundry.

Legally Responsible Individual (LRI) - A parent of a minor child or spouse