STRUCTURED FAMILY CARE IN INDIANA

EVERYTHING YOU NEED TO UNDERSTAND ABOUT STRUCTURED FAMILY CARE IN INDIANA

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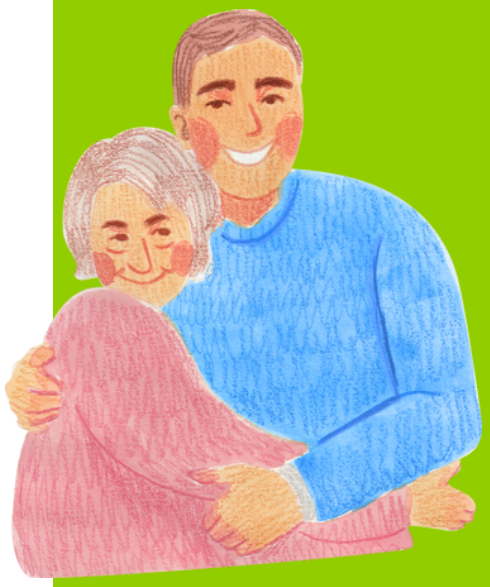

What is Structured Family Caregiving?

SFC is a Medicaid HCBS waiver service where a caregiver who lives with the participant provides daily, unskilled care/support based on assessed needs, while the agency remains the enrolled Medicaid provider responsible for oversight, training, documentation, and payment to the caregiver.

Key Takeaways

- Designed to help individuals remain at home instead of entering a nursing facility
- Provides financial compensation, training, and professional oversight
- A live-in family caregiver delivers care under a certified Medicaid provider agency

Benefits of SFC

- Financial Support for family caregivers
- Training and coaching to improve care quality
- Respite and backup care options are available in many programs
- Reduced caregiver burnout through professional oversight
- Allows loved ones to age in place at home

How Structured Family Care Works

Key Things to Know

- The caregiver must reside in the home with the waiver participant (care recipient).
- The agency provides caregiver training based on needs and ensures the caregiver meets the required qualifications.
- Agencies must conduct quarterly home visits (additional as needed).
- Agencies must capture daily notes completed by the caregiver electronically and make them available to care managers/state upon request.
- Agencies must ensure access to a substitute caregiver/respite (Indiana policy commonly references up to 15 days/year included/expected, depending on waiver context).

Which Waivers Allow SFC

- Health & Wellness Waiver
- Indiana Pathways for Aging Waiver
- Traumatic Brain Injury Waiver
- Community Integration & Habilitation Waiver
- MFP Demonstration Grant

Eligibility Requirements for Care Recipient

Care Recipient Must

At a high level, clients must:

- Be enrolled in Indiana Medicaid (IHCP) in the correct eligibility category for the waiver, and
- Meet the waiver's required institutional level of care (e.g., nursing facility LOC for aging/physical disability waivers).

H&W / TBI specifics (DDRS manual):

- Must qualify for institutional LOC and be enrolled in IHCP; for H&W/TBI the member must be in Traditional Medicaid (FFS) (per the DDRS manual's waiver operations section).

PathWays specifics (OMPP module):

- PathWays Waiver serves Medicaid-eligible adults generally 65+, and ages 60–64 with disabilities, and is managed care–administered (unless exempt/FFS by exception).

Eligibility Requirements for Caregivers

Caregivers Must

Common requirements across the Indiana service definitions and provider training:

- Lives with the participant in a private home (the caregiver's or the participant's home).
- May be a family member or non-family member (depending on waiver/service definition).
- Legally Responsible Individuals (LRIs) are limited to the parent of a minor child or spouse (Indiana policy definition).
- Must receive training from the agency based on assessed needs (DDRS training deck calls out minimum 8 hours in-person annual training for H&W/TBI SFC implementation).

Eligibility Requirements for Agencies

Agencies Must

Indiana policy emphasizes that only agencies may be the Medicaid SFC provider. The agency approves, supervises, trains, and pays the caregiver.

Operational/organizational expectations you should plan around:

- Demonstrate 3 years of relevant hands-on care experience (or Medicaid provider experience in another state / national accreditation).
- Maintain required roles (e.g., Caregiver Coach and/or RN capacity) and conduct required home visits.
- Maintain an operations/policy set (incident reporting, HIPAA, QA/QI, backup plan, job descriptions, etc.) aligned to certification expectations.

Provider Enrollment

How an agency becomes an SFC provider

Indiana's current framework (PathWays, H&W, TBI) uses a 3-step structure:

1. **OMPP Certification (via the OMPP Certification Portal)**
2. **IHCP Enrollment (Medicaid enrollment)**
3. **Waiver program enrollment completion**

Agency Tip

Build your internal checklist to mirror these three steps and assign an owner for each (credentialing/compliance for OMPP, enrollment specialist for IHCP, and program manager for waiver operations).

Step 1 — OMPP HCBS Certification

- OMPP requires applications through the OMPP Certification Portal and provides supporting resources and required document definitions.
- For SFC specifically, OMPP's SFC provider overview lists documents you should prepare (examples: background check results, proof of experience/credentials, liability insurance, SOS letter, W-9/EIN, and multiple operations manual policies).

Provider Enrollment

How an agency becomes an SFC provider

Step 2 — Enroll with IHCP Medicaid

- After certification approval, agencies enroll with IHCP (Indiana Medicaid). The state's certification page frames IHCP enrollment as the second required step.
- Agencies can use IHCP's enrollment pathways (online and packet-based). (If your agency needs to confirm the correct provider type/specialty, use the IHCP enrollment tools and matrix.)

Step 3 — Finish Waiver-Specific Enrollment Steps

- For H&W and TBI, DDRS notes the process begins with OMPP certification and is finalized with IHCP provider enrollment, followed by DDRS-directed next steps (including settings rule compliance if applicable).
- For CIH (DDRS/BDS world), DDRS describes separate provider application processes and waiver-specific operational requirements (CIH has its own SFC section and standards).

Client Enrollment

How a waiver participant starts SFC

1) Confirm the person is on an SFC-allowing waiver

- For H&W/TBI, DDRS states AAAs were the entry points (with LOC and functional eligibility processes described in the DDRS waiver module).
- For PathWays Waiver, the waiver is administered through the member's managed care entity for eligible members (with exceptions).

2) Care manager adds SFC to the person-centered service plan

SFC must be reflected in the participant's service plan and address needs identified in person-centered planning.

Client Enrollment

How a waiver participant starts SFC

3) Level assignment (Level 1–3) is determined via assessment

- DDRS training deck: levels are determined through a Structured Family Care Level of Service Assessment, completed at least annually by care managers (H&W/TBI context).
- IHCP bulletin provides the code/modifier structure for Levels 1–3 and rate/unit definitions (effective DOS on/after July 1, 2024 in that bulletin).

4) Family selects an SFC provider agency; agency completes onboarding

Provider/family guidance emphasizes working with the care manager to identify SFC providers and plan transitions/implementation.

Becoming an SFC Caregiver

How to help someone “become a family caregiver” under SFC

Verify caregiver arrangement requirements

- Caregiver must live with the participant; caregiver can be family or non-family, depending on the scenario.
- If the caregiver is a spouse or parent of a minor child, they are considered an LRI for reporting/compliance purposes.

Set up the required supports you (the agency) must deliver

Minimum operational components called out by Indiana training/policy include:

- Quarterly home visits (plus more if needs indicate), performed by RN and/or caregiver coach depending on the plan.
- Annual in-person training expectation (DDRS training deck: minimum 8 hours) tailored to the participant/caregiver assessed needs.
- Electronic daily caregiver notes (agency must be able to produce these to care managers/state).
- Backup plans for emergencies and caregiver unavailability; and substitute caregiver access (often referenced up to 15 days/year).

Quick-Start Checklist

Quick-start checklist for a home care agency launching SFC in Indiana

Pick your target waiver(s):

PathWays + H&W + TBI (and CIH if you operate in DDRS/DD space).

Complete the 3-step enrollment path:

OMPP certification → IHCP enrollment → waiver program enrollment completion.

Stand up required roles & processes:

Caregiver coach/RN coverage, quarterly visits, daily electronic notes, training program, substitute caregiver process.

Build your documentation:

Service plan packet + caregiver assessment + daily notes + training logs + visit notes + payment passthrough records.

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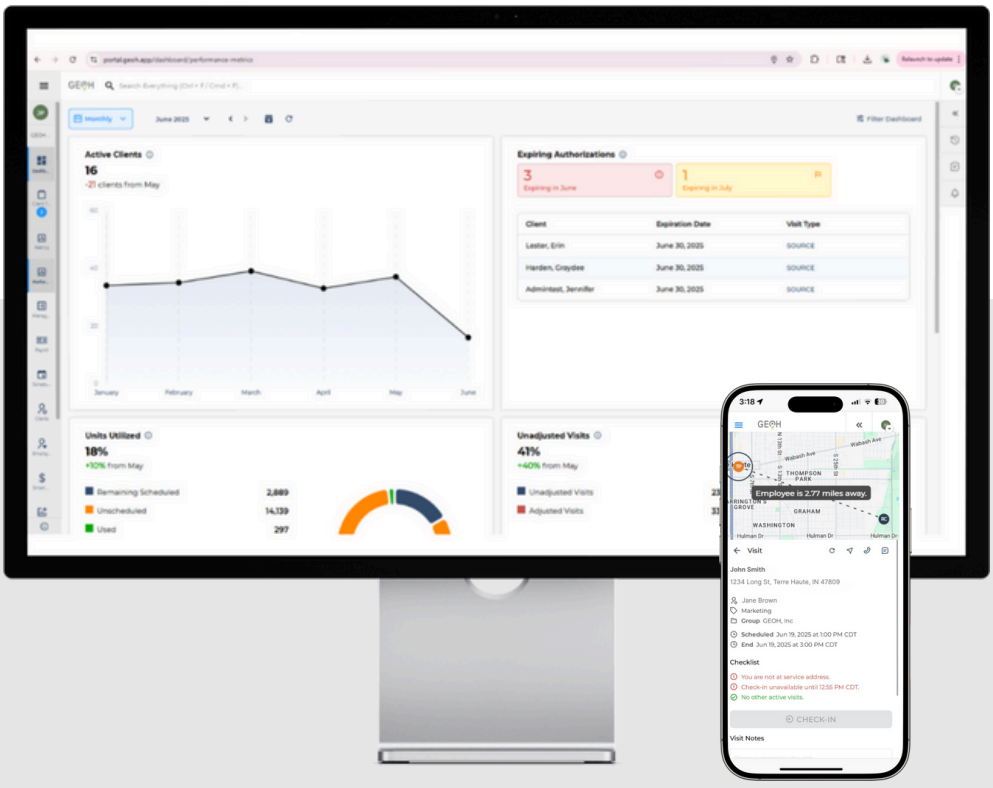
THANKS FOR READING!

We hope you found this guide helpful!

If you ever require assistance, remember GEOH is here to help!

We believe that great things are in store for your agency!

Call 317-455-3218 or book a meeting here!



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