

## Live-In Caregiver Supports

Service Definition
<p>The purpose of Live-in Caregiver Supports is to pay a portion of the <del>additional</del> cost of rent and food that can be reasonably attributed to a live-in personal caregiver who is residing in the same household with a participant <del>an individual</del>.</p>
<p><b>SERVICE REQUIREMENTS:</b></p> <p>A. A live-in caregiver is defined as someone who is residing in the same household with a participant who <del>that</del> is also providing supports and services in the participant's <del>individual's</del> home.</p> <p><del>B. Live-in Caregiver Supports must comply with 42 CFR §441.303(f)(8) and be approved by the DDA.</del></p> <p>B. Explicit agreements, including detailed service expectations, arrangement termination procedures, recourse for unfulfilled obligations, and monetary considerations must be executed and signed by both the participant <del>individual</del> receiving services (or their legal representative) and the caregiver. This agreement is developed by the participant <del>individual</del> receiving services (or their legal guardian or authorized representative), the caregiver, and provider (as applicable). The agreement must be forwarded to the Coordinator of Community Services for submission to the DDA as part of the service request authorizations.</p> <p>C. The individual in services has the rights of tenancy but the live-in caregiver does not, even <del>though although</del> they may <del>beare</del> listed on a lease as an occupant.</p> <p><del>D. Live-in Caregiver Supports for live-in caregivers are is not available in situations in which</del> if the participant resides <del>lives</del> in their family's home, the caregiver's home, or in a residence owned or leased by a DDA-licensed provider.</p> <p>E. The Medicaid waiver program will reimburse <del>pay for</del> this service <del>for</del> only for the months <del>that in which</del> the service agreement <del>arrangement</del> is successfully <del>executed and will hold no liability for unfulfilled rental obligations</del> carried out, without assuming liability for unmet rental obligations. <del>Upon</del> When entering into the service agreement with the caregiver, the participant (or their legal representative) will <del>assume take on this the risk for all</del> unmet rental obligations <del>or this contingency</del>.</p> <p>F. Live-In Caregiver Rent is not available to participants receiving support services in residential models, including Community Living-Enhanced Supports, Community Living-Group Home, Shared Living and Supported Living services.</p>

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G. A legally responsible person, parent, spouse, or legal guardian of the participant cannot be paid by the Medicaid wWaiver program, either directly or indirectly, to provide this Medicaid wWaiver program service.

H. Siblings may be paid to provide this Waiver service, unless they are a legally responsible person or legal guardian.

I. Anyone paid to provide a Medicaid waiver service, including participant's employees, are considered a Medicaid Provider, subject to all laws and regulations associated with a Medicaid Provider.

Specify applicable (if any) limits on the amount, frequency, or duration of this service:

Live-in Caregiver Supports is limited based on the following:

1. The cost of rent, associated with the live-in caregiver ~~individual supporting the participant~~, must be calculated as follows:

a. The difference in cost between:

(i) A unit sufficient to house the participant only; and

(ii) A unit sufficient to house the participant and the live-in caregiver ~~individual supporting the participant~~ under this Medicaid wWaiver program service; and

b. That cost of rent must be based on, and not exceed, the Fair Market Rent for the jurisdiction where the unit is located as determined by the Department of Housing and Urban Development.

2. The cost of food, associated with the live-in caregiver, ~~individual supporting the participant~~ must be calculated, as follows:

a. The cost of food attributable solely to sustaining the live-in caregiver ~~individual supporting the participant~~; and

b. That cost must be based on, and not exceed, the U.S. Department of Agriculture's Monthly Food Plan Cost at the 2-person moderate plan level.

## Live-In Caregiver Supports

Service Delivery Method (check each that applies):
<input checked="" type="checkbox"/> Participant-directed as specified in Appendix E <input checked="" type="checkbox"/> Provider managed <span style="color: red;">(<u>Don't Check</u>) Remote/via Telehealth</span>
Specify whether the service may be provided by (check each that applies):
<span style="color: red;">✗</span> Legally Responsible Person <input checked="" type="checkbox"/> Relative <span style="color: red;">✗</span> Legal Guardian
Provider Category(s) (check one or both):
<span style="color: red;">(<u>Don't Check</u>)</span> Individual. List types:
<u>X</u> Agency. List the types of agencies:
Organized Health Care Delivery System Provider
Provider Type:
Organized Health Care Delivery System Provider
License (specify)

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Certificate (specify)
Other Standard (specify)
<p>Agencies must meet the following standards:</p> <ol style="list-style-type: none"> <li>1. Be approved <del>certified or licensed</del> by the <del>MDH DDA</del> to provide at least one Medicaid waiver service; and</li> <li>2. Complete the <del>MDH DDA</del> provider application to be an Organized Health Care Delivery System provider.</li> </ol> <p>Organized Health Care Delivery System providers shall verify qualified entity/vendor, <del>funding amount, and payments</del> including:</p> <ol style="list-style-type: none"> <li>1. Property manager and landlord chosen by the individual providing residence at a customary and reasonable cost within limits established;</li> <li>2. Local and community grocery stores for the purchase of food at a customary and reasonable cost within limits established; and</li> <li>3. Have a copy of the same available upon request.</li> </ol>
Verification of Provider Qualifications
Provider Type:
Organized Health Care Delivery System Provider
Entity Responsible for Verification:
<ol style="list-style-type: none"> <li>1. <del>MDH DDA</del> for approval of Organized Health Care Delivery System.</li> <li>2. Organized Health Care Delivery System providers for verification of qualified entity/vendor.</li> </ol>

## Live-In Caregiver Supports

Frequency of Verification
1. Organized Health Care Delivery System – Initially and at least every 3 years.
2. Organized Health Care Delivery System providers – Prior to service delivery and continuing thereafter.