## Recognition of Family Caregivers in Managed Long-Term Services and Supports

### Arizona Long-Term Care System (ALTCS)—Contract References Related to Family Caregiver References

Contract date: Amended October 1, 2018

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<tr>
<th>Contract Element</th>
<th>Finding</th>
<th>Contract Language</th>
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<tbody>
<tr>
<td>Are family caregivers assessed on their health and well-being and/or other areas, such as training and support needs?</td>
<td>No</td>
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| Does the contract reference the inclusion of family caregivers in the development of the beneficiary’s service plan, care coordination, or the care team? | Yes     | **Section D: Program Requirements, p. 26**  
Service Plan—A complete written description of all covered health services and other informal supports which includes individualized goals, family support services, care coordination activities and strategies to assist the member in achieving an improved quality of life.  

**Per AHCCCS Medical Policy Manual (AMPM) 1620-B, p. 2**  
The involvement of the member and member’s family in strengths/needs identification as well as decision making is a basic tenet of ALTCS case management practice. Anyone can be involved in the planning the meetings at the member’s or member representative’s request. The member and member’s family/representative partner with the case manager in the development of the plan.
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| Does the contract cover services and supports for family caregivers? | Yes     | **Section D: Program Requirements, p. 66**  
**Hospice Services:**  
Hospice services provide palliative and support care for terminally ill members and their family members or caregivers in order to ease the physical, emotional, spiritual and social stresses, which are experienced during the final stages of illness and during dying and bereavement.  
**p. 66**  
**Respite Care:**  
A service that provides an interval of rest and/or relief to a family member or other person(s) caring for the member. It is available for up to 24 hours per day and is limited to 600 hours per benefit year. Refer to AMPM Policy 1240-B and AMPM Policy 1250-D.  
**p. 71**  
**Support Services:**  
Support services are provided to facilitate the delivery of or enhance the benefit received from other behavioral health services. These services include but are not limited to:  
**2. Home Care Training Family Services (Family Support)—**  
The contractor shall provide access to peer and family support services for members to assist with understanding and coping with the stressors of a member's disability and how to effectively and efficiently utilize the service delivery system for covered benefits. |
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| Does the contract allow payment to family caregivers in the program’s consumer direction option (if available)? | Yes | **Section D: Program Requirements, p. 64**  
**Spouses as Paid Caregivers:** A service delivery model option where a member may choose to have attendant care services provided by his/her spouse.  
**Agency with Choice, p. 64**  
A member-directed service delivery model option. Members selecting Agency with Choice may enter into a partnership with a provider agency in which the agency/provider maintains the role of legal employer including the authority to hire and fire paid caregivers, conduct regular supervision visitations and provide standardized training to the caregiver. Under this service delivery model option, the member or individual representative may recruit, select and dismiss paid caregivers, and may also elect to specify training for, manage and supervise caregivers on a day-to-day basis. Individual Representatives are prohibited from providing paid care under this model.  
**Self-Directed Attendant Care, p. 64**  
A member-directed service delivery model option. The Direct Care Worker who provides these services is an employee, not of an agency, but of the member who hires, trains and supervises the caregiver. Members selecting SDAC may direct their Direct Care Worker to provide certain skilled services. The member or the legal guardian must direct care under this model. Legal guardians are prohibited from being paid to provide care.  
**pp. 83-84**  
In accordance with AMPM Policy 1620-B the case managers shall: 12. Educate members on their option to choose their spouse as their paid attendant caregiver and the need to consider how that choice may impact eligibility for other publicly funded programs. |
| Does the contract require a beneficiary to be reassessed upon loss of the caregiver (including circumstances such as death, illness, hospitalization, work responsibilities, or financial strain)? | Other | **28. Network Development, pp. 121-122**  
The Contractor shall incorporate the following critical requirements in the development of a sufficient and effective network in order to meet the needs of members:  
2. Ensuring support of the member’s informal support system (e.g., family caregivers)  
**Arizona Division of Health Care Management, 11/25/2019:**  
The above occurs with case managers as part of the assessment and service planning process, when assessing for services/made aware of such circumstance/s. |
| Does the contract require family caregivers to be included in the health plan member advisory committee? | Yes | **Section D, Program Requirements, p. 112**  
**25. Member Councils**  
Every effort shall be made to include a cross representation of ALTCS members and families/representatives, member advocacy groups and providers that reflect the population served. The ALTCS Member Council should consist of at least 10 Council members. ALTCS members and families/representatives and member advocacy groups shall make up at least 50% of the membership. |
### Contract Element Finding Contract Language

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| Does the contract require quality measures related to family caregivers and/or for them to be included in the program's quality assessment/performance improvement processes? | Yes     | **Section D, Program Requirements, p. 96**  
The Contractor shall have an ongoing quality management program for the services it furnishes to members [42 CFR 438.330(a)(1); 42 CFR 438.330(a)(3)]. The Quality Management program shall include, but is not limited to:  
25. Regular, and as requested, dissemination of subcontractor and provider quality improvement information including performance measures, dashboard indicators and member outcomes to AHCCCS and key stakeholders, including members and family members  
26. Developing and maintaining mechanisms to solicit feedback and recommendations from key stakeholders, subcontractors, members, and family members to monitor service quality and to develop strategies to improve member outcomes and quality improvement activities related to the quality of care and system performance. |

### How to Interpret the Finding

<table>
<thead>
<tr>
<th>Yes</th>
<th>“Yes” indicates the language was found in the contract.</th>
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<tbody>
<tr>
<td>No</td>
<td>“No” indicates the language was not found in the contract.</td>
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<td>Other</td>
<td>“Other” indicates the state provided supplemental information (not found in the contract) that met the criteria for the element. For example, one state provided additional information from its managed LTSS program handbook that confirms the member can select family and/or friends to be paid caregivers in the consumer direction program.</td>
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