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

South Carolina Healthy Connections Prime—Contract
References Related to Family Caregivers

Contract date: November 2017 and July 1, 2018, contract amendment

<table>
<thead>
<tr>
<th>Contract Element</th>
<th>Finding</th>
<th>Contract Language</th>
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<td>Are family caregivers assessed on their health and well-being and/or other areas, such as training and support needs?</td>
<td>Yes</td>
<td>p. 64 2.6.3.3.1—The Comprehensive Assessment—Assessment domains will include, but not be limited to, social, functional, medical, behavioral, wellness and prevention domains, caregiver status, and capabilities, as well as the enrollee’s preferences, strengths, and goals.</td>
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<td>p. 70 2.6.6.7.5.3—The integrated care plan (ICP) must include a risk assessment that identifies and evaluates risks associated with the enrollee’s care. Factors considered include, but are not limited to: Caregiver qualifications and risks associated with burn-out or the ability to no longer perform duties.</td>
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<td>Does the contract reference the inclusion of family caregivers in the development of the beneficiary’s service plan, care coordination, or the care team?</td>
<td>Yes</td>
<td>p. 52, 2.5.3.3.3. The Enrollee shall be encouraged to identify individuals that he/she would like to participate on the Multidisciplinary Team (MT), including but not limited to family members, responsible parties, or other informal caregivers such as neighbors or friends.</td>
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<td>p. 69, 2.6.6.1. Following the Comprehensive Assessment (as described in Section 2.6.3 Comprehensive Assessment), the Coordinated and Integrated Care Organization (CICO) shall assign a Care Coordinator who works with the Enrollee, his/her family supports, Providers, and other MT members to develop a comprehensive, person-centered, written ICP for each Enrollee. CICOs must allow Enrollees to request and be assigned a new Care Coordinator.</td>
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<td>p. 58, 2.5.4.1.8. The Care Coordinator must execute the following responsibilities: 2.5.4.1.8. Communicate with the Enrollee and, in accordance with the Enrollee's preferences, the Enrollee's family members, and informal caregiver(s), if any, about the Enrollee’s medical, social, and psychological needs on a basis to include a phone call or face-to-face meeting, depending upon the Enrollee’s needs and preferences.</td>
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<td>Does the contract cover services and supports for family caregivers?</td>
<td>Yes</td>
<td>pp. 62–63</td>
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**2.5.7.2. Health Promotion and Wellness Activities**

The CICO must provide a range of health promotion and wellness informational activities for Enrollees, their family members, and other informal caregivers. The focus and content of this information must be relevant to the specific health status needs and high-risk behavioral in the Medicare-Medicaid population. Interpreter services must be available for Enrollees who are not proficient in English. Examples of health promotion and wellness topics include, but are not limited to the following:

- Chronic condition self-management;
- Smoking cessation;
- Fall prevention;
- Caregiver support;
- Nutrition;
- Prevention and treatment of alcohol and substance abuse;
- Emotional and mental health;
- Medication management;
- Fitness activities;
- Advance disease planning; and
- Emergency preparedness;

p. 251

**Appendix B Covered Service Definition**

Personal Care I (PC I) services are designed to help preserve a safe and sanitary home environment, provide short-term relief for caregivers, and assist clients with personal care. These services supplement, but do not replace, the care provided to clients. The kinds of services performed by the PC I aide include the following:

- Meal planning and preparation
- General housekeeping
- Assistance with shopping
- Companion or sitter services
- Assistance with financial matters, such as delivering payments to designated recipients on behalf of the client
- Assistance with communication
- Observing and reporting on the client's condition

p. 258

**Respite care**—Respite care services are intended to provide temporary around-the-clock relief for caregivers by placing the client in an institutional setting for up to 14 days per state fiscal year.

p. 263

**Companion Services**—Companion services provide short-term relief for caregivers and supervision of clients.
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| Does the contract allow payment to family caregivers in the program's consumer direction option (if available)? | Yes     | p. 73 2.6.8.1  
The CICO will provide, through subcontract, client directed personal care assistance. Attendant care services are provided by qualified individuals, including specified family members, to help Enrollees by offering support for activities of daily living and monitoring the medical condition of Enrollees.  
p. 74 2.6.8.4.1.1  
The spouse of the enrollee, or any other legally responsible guardian of an enrollee, cannot be reimbursed.  
2.6.8.4.1.2  
In addition, family members who are primary caregivers will not be reimbursed for respite and/or companion services. |
| 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)? | Yes     | p. 66 2.6.3.9.  
The CICO must ensure that a reassessment and an ICP update are performed:  
• As requested by the Enrollee, his/her caregiver, or his/her provider; and  
Loss of a primary caregiver or an informal caregiver who contributes substantially to the Enrollee's care; |
| Does the contract require family caregivers to be included in the health plan member advisory committee? | Yes     | p. 33 2.2.4.1.2 Enrollee Advisory Committee:  
Is comprised of enrollees, family members and other caregivers that reflect the diversity of the Demonstration population, including enrollees with disabilities. |
| 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     | pp. 149–150 2.12.3.  
The CICO shall:  
Establish internal processes to ensure that the quality management activities for primary, specialty, and behavioral health services, and long-term services and supports (LTSS) reflect utilization across the network and include all of the quality activities mentioned above in Sections 2.12.1 and 2.12.2 of this Contract and, in addition, the following elements:  
• A process for including Enrollees and their families in quality management activities, as evidenced by participation in Enrollee advisory boards |
### How to Interpret the Finding

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<th>Yes</th>
<th>“Yes” indicates the language was found in the contract.</th>
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<td>No</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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