

Paid Family Caregiver Disclosure Form Companion Guide

To purposefully plan and understand the needs of the children and families utilizing attendant care services through the Aged & Disabled waiver where the parent of the minor is paid staff, the Family and Social Services Administration is requesting that care managers complete the Paid Family Caregiver Disclosure form **by March 15, 2024**.

The form is required to be completed for any individual utilizing attendant care services through the Aged & Disabled Waiver **AND** a parent of a minor child is paid to provide attendant care. This form must be completed by the care manager alongside the parent of the minor child. This form can be completed in person, virtually or by phone.

Care managers should use the information obtained to support the family in thoughtful planning and preparation for the July 1, 2024, deadline.

Definitions as they relate to completion of this form.

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

Paid parent caregiver: A legally responsible individual who is currently being paid as staff of attendant care through the Aged & Disabled Waiver.

Minor child: A child who is under the age of 18 years.

Section One (1) – Basic Information

This section requires that basic information is provided about the individual receiving services, their care management team, and the paid parent caregiver. All questions are required to be answered.

Question 7 asks for the name of the paid parent caregiver(s). Please provide the name of each parent of a minor child who is currently being paid as a caregiver. For instance, if mom and dad are both being paid, please provide both of their names.

Question 8 asks for the approximate number of hours that are being provided by the paid family caregiver. The choices reflect the number of hours within a week. This does not include attendant care hours that are provided by someone who is not the legally responsible individual. For example, a child is approved for 40 hours a week of attendant care. The mother is paid to provide 20 hours and grandmother is paid to provide 20 hours. The care manager would choose the option labeled “1-20 hours a week” because that is number of hours the mother is being paid to provide.

Question 9 is intended to gather the reason(s) that a parent has chosen to be a paid caregiver. This information assists the care manager in better understanding the barriers and/or concerns of the parent to obtain staffing support. If the box “other” is checked because the other options do not capture the

situation, please provide more detailed information by clicking on the text box and entering the information.

Section Two (2)- Living Arrangement

This section allows for the gathering of information for those who are living in the home and their relationship with the child. This provides the care manager an opportunity to better understand the family dynamics and provide the necessary and appropriate resources to holistically support the family.

Question 10 allows for the care manager to choose multiple answers so that all the adults living in the home are properly captured. For instance, if the child lives with their mother and grandmother, you would select both the “one parent” AND “grandparent” boxes.

Questions 11-16 allow for the care manager to better understand the employment status of any adults living in the home and have thoughtful conversations about any financial needs of the family and connection to resources. The employment status does not include being the paid parent caregiver. There is a choice of “not applicable” which should be checked when that adult does not live in the home with the child.

Question 17 allows for the care manager to capture any other children who live in the home. This does not include the child receiving attendant care for which the form is being filled out. If this question is answered yes, then the form will go to additional questions to better understand the number of other children, any special healthcare needs of those children, and formal services of those other children. This provides an opportunity for the care manager to better understand the needs of the family as a whole while also connecting the family with additional resources that may be available to those children.

Section three (3) – Support Needs of Child

This section allows the care manager to better understand the support needs of the child as it relates to skilled care needs.

The first question in this section allows for multiple answers. Please select all the caregiving supports the child needs that they would not otherwise if they did not have a disability or special healthcare need. For instance, if the child is 1 year old – it is not developmentally appropriate nor expected that they would be able to do tasks such as toilet independently, bath independently, or dress themselves therefore those boxes would not be checked. However, it is developmentally appropriate and expected that a 12-year-old would be able to do those tasks therefore if assistance is needed in those areas, you would check those boxes. If “other” is chosen, please type the specific equipment that is used for the child in the text box.

The next question allows for multiple answers. Please select all the equipment the child uses regularly. A helpful way to think about “regularly” – is if the family and child were traveling and did not have ready access to their home, what equipment or devices would be necessary to take with them to ensure the child could be supported safely and appropriately. If “other” is chosen, please type the specific equipment that is used for the child in the text box.

Section four (4) – Daily Life

This section allows for the care manager to better understand what a day in the life of the child and family looks like based upon their stage of life.

“Please select the child’s stage of life” – This question requires an answer about the stage of the child. Based upon the life stage you will be taken to questions specific to possible formal services that may be currently in place. For instance:

- When “Infant/toddler: 0-2 years old” is chosen you will be taken to answer additional questions related to their participation in First Steps.
- When “Preschool: 3-5 years old” is chosen you will be taken to answer additional questions related to their participation in preschool/kindergarten programs.
- When “School age: 6-17 years old” is chosen you will be taken to answer additional questions related to their participation in the school system.

*Due to the date of the child’s 5th or 6th birthday, they may be enrolled in kindergarten or first grade. Please choose the answer based upon the child’s current age and answer to the best of your ability their involvement in public school offerings as it relates to the questions asked.

“Does the child receive Applied Behavior Analysis (ABA) services?” - All stages will be required to answer a question as it relates to the child’s participation in Applied Behavior Analysis (ABA) services. A yes answer will ask additional questions to better understand where and how much ABA services are being provided.

“Does the child receive any therapy services in the home or a clinic? Therapy services may include any physical therapy, occupational therapy, speech therapy, hippotherapy, and aquatic therapy.” – All stages will be required to answer a question as it relates to any therapy services that the child receives in the home or clinic. This does NOT include First Steps or ABA services. These therapy services may be accessed via the family’s private insurance or Medicaid state health plan. This can include but is not limited to physical therapy, occupational therapy, speech therapy, hippotherapy, and aquatic therapy. A yes answer will take you to additional questions about the total combined hours of these types of therapies the child is receiving as well as where they are receiving those therapies. For instance, a six-year-old child receives physical therapy and occupational therapy once a week per therapy in a clinic. Then you would choose “does not receive in-home therapies” when asked how many hours a week the child receives therapies in the home, but you would choose “1-4 hours a week” when asked how many hours a week the child receives therapies in the clinic.

“Is the child approved for home health services through Medicaid Prior Authorization hours?” - All stages will be required to answer a question as it relates to Medicaid Prior Authorization. Medicaid Prior Authorization includes the approval of home health support available through the Medicaid state health plan. More information can be found in the [IHCP Provider Reference Module: Home Health Services](#). This question does not include if the family can access staffing but rather simply if the child is approved for the hours. Based upon a yes or no question, additional questions will be asked related to if a request has been submitted, how many hours are approved, and how many hours is the family able to get staffed.

“Does the child receive care from someone outside of the home regularly? This can include unpaid care from family such as grandparents, and friends, or programs such as mom’s night out or social groups. Regular basis means that the child attends a program or is provided care at least monthly.” - All stages will be required to answer the question as it relates to informal support. The purpose of this question is to provide the care manager with an avenue to fully understand all the activities and relationships in the child’s life and further connect families to resources that may be of interest to the child and family.

Section Five (5) – Moving Forward

This section is intended to provide an avenue for discussion on how the family would like their services to continue effective July 1, 2024, to allow time for thoughtful transition planning. The information collected **does not** serve as a final decision or commitment. Care managers should check in with the family again prior to the July 1, 2024, deadline to answer questions, address concerns, and determine the chosen path moving forward. Care managers are responsible for updating the service plans to reflect the change in the services, if any.