



## **SFCW Request**Provider Quick Guide Checklist

This document provides instruction on the content and process of Structured Family Caregiver Waiver requests.

Eligibility	Criteria
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The fo	ollowing eligibility criteria must be verified before proceeding with the request(s):
Po	articipant is age 21 or older
P	articipant has an appropriate ME code to receive HCBS (Policy 2.00, App 3).
	he participant has a confirmed Dementia diagnosis of Alzheimer's or a related disorder see examples).
	carticipant lives with primary caregiver.  Primary caregiver must be the individual who provides services and has round-the-clock responsibility for the Participant's health and welfare.
S	ubstitute caregiver needs to be identified.
	completed and signed Participant Choice Statement (HCBS-3) has been uploaded to he HCBS Web Tool within the last 365 days.
TI	he Participant is not enrolled in any other waivers (ILW, ADW, ADCW)
	In assessment has been completed within the last 365 days (should not be an issue ince you are completing one at this time).
Aı	n appropriate goal and backup plan are listed on the InterRAI
Dem	nographics
	erify that the Marital Status/Living Arrangement drop-down selection in HCBS Web Tools correct and updated.
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Case	e Notes
	hould clearly reflect the diagnosis of the Participant and how the diagnosis was onfirmed.
P	hould state who is the Participant's primary caregiver and confirmation that the articipant and primary caregiver reside together. Substitute caregiver shall also be oted.
	hould accurately reflect Participant's overall current circumstances, vital information, and description of the changes to the health condition.
	request is made at time of assessment, ensure InterRAI HC is consistent with the lescription in case notes.
М	larital status, living arrangement, and other responsible party is noted.

Notify Provider Reassessment Review Team of SFCW request when sending notification of assessment completion.

• If it has changed since the last assessment, document the change in a case note.

## **Next Steps**

- Ensure it is documented in case notes that you are requesting SFCW.
- Ensure InterRAI HC and case notes align with one another.
- Review Specialist will review the case notes and InterRAI HC.
- Review Specialist will send to BLTSS for review/approval.
- BLTSS will send approval/denial.
- Review Specialist will notify Provider and Participant of LTSS determination.