

3001 FAMILY MEMBERS AS PAID PROVIDERS

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REFERENCES: AMPM 1240-A, AMPM 1240-E

PURPOSE

The purpose of this policy is to outline the criteria Family Members must meet to become a Member's paid provider and to outline the Conditions and Limitations for the Spouse and Parent as Paid Provider Service Model.

DEFINITIONS

1. "Attendant Care" means a service which provides a trained attendant to provide assistance with homemaking, general supervision and personal care.
2. "Cost Effective" means Home and Community Based Services provided under the ALTCS program that are determined to be Cost Effective when compared to the cost of providing care to the Member in an Institutional Setting, as specified in Division Medical Policy 1620-C.
3. "Direct Care Worker" or "DCW" means a Direct Support

Professional who has passed the required DCW competency tests and who assists Members with a disability with activities necessary to allow them to reside in their home.

4. "Direct Support Professional" or "DSP" means a person who delivers direct support in home and community-based services (HCBS) with current training according to the training and certification or licensing requirements of the HCBS they provide.
5. "Extraordinary Care" means care that exceeds the range of activities that a spouse or a legally responsible Parent of a minor child would ordinarily perform in the household on behalf of the ALTCS Member if the Member did not have a disability or chronic illness, and which is necessary to assure the health and welfare of the Member.
6. "Family Member" means a relative of a Member, as specified by the Division, who may be paid to provide services to a Member including:
 - a. A spouse;
 - b. Adult child or stepchild;

- c. Son or daughter-in-law;
 - d. Grandchild;
 - e. Sibling or stepsibling;
 - f. Parent, stepparent, or adoptive Parent;
 - g. Grandparent;
 - h. Mother or father-in-law; and
 - i. Brother or sister-in-law.
7. "Habilitation" means a service encompassing the provision of training in independent living skills or special developmental skills, sensory-motor development, orientation and mobility and behavior intervention. Physical, occupational or speech therapies may be provided as a part of or in conjunction with other Habilitation services.
8. "Habilitation, Hourly Support" means a habilitative service that supports Members to maximize their independent living skills in their homes and communities.
9. "Home and Community Based Services Needs Tool" or "HNT" means a tool used by the Support Coordinator to assess the

Member's specific needs related to Attendant Care, Homemaker services and Habilitation needs.

10. "Independent Provider" means an individual who has a service agreement with the Division to provide Attendant Care (ATC), Homemaker (HSK), Respite (RSP), or Habilitation, Hourly Support (HAH/HAI) and who is a DCW.
11. "Informal Support" means voluntary non-billable services provided to a Member by a Family Member, friend, or volunteer to assist or perform functions such as, but not limited to:
 - a. Housekeeping;
 - b. Personal care;
 - c. Food preparation;
 - d. Shopping;
 - e. Pet care; or
 - f. Non-medical comfort measures.
12. "Licensed Health Aide" or "LHA" means a person who is licensed to provide or assist in providing nursing-related services and:
 - a. Is the Parent, guardian, or Family Member of the Arizona Long-Term Care System (ALTCS) Member who is under 21

years of age and eligible to receive skilled nursing or skilled nursing respite care services who may provide LHA services only to that Member and only consistent with that Member's plan of care; and

- b. Has a scope of practice that is the same as a Licensed Nursing Assistant and may also provide medication administration, tracheostomy care, enteral care and therapy, and any other tasks approved by the State Board of Nursing in rule.
13. "Life-Safety Inspection" means an examination of the setting by OLCR to verify compliance with standards intended to safeguard children and vulnerable adults from fire hazards and from other hazardous conditions.
 14. "Medically Necessary" means a service prescribed by a doctor or licensed health practitioner that helps with health problems, stops disease, disability, or extends life.
 15. "Member" means the same as "client" as defined in A.R.S. § 36-551.

16. "Parent" means individual who has legal custody of their minor child, including:
 - a. A biological, adoptive, or custodial mother or father of a child; or
 - b. An individual who has been appointed as a legal guardian or custodian of a child by a court of competent jurisdiction.
17. "Parent as Paid Caregiver Service Model Option" means a service delivery model where legally responsible Parents, including legal guardians, with formal physical or legal custody are approved to receive compensation for providing attendant care or Habilitation, Hourly Support to their minor child who is an ALTCS Member.
18. "Planning Document" means a written plan developed through an assessment of functional needs that reflects the services and supports, paid and unpaid, that are important for and important to the Member in meeting the identified needs and preferences for the delivery of such services and supports.
19. "Planning Team" means a group of people including the Member; the Responsible Person; the Support Coordinator; other State of

Arizona Department of Economic Security staff, as necessary;
and any person selected by the Member, Responsible Person, or
the Department.

20. "Qualified Vendor" means a provider of community developmental disability services that has applied for Qualified Vendor status, meets the criteria for Qualified Vendor status, and has entered into a Qualified Vendor Agreement with the Department.
21. "Qualified Vendor Agreement" or "QVA" means the valid, executed contract between the Department and a Qualified Vendor describing the services the Qualified Vendor is qualified to provide and the terms and conditions governing the relationship between the Department and the Qualified Vendor including any amendments, attachments, schedules, or exhibits.
22. "Resident of Arizona" means a person living within the State of Arizona with or without a fixed address which is verified by:
- a. Rent or mortgage receipts;
 - b. Landlord statements;
 - c. An Arizona driver's license or state ID card;

- d. Arizona vehicle registration;
 - e. A statement from an employer; or
 - f. Utility bills or receipts.
23. "Spouse as Paid Caregiver Service Model Option" means legally responsible spouses who receive compensation for providing care to their spouse who is an ALTCS Member.

POLICY

A. FAMILY MEMBERS AS PAID PROVIDERS REQUIREMENTS

1. The Division shall require a Family Member who wants to become a paid provider to meet the following requirements to become a DSP:
 - a. Is hired by a Qualified Vendor;
 - b. Is at least 18 years old;
 - c. Has documentation of having completed the following training:
 - i. Article 9;
 - ii. Hold certification in Cardiopulmonary Resuscitation (CPR) and first aid that meet the following criteria:

- a) Training in CPR and first aid shall be provided or sponsored by a nationally recognized organization as specified in Division Provider Manual Chapter 61; and
- b) Training sessions must include on-site and in-person skills demonstrations such as mouth-to-mouth resuscitation, chest compressions and first aid skills.
- iii. Training for Member-specific needs as indicated in the Member's Planning Documents;
- iv. Direct Care Worker training if delivering Attendant Care; and
- v. Training in the delivery of Habilitation, Hourly Support if delivering Habilitation.
- d. Be licensed by the Board of Nursing if delivering Licensed Health Aid services;
- e. Has documentation of a Life-Safety Inspection of the DSP's home, unless the services are provided in the Member's home, if delivering Respite services;

- f. Has a valid Level 1 Fingerprint Clearance Card unless:
 - i. The only service being provided is Attendant Care;
and
 - ii. The Member resides with the Family Member
providing Attendant Care services as outlined in
A.R.S 36-594.01(D).
 - g. Has passed background checks including:
 - i. Department of Child Safety (DCS) Central Registry;
and
 - ii. Adult Protective Services (APS) Registry.
 - h. Is trained on and agrees to follow any QVA specific
requirements; and
 - i. Is oriented to the Member's needs as outlined in their
Planning Document and documented in the Pre-Service
Provider Orientation form.
2. The Division shall only allow Family Members to be paid to
provide Attendant Care and Habilitation, Hourly Support to
Members when they comply with Division Medical Manual 1240-A
and 1240-E.

3. The Division shall only allow Family Members to be paid to provide Licensed Health Aide services when they comply with Division Medical Policy 1240-G.
4. The Division shall not allow Family Members to be paid to complete nursing tasks as outlined in the Division's Medical Manual 1240-G1, during the provision of Attendant Care or Habilitation services.
5. The Division shall require Family Members as paid providers to comply with all Division requirements, policies, procedures, laws, and rules.
6. The Division shall require the Planning Team to ensure paid services provided by Family Members augment and support the Member's existing Informal Support and community services.
7. The Division shall confirm that Parents providing Informal Support for Extraordinary Care, do so voluntarily.
8. The Division shall require Family Members to participate in and cooperate with monitoring requirements.
9. The Support Coordinator or designee shall conduct a personal interview with the Member to verify that they want the Family

Member to provide care, when a Family Member requests to become a paid provider for a Member over the age of 18.

10. The Division shall require that Attendant Care and Habilitation, Hourly Support services provided by a Member's spouse meet the definition of Extraordinary Care.

**B. SPOUSE AND PARENT AS PAID CAREGIVER SERVICE MODEL
OPTION CONDITIONS AND LIMITATIONS**

1. The Division shall require the following conditions and limitations apply to both Spouse and Parent as Paid Caregiver Service Model Options:
 - a. The Member resides in their own home;
 - b. Assessed through and documented in the Member's Planning Document prepared by the Member's Support Coordinator;
 - c. Attendant Care services provided by the spouse or Parent are only provided when the Member has been assessed to have needs that meet the definition of Extraordinary Care and documented using the age-appropriate HCBS Needs Tool;

- d. Habilitation, Hourly services provided by a Parent are only provided when the Member has been assessed to have needs that meet the definition of Extraordinary Care and documented using the HCBS Needs Tool;
- e. The spouse or Parent is employed or contracted under the following circumstances:
 - i. Employed or contracted by a Qualified Vendor;
 - ii. The spouse is employed or contracted by a Member under the Independent Provider network if the Member is served by the Division; or
 - iii. The spouse or Parent is employed or contracted by a Qualified Vendor if the Member is an American Indian/Alaskan Native (AI/AN) enrolled in the DDD Tribal Health Program (THP).
- f. The spouse or Parents meet the standard training requirements and other provider qualifications included in this policy, and in Division Medical 1240-A and 1240-E as applicable for Parents providing PPCG Habilitation services; and

- d. Not allow the spouse providing Attendant Care services as a paid caregiver to be be paid for more than 40 hours of services in a seven-day period;
 - e. Not allow the total hours of care provided by the spouse and any other DCW to exceed 40 hours in a seven-day period; and
 - f. When a Member has been authorized Attendant Care services with a spouse as the paid caregiver who can only provide a portion of those hours, the Division will authorize another Qualified Vendor to provide the balance of the authorized hours, not to exceed 40 total hours of Attendant Care.
3. The Division shall require the following conditions and limitations apply to the Parent as Paid Caregivers Service Model Option:
- a. The Support Coordinator records in the Member's Planning Document, the choice and decision making regarding the Parent as Paid Caregivers Service Model Option as referenced in:

- i. Division Medical Policy 1620-D for information on Service Planning Standard;
 - ii. Minor Caregiver Options Discussion Guide and Decision Roadmap; and
 - iii. Parent as Paid Caregivers Acknowledgement of Understanding and Agreement to Follow Service Model Requirements.
- b. During Planning Meetings, the Support Coordinator documents that the Member has identified at least one member-directed and individualized goal in the Planning Document focused on engagement with peers in community settings;
- c. The Member is limited to the Parent or Parents providing no more than 40 hours of paid services in a seven-day period, and no more than 16 hours of paid care within a twenty-four-hour period:
- i. The scope of the limitation includes any one service or a combination of Attendant Care and Habilitation, Hourly Support as specified in Division Medical Policy

- 1240-E which is separate and apart from the service assessment to determine medically necessary and authorized services and hours outlined in the HCBS Needs Tool; and
- ii. Members under the age of 18 can be determined to receive less than, equal to or greater than 40 hours a week of medically necessary care based on the Member's unique needs and circumstances; and
 - iii. An alternate caregiver must be utilized to provide any hours in excess of 40 hours when authorized care exceeds 40 hours in a seven-day period;
 - d. An alternate caregiver may be utilized to provide any portion of the authorized care in combination with the PPCG service model;
 - e. The Parent is only employed or contracted by one agency for the PPCG services they provide to one or more children;
 - f. Parents are only permitted to provide paid services between the hours of 6:00 am and 10:00 pm, unless

Member needs are otherwise documented in the HCBS Needs Assessment Tool that warrant paid care by the Parent in the overnight hours;

- g. The Parent will not be paid for Attendant Care services provided while the Member under the age of 18 is not present;
- h. The Parent will not be paid for services when the Member is:
 - i. Engaging in, participating in, or receiving privately or publicly funded K-12 educational services, programs, or grants;
 - ii. In inpatient care;
 - iii. In an emergency room setting; or
 - iv. Receiving care in a licensed outpatient facility.
- i. The Parent will not be paid for Attendant Care services for housekeeping, laundry or meal preparation that would ordinarily be performed by a Parent of a minor Member who does not have a disability as documented using the HCBS Needs Tool.

SUPPLEMENTAL INFORMATION

A. HCBS NEEDS TOOL

1. The HCBS Needs Tool has two tabs for assessment purposes; one for minor children aged 0-17 and one for adults aged 18+. The HNT is a stand-alone document found in AMPM Exhibit 1620-17.

B. SPOUSE AND PARENT AS PAID CAREGIVER SERVICE MODEL OPTION CONDITIONS AND LIMITATIONS

1. The Member is not precluded from receiving any other Medically Necessary, Cost Effective HCBS when electing to have the Member's spouse or Parent provide Attendant Care services or for PPCG Habilitation, Hourly Support as a paid caregiver.
2. Members are eligible for Respite care services subject to applicable limitations as specified in Division Medical Policy 1250-D.

Megan Taylor

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Signature of Chief Network Administrator

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Name

Sep 2, 2025

Date