Paying Family Members to Provide Care

Benefits and Concerns
State data**

- Of 48 states responding, 46 pay relatives to provide paid care
- 6 states pay parents of minor children
- 10 states pay a spouse
- 21 states pay a parent who is also a guardian
- 23 states pay guardians who are other relatives

**Survey conducted by NASDDDS, reported in Cooper “Caring Families, Families Giving Care: Using Medicaid to Pay Relatives Providing Supports to Family Members”, NASDDDS, June, 2010
Why pay relatives?

- Clearly paying relatives to provide care is widespread
- Factors driving paying relatives:
  - Great source of knowledgeable and caring support
  - Workforce issues
  - More adults living at home with family
  - State budget issues
Federal Medicaid Policies

- Under the HCBS waivers states can elect to pay relatives including “legally responsible” relatives such as the parent or a minor or a spouse

- May allow relatives to provide any type of services, but,

- When electing to pay for personal care or similar services, CMS has some specific requirements (“extraordinary care”)
Federal Policies

- The relative must meet whatever qualifications the state sets
- States have considerable leeway to develop their own policies
Positives in paying family members

- Committed and caring pool of workers
- Have deep knowledge and understanding of the individual
- Already have long-term relationships
- The individual may prefer care from family
- May allow the individual to remain in the family home
- Can stabilize the living situation
- Can be a means to “extend” other unpaid care
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Issues with Paying Relatives:

- Keeping the focus on the individual
  - Choice and control
  - Building an adult life-parent/child concerns
- Budget pressures can “skew” decision-making
- Conflict of interest (guardian and provider)
- How much care will be paid care?
- Qualifying relatives
- Quality management

R. Cooper, NASDDDS, 4/13
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