

Qualifying Relative DCW Questionnaire

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|-------------|--|------------------------|--|
| Member Name | | Member ID | |
| DCW Name | | Relationship to Member | |

| | | |
|---|-----|------------------------|
| Is this member capable of representing themselves for medical and/or financial decisions? | Yes | No |
| If the answer is "no", enter the name and relationship of the individual responsible for this member below. | | |
| Representative Name | | Relationship to Member |

| | | |
|--|-----|----|
| #1 – Is the direct care worker (DCW) the member’s legal guardian? *Legal guardian is defined as spouse, conservator, guardian, power of attorney, representative payee for Social Security benefits. | Yes | No |
| If the answer to question #1 is "yes", STOP HERE . This individual is <u>not</u> eligible to provide services to this member under the waiver criteria or any Appendix K flexibilities. If "no", continue to the below questions. | | |
| #2 - Is the direct care staff <u>not</u> a legal guardian, but still related to the member by blood or marriage? | Yes | No |
| If the answer to question #2 is "yes", check the below criteria to determine if the DCW can continue to work under the waiver criteria effective 7/1/23. If "no", then normal DCW qualifications/criteria apply and no change is needed. | | |
| #3 - Is the direct care staff qualified to provide service as specified in the CMS approved Waiver, Appendix C-1/C-3? | Yes | No |
| #4 - Is the member or another designated representative available to sign verifying that services were rendered by the selected relative? | Yes | No |
| #5 - Does the selected relative agree to render services in accordance with the scope, limitations, and professional requirements of the service during their designated hours? | Yes | No |
| <p>If the answer to questions #3-5 are "yes", STOP HERE. The individual <u>meets</u> the criteria to provide services under the waiver effective 7/1/23. DOM recommends annual review of these requirements to ensure continued compliance.</p> <p>If the answer to any of questions #3-5 are "no", then follow the below criteria based on the Dates of Service:</p> <ul style="list-style-type: none"> For DOS 7/1/2023-11/10/2023, document the need for flexibility and the plan for full compliance by 11/10/2023 in the member’s file. DOM recommends use of the "Documentation for Exception to Relatives as Direct Care Worker (DCW) Requirements" form. This non-qualifying relative is eligible to work under the COVID Appendix K flexibility through its expiration on 11/10/2023. For DOS 11/11/2023 forward, this DCW is ineligible to render waiver services to their relative. Any care rendered by non-qualifying DCWs after 11/10/2023 and reimbursed by DOM will be recouped upon audit. | | |

Member refers to the person receiving service(s) under the waiver program. Review of these requirements is required at hire and annually thereafter to ensure continued compliance.

I attest I am not legally responsible for the member and meet all requirements above. Should information/conditions change and I no longer meet requirements, I will notify my employer immediately.

Signature of Qualified Relative DCW Caregiver

Agency Representative Signature/Credentials

Date

Date