## About the Screener

This screener draws on caregiver identification questions from AARP and the National Alliance for Caregiving's Caregiving in the US 2025 national survey instrument and adapts them to help states determine whether a family caregiver may qualify for a Medicaid community engagement exclusion. It is intended as a preliminary screening tool focused on family caregiving-related pathways to exclusion and is not designed to assess all exclusions, exceptions, or eligibility pathways, nor to serve as a final eligibility determination. The screener is intentionally designed as a flexible, state-adaptable tool that provides a starting point for identifying caregiving-related exclusions while allowing states to tailor definitions, thresholds, eligibility pathways, and operational processes consistent with federal requirements and state policy choices.

## Scope, Assumptions, and Implementation Notes

*Pathway Scope*

- This screener focuses on the family caregiver pathway to a community engagement exclusion (as a specified excluded individual), as well as the related provision allowing certain unpaid caregiving activities to count toward community engagement hours.
- The screener does not assess other exclusions or exceptions, such as pregnancy, medical frailty, Supplemental Security Income (SSI) receipt, Tribal membership, short-term hardship, or other state-specific exclusions.
- States may supplement this screener with additional questions to evaluate other exclusion categories.

*Care Recipient Scope*

- The screener is primarily designed for family caregivers assisting an individual with a disability, health condition, injury, or functional limitation, regardless of age.
- The screener focuses on the person receiving care rather than requiring a specific diagnosis or program enrollment.

*No Formal Disability Determination Required*

- A formal disability determination by the Social Security Administration, Medicaid, or another government agency is not required.
- Consistent with the Interim Final Rule with comment, disability is interpreted broadly and functionally.
- The screener relies on plain-language descriptions of health conditions, disabilities, injuries, or difficulties performing everyday activities, rather than requiring respondents to identify with a formal disability label.

*Caregiving Pathways*

The screener reflects three caregiving pathways under which treatment of caregiving hours differ:

<u>Co-resident caregiver</u>

- The caregiver lives with the care recipient and provides regular, non-incidental unpaid and/or paid care.

- Community engagement hours are not required.
- The caregiver is exempt from Medicaid community engagement.

Non-resident relative caregiver

- The caregiver does not live with the care recipient but is related to the care recipient and provides regular, non-incidental unpaid and/or paid care.
- Community engagement hours are not required.
- The caregiver is exempt from Medicaid community engagement.

Non-resident, non-relative caregiver

- The caregiver does not live with the care recipient and is not related to the care recipient.
- If caregiving hours meet the applicable state monthly threshold, the caregiver may satisfy the state's caregiving exclusion criteria
- If the threshold is not met, caregiving hours may count toward satisfaction of the community engagement requirement.

*Unit of Analysis*

- All questions refer to the Medicaid beneficiary or person applying for Medicaid completing the screener.
- The screener does not assess caregiving activities performed by other members of the household. More than one person in a household could qualify for a family caregiver exclusion from Medicaid community engagement.

*Screening vs. Determination*

- Responses indicating uncertainty, incomplete information, or conflicting information should be routed for state follow-up.
- Results from this screener are intended to support screening and routing decisions and are not a final determination of eligibility, exclusion status, or compliance with community engagement requirements.

*Verification*

This screener does not establish documentation or verification requirements. States may require or use additional information, attestations, or supporting documentation to verify caregiving status, care recipient need, residency, relationship, or caregiving hours where required.

## Screener Questions

Description: These questions help us find out if you may qualify for a family caregiver exclusion from Medicaid community engagement requirements because you care for someone else. A family caregiver is someone who helps a family member, friend, neighbor, or another person they know well. The person you care for does not need to have an official disability determination. They may have a disability, health condition, injury, memory problem, or another challenge that makes everyday activities hard to do on their own. Examples include walking, dressing, bathing, taking medicine, or managing daily tasks.

**(S1) Do you give unpaid or paid help to someone who needs it because of a health condition, disability, injury, memory problem, behavioral condition, or another condition that makes everyday activities hard to do on their own? This includes unpaid or paid help you give now or gave at any time during [Lookback Period].**

□ Yes

□ No

Skip Logic: If "No" and no other caregiving is reported, the respondent is not a family caregiver under this pathway. Route to other exemption screening if applicable.

**(S1a) During [Lookback Period], were you paid to provide care for someone who needs it – for example through a Medicaid home-and-community-based services (HCBS) program, the VA, or another government-supported caregiving program, such as _____ (e.g., state-funded program)?**

*Note to states: States should determine how paid caregiving activities are treated for purposes of community engagement requirements, including whether they are counted as employment, evaluated under caregiving-related exclusion pathways, or both, consistent with state policy and federal guidance.*

□ Yes

□ No

**(S2) What is your relationship to the person for whom you help most? (Choose one)**

*Note to respondent: If you help more than one person, answer the remaining questions for the person who receives the most help from you.*

□ My child or grandchild (including step-, adopted, or foster)

□ My spouse

□ My parent or grandparent (including step-parent, step-grandparent, and in-law)

□ Another relative (sibling, stepsibling, aunt, uncle, niece/nephew, first cousin, etc.)

□ A friend, neighbor, or someone I am not related to

□ **[State-Elected Additional Relatives – e.g., domestic partner]**

□ Paid direct care worker (e.g., home care aide, personal care aide, and personal attendant)

*Note to states: Please customize the examples of paid direct care workers to reflect job titles and terminology used in your state.*

Skip logic: If "paid direct care worker" is selected, skip the remaining family caregiver exclusion questions. Paid direct care workers are not eligible for the family caregiver exclusion pathway.

**(S3) Do you live in the same home (residence) as the person you care for?**

□ Yes

□ No

**(S4) Why does this person need your help? Check all that apply.**

□ A short-term health condition, illness, or injury

□ A long-term or chronic condition (e.g., diabetes, heart, or lung disease)

□ A mental health or emotional condition

□ Alzheimer's, dementia, or another memory-related impairment

□ A developmental or intellectual disability, or behavioral condition

□ Difficulty performing everyday activities independently (such as walking, dressing, bathing, eating, managing medications, or handling household tasks)

□ Other health condition, disability, injury, or reason the person needs assistance **[State Disability Determination Standards]**

□ Optional: "If you'd like, name the main condition _____

**(S5) What kinds of help do you give this person? Check all that apply.**

□ Personal care (bathing, dressing, toileting, eating, mobility assistance, medication management)

□ Household and daily living assistance (meals, shopping, transportation, housework, laundry, managing finances)

□ Care coordination (arranging services, communicating with providers, schools, agencies, or care teams)

□ Monitoring or supervision to keep the person safe because of a health, cognitive, behavioral, or memory-related condition

□ Medical or nursing-related tasks performed at home (wound care, injections, therapies, blood pressure monitoring, oxygen tanks, or other health-related support)

**(S6) How often do you help this person?**

□ Every day or almost every day

□ A few times a week

□ About once a week

□ Less than once a week/ only now and then

*Note: Regular care means ongoing assistance that is more than occasional, one-time, or incidental help. States should apply their own definition of regular and non-incidental care when making determinations.*

**(S7) Do you spend 80 hours or more helping this person in a typical month (about 20 hours a week)?**

*Hours (ask only if S2 = non-relative and S3 = No - non resident)*

□ Yes

□ No

Skip Logic: If "Yes", the caregiver may be exempt from Medicaid community engagement due to providing care for 80 hours or more per month. If "No", the caregiver may be subject to Medicaid community engagement requirements if they are not eligible for another exemption. Route to other exemption screening if applicable. If not applicable and the respondent is subject to Medicaid community engagement, the hours they spend providing care could count toward the community engagement requirement.

**STATE ONLY INFORMATION**

Routing and determination

- Lives with the care recipient (S3 = Yes) + meets care recipient criteria (S4) + regular, non-incidental care (S6)→ Exempt, no hours required
- Relative, no co-residence (S3 = No, S2 = relative + regular, non incidental care [S6]) → Exempt, no hours required
- Non-relative, not co-resident (S3 = No, S2 = non-relative) → Exempt if hours greater than or equal to Monthly Hour Threshold (S7).

State Note: A family caregiving pathway generally requires both (1) a qualifying reason for care identified in S4 and (2) caregiving activities identified in S5 that demonstrate ongoing assistance or supervision, consistent with the state's definition of regular and non-incidental care (S6)