Structured Family Caregiving in Other States

Briefing for the Colorado Commission on Medicaid · November 2026

In Summary, for the Commission's discussion of line 37

Docket line 37 asks whether structured family caregiving, as used in other states, fits Colorado. Structured family caregiving (SFC) is a Medicaid home and community-based service that pays a live-in family caregiver a daily rate through an agency, which also supplies a registered nurse and a caregiver coach. Eleven states offer it under that name or a close equivalent; the record says ten, and counts differ on whether Massachusetts Adult Foster Care and Rhode Island are included. Daily rates run about $77 to $133, and caregivers receive 50 to 65 percent of that – roughly $15,000 to $29,000 a year, less than Colorado's hourly family caregiver programs pay a household working long hours. The savings evidence is limited and mostly vendor-commissioned. Colorado already pays family caregivers, so the choice before the Commission is narrower: whether to add a daily-rate option with professional support, for whom, and how it would sit beside the 56-hour weekly cap. Indiana's experience shows that how SFC is introduced matters as much as its design.

Why the Commission asked

Docket line 37 calls for a comprehensive family-caregiver plan, including whether structured family caregiving as used in other states fits Colorado, and a consumer-directed option for the DD-waiver family caregiver rate. It sits in the Session tier. A vendor analysis in the record estimates savings of $1.78 million in year one and $6.89 million in year two, EBD waiver only, built on Indiana's rate; HCPF's view is that existing models already cover the need. Neither has been independently costed.

The line relates to line 39, the weekly caregiver cap, and to the largest theme in the experiences form: paid family caregiving. This briefing gives members a starting picture of how SFC works, where it is used, and what other states found. It is not a recommendation for or against the model.

Bottom line

SFC pays a live-in family caregiver by the day, with professional support built in. Medicaid pays an agency a daily rate; the agency passes a set minimum share to the caregiver and supplies a nurse and coach. It is a different design from Colorado's hourly programs, not a new way to pay families.

It costs less per household and pays the caregiver less. At Missouri's rate and 65 percent share, an SFC caregiver receives about $26,200 a year – roughly what 25 hours a week at Colorado's $20 an hour pays. Two of the three states NASHP studied offset SFC's cost with savings on other services, but no independent evaluation of outcomes was found.

How it is introduced matters. Indiana moved families from hourly attendant care to SFC after a budget shortfall in 2024 and met strong opposition. SFC offered beside the existing programs is a different proposition from SFC offered instead of them.

What structured family caregiving is

- **Live-in arrangement.** The caregiver lives with the participant, in either person's home, and must be at least 18 and pass a background check.
- **Daily rate, not hourly wages.** Medicaid pays an agency a per diem, usually in tiers by the participant's level of need, and the agency passes a set minimum share to the caregiver.
- **Agency oversight.** The SFC agency, not the participant, pays the caregiver and is accountable for documentation and quality.
- **Professional support.** A registered nurse and a caregiver coach work with the household. Georgia requires web-based daily notes, a nurse available to the caregiver, and monthly home visits by the nurse and care coordinator.
- **Training.** Georgia and Missouri require at least eight hours of individualized training a year; Missouri's must cover dementia.
- **Bundled service.** Most states do not pay separately for personal care, homemaker, or chore services alongside SFC; respite or a backup caregiver is included instead.
- **Federal authority.** States have mostly added SFC through Section 1915(c) waivers, which need CMS approval and cap enrollment by slot. Rhode Island offers its version under a Section 1115 demonstration. States NASHP interviewed needed no new state staff, because agencies carry day-to-day oversight.

Where Colorado starts

- **Family caregivers are already paid, by the hour.** Colorado pays them through IHSS, CDASS, and, since July 2025, Community First Choice.
- **Hours are capped.** The record describes a cap of 56 hours per caregiver per client per week, with a 16-hour daily limit and exceptions through May 2027; HCPF is to confirm the timing. HCPF reports more than 2,300 members above 84 hours and 176 exception requests, 80 percent approved.
- **Pay.** Family caregivers earn about $20 an hour.
- **Agency share.** Testimony reports payrolling agencies passing 70 to 80 percent of the hourly rate to family caregivers, with no mileage.
- **No required support for the caregiver.** The hourly programs do not attach a nurse or coach to the family caregiver the way SFC does.

What it would change. So SFC in Colorado would be an added option on a waiver, most likely the EBD waiver. Like Georgia, South Dakota, and Indiana, Colorado would most likely need a Section 1915(c) waiver amendment approved by CMS.

State by state

Two designs are in use. Most states add SFC to a broad aged and disabled waiver. Missouri and Nevada run a standalone waiver for people with dementia, with capped slots.

- **Georgia (2019).** SFC in the CCSP and SOURCE programs of the Elderly and Disabled Waiver, for people who are aged or physically disabled. The caregiver must be unable to work outside the home, and a spouse cannot be paid. $90.20 a day (2022), at least 60 percent to the caregiver. Georgia funded SFC by redirecting what it spent on extended personal support for people needing more than five hours a day.
- **Indiana (2013).** SFC in the PathWays for Aging and Health and Wellness waivers, for people who are aged, blind, or disabled; a spouse can be paid. Three tiers, about $77 to $133 a day (December 2024), with at least 60 percent to the caregiver by statute from July 2025. In 2024, after a $1 billion forecasting error, families were moved from hourly attendant care to SFC; parents said the tiers were undefined, and the state placed anyone authorized for 41 or more hours a week in the top tier.
- **Missouri (2021).** A standalone SFC waiver for adults 21 and older with Alzheimer's or a related dementia; a spouse can be paid, and participants receive no other home and community-based services alongside it. $110.33 a day (July 2026), first set at 60 percent of the nursing facility rate, with at least 65 percent to the caregiver. It served 62 participants in its first year; lawmakers then funded 300 slots ($4.2 million). Only 69 of nearly 1,700 home health agencies took it on, and the state coached them one by one.
- **Nevada (2025).** A standalone waiver required by AB 208 (2023) and approved by CMS in December 2024, for people with dementia at nursing facility level of care; a spouse can be paid. 100 slots. The daily rate was not found in the sources reviewed. Too early to judge.
- **South Dakota (2019).** SFC in the HOPE waiver, for seniors and adults with disabilities; outside work is assessed case by case. $82.00, $102.52, or $114.81 a day by tier (July 2026), with at least 50 percent to the caregiver. It served 217 participants by July 2022, ahead of its 2026 target. Only 3 of 82 in-home agencies provide it.
- **Other states.** Connecticut (Adult Family Living), Louisiana (Monitored In-Home Caregiving), Massachusetts (Adult Foster Care), North Carolina (Coordinated Caregiving), Ohio (SFC in the PASSPORT waiver), and Rhode Island (under its Section 1115 demonstration) offer SFC or a close equivalent. North Dakota's Family Personal Care is related but not SFC as such.

Results so far

- **Budget offset.** Of the three states NASHP studied in 2022, two fully offset SFC's new costs with savings on other services.
- **Uptake.** South Dakota and Missouri enrolled participants faster than planned and expanded slots. Both programs remain small.
- **Health outcomes.** An ATI Advisory analysis for Careforth, the largest SFC provider, found a 21 percent lower probability of an emergency department visit and fewer injurious falls than a comparison group of dual-eligible beneficiaries. Careforth estimates over $60,000 a year in savings per person from delayed nursing facility care. The study was commissioned by the vendor.
- **Colorado estimate.** The vendor fiscal analysis in the record has not been independently costed, and no independent, randomized evaluation of SFC was found.

Lessons and cautions for Colorado

- **Option or replacement decides the reaction.** Indiana's opposition came from using SFC to replace hourly pay. A per diem pays a high-hour household less than hourly care did.
- **Set the caregiver's share in rule.** How much the agency keeps is the recurring dispute. Floors range from 50 to 65 percent, and Indiana wrote its floor into statute. Colorado agencies already pass 70 to 80 percent of hourly rates, so an SFC floor would be read against that.
- **The support is what the agency's share buys.** Nurse visits, coaching, daily notes, and training are the model. If those are thin, SFC is simply a lower rate.
- **Agency capacity is a real constraint.** Few agencies take SFC on, and those that do need help with stipend payment and daily documentation. Colorado would need to know which agencies could deliver the nurse and coach model, and where.
- **Define the tiers before launch.** Indiana's tiers were contested because families could not see how they were assigned.
- **Build monitoring in from the start.** A per diem is paid regardless of hours, so oversight rests on daily notes and home visits. Arizona's 2026 audit of its paid-parent program (not SFC) found hour limits went unenforced.
- **Scope sets budget exposure.** Dementia-only programs stay small and slot-limited; broad aged and disabled programs grow faster.

Sources

- Medicaid Planning Assistance, Medicaid Structured Family Caregiving Program (state table updated May 2026)
- Medicaid Planning Assistance, Nevada Structured Family Caregiving Waiver (January 2025)
- NASHP, Medicaid Structured Family Caregiving: Enabling Family Members to Make Caregiving Their Primary Focus (October 2022)
- Indiana FSSA, Bulletin BT2025105, minimum pass-through (July 2025)
- WNIN, FSSA implements new rate minimums (December 2024)
- Indiana Capital Chronicle, CMS approves state waivers on senior care, attendant care (June 2024)
- Inside Indiana Business, families and the attendant care transition (2024)
- Nevada DHCFP, Medicaid Services Manual Chapter 2400 public hearing (2025)
- Careforth, SFC outcomes study with ATI Advisory (vendor-commissioned)
- KJZZ, Arizona audit of paid-parent program (August 2026)
- KUNC, caregivers brace for cuts (March 2026)
- Commission record: docket v3.8 (lines 37 and 39), the October 2 experiences form summary, and the October 2 stakeholder sweep