

**LIVE-IN CAREGIVER AGREEMENT between PARTICIPANT and LIC**

**Live-in Caregiver (LIC) Defined:** The LIC is a care provider who resides in the same household as the individual and provides as-needed supports to address the individual's physical, social, or emotional needs in order for the individual to live safely in his or her own home. The LIC may not be related to the individual by blood or marriage. The LIC cannot be someone who has control or authority over decisions regarding the individual's resources. Furthermore, the individual must reside in his/her own home or leased residence, and be directly responsible for the residence as documented by a Mortgage Statement or Lease Agreement.

Live-in Caregiver (LIC) is a **companionship service** and includes the provision of fellowship and protection.

**Fellowship** means engaging the individual in social, physical and mental activities such as reading, conversation, games, crafts, or accompanying the individual on walks, social events, etc.

**Protection** means being present with the individual in his or her home, or to accompany the individual when outside of the home to monitor the individual's safety and well-being.

**The LIC role does NOT include** assistance with activities of daily living (ADL's) or medically related services.

All boxes below **MUST** be completed

Individual's Name:	
Address:	
TABS ID Number:	Medicaid ID Number:
Telephone Number:	Email Address:
Name of Live-in Caregiver (LIC):	
LIC acknowledges that room & board are being provided free of charge. No payment for the Live-in Caregiver service will be made directly to the LIC.	Initials of LIC:
LIC understands their role of providing a companionship service.	Initials of LIC:
LIC understands their role does not include assistance with activities of daily living or medically related services.	Initials of LIC:
It is agreed upon that the Live-in Caregiver is expected to be available to act in the LIC capacity during the following days and times:	
DAYS: _____	
TIMES: _____	
Attach additional sheets if more schedule detail is required.	

<p>Describe the expectations on the level of companionship service provided by the LIC, including specific activities associated with fellowship and protection:</p> <p>FELLOWSHIP –</p> <p>PROTECTION –</p>
<p>Provide contingency plan/backup plan for the individual should the LIC be unable to perform fellowship and protection activities as described in this agreement:</p>
<p>Defined process to be followed should this LIC Agreement require an early termination, including when there is a concern regarding the individual's health and safety:</p>
<p>Define who will be responsible for the LIC's room and board costs in situations where the costs cannot be reimbursed by the Fiscal Intermediary. (e.g., the individual is hospitalized for an entire month or longer)</p>
<p>LIC AGREEMENT START DATE: _____ (Date must be on or prior to the day LIC services begin)</p>
<p>LIC AGREEMENT REVIEW DATE: _____ (Agreement will either end, or be reviewed &amp; renewed)</p>
<p>SIGNATURE of INDIVIDUAL/DESIGNEE: _____ DATE: _____</p>
<p>SIGNATURE of Live-in Caregiver: _____ DATE: _____</p>

**DOCUMENTATION RETENTION & DISTRIBUTION**

Once completed in entirety, including all signatures, send the original Agreement to the individual's Fiscal Intermediary (FI). Copies should be retained by the individual and the LIC and distributed to Care Manager, Support Broker, and DDRO Self-Direction Liaison.

This document will be reviewed regularly and revised as necessary.