



**For Direct Care Workers
Living With the
Participants They Serve**

IRS Difficulty of Care Income Exclusion

Payments to an individual care provider for services to a Medicaid Waiver eligible individual **living in the provider's home are excluded from federal income tax.**

Specifically, IRS Notice 2014-7 provides that "...payments under a Medicaid waiver program to an individual care provider for nonmedical support services provided under a plan of care to an eligible individual (whether related or unrelated) living in the individual care provider's home" are considered "...difficulty of care payments excludable under § 131 of the Internal Revenue Code."



Difficulty of Care Income Exclusion

About the Exclusion

- When a direct care worker lives with the participant that they provide services to, their income **may be** excluded from Federal Income Tax.
- In order to qualify for the exclusion you must be able to answer YES to all the statements below:**
 1. I provide services to the individual participant in my home. (It doesn't matter who owns or rents the home.)
 2. I do not have a separate home where I reside.
 3. This is the home where I reside and regularly perform the routines of private life, including shared meals and holidays with family.

* Does not apply to Act 150 program participants

Are there any limits on which live-in providers may claim the income exclusion?

Yes ...

- A provider may not exclude payments for the care of **> 10 eligible individuals under age 19**
- A provider may not exclude payments for the care of **> 5 eligible individuals who are > age 19 or older**
- For more information regarding DOC limitations refer to the IRS Notice 2014-7 on the PPL Website for OLTL Participants.

Does it matter who owns the home?

No ...



The notice applies to individual providers who provide care in their home **regardless of who owns the home**. The providers do not have to be related to the participant.

- ✓ Example – John moved into his mother’s home to provide care for her through a Home & Community-Based Waiver. John has no other residence than his mother’s home.
- ✓ Example – Both parents of a child with a development disability provide care to the child through a Home and Community-Based Waiver. (There is no restriction to the number of providers as long as they reside in the same home with the participant.)
- ✓ Example – A participant hires her roommate to provide support services to her through a Home & Community-Based Waiver. (And the roommate has no other home.)

Are Difficulty of Care payments excluded or exempt from other federal taxes?

- The rule, at this time, applies only to Federal Income Withholding Tax.
- Some providers are already FICA/FUTA exempt and this does not prevent them from also qualifying for the DOC income exclusion.

How will DOC be reflected on pay remittance advices?

Payments	This Check
Total Earnings	1,393.08
Federal Income Tax	 
Medicare-Employee	-20.20
Social Security-Employee	-86.37
State Tax	-60.00
Net Pay	1,226.51

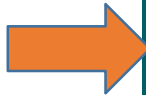
Sample Only

How to determine if I am eligible?

- Go to www.trimedhealthcare.net and find your program website. The DOL form and Instructions can be found under In-service Training on the right hand side of the screen.

Important Information for DCW's Difficulty of Care Federal Income Tax Exclusion

- Difficulty of Care Training
- IRS 2014 - 7 Notice
- IRS DOC Q&A for Caregivers
- DOC Form
- DOC Instructions



- You may contact Customer Service at 1-866-850-1936 -Ask for Nurse Wendy.

Where Do I Send Completed Difficulty of Care Forms To or Get More Information?

- Fax to 1-855-858-8158 **OR**
- Mail the completed form to: PA OLTL Program P.O. Box 1108 Wilkes-Barre, PA 18773-9908
- TriMED will apply Difficulty of Care Income Exclusion to payments after receipt of a correctly completed Difficulty of Care Form.

If you need more information:

Please refer to the IRS Notice 2014-7 and the Q&A for Caregivers located on the PPL Website for OLTL Participants for additional information about prior year Difficulty of Care tax treatment that you may be eligible for.

IMPORTANT!

In order for TriMED to stop deducting Federal Income Taxes from the Employee the following is required:

1. The Employee must submit a new 2018 W-4 Form indicating under line 7 that they are exempt based on their qualification under the IRS Sec 131 notice and IRS Notice 2014-7.
2. They must signed a letter confirming that they qualify:

The sample of the letter is:

“Under penalties of perjury, I declare that I am an individual care provider receiving payments under a state Medicaid Home and Community-Based Services waiver program for care I provide to consumer name who lives in my home or in the same home under the care recipient’s plan of care in keeping with the IRS Sec 131 notice and IRS Notice 2014-7.

Signed: _____ Date: ___/___/___

Name of Employee: _____

How to Submit:

You may submit the form as follows:

Fax to : 1-877-787-0934

Email to: homecare@trimedhelathcare.net and timesheets@trimedhealthcare.net

Or Mail to:

Payroll Department
TriMED Healthcare, LLC
2110 S Eagle Road, Ste 349
Newtown PA 18940



TriMED

HealthCare, LLC



Difficulty of Care Tax Exemption Affirmation Form

About the Exclusion

- When a direct care worker lives with the participant that they provide services to, their income **may be excluded** from Federal Income Tax.

In order to qualify for the exclusion you must be able to answer **YES to all the statements below:**

1. I provide services to the individual participant in my home. (It doesn't matter who owns or rents the home.) **Yes**____ **No**____
2. I do not have a separate home where I reside. **Yes**____ **No**____
3. This is the home where I reside and regularly perform the routines of private life, including shared meals and holidays with family. **Yes**____ **No**____

Under penalties of perjury, I declare that I am an individual care provider receiving payments under a state Medicaid Home and Community-Based Services waiver program for care I provide to:_____ who lives in my home or in the same home under the care recipient's plan of care in keeping with the IRS Sec 131 notice and IRS Notice 2014-7.

Signed: _____

Date: ___/___/___

Name of Employee: