IX: Appendices

Content Table

Appendix A: The Family Caregiver Support Act

Supporting Older Americans Act of 2020

Title III

Part E—National Family Caregiver Support Program

PRIOR PROVISIONS

A prior part E, consisting of section 3030l of this title, related to authorization of grant program for States to provide additional assistance for special needs of older individuals, prior to repeal by Pub. L. 106–501, title III, §314(1), Nov. 13, 2000, 114 Stat. 2253. See Prior Provisions note set out under section 3030g–22 of this title.

A prior part F of this subchapter, consisting of sections 3030m to 3030o of this title, was redesignated part D of this subchapter.

A prior part G of this subchapter consisting of sections 3030p to 3030r of this title, related to supportive activities for caretakers who provide in-home services to frail older individuals, prior to repeal by Pub. L. 106–501, title III, §316(1), Nov. 13, 2000, 114 Stat. 2253. See Prior Provisions notes set out under section 3030n of this title.

§3030s. Definitions

(a) In general In this part:

(1) Caregiver assessment

The term "caregiver assessment" means a defined process of gathering information to identify the specific needs, barriers to carrying out caregiving responsibilities, and existing supports of a family caregiver or older relative caregiver, as identified by the caregiver involved, to appropriately target recommendations for support services described in section 3030s–1(b) of this title. Such assessment shall be administered through direct contact with the caregiver, which may include contact through a home visit, the Internet, telephone or teleconference, or in-person interaction.

(2) Child

The term "child" means an individual who is not more than 18 years of age.

(3) Individual with a disability

The term "individual with a disability" means an individual with a disability, as defined in section 12102 of this title, who is not less than age 18 and not more than age 59.

(4) Older relative caregiver

The term "older relative caregiver" means a caregiver who—

(A)(i) is age 55 or older; and

(ii) lives with, is the informal provider of in-home and community care to, and is the primary caregiver for, a child or an individual with a disability;

(B) in the case of a caregiver for a child—

(i) is the grandparent, stepgrandparent, or other relative (other than the parent) by blood, marriage, or adoption, of the child;

(ii) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregivers of the child; and

(iii) has a legal relationship to the child, such as legal custody, adoption, or guardianship, or is raising the child informally; and

(C) in the case of a caregiver for an individual with a disability, is the parent, grandparent, or other relative by blood, marriage, or adoption, of the individual with a disability.

(b) Rule

In providing services under this part, for family caregivers who provide care for individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction, the State involved shall give priority to caregivers who provide care for older individuals with such disease or disorder.

(Pub. L. 89–73, title III, §372, as added Pub. L. 106–501, title III, §316(2), Nov. 13, 2000, 114 Stat. 2254; amended Pub. L. 109–365, title III, §320, Oct. 17, 2006, 120 Stat. 2551; Pub. L. 114–144, §4(k)(2), (m), Apr. 19, 2016, 130 Stat. 340, 341; Pub. L. 116–131, title II, §217(a), Mar. 25, 2020, 134 Stat. 260.)

AMENDMENTS

2020—Subsec. (a). Pub. L. 116–131 added par. (1) and redesignated former pars. (1) to (3) as (2) to (4), respectively.

2016—Pub. L. 114–144, §4(m), substituted "this part" for "this subpart" in introductory provisions.

Subsec. (a)(1). Pub. L. 114–144, §4(k)(2)(A)(i), struck out "or who is an individual with a disability" before period at end.

Subsec. (a)(2), (3). Pub. L. 114–144, §4(k)(2)(A)(ii), added pars. (2) and (3) and struck out former par. (2) which defined grandparent or older individual who is a relative caregiver.

Subsec. (b). Pub. L. 114–144, §4(k)(2)(B), substituted "this part," for "this subpart—", struck out par. (1) designation before "for family caregivers", and struck out par. (2) which read as follows: "for grandparents or older individuals who are relative caregivers, the State involved shall give priority to caregivers who provide care for children with severe disabilities."

2006—Pub. L. 109–365 designated existing provisions as subsec. (a) and inserted heading, inserted "or who is an individual with a disability" after "age" in par. (1), substituted "a child by blood, marriage, or adoption" for "a child by blood or marriage" and "55 years" for "60 years" in par. (3), redesignated par. (3) as (2), struck out former par. (2) which defined term "family caregiver", and added subsec. (b).

SHORT TITLE

For short title of this part as the "National Family Caregiver Support Act", see section 371 of Pub. L. 89–73, set out as a Short Title note under section 3001 of this title.

RECOGNIZE, ASSIST, INCLUDE, SUPPORT, AND ENGAGE FAMILY CAREGIVERS

Pub. L. 115–119, Jan. 22, 2018, 132 Stat. 23, as amended by Pub. L. 116–131, title I, §122(b), (c), Mar. 25, 2020, 134 Stat. 248, provided that:

"SECTION 1. SHORT TITLE.

"This Act may be cited as the 'Recognize, Assist, Include, Support, and Engage Family Caregivers Act of 2017' or the 'RAISE Family Caregivers Act'.

"SEC. 2. DEFINITIONS.

"In this Act:

"(1) Advisory council.—The term 'Advisory Council' means the Family Caregiving Advisory Council convened under section 4.

"(2) Family caregiver.—The term 'family caregiver' means an adult family member or other individual who has a significant relationship with, and who provides a broad range of assistance to, an individual with a chronic or other health condition, disability, or functional limitation.

"(3) Secretary.—The term 'Secretary' means the Secretary of Health and Human Services, acting through the Assistant Secretary for Aging.

"(4) Strategy.—The term 'Strategy' means the Family Caregiving Strategy set forth under section 3.

"SEC. 3. FAMILY CAREGIVING STRATEGY.

"(a) In General.—The Secretary, in consultation with the heads of other appropriate Federal agencies, shall develop jointly with the Advisory Council and submit to the Committee on Health, Education, Labor, and Pensions and the Special Committee on Aging of the Senate, the Committee on Education and the Workforce [now Committee on Education and Labor] of the House of Representatives, and the State agencies responsible for carrying out family caregiver programs, and make publicly available on the internet website of the Department of Health and Human Services, a Family Caregiving Strategy.

"(b) Contents.—The Strategy shall identify recommended actions that Federal (under existing Federal programs), State, and local governments, communities, health care providers, long-term services and supports providers, and others are taking, or may take, to recognize and support family caregivers in a manner that reflects their diverse needs, including with respect to the following:

"(1) Promoting greater adoption of person- and family-centered care in all health and long-term services and supports settings, with the person receiving services and supports and the family caregiver (as appropriate) at the center of care teams.

"(2) Assessment and service planning (including care transitions and coordination) involving family caregivers and care recipients.

"(3) Information, education and training supports, referral, and care coordination, including with respect to hospice care, palliative care, and advance planning services.

"(4) Respite options.

"(5) Financial security and workplace issues.

"(6) Delivering services based on the performance, mission, and purpose of a program while eliminating redundancies.

"(c) Duties of the Secretary.—The Secretary, in carrying out subsection (a), shall oversee the following:

"(1) Collecting and making publicly available information submitted by the Advisory Council under section 4(d) to the Committee on Health, Education, Labor, and Pensions and the Special Committee on Aging of the Senate, the Committee on Education and the Workforce [now Committee on Education and Labor] of the House of Representatives, and the State agencies responsible for carrying out family caregiver programs, including evidence-based or promising practices and innovative models (both domestic and foreign) regarding the provision of care by family caregivers or support for family caregivers.

"(2) Coordinating and assessing existing Federal Government programs and activities to recognize and support family caregivers while ensuring maximum effectiveness and avoiding unnecessary duplication.

"(3) Providing technical assistance, as appropriate, such as disseminating identified best practices and information sharing based on reports provided under section 4(d), to State or local efforts to support family caregivers.

"(d) Initial Strategy; Updates.—The Secretary shall—

"(1) not later than 18 months after the date of enactment of this Act [Jan. 22, 2018], develop, publish, and submit to the Committee on Health, Education, Labor, and Pensions and the Special Committee on Aging of the Senate, the Committee on Education and the Workforce [now Committee on Education and Labor] of the House of Representatives, and the State agencies responsible for carrying out family caregiver programs, an initial Strategy incorporating the items addressed in the Advisory Council's initial report under section 4(d) and other relevant information, including best practices, for recognizing and supporting family caregivers; and

"(2) biennially update, republish, and submit to the Committee on Health, Education, Labor, and Pensions and the Special Committee on Aging of the Senate, the Committee on Education and the Workforce [now Committee on Education and Labor] of the House of Representatives, and the State agencies responsible for carrying out family caregiver programs the Strategy, taking into account the most recent annual report submitted under section 4(d)(1)—

"(A) to reflect new developments, challenges, opportunities, and solutions; and

"(B) to review progress based on recommendations for recognizing and supporting family caregivers in the Strategy and, based on the results of such review, recommend priority actions for improving the implementation of such recommendations, as appropriate.

"(e) Process for Public Input.—The Secretary shall establish a process for public input to inform the development of, and updates to, the Strategy, including a process for the public to submit recommendations to the Advisory Council and an opportunity for public comment on the proposed Strategy.

"(f) No Preemption.—Nothing in this Act preempts any authority of a State or local government to recognize or support family caregivers.

"(g) Rule of Construction.—Nothing in this Act shall be construed to permit the Secretary (through regulation, guidance, grant criteria, or otherwise) to—

"(1) mandate, direct, or control the allocation of State or local resources;

"(2) mandate the use of any of the best practices identified in the reports required under this Act; or

"(3) otherwise expand the authority of the Secretary beyond that expressly provided to the Secretary in this Act.

"SEC. 4. FAMILY CAREGIVING ADVISORY COUNCIL.

"(a) Convening.—The Secretary shall convene a Family Caregiving Advisory Council to advise and provide recommendations, including identified best practices, to the Secretary on recognizing and supporting family caregivers.

"(b) Membership.—

"(1) In general.—The members of the Advisory Council shall consist of—

"(A) the appointed members under paragraph (2); and
"(B) the Federal members under paragraph (3).

"(2) Appointed members.—In addition to the Federal members under paragraph (3), the Secretary shall appoint not more than 15 voting members of the Advisory Council who are not representatives of Federal departments or agencies and who shall include at least 1 representative of each of the following:

"(A) Family caregivers.
"(B) Older adults with long-term services and supports needs.
"(C) Individuals with disabilities.
"(D) Health care and social service providers.
"(E) Long-term services and supports providers.
"(F) Employers.
"(G) Paraprofessional workers.
"(H) State and local officials.
"(I) Accreditation bodies.
"(J) Veterans.
"(K) As appropriate, other experts and advocacy organizations engaged in family caregiving.

"(3) Federal members.—The Federal members of the Advisory Council, who shall be nonvoting members, shall consist of the following:

"(A) The Administrator of the Centers for Medicare & Medicaid Services (or the Administrator's designee).
"(B) The Administrator of the Administration for Community Living (or the Administrator's designee who has experience in both aging and disability).
"(C) The Secretary of Veterans Affairs (or the Secretary's designee).
"(D) The heads of other Federal departments or agencies (or their designees), including relevant departments or agencies that oversee labor and workforce, economic, government financial policies, community service, and other impacted populations, as appointed by the Secretary or the Chair of the Advisory Council.

"(4) Diverse representation.—The Secretary shall ensure that the membership of the Advisory Council reflects the diversity of family caregivers and individuals receiving services and supports.

"(c) Meetings.—The Advisory Council shall meet quarterly during the 1-year period beginning on the date of enactment of this Act [Jan. 22, 2018] and at least three times during each year thereafter. Meetings of the Advisory Council shall be open to the public.

"(d) Advisory Council Annual Reports.—

"(1) In general.—Not later than 12 months after the date of enactment of this Act, and annually thereafter, the Advisory Council shall submit to the Secretary, the Committee on Health, Education, Labor, and Pensions and the Special Committee on Aging of the Senate, the Committee on Education and the Workforce [now Committee on Education and Labor] of the House of Representatives, and the State agencies responsible for carrying out family caregiver programs, and make publicly available on the internet website of the Department of Health and Human Services, a report concerning the development, maintenance, and updating of the Strategy, including a description of the outcomes of the recommendations and any priorities included in the initial report pursuant to paragraph (2), as appropriate.

"(2) Initial report.—The Advisory Council's initial report under paragraph (1) shall include—

"(A) an inventory and assessment of all federally funded efforts to recognize and support family caregivers and the outcomes of such efforts, including analyses of the extent to which federally funded efforts are reaching family caregivers and gaps in such efforts;
"(B) recommendations—
"(i) to improve and better coordinate Federal programs and activities to recognize and support family caregivers, as well as opportunities to improve the coordination of such Federal programs and activities with State programs; and
"(ii) to effectively deliver services based on the performance, mission, and purpose of a program while eliminating redundancies, avoiding unnecessary duplication and overlap, and ensuring the needs of family caregivers are met;
"(C) the identification of challenges faced by family caregivers, including financial, health, and other challenges, and existing approaches to address such challenges; and
"(D) an evaluation of how family caregiving impacts the Medicare program, the Medicaid program, and other Federal programs.

"(e) Nonapplicability of FACA.—The Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the Advisory Council.

"SEC. 5. FUNDING.

"No additional funds are authorized to be appropriated to carry out this Act. This Act shall be carried out using funds otherwise authorized.

"SEC. 6. SUNSET PROVISION.

"The authority and obligations established by this Act shall terminate on the date that is 4 years after the date of enactment of this Act [Jan. 22, 2018]."

§3030s–1. Program authorized

(a) In general

The Assistant Secretary shall carry out a program for making grants to States with State plans approved under section 3027 of this title, to pay for the Federal share of the cost of carrying out State programs, to enable area agencies on aging, or entities that such area agencies on aging contract with, to provide multifaceted systems of support services—

(1) for family caregivers; and

(2) for older relative caregivers.

(b) Support services

The services provided, which may be informed through the use of caregiver assessments, in a State program under subsection (a), by an area agency on aging, or entity that such agency has contracted with, shall include—

(1) information to caregivers about available services;

(2) assistance to caregivers in gaining access to the services;

(3) individual counseling, organization of support groups, and caregiver training to assist the caregivers in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiving roles;

(4) respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and

(5) supplemental services, on a limited basis, to complement the care provided by caregivers.

(c) Population served; priority

(1) Population served

Services under a State program under this part shall be provided to family caregivers, and older relative caregivers, who—

(A) are described in paragraph (1) or (2) of subsection (a); and

(B) with regard to the services specified in paragraphs (4) and (5) of subsection (b), in the case of a caregiver described in paragraph (1), is providing care to an older individual who meets the condition specified in subparagraph (A)(i) or (B) of section 3002(22) of this title.

(2) Priority

In providing services under this part, the State, in addition to giving the priority described in section 3030s(b) of this title, shall give priority—

(A) to caregivers who are older individuals with greatest social need, and older individuals with greatest economic need (with particular attention to low-income older individuals); and

(B) to older relative caregivers of children with severe disabilities, or individuals with disabilities who have severe disabilities.

(d) Use of volunteers

In carrying out this part, each area agency on aging shall make use of trained volunteers to expand the provision of the available services described in subsection (b) and, if possible, work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service settings.

(e) Best Practices

Not later than 1 year after March 25, 2020, and every 5 years thereafter, the Assistant Secretary shall—

(1) identify best practices relating to the programs carried out under this section and section 3057k–11 of this title, regarding—

(A) the use of procedures and tools to monitor and evaluate the performance of the programs carried out under such sections;

(B) the use of evidence-based caregiver support services; and

(C) any other issue determined relevant by the Assistant Secretary; and

(2) make available, including on the website of the Administration and pursuant to section 3012(a)(34) of this title, best practices described in paragraph (1), to carry out the programs under this section and section 3057k–11 of this title.

(f) Quality standards and mechanisms and accountability

(1) Quality standards and mechanisms

The State shall establish standards and mechanisms designed to assure the quality of services provided with assistance made available under this part.

(2) Data and records

The State shall collect data and maintain records relating to the State program in a standardized format specified by the Assistant Secretary. The State shall furnish the records to the Assistant Secretary, at such time as the Assistant Secretary may require, in order to enable the Assistant Secretary to monitor State program administration and compliance, and to evaluate and compare the effectiveness of the State programs.

(3) Reports

The State shall prepare and submit to the Assistant Secretary reports on the data and records required under paragraph (2), including information on the services funded under this part, and standards and mechanisms, including caregiver assessments used in the State, by which the quality of the services shall be assured. The reports shall describe any mechanisms used in the State to provide to persons who are family caregivers, or older relative caregivers, information about and access to various services so that the persons can better carry out their care responsibilities.

(g) Caregiver allotment

(1) In general

(A) From sums appropriated under section 3023(e) of this title for a fiscal year, the Assistant Secretary shall allot amounts among the States proportionately based on the population of individuals 70 years of age or older in the States.

(B) In determining the amounts allotted to States from the sums appropriated under section 3023 of this title for a fiscal year, the Assistant Secretary shall first determine the amount allotted to each State under subparagraph (A) and then proportionately adjust such amounts, if necessary, to meet the requirements of paragraph (2).

(C) The number of individuals 70 years of age or older in any State and in all States shall be determined by the Assistant Secretary on the basis of the most recent data available from the Bureau of the Census and other reliable demographic data satisfactory to the Assistant Secretary.

(2) Minimum allotment

(A) The amounts allotted under paragraph (1) shall be reduced proportionately to the extent necessary to increase other allotments under such paragraph to achieve the amounts described in subparagraph (B).

(B)(i) Each State shall be allotted ½ of 1 percent of the amount appropriated for the fiscal year for which the determination is made.

(ii) Guam and the Virgin Islands of the United States shall each be allotted ¼ of 1 percent of the amount appropriated for the fiscal year for which the determination is made.

(iii) American Samoa and the Commonwealth of the Northern Mariana Islands shall each be allotted 1/16 of 1 percent of the amount appropriated for the fiscal year for which the determination is made.

(C) For the purposes of subparagraph (B)(i), the term "State" does not include Guam, American Samoa, the Virgin Islands of the United States, and the Commonwealth of the Northern Mariana Islands.

(h) Availability of funds

(1) Use of funds for administration of area plans

Amounts made available to a State to carry out the State program under this part may be used, in addition to amounts available in accordance with section 3023(c)(1) of this title, for costs of administration of area plans.

(2) Federal share

(A) In general

Notwithstanding section 3024(d)(1)(D) of this title, the Federal share of the cost of carrying out a State program under this part shall be 75 percent.

(B) Non-Federal share

The non-Federal share of the cost shall be provided from State and local sources.

(i) Activities of national significance

The Assistant Secretary may award funds authorized under this section to States, public agencies, private nonprofit agencies, institutions of higher education, and organizations, including tribal organizations, for conducting activities of national significance that—

(1) promote quality and continuous improvement in the support provided to family caregivers and older relative caregivers through programs carried out under this section and section 3057k–11 of this title; and

(2) include, with respect to such programs, program evaluation, training, technical assistance, and research.

(j) Technical assistance for caregiver assessments

Not later than 1 year after March 25, 2020, the Assistant Secretary, in consultation with stakeholders with appropriate expertise and, as appropriate, informed by the strategy developed under the RAISE Family Caregivers Act (42 U.S.C. 3030s note), shall provide technical assistance to promote and implement the use of caregiver assessments. Such technical assistance may include sharing available tools or templates, comprehensive assessment protocols, and best practices concerning—

(1) conducting caregiver assessments (including reassessments) as needed;

(2) implementing such assessments that are consistent across a planning and service area, as appropriate; and

(3) implementing caregiver support service plans, including conducting referrals to and coordination of activities with relevant State services.

(Pub. L. 89–73, title III, §373, as added Pub. L. 106–501, title III, §316(2), Nov. 13, 2000, 114 Stat. 2254; amended Pub. L. 109–365, title III, §321, Oct. 17, 2006, 120 Stat. 2551; Pub. L. 114–144, §4(l), (m), Apr. 19, 2016, 130 Stat. 341; Pub. L. 116–131, title II, §§217(b), 218(a), Mar. 25, 2020, 134 Stat. 260, 262.)

REFERENCES IN TEXT

The RAISE Family Caregivers Act, referred to in subsec. (j), is Pub. L. 115–119, Jan. 22, 2018, 132 Stat. 23, also known as the Recognize, Assist, Include, Support, and Engage Family Caregivers Act of 2017, which is set out as a note under section 3030s of this title.

AMENDMENTS

2020—Subsec. (b). Pub. L. 116–131, §217(b)(1), inserted "which may be informed through the use of caregiver assessments," after "provided," in introductory provisions.

Subsec. (e). Pub. L. 116–131, §217(b)(4), added subsec. (e). Former subsec. (e) redesignated (f).

Subsec. (e)(3). Pub. L. 116–131, §217(b)(2), inserted ", including caregiver assessments used in the State," after "mechanisms" in first sentence.

Subsecs. (f) to (h). Pub. L. 116–131, §217(b)(3), redesignated subsecs. (e) to (g) as (f) to (h), respectively.

Subsec. (h)(2)(C). Pub. L. 116–131, §218(a), struck out subpar (C). Text read as follows: "A State may use not more than 10 percent of the total Federal and non-Federal share available to the State to provide support services to older relative caregivers."

Subsecs. (i), (j). Pub. L. 116–131, §217(b)(5), added subsecs. (i) and (j).

2016—Pub. L. 114–144, §4(m), substituted "this part" for "this subpart" wherever appearing.

Subsec. (a)(2). Pub. L. 114–144, §4(l)(1), substituted "older relative caregivers." for "grandparents or older individuals who are relative caregivers."

Subsec. (c)(1). Pub. L. 114–144, §4(l)(2)(A), in introductory provisions, substituted "older relative caregivers, who" for "grandparents and older individuals who are relative caregivers, and who".

Subsec. (c)(2)(B). Pub. L. 114–144, §4(l)(2)(B), substituted "to older relative caregivers of children with severe disabilities, or individuals with disabilities who have severe disabilities" for "to older individuals providing care to individuals with severe disabilities, including children with severe disabilities".

Subsec. (e)(3). Pub. L. 114–144, §4(l)(3), substituted "older relative caregivers" for "grandparents or older individuals who are relative caregivers".

Subsec. (f)(1)(A). Pub. L. 114–144, §4(l)(4), substituted "for a fiscal year" for "for fiscal years 2007, 2008, 2009, 2010, and 2011".

Subsec. (g)(2)(C). Pub. L. 114–144, §4(l)(5), substituted "older relative caregivers" for "grandparents and older individuals who are relative caregivers of a child who is not more than 18 years of age".

2006—Subsec. (b)(3). Pub. L. 109–365, §321(1), substituted "assist the caregivers in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiving roles;" for "caregivers to assist the caregivers in making decisions and solving problems relating to their caregiving roles;".

Subsec. (c)(1)(B). Pub. L. 109–365, §321(2)(A), substituted "subparagraph (A)(i) or (B) of section 3002(22)" for "subparagraph (A)(i) or (B) of section 3002(28)".

Subsec. (c)(2). Pub. L. 109–365, §321(2)(B), added par. (2) and struck out former par. (2). Prior to amendment, text read as follows: "In providing services under this subpart, the State shall give priority for services to older individuals with

greatest social and economic need, (with particular attention to low-income older individuals) and older individuals providing care and support to persons with mental retardation and related developmental disabilities (as defined in section 102 of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001)) (referred to in this subpart as 'developmental disabilities')."

Subsec. (d). Pub. L. 109–365, §321(3), amended subsec. (d) generally. Prior to amendment, text read as follows: "In carrying out this subpart, each area agency on aging shall coordinate the activities of the agency, or entity that such agency has contracted with, with the activities of other community agencies and voluntary organizations providing the types of services described in subsection (b) of this section."

Subsec. (e)(3). Pub. L. 109–365, §321(4), inserted at end "The reports shall describe any mechanisms used in the State to provide to persons who are family caregivers, or grandparents or older individuals who are relative caregivers, information about and access to various services so that the persons can better carry out their care responsibilities."

Subsec. (f)(1)(A). Pub. L. 109–365, §321(5), substituted "2007, 2008, 2009, 2010, and 2011" for "2001 through 2005".

Subsec. (g)(2)(C). Pub. L. 109–365, §321(6), inserted "of a child who is not more than 18 years of age" before period at end.

MONITORING THE IMPACT OF THE ELIMINATION OF THE CAP ON FUNDS FOR OLDER RELATIVE CAREGIVERS

Pub. L. 116–131, title II, §218(b), Mar. 25, 2020, 134 Stat. 262, provided that:

"(1) Report.—Not later than 18 months after the date of enactment of this Act [Mar. 25, 2020], and annually thereafter, the Assistant Secretary [for Aging] shall submit to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Education and Labor of the House of Representatives a report on the impact of the amendment made by subsection (a) [amending this section] to eliminate the limitation on funds that States may allocate to provide support services to older relative caregivers in the National Family Caregiver Support Program established under part E of title III of the Older Americans Act of 1965 (42 U.S.C. 3030s et seq.). Each such report shall also be made available to the public.

"(2) Contents.—For purposes of reports required by paragraph (1), each State that receives an allotment under such National Family Caregiver Support Program for fiscal year 2020 or a subsequent fiscal year shall report to the Assistant Secretary for the fiscal year involved the amount of funds of the total Federal and non-Federal shares described in section 373(h)(2) of the Older Americans Act of 1965 (42 U.S.C. 3030s–1(h)(2)) used by the State to provide support services for older relative caregivers and the amount of such funds so used for family caregivers."

§3030s–2. Maintenance of effort

Funds made available under this part shall supplement, and not supplant, any Federal, State, or local funds expended by a State or unit of general purpose local government (including an area agency on aging) to provide services described in section 3030s–1 of this title.

(Pub. L. 89–73, title III, §374, as added Pub. L. 106–501, title III, §316(2), Nov. 13, 2000, 114 Stat. 2256; amended Pub. L. 114–144, §4(m), Apr. 19, 2016, 130 Stat. 341.)

PRIOR PROVISIONS

Prior sections 3030s–11 and 3030s–12, which comprised subpart II of this part, were repealed by Pub. L. 109–365, title III, §322, Oct. 17, 2006, 120 Stat. 2552.

Section 3030s–11, Pub. L. 89–73, title III, §375, as added Pub. L. 106–501, title III, §316(2), Nov. 13, 2000, 114 Stat. 2256, provided for an innovation grant program.

Section 3030s–12, Pub. L. 89–73, title III, §376, as added Pub. L. 106–501, title III, §316(2), Nov. 13, 2000, 114 Stat. 2257, directed Assistant Secretary to carry out activities of national significance to promote quality and continuous improvement in the support provided to family and other informal caregivers of older individuals.

AMENDMENTS

2016—Pub. L. 114–144 substituted "this part" for "this subpart".

Appendix B: Administrative Letters Pertinent to the FCSP

Letter Number	Topic
01-1	Structure/authority of the FCSP; initial framework of program
01-4	Planning and fiscal details for FCSP during Phase I of program
01-06	Summary of Phase I of FCSP; further details on funding, contracts, reporting, monitoring for Phase II of program development
02-9	Carry-forward funding details
08-06	Integration into ARMS, coding and reporting revisions
11-11	Guidelines for collaborative relationship between FCSP and PC
12-07	Unit-based respite coding, respite cap between FCSP/PC
14-08	Reporting requirements for Categories I, II, III
19-05	Clarification of FCSP eligibility for adults 55+ as caregiver for adult children with disabilities
20-06	Extension of $2,500 Respite Cap for FY2020 due to COVID-19 global pandemic
20-07	DAAS Response to COVID-19 global pandemic series; FCSP codes 829, 839, 869
20-08	DAAS Response to COVID 19 global pandemic series; clarification of end date of 20-06
20-09	DAAS Response to COVID-19 global pandemic series; CARES Act funding and coding

DOA Administrative Letter No. 01-1

To: Area Agency on Aging Directors

Subject: Family Caregiver Support Program

Date: January 30, 2001

Under the legislative authority of Title III, Part E of the Older Americans Act, as amended in 2000 (P.L. 106-501) effective 11/13/00, North Carolina is ready to accept an exciting and significant opportunity to develop a multifaceted support system to respond to the needs of family caregivers. The Division of Aging has received $2,916,628 to begin this effort. The funds come with several expectations. As the State Unit on Aging, we will:

- work in partnership with Area Agencies on Aging
- move toward full operation of the program as soon as possible
- give priority to older individuals in greatest social and economic need and older individuals caring for children with mental retardation and developmental disabilities
- support caregivers through some combination of: information about services; assistance with access to services; individual counseling, organization of support groups, and caregiving training; respite care; and supplemental services.

Conditions on the funds include the following:

1. The Division may use 5% of the total allotment for State administration.
2. The Division may provide AAAs with up to 10% of the remainder for area plan administration.
3. The funds are to supplement, not supplant, existing services.
4. North Carolina may use up to 10% to provide support services to grandparents and older individuals who are relative caregivers as defined in the law.
5. Not more than 20% of the Federal funding can be dedicated to supplemental services.
6. The Division may use the current Intrastate Funding Formula for allocation of the funds to AAAs (see Attachment #1 for allocation information).
7. The required non-Federal share is 25% (cash or in-kind).

The Role of the Division

The Division of Aging has overall responsibility for assuring the proper expenditure of Title III-E funds and for helping develop a statewide service delivery system that is responsive to family caregivers. The Division intends to implement the program deliberately but expeditiously by keeping administrative tasks simple and by relying on existing resources and previous investments whenever possible. The Division will balance statewide guidance with regional flexibility. *The Division seeks to build adequate capacity within each AAA region to assure that caregivers across the state receive the support intended by this program, and to support the related work of the Institute of Medicine's Task Force on Long Term Care.* The Division's leadership

includes the following *statewide goals* that it hopes to achieve within the first three years of the program:

1. There will be an adequate infrastructure at the AAA and State levels to serve as a platform for future enhancement of support for family caregivers.
2. Every region will have an I&A system that meets the recommendations of the Division's Task Force on I&A.
3. Family caregivers in every county will have access to respite care, counseling and training.
4. AAAs and the Division will know the unmet needs of caregivers for purposes of planning and program development.
5. AAAs and the Division will have contributed significantly to helping the State implement recommendations of the N.C. Institute of Medicine Task Force on Long Term Care, including promotion of the availability of core services and the strengthening of local planning for aging and long term care.

To oversee and support statewide development of the Family Caregiver Support Program, the Division will seek to establish a new position of Family Caregiver Program Specialist who will work very closely with AAAs. While the current budgetary constraints at the state-level may delay hiring someone for this position, it is still the intent of the Division to do this as soon as possible. In the meantime, various Division staff members will share responsibility for supporting work associated with the program's design and implementation. If you have questions about the content of this letter or about next steps, contact Dennis Streets. If you have questions about the funding allocation to your region, contact Gary Cyrus.

The Role of AAAs

The Division believes that Area Agencies on Aging have a prominent role in realizing the potential value of the Family Caregiver Support Program. This appears to be the intent of the Federal law and seems prudent from a practical sense. *The Division supports building the capacity of AAAs so that they can lead in leveraging resources, developing partnerships, identifying and supporting critical needs, expanding successful services, and evaluating the program to guide its future direction.* The Division thinks that this is best accomplished through establishment of a *Family Caregiver Resource Specialist* position in each AAA, who, under the supervision of the AAA director, would:

1. Develop, implement and track the AAA's work plan for family caregiving support, paying special attention to the goal of making such "core services" as *I&A and respite* available and accessible to consumers. This work plan is to be part of Section I of the Area Plan and is to delineate activities among the general categories: information about services; assistance with access to services; individual counseling, organization of support groups, and caregiving training; respite care; and supplemental services. The Family Caregiver Resource Specialist is to consult with at least the following organizations in developing the work plan: (a) regional Alzheimer's Chapter(s), (b) Division of Vocational Rehabilitation's Independent Living Program, (c) Social Services, (d) support groups, (e) Cooperative Extension, (f) Area Mental Health Program, (g) hospice agencies; (h) respite care providers (including ADC/ADHC programs); and (i) lead agencies for local planning on aging. Other recommended

contacts include: Aging Specialist(s) at Area Health Education Centers, community colleges, and area universities; Medicaid CAP; eldercare programs; legal services; and family resource/support centers, which may be involved with kinship care and intergenerational programming. Obviously, the AAA must seek to learn and consider the views of family caregivers in setting priorities, including the relative need for providing support of older grandparents raising grandchildren and of older persons caring for children with mental retardation or other developmental disabilities. In consultation with all of these stakeholders, the Specialist will assess need for expansion of existing services and initiation of new ones. This assessment will include an inventory of the adequacy of resources in the Region, based on "core services" identified in the Long Term Care Plan of the N.C. Institute of Medicine (including I&A and respite), and on the following additional needs of family caregivers: access to assistive technology, support groups, caregiver training, and caregiver counseling. The Specialist will share this assessment and the AAA's work plan with the Home and Community Care Block Grant planning committees. <u>The work plan is to be approved by the AAA's Regional Advisory Council prior to submission to the Division for its review and approval.</u>

2. Lead program and resource development efforts (e.g., networking, grant writing, volunteer recruitment and training). The Specialist will seek working relationships with faith, civic, and employer groups.

3. Provide or arrange for direct services (e.g., public information activities, outreach, I&A, case management, counseling, caregiving training) as determined appropriate based on the needs of caregivers and the resources available in the region. The Specialist will determine how best to target the AAA's caregiver support so that priority is given to older persons in greatest social and economic need and to older individuals caring for children with mental retardation or other developmental disabilities. The Specialist will establish a process for collecting participant contributions, following existing State policy, for service dollars used by the AAA.

4. Establish an adequate system for recordkeeping of clients served, expenditures, and unmet needs. The Specialist will complete quarterly progress reports and assure reporting of data to the Division, using ARMS and/or other State identified means to document the effect of service expenditures. Regions I and N will pilot test use of the "AoA Caregiver Support [Assessment] and Satisfaction Survey" as part of a separate project.

5. Develop and implement area publicity campaign for program. Note that it appears that the U.S. Administration on Aging interprets the "information" service category to include public education and other forms of group information, as well as outreach interventions to identify potential caregivers and encourage their use of existing services and benefits. It will be important for each AAA to develop an effective mechanism to receive input from caregivers on a regular basis.

6. Advocate for the interests of family caregivers. This should include discussions with members of the Senior Tar Heel Legislature and with the Home and Community Care Block Grant Committees.

7. Participate with AAA peers and Division Specialist and other staff members in support of program implementation and evaluation.

Given the level of complexity and importance of these tasks, *the Division encourages each AAA to give serious consideration to the establishment of the position and the hiring of a very qualified individual. The AAA can establish the position using the allocated P&A funds and a portion of the Title III-E services funds. A request for a waiver is necessary in the AAA's use of service funds unless the AAA's direct services are limited to information and assistance and outreach. Any waiver request should be submitted prior to the hiring of the Family Caregiver Resource Specialist and should include an indication of the services to be provided by the AAA.*

Records and Reports

The Division is committed to simplified administration of the program, but it is nonetheless essential that there is a well planned, configured, and understood system for recording and reporting data and other information important to accountability, evaluation and future development. While the Administration on Aging intends to consider revising the National Aging Program Information System to collect data on a permanent basis, we must anticipate the need for information and plan a system that will help us document the value of our work in this area. The Division will work closely with the AAAs in devising and implementing the system. Initially, we expect it to include the following components:

1. Use of ARMS to report expenditures by the five service categories of information; assistance; counseling, support groups, and caregiver training; respite; and supplemental services. (Attachment #4 gives the AOA's example of services that could be reported.)
2. Use of activity logs and contact forms to record and report units and people served by the five service categories, with some explanation of the nature of the service.
3. Use of measurable objectives in the work plan to track progress toward development of partnerships and leveraging of resources.

Staff members at the Division who will lead in developing this system include Ann Cratt, Gary Cyrus, Mark Hensley, Phyllis Stewart, and Harold Berdiansky.

Opportunities for Partnership

Title III-E stipulates that Area Agencies on Aging must coordinate their activities with those of other community agencies and voluntary organizations providing services corresponding to the five service categories outlined in the law (i.e., information, assistance, counseling/support groups/caregiver training, respite, and supplemental services). It is important to identify and build on existing resources and activities, especially where they have been effective. Below is a brief description of several

activities and interests that you might want to consider as you develop the AAA work plan. You would need to negotiate arrangements and costs with the contact people identified for each activity.

Taking Care of You: Powerful Tools for Caregiving. This is a course offered by N.C. Cooperative Extension and the Duke Family Support Program. It was developed in Oregon by a team at Legacy Health Systems in Portland, and has been offered widely in that state, with excellent evaluations. The program was previewed and then recommended by Lisa Gwyther, director of the Duke Family Support Program. The Division of Aging sponsored Edna Ballard of the Duke Program and Luci Bearon of the N.C. Cooperative Extension Service to go to Oregon in January 2000 to have them become Master Trainers.

The course is built on a train-the-trainer model. Master Trainers train Class Leaders (professionals in aging, social work, etc.) and Co-Leaders (laypersons with direct family caregiving experience with elderly relatives), up to 10 pairs at a time, in a course that runs about 2.5 days. The Class Leaders and Co-Leaders then offer the class to 10-15 caregivers in their communities over 6 sessions (about 2.5 hours in length), usually one session per week for 6 weeks. The curriculum for the course is fully scripted and focuses on self-care for the caregiver, not how to take care of the patient, although surely the patient will benefit by having a less stressed caregiver. It is designed to provide family caregivers with the tools to increase their self-care and their ability and confidence to handle difficult situations, emotions and decisions. The six sessions cover: (1) Taking Care of You; (2) Identifying and Reducing Personal Stress; (3) Communicating Feelings, Needs and Concerns; (4) Communicating in Challenging Situations; (5) Learning from our Emotions; and (6) Mastering Caregiving Decisions.

Because this is a packaged program governed by Legacy, only Master Trainers can train Class Leaders and Co-Leaders and the training materials cannot be altered. Also, local programs require a pair of Class Leaders and Co-Leaders willing to do the six-week program together, so people must be recruited in pairs to come to our training with the idea they will return home and work together. If interested, you can contact Dr. Luci Bearon about program costs and arrangements. Contact her at: N.C. Cooperative Extension Service, Box 7605 NC State University, Raleigh, NC 27695-7605, lbearon@email.com, 919-515-9146.

Grandparent Caregivers. The N.C. Cooperative Extension Service is interested in establishing an education, training, outreach, and public information program focused on supporting North Carolina's grandparent caregivers. This could include: (1) producing a curriculum for use in training Extension agents and community volunteers who would then provide information and educational services to grandparent caregivers; (2) developing a public awareness campaign about the issues facing grandparents raising grandchildren; (3) training personnel in the aging network and other service professionals to work with and address specific needs of grandparent caregivers; and (4) providing technical assistance to county Extension staff so that they can develop coalitions, find funding, and develop programs to meet local needs. For further information, contact Dr. Luci Bearon at: N.C. Cooperative Extension Service, Box 7605 NC State University, Raleigh, NC 27695-7605, lbearon@email.com, 919-515-9146.

Respite Care for Caregivers of People with Alzheimer's/Dementia. The N.C. Alzheimer's Association is interested in further developing an approach they have begun to expand awareness, availability, and utilization of respite care for families caring for a person with Alzheimer's disease or a related dementia. They point out that for many Alzheimer families, respite is the basic service that enables them to keep their loved one at home. The Association proposes a demonstration project using a voucher-type system for respite care. To be successful, the Association believes that there must be a "lead agency" to administer the program locally and a comprehensive network of caregiver support services available in the county, to include: information and assistance; caregiver support groups; caregiver education and training; agencies that provide in-home sitter, homemaker, and personal care services; adult day care; and facilities willing to accept patients on a short-term basis. The role of the lead agency would include: advertising the "respite care vouchers" (suggested to be $500); providing information and case assistance to family members; processing application for respite and providing approved voucher to caregiver; reimbursing respite providers up to approved amount; and providing follow-up assistance to the family. For further information, contact Barbara D. Hinshaw, at the Western North Carolina Chapter of the Alzheimer's Association, 3 Louisiana Avenue Asheville, NC 28806-3419; 828-254-7363, or 1-800-522-2451; alzwnc@brinet.com.

Community Dialogues and Collaborative Real-time Planning. The Center for Aging Research and Educational Services (CARES), at the Jordan Institute for Families, School of Social Work, University of North Carolina at Chapel Hill offers training and consultation on community dialogues and collaborative real-time planning to assist AAAs and their communities organize planning efforts that capture the voices of community stakeholders, especially caregivers and their families. This process brings together between 50 and 200 people for a two-day event that leads to an action plan based on identified outcomes. The process has been successfully used both within the state and nationally to identify measurable outcomes that respond to community wishes; foster collaboration and inclusion, as well as responsibility for change, among citizens and community organizations; develop a specific performance plan with measurable goals and action steps; and effect rapid change. In addition to facilitating the process, CARES offers pre- and post-planning technical assistance. The Cape Fear AAA (Region O) used this process for its elder rights community planning project (ROAR). For further information, contact Linda Rahija at: CARES, UNC-CH School of Social Work, 301 Pittsboro Street CB #3550 Chapel Hill, NC 27599-3550 919-962-5163, lrrahija@email.unc.edu.

Duke Family Support Program. Duke University's Family Support Program is nationally recognized for providing assistance to caregivers of the chronically ill and demented and has served a major resource for training healthcare professionals and the Alzheimer's Association chapters who maintain local support groups. For the purpose of the new Family Caregiver Support initiative, the Duke program is particularly interested in serving as a resource in at least four areas: (1) development and implementation of employee assistance programs for working caregivers [the Duke program is providing eldercare serves for Duke University employees and their families]; (2) adaptation of a

"family consultation model" proven successful in California's Family Resource Centers [the model helps families through their periods of critical decision-making]; (3) identification and coordination of strategies to help caregivers with end-of-life issues [the Duke Family Program works closely with Duke Divinity School's End-of-Life Institute, which also uses faculty at UNC-Chapel Hill and N.C. Central University]; and (4) consultation and program development on all matters concerning Alzheimer's disease and other dementias [e.g., adaptation of Georgia's model of a mobile day services program for respite care]. For further information about any of these areas, contact Lisa Gwyther, director of Duke Family Support Program, at 1-800-672-4213, or 919-660-7510; lpg@geri.duke.edu.

Advance Care Planning. The Carolinas Center for Hospice and End of Life Care is promoting efforts to build a network of local trainers and community facilitators to support advance care planning. According to the Center, only half of the people who die in the Carolinas have a Durable Power of Attorney for Health Care or a Living Will. Difficulties occur when caregivers do not know a person's choices for end-of-life medical care. Many middle-age adults report difficulty talking with their elderly parents about end-of-life care. The Center is currently sponsoring Advance Care Planning Instructor's Certification Training. For further information about the work of the Center, contact Gwynn Sullivan, director of the Center's NC Community Outreach, P.O. Box 4449, Cary, NC 27519-4449; 919-677-4117.

Best Practices in North Carolina and Other States

In our November survey of AAAs and Division staff members, people wanted to know more about what is already working well in North Carolina to support family caregivers and about other states' model activities that might be adapted for use here. While clearly this will have to be done on an ongoing basis, we do want to share with you what we learned from our efforts thus far. Attachment #3 gives you what information was provided to our request for "best practices" at our Special Forum on Caregiving in December (Wanted! Survey Results). We have also prepared a summary of "Ideas for Family Caregiver Support Projects" from our review of the literature. For further information about what other states are doing, contact Yoko Crume at the Division.

Timeline

Developmental Period (January 2001 - June 2002)

1. State Division and AAAs hire Family Caregiver Resource Specialists, and establish and implement initial work plans that may include contracts with other entities.
2. State Division establishes standards and mechanisms designed to assure the quality of services provided under this program.
3. State Division and AAAs design and implement means for recording and reporting information to monitor program administration and compliance, and to evaluate the program's effectiveness.

We envision the following dates for initial implementation of the program by AAAs:

February 16, 2001--Complete and return Attachment #2, **Area Agency Statement of Intent and Interest**

March 30, 2001--Hire Family Caregiver Resource Specialist

May 31, 2001--Submit to the Division the AAA Work Plan for Family Caregiver Support initiative, which reflects input from appropriate groups and delineates activities among the categories of services authorized by law: information about services; assistance with access to services; individual counseling, organization of support groups, and caregiver training; respite care; and supplemental services. The Division will provide a basic format for documenting the work plan.

June 30, 2001--Division reviews/approves AAA work plans and notifies AAAs of acceptance.

Definitions and Clarifications

`SEC. 372. Definitions.

`In this subpart (Title III-E)

Family Caregiver- The term "family caregiver" means an adult family member, or another individual, who is an informal provider of in-home and community care to an older individual.

Grandparent or Older Individual Who Is a Relative Caregiver- The term "grandparent or older individual who is a relative caregiver" means a grandparent or stepgrandparent of a child, or a relative of a child by blood or marriage, who is 60 years of age or older and--(A) lives with the child; (B) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and (C) has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally. "Child" is defined as "not more than 18 years of age."

Service Categories

From information provided by the Administration on Aging, the Division is using the following as a starting point for characterizing the five service categories identified in the law. The Division will work closely with AAAs in refining the scope of these categories. Please indicate on Attachment #2 if you wish to participate in this work. Lead staff members at the Division will include: Yoko Crume, Steve Freedman, Heather Burkhardt, and Marian Sigmon.

Information: Considered more of a group service (e.g., public education, participation at health fairs).

Assistance: Considered more or an individual, one-on-one contact to assist caregivers in gaining access to services (e.g., information and assistance, case management).

Counseling/Support Groups/Training: Provision of advice, guidance, and instruction to caregivers on an individual or group basis, to assist caregivers in making decisions and solving problems relating to their caregiving roles.

Respite: Temporary, substitute supports or living arrangements to provide a brief period of relief to caregivers on an intermittent, occasional or emergency basis.

Supplemental Services: States are given the authority to determine the scope of what is allowed under "supplemental services." The one federal stipulation is that these services are to be used on a "limited" basis to complement the care provided by caregivers, with no more than 20 percent of the federal funding dedicated to them. The North Carolina Division of Aging will allow considerable flexibility to AAAs in defining "supplemental services," except to emphasize that the focus must be on supporting the needs of caregivers. The Division will require the AAA to advance notice of any "supplemental service" that will be funded so that the Division may assure its appropriateness and track the use of this category of service. Examples of supplemental services might include: home safety audits and home modifications; assistive technologies; emergency alarm response systems; and incontinent and other caregiving supplies. Some consideration may be given to using the funds for such purposes as providing a home-delivered meal or medical transportation, but this would have to be on a temporary basis and only if it supports the needs of caregivers.

Attachment #2

Area Agency Statement of Intent and Interest

The Division of Aging requests that each Area Agency on Aging complete and return this form by Friday, February 16, 2001, if at all possible. Fax, mail, or email it to Dennis Streets at the Division. We will use this information to continue our state-level planning. We realize that this may be an unofficial response from your agency because you may not have had time to brief your Council of Governments Board, Regional Advisory Council or others.

1. Is it your intent to establish a Family Caregiver Resource Specialist position at the AAA?

___Yes, on a full-time basis
___Yes, on a part-time basis or with part-time responsibilities
___No

Explanation, if needed:

2. Are you interested in supporting with your region's Title III-E allocation any of the initiatives described in the Administrative Letter:

Taking Care of You: Powerful Tools for Caregiving

___ Yes
___ No
___ Not sure. Would like to know more about the initiative.

Grandparent Caregivers

___ Yes
___ No
___ Not sure. Would like to know more about the initiative.

Respite Care for Caregivers of People with Alzheimer's/Dementia

___ Yes
___ No
___ Not sure. Would like to know more about the initiative.

Community Dialogues and Collaborative Real-time Planning

___ Yes
___ No
___ Not sure. Would like to know more about the initiative

Return completed form to Dennis Streets: Phone--919-733-8400; Fax--919-733-0443;
dennis.streets@ncmail.net

Attachment #2

Consultation from Duke Family Support Program

___ Yes
___ No
___ Not sure. Would like to know more about the initiative.

Advance Care Planning

___ Yes
___ No
___ Not sure. Would like to know more about the initiative.

Explanation, if needed:

3. When the AAAs next meet in Raleigh on February 28 and March 1, the Division would like to hold a work session on this program. Please check below the areas about which you are especially interested in working:

___ Design system for recording and reporting data and other information
___ Plan for statewide publicity about the program
___ Design job expectations for Family Caregiver Resource Specialist at AAA
___ Develop approach for using this opportunity to influence local planning for long term care
___ Define what is meant by the service categories, and especially "supplemental services"
___ Develop format for AAA work plan
___ Discuss process for AAA collection of participant contributions for any direct services it provides

Other comments and questions you may have:

Region_____

_____ _____
Signature of AAA Director Date

Return completed form to Dennis Streets: Phone--919-733-8400; Fax--919-733-0443; dennis.streets@ncmail.net

DOA Administrative Letter No. 01-4

To: Area Agency on Aging Directors

Subject: Family Caregiver Support Program

Date: April 9, 2001

We are issuing this letter to follow up on several matters related to the start-up of the Family Caregiver Support Program. In summary:

- We expect AAAs to concentrate their efforts during the first phase of this initiative (now through development of the Caregiver Work Plan) on hiring a Resource Specialist; identifying and communicating with appropriate community partners; educating the community about the initiative and gathering input on priority needs; and developing a plan for the program.
- We will use service category I, *Information about Available Services*, as the primary means for AAAs to report their communications and planning activities for reimbursement when using service-related funds.
- We have established a means for AAAs to request reimbursement through ARMS.
- We have finalized the work plan format and emphasize its importance as a means of mapping your work in the short term and over the next three years. We realize that some AAAs have already begun using the draft format for working with local and regional advisory committees, especially in making an inventory of existing resources, and we will not require any redoing of work.

Because we are still uncertain about our ability to hire for a new position at the division to coordinate this program, a number of our staff persons continue to contribute time to this project. This short directory should give you guidance about whom to call for assistance pertaining to the family caregiver initiative.

Area	Staff Person(s)
Area Plan Format	Yoko Crume, Phyllis Stewart
Reimbursement/reporting	Ann Cratt, Mark Hensley
Waiver requests	Mark Hensley
Funding and matching requirement	Gary Cyrus
Publicity	Dennis Streets
Program evaluation	Harold Berdiansky
Cost-sharing	Steve Freedman, Mark Hensley
Service categories	Steve Freedman, Phyllis Stewart
General programmatic consultation and technical assistance	Yoko Crume, Phyllis Stewart, Dennis Streets

Our first meeting with you to discuss this program was very beneficial and helped clarify next steps for our expeditious but orderly implementation. While we are covering specific topics below, we also want to reiterate several points that should guide our overall work.

In commenting on the program at the recent ASA-NCOA conference in New Orleans, Edwin Walker, director of program operations at the Administration on Aging, stated that its purpose "is to enable states and Area Agencies on Aging to develop multifaceted systems of support." He remarked that *one of his fears is that the program funds could be quickly swallowed up by the severe backlog in demand for services without fostering the creation of systems that will help caregivers in the long-term.* From these comments and what we have heard otherwise from conversations with AoA personnel and other State Units on Aging, we seem very much to be on the right track in our design for the program. To stay on this course, we must keep several points in mind:

➢ The value of our investment in the capacity of Area Agencies rests in your successes in community and program relations, assessment, planning and development. We must be able to effectively grow the somewhat limited Title III Part-E funds into new and expanded services and supports for family caregivers. We must work through partnerships and collaborative ventures to realize the potential of this program. We will not succeed if we try and rely on just our own ideas and resources. *Area Agencies must avoid becoming a direct service provider when others can better accomplish this.* We must remember that the basic, longstanding mission of Area Agencies is to foster the development of comprehensive and coordinated systems of services and resources. This mission did not change as a result of the Family Caregiver Support Program. That is why it is essential to build effective working relationships with the variety of organizations and groups who share interest and responsibility for assisting caregivers.

➢ While AAAs are not to become service providers when others in the community can better fulfill this role, AAAs can and must assume an important ongoing *service* in development, coordination, and oversight of this program. It is for this reason that we are allowing AAAs to use service funds along with P&A funds to support a full-time Family Caregiver Resource Specialist position. The AAA and its Specialist have an especially important role in the first service category, namely *Information about Available Services.* Some of the essential activities and services covered under this category include:

1. **Community and program relations and advocacy**: The AAA functions as a primary spokesperson in the region about the program and the needs of family caregivers. The AAA meets with individuals and groups, uses its web site, establishes a working relationship with local media, and uses other means to share information and advocate for the interests of family caregivers.
2. **Community and program outreach**: The AAA makes special efforts to identify and reach caregivers who are most in need because of their economic or social circumstance or the nature of their caregiving responsibilities.
3. **Community and program assessment**: The AAA assesses the needs of family caregivers using a number of different techniques and inventories the extent to which these needs can be addressed through existing community resources. The AAA pays particular attention to populations most in need.
4. **Community and program planning**: The AAA facilitates groups and communities in developing responses to the unmet needs of family caregivers. The AAA pools community plans into an overall Area Plan to guide the work of the Area Agency in promoting and addressing the needs of caregivers.
5. **Community and program documentation, evaluation and oversight**: The AAA assures that there are adequate mechanisms in place to track and report the effect of the program and to assure the quality of initiatives associated with the program. By

sharing this information with the community, the AAA not only reports the program's effectiveness but also raises awareness of the unmet needs of family caregivers.

Because of the special role of AAAs in these functions, which we have determined are appropriately covered in category I of the program, **we will not generally require AAAs to complete a waiver request when they use service funds under this category to perform these functions.** We will also not require a waiver when AAAs use service funds for Information and Assistance or resource development (covered in category II). I&A and outreach are now generally recognized in the Older Americans Act as AAA-allowable services. **Community and program coordination and resource development,** which we have identified in category II, has the AAA working with and through a wide array of individuals and groups to develop and expand resources to address the needs of caregivers. Examples of this work include procurement of grants, development and training of volunteers, and development of self-help strategies for caregivers. By bringing together the various organizations working to assist caregivers, the AAA should also be able to help identify strategies to maximize existing resources through interagency initiatives and community collaborations.

We will still require, however, a waiver request whenever the AAA seeks reimbursement for such other services and activities under Category II as: care management, care planning, caregiver emergency plans, in-home caregiver assessment, or benefits screening/assessment; or intends to directly provide services under categories III, IV or V. Whenever an Area Agency needs to seek a waiver to provide a direct service, it should follow the procedures for non-unit activities, as outlined in Section 304 of the AAA Policies and Procedures Manual. We expect that most, if not all, of the functions performed by the AAA during this initial phase (through completion of the Regional Plan) to be covered under category I, or category II activities related to I&A or resource development.

ARMS REPORTING AND REIMBURSEMENT

Fund Code 8 has been established for the Family Caregiver Support Program in the Aging Resources Management System (ARMS). Regional allocation amounts can be found on the ARMS Allocations Screen listed as "Family Caregiver Funding." **As we begin this program, we will be treating all of the service categories as non-unit activities for the purpose of reimbursement through ARMS.** The following non-unit service codes have been established for use during at least the initial phase of implementing the program:

Service Code	Service Name
800	Information about Services
810	Assistance Locating Services

During the period April 2001 through July 2001 (Phase 1 of implementation), Area Agencies should submit non-unit reimbursement records to request reimbursement for the Title III Part E funds. Monthly requests for reimbursement should be 'categorized' according to the activities of the Family Caregiver Resource Specialist and any other services funded by the AAA. No Program & Administration (P&A) funds will be available to use for reimbursement to AAAs until the July ARMS run in August, 2001.

Reimbursement for expenses related to the Family Caregiver Resource Specialist position during Phase 1 will be issued from the *services* portion of each region's allocation.

Prior to submitting a reimbursement request, AAA's must do the following:

1. Obtain a 'Provider' code for the Area Agency if no code has been previously assigned for direct services. Send to Linda Owens a completed Form DOA-150 that can be downloaded at www.dhhs.state.nc.us/aging/manual/hccbgdn.htm.
2. Establish non-unit budgets in ARMS for each of the two (2) service code categories. *(AAA provider code must be obtained first.)*
3. Maintain appropriate written documentation *(e.g., time sheets, calendars, and activity records)* to support non-unit reimbursement requests submitted and to be able to show the program's effect, which is important for both accountability and public relations.

Report series **ZGA370-12** will be created detailing monthly expenditures, monthly reimbursement amounts, and year-to-date reimbursement totals.

It is not anticipated that any services will be provided for categories III, IV or V during this initial period (Phase 1). In the future, service codes 820, 830 and 840 will be established for these services, respectively. If you have any questions regarding reimbursement or if you expect to use categories III, IV or V before July 1, please contact Ann Cratt or Mark Hensley.

Area Plan FCSP Amendments

Attached is the revised format for use by Area Agencies on Aging in developing their plan for the Family Caregiver Support Program (it is also on the Division's web site at http://www.dhhs.state.nc.us/aging/fcaregr/fchome.htm). As we discussed at our meeting, **the due date for submission of the Plan has been changed from May 31 to August 31, 2001.** This should allow AAAs ample time to involve their Family Caregiver Resource Specialist in its development and should provide more time for the AAA to reach out to the variety of organizations and groups identified in Administrative Letter 01-1 as essential consultants to development of the work plan. The Division will review and give its full or conditional approval to the Plan by September 30, 2001. ***We encourage earlier submission of the Plan where possible,*** and we will respond accordingly with a timely review.

The beginning date for the Plan itself remains July 1, 2001, so AAAs that undertake work before September can capture this activity. This is a three-year plan, but we expect that activities proposed for the second and third years may not be as well developed and may change over time. The Division will consider this plan as part of Section 1 of the Area Plan and therefore we will monitor it. It should be maintained as an accurate reflection of the AAA's work.

In revising the format, we eliminated the Program and Resource Development Action Plan exhibit. This in no way implies a reduced emphasis on this aspect of the AAA's work; in fact, we are placing even greater emphasis on this role by expecting AAAs to incorporate program and resource development activities throughout the Work Plan exhibits for the five service categories. To reiterate what we highlighted in the first administrative letter, *the Division supports building the capacity of AAAs so that they can lead in leveraging resources, developing partnerships, identifying and supporting critical needs, expanding successful services, and evaluating the program to guide its future*

direction. Our success with this program cannot depend on, nor should it be measured by, the services provided directly by the AAA or Family Caregiver Resource Specialist. **If it is necessary, for example, for an Area Agency to take the lead in developing a caregiver training program or support group, the AAA should have as its goal the transfer of this service to some community resource so that the AAA can then use its efforts toward addressing some other caregiver need.** Our focus must be on working through others to build the strongest community responses possible for family caregivers. Our focus must be guided by the following key words: **Leverage and Partner.**

If you have questions about the completion of the Area FCSP Plan, please contact Yoko Crume or Phyllis Stewart. **We strongly encourage discussions periodically with either Yoko or Phyllis as you develop ideas for your work plan.** We want to stay informed of important decisions being considered by AAAs about the direction of the program so we can share them with others as appropriate and negotiate changes if necessary. If possible, we would rather address any substantive issues in the development phase before your Regional Advisory Council takes official action to approve.

Status Report of AAAs

Attached is a brief report of what AAA directors have shared about their efforts to begin the Family Caregiver Program in their region. We have asked each of you to comment on what had been done to date, local reaction, and questions or issues. Several of the AAA actions prompted these observations about important steps to take:

- Explain the program's objectives to your Senior Tar Heel Legislative delegates, Regional Advisory Committee, local providers, county commissioners, and local media.
- Consider arranging for some periodic out-stationing of the Family Caregiver Resource Specialist at Senior Centers, Councils on Aging, etc., not only to assist with physical space problems but to enable networking. Some use of out-stationing can also help the Specialist to remain "connected with caregivers." **While discouraging AAA involvement in direct services, we encourage the development of direct experience with caregivers.** This can happen through various means, which include: (1) hiring a person for the Specialist position who has personal and/or professional experience in caregiving; (2) working with your community partners to understand the needs of their constituents; (3) holding community forums and providing other means for caregivers to communicate with you (including use of email for the hard-to-reach caregivers); and (4) making use of any I&A and outreach services you provide to stay grounded with the concerns of caregivers.
- Think "out-of-the-box" about potential providers of family caregiving services and support their development.
- Use Home and Community Care Block Grant Committees to think about how well family caregivers are being served through the existing HCCBG services; form subcommittees, where there are effective county planning groups, to focus on family caregiving issues and how these relate to the recommendations of the Institute of Medicine's Task Force on Long Term Care. Region G has already undertaken significant and productive activity in this area.
- Consider establishing a Regional Caregiving Advisory Council or Consortium to guide planning and administration of this program.
- Listen to what others have to say about caregiver needs and ways to respond.

As was recommended at our meeting, we would like each AAA to update the Division on its progress on a monthly basis. **So that we can share what we learn with all of you, please provide your update by the end of each month to Yoko Crume.**

We appreciate your efforts to make this an effective intervention for family caregivers, the backbone of long term care for our seniors. Please let Dennis Streets know of any questions you may have about the contents of this letter. We will have more to say in the future about programmatic reporting expectations, linking to planning for long term care, and other aspects of the program. We look forward to continuing our work with you in making this an outstanding achievement for North Carolina and especially its family caregivers.

Revised Timeline

Developmental Period (January 2001 - June 2002)

1. State Division and AAAs hire Family Caregiver Resource Specialists, and establish and implement initial work plans that may include contracts with other entities.
2. State Division and AAAs establish standards and mechanisms designed to assure the quality of services provided under this program.
3. State Division and AAAs design and implement means for recording and reporting information to monitor program administration and compliance, and to evaluate the program's effectiveness.

We envision the following dates for initial implementation of the program by AAAs:

March 30, 2001--Hire Family Caregiver Resource Specialist [goal]

August 31, 2001--Submit to the Division the **AAA Work Plan** for Family Caregiver Support initiative, which reflects input from appropriate groups and delineates activities among the categories of services authorized by law: information about services; assistance with access to services; individual counseling, organization of support groups, and caregiver training; respite care; and supplemental services.

September 30, 2001--Division reviews/approves AAA work plans and notifies AAAs of acceptance.

Sincerely,

Dennis W. Streets, Deputy Director
for
Karen E. Gottovi

Attachments

cc. Peter Leousis
Deborah Atkinson

DOA Administrative Letter No. 02-9

To: Area Agency on Aging Directors

From: Karen Gottovi, Director

Subject: Family Caregiver Support Program Carry Forward Funding and FY'02-03 FCSP Funding

Date: July 10, 2002

This letter is being issued to provide guidance for utilization of Family Caregiver Support Program funding carried forward from fiscal year 2002 to fiscal year 2003 and new matching requirements for the FCSP Funds for SFY 2002-2003.

FCSP – Carry-Forward Funding

The availability of the carry-forward funds will be from July 1, 2002 to September 30, 2002. Carry-forward funding requires a 25% non-federal match that may be provided in cash or in-kind.

Fund Code 8 is established for the Family Caregiver Support Program in the Aging Resources Management System (ARMS). ARMS 2003 regional allocation amounts can be found on the Allocations Screen listed as "Family Caregiver Support – Carry forward." The following service codes have been created in ARMS for the purpose of establishing carry-forward budgeting, reporting and reimbursement:

Service Code	Family Caregiver Support Service
801	Carry-forward Information About Available Services
811	Carry-forward Assistance
821	Carry-forward Counseling, Support Groups & Training
831	Carry-forward Respite Care
841	Carry-forward Supplemental

As we indicated in Administrative Letter No. 01-4, the FCSP service funds are all non-unit service funds. Any costs associated with the Family Caregiver Specialist (not funded with another fund source) or other direct AAA costs associated with the program would be budgeted in one of the five service categories as a Non-Unit Service Budget in ARMS.

Through September, the AAA should submit non-unit reimbursement records for the total costs in each of the applicable five carry-forward service categories under the FCSP. Reimbursement will follow the same process adhered to with other non-unit services where total costs for the month are reported to the AAA and payment is issued to providers by the AAA. Report series **ZGA370-13** will provide monthly expenditures, monthly reimbursement amounts, and year-to-date reimbursement totals for the carry-forward funds.

Service information including client data, service totals, and other demographic information must be collected and will be reported on the Family Caregiver Support Access Data Base with all other FCSP data collected in the 2002-2003 program year.

FCSP Funding for SFY 2002-2003 Program Match

As we have indicated to you earlier, FY'2002-2003 FCSP funding will **require no local or regional match.** The Division will be using state funds which currently overmatch the HCCBG programs to account for the required 25% non-federal match. HCCBG funding used for services for clients registered as *"service relieves a caregiver"* will be reported by the Division as supporting the FCSP (Title III-E) rather than Title III-B of the Older Americans Act. *This arrangement will not affect the process for reporting services through ARMS.* Beginning with the August 2002 reporting cycle for services provided in July, FCSP contracts will be paid at 100% of the amount reported for local providers and the costs reported which are associated with a Regional FCSP Specialist.

While we recognize some local programs have already secured matching funds, these amounts may still be and are encouraged to be used to expand the program beyond the federal funds available.

If you have any questions regarding any of the issues discussed, please contact Gary Cyrus or Mark Hensley at (919) 733-8390.

Cc: Lisa Culbreth, DHHS Controller's Office

DOA Administrative Letter No. 01-06

To: Area Agency on Aging Directors

Subject: PHASE 2: Family Caregiver Support Program

Date: August 14, 2001

This letter is being issued to provide some additional guidance with the Family Caregiver Support Program as we move into the first full fiscal year with this program. During "phase one" we expected AAAs to concentrate their efforts on the development of the Caregiver Work Plan: 1) hiring a Resource Specialist; 2) identifying and communicating with appropriate community partners; 3) educating the community about the initiative and gathering input on priority needs; 4) inventorying resources and service gaps; and 5) developing a plan for the program. "Phase two" will be the first year of implementation of the AAA's Caregiver Work Plan and therefore this will involve greater expenditure of funds, contractual arrangements, record-keeping and reporting, and monitoring and evaluative activities.

BUDGETING

As referenced in Administrative Letter No. 01-4, Fund Code 8 has been established for the Family Caregiver Support Program in the Aging Resources Management System (ARMS). ARMS 2002 regional allocation amounts can be found on the Allocations Screen listed as "Family Caregiver Support."

Attached is a table of the regional allocations for FY'2001-2002. This table was provided to COG fiscal officers at their meeting on August 9, 2001.

When comparing this table with the one attached to Administrative Letter No. 01-1, you will note the absence of the designated funds for Planning and Administration (P&A). P&A funds are allowable under the FSCP, and we have allocated the full amount allowable under the Caregiver law. The only change is in how we have allocated these P&A funds to the AAAs. As of SFY 2001-2002, the P&A funds made available through the Caregiver Program have been added to the AAA's overall P&A funds rather than segregating them from other P&A funds. This eases administration and should provide the AAA with greater discretion in their use. AAAs may elect to use a portion of their P&A funds and/or AAA Support funds to support the FCSP.

As we indicated in Administrative Letter No. 01-4, the FCSP service funds are all **non-unit service funds**. Any Family Caregiver Support Program costs not funded with P&A or AAA Support funds should be budgeted in one of the five service categories as a Non-Unit Service Budget in ARMS. This includes AAA direct costs or subcontracts with local or other agencies.

As the AAA establishes a budget in ARMS for the FCSP, the AAA must provide estimates of the number of persons who are expected to be served in the field "Projected People." The U.S. Administration on Aging recently notified the Division that under the FCSP, each state is required to report the estimated number of persons who will receive services (this is further

explained below). Questions about budgeting and use of ARMS should be directed to Mark Hensley and Ann Cratt.

CONTRACTING

Where the AAA develops contracts for direct service with local agencies, regional agencies and others, the AAA Policies and Procedures Manual should be used as guidance for this process. **Section 800** provides the specifications for the contractual process and requirements. We recommend that you use a similar approach to contracting as has been employed in the past when contracting other non-HCCBG funds. Contracts should clearly define the value of a reimbursable cost or "unit" of service as negotiated with the provider. In addition, the contract should specify the required documentation necessary to collect client demographic information and information about the services provided.

When developing contracts, the AAA should clearly define what role each entity will assume in the agreement. In instances where funds are "granted" to an agency, the AAA creates a **partnership** with that agency which is the type of agreement most commonly employed in the aging network. The agency receiving granted funds is responsible for service authorization and decisions on funds utilization within the perimeters of the grant. AAAs also have the option of establishing a "buyer-seller" or **vendor** relationship with other agencies. This type of agreement simply means services are purchased as requested by the AAA. Payment for services would occur upon receipt of a reimbursable invoice from the provider. Questions about contracting can be directed to Phyllis Stewart or Mark Hensley

ARMS REPORTING AND REIMBURSEMENT

The following non-unit service codes for the FCSP have been established and are listed in ARMS as *(see: "Utilities" menu; "Tables"; and then "service codes")* :

Service Code	Service Category	County Code
800	Information	Co Code or OMC
810	Assistance	Co Code or OMC
820	Counseling/sup/train	Co Code or OMC
830	Respite Care	Co Code or OMC
840	Supplemental Svcs	Co Code or OMC

The Code "OMC" (multi-county code) should be used to establish contracts and submit reimbursement records when the AAA is using Caregiver funds in the category to serve more than one county; otherwise, the AAA should identify the specific county.

Monthly, the AAA should submit non-unit reimbursement records for the total costs in each of the applicable five service categories under the FCSP. Reimbursement will follow the same process adhered to with other non-unit services where total costs for the month are reported to the AAA and payment is issued to providers by the AAA. Report series **ZGA370-12** will provide monthly expenditures, monthly reimbursement amounts, and year-to-date reimbursement totals for the FCSP.

Service information including client data, service totals, and other demographic information must be collected and will be reported on the Family Caregiver Support Data Entry Spreadsheet once the final version is distributed. AAAs will be asked to e-mail this report quarterly to Mark Hensley.

Questions about ARMS reporting and reimbursement can be directed to Ann Cratt and Mark Hensley.

OTHER ITEMS

AOA Request

As indicated above, recently the Division of Aging received from the U.S. Administration on Aging some additional Program Instructions for development of future State Plans under Title III of the Older Americans Act, which includes Title III-E (the Caregiver Program). Under these instructions, the Division is asked to develop objectives that describe how the State is implementing the five service categories into a multi-faceted program. Specifically, we will have to describe: (a) the categories of services that will be provided/expanded, (b) funding allocated to the service categories, and (c) the projected number of caregivers who will benefit from the services during the plan period. We are also expected to outline steps for integrating the FCSP into the State's existing comprehensive system of services for older individuals, including: (a) how an emphasis on serving 'caregivers' (in addition to 'care recipients') will be implemented; and (b) how the FCSP will be integrated into existing caregiver programs. We expect to use your AAA-FCSP work plans to provide this information to the Administration on Aging. The one specific item that we did not previously request is " the projected number of caregivers who will benefit from the services during the plan period" (which we will define as July 1, 2001- June 30, 2002). Even though it is also to be identified in ARMS when establishing contracts, please provide this information using the attached exhibit when you submit your FCSP work plan.

AAA Request for "Overmatch"

In response to a request from a AAA interested in creating an "overmatch" provision in its local administration of the Caregiver funds, the Division has researched the issue within the Older Americans Act and its own policies. We have also discussed the matter within our Department of Health and Human Services and with the U.S. Administration on Aging. We have determined that a State or AAA can establish a cost-share rate in excess of the minimum (the 25% cost-share for Title III-E). It is an administrative policy decision rather than one dictated by law. While it is a State decision, AOA recommended caution and specifically discouraged allowing a AAA to vary the cost-share rate among different providers within the PSA who are providing the same service. On the other hand, AOA consultants supported the importance of leveraging Title III-E funds and indicated that it may be justified to vary cost-share rates for different types of services (e.g., Information and Assistance as compared to Respite). In the case, where a AAA wanted to vary the cost-share rate among similar, but not the same services in the same service category (e.g., volunteer Respite vs. paid Respite), AOA consultants suggested this was possible as long as the AAA was very clear about the difference between the service approach (e.g., emphasizing "volunteer" Respite vs. "paid" Respite). They also suggested, for example, that a AAA might want to set a rate for all "volunteer" initiatives that would be different from ones using paid personnel to deliver.

With this guidance, the Division of Aging is offering the following policy statement that applies only to Title III-E (the Caregiver program).

> While the North Carolina Division of Aging does not want to create a financial burden on local agencies, it does wish to promote local autonomy and flexibility for maximizing the effect of the federal funds for the Family Caregiver Support Program (FCSP). In keeping with the statutory intent of the FCSP to enable area agencies on aging, or entities that such area agencies on aging contract with, to provide multifaceted systems of support services, the Division of Aging will permit AAAs to institute a work plan on an annual basis that would allow variance in the non-federal share of the cost of the program within the AAA's planning and service area as long as the region's overall non-federal share is at least 25 percent of the FCSP and as long as the following conditions are met: *[note: the Division of Aging uses state funding to provides 5% of this required match]*
>
> 1. The AAA prepares a rationale and justification for the variance that: (a) identifies the non-federal matching rate for each of the FCSP services that is covered in its work plan; (b) explains the purpose of the variance and how it will assist in achieving program goals; (c) identifies counties affected by this variance; and (d) discusses the effect of this variance on the statutory goal of giving priority for services to older individuals with greatest social and economic need, (with particular attention to low-income older individuals) and to older individuals providing care and support to persons with mental retardation and related developmental disabilities.
> 2. The AAA secures the approval for this variance from its Regional Aging Advisory Council and the Council of Governments Board.
> 3. The AAA provides a mechanism for a potential contractee of services to appeal the use of the variance.
> 4. The AAA formally requests to the Director of the Division of Aging permission to use a variance in the non-federal matching rate for the FCSP, with information showing compliance with items 1-3.
> 5. The AAA tracks and reports to the Regional Aging Advisory Council, the COG Board, and the Division of Aging the results of using the variance at the end of the fiscal year. Continuation of the variance will require approval of all three parties.

Sincerely,

Karen E. Gottovi

Attachments

cc. Lynda McDaniel
Deborah Atkinson
John Mandeville
Deborah Burns, AOA

UNIT-BASED REIMBURSEMENT	BUDGET CODE		IS DAAS 101 REQUIRED FOR CLEINT?	UNIT DEFINITION	REQUIRED REPORTING SYSTEM
		BUDGET CODE: 840 Category IV Respite			
	841	Community and program administration (contract negotiation, reporting, reimbursement, accounting, monitoring and Q.A.)	No	N/A	Budget in ARMS
X	842	In-home respite (personal care, homemaker assistance and home chore, Senior Companions/home visitors)	Yes	1 Hour	ARMS
X	843	Community respite (adult day center, group respite center, mobile day respite, or other nonresidential program)	Yes	1 Day	ARMS
	844	Caregiver Directed Vouchers (caregiver hires worker)	Yes	1 Hour	ARMS
X	846	Institutional respite (institutional setting such as a nursing home or assisted living for a short period of time)	Yes	1 Hour	ARMS
X	847	Older Adult Caregivers Raising Children Day Respite (summer camp, day programs)	Yes	1 Day	ARMS
X	848	Older Adult Caregivers Raising Children Hourly Respite (in-home, center based)	Yes	1 Hour	ARMS
	849	Other respite as approved by DAAS	Yes	1 Day	ARMS
		BUDGET CODE: 850 Category V Supplemental Services			
	851	Community and program administration (contract negotiation, reporting, reimbursement, accounting, monitoring and Q.A.)	No	N/A	Budget in ARMS
	852	Home safety interventions/evaluations	Yes	1 Evaluation	ARMS
	853	Handy man or yard work	Yes	1 Completed Job	ARMS
	854	Medical equipment and assistive technology devices/services (not covered by insurance)	Yes	1 Device, Service, or Piece of Equipment	ARMS
	855	Home modifications/accessibility (e.g., grab bars, ramps, etc.)	Yes	1 Modification	ARMS
	856	Personal emergency response alarm systems	Yes	1 Installation or 1 Monthly Service Fee	ARMS
	857	Incontinence supplies (adult diapers, gloves, wipes, disposable bed pads)	Yes	1 Wrapped Package (not a case)	ARMS
	858	Telephone reassurance	Yes	1 Call	ARMS
	859	Liquid nutritional supplements (e.g., Ensure or Boost, food and beverage thickener)	Yes	2 Cans/Bottles, 1 Serving of Thickener	ARMS
	860	Home delivered meals (temporary)	Yes	1 Meal	ARMS
	861	Legal assistance	Yes	1 Session	ARMS
	862	Other as approved by DAAS	Yes	TBD	ARMS
	863	Transportation	Yes	1-Way Trip	ARMS
Revised 12-17-07	864	Congregate Meals	Yes	1 Meal	ARMS
6/3/2008					
7/7/2014					

UNIT-BASED REIMBURSEMENT	BUDGET CODE		IS DAAS 101 REQUIRED FOR CLEINT?	UNIT DEFINITION	REQUIRED REPORTING SYSTEM
		BUDGET CODE 810: Category I (Information)			
	811	Community and program planning, development, and administration	**No**	N/A	**Budget in ARMS**
	812	Informational/educational programs, participation in community events	**Events and Estimated Audience Size Required**	1 Event	**ARMS**
	814	Program promotion and public information (e.g., public service announcements, media coverage, advertisements, printing and distribution of publications)	**Activities and Estimated Audience Size Required**	1 Activity	**ARMS**
		BUDGET CODE 820: Category II Assistance with Access			
	821	Community and program planning, development, and administration	**No**	N/A	**Budget in ARMS**
	822	Information & Assistance (I&A)-unregistered	**Contacts Required**	1 Contact	**ARMS**
	823	Care management (assessment, care planning & coordination, caregiver options counseling session)	**Yes**	1 Session	**ARMS**
	824	Develop caregiver emergency plan (e.g., hospitalization plan, back-up respite service, and enrollment on special needs registry)	**Yes**	1 Session	**ARMS**
		BUDGET CODE: 830 Category III Caregiver Counseling, Caregiver Training, and Support Groups			
	831	Community and program planning, development, organization, and administration	**No**	N/A	**Budget in ARMS**
	832	Caregiver counseling (traditional mental health counseling on caregiver issues, end of life, grief, or mediation)	**Yes**	1 Session	**ARMS**
	833	Support groups (caregiver, widow, peer, disease specific and grief)	**Yes, Sections I, III, & VII**	1 Support Group Session	**ARMS**
	834	Workplace caregiver support (e.g., coordination with employer-sponsored caregiver assistance programs, one-on-one employee assistance)	**Yes**	1 Session	**ARMS**
	835	Caregiver training programs (Evidence-based and evidence informed trainings that extend beyond 1 session; e.g., PTFC; or one time training event where a DAAS 101 was completed)	**Yes, Sections I, III, & VII**	1 Class Session	**ARMS**
	836	Other as approved by DAAS	**Client Registration Likely Required, Call DAAS**	1 Training, Session	**ARMS**

Appendix C: Statement on Tax Implications Related to Respite Funds

As the caregiver programs administered through the Division of Aging & Adult Services including the FCSP, have evolved over time questions have been fielded by local providers and AAA's regarding tax responsibility of caregivers. Specifically, the question was posed about the responsibility a hired caregiver would have to report income made through their caregiving duties on their annual income taxes to state and federal revenue agencies.

The following comments on tax implications of respite funding provided through the Family Caregiver Support Program and Project C.A.R.E were provided to DAAS as a means for program representatives to inform caregivers of potential tax implications. This was developed by the North Carolina Department of Justice, Office of the Attorney General:

If you hire an individual to provide your respite care for the full $500.00 award and then continue to use the individual for additional respite care that you pay for yourself (or with another respite voucher), please be aware that certain tax regulations may apply. Depending on your use of your respite provider in a calendar year, there are federal and state tax regulations that you need to consider. Please consult with your tax professional with any questions regarding these requirements.

You may refer to IRS Publication 926: Household Employer's Tax Guide while may be found at the IRS website: www.irs.gov , and North Carolina Income Tax Withholding Tables and Instructions for Employers located at: https://files.nc.gov/ncdor/documents/files/nc-30_book_web.pdf .

This guidance was effective as of November 2018.

Appendix D: DAAS Consumer Contributions Policy & Procedures

Division of Aging and Adult Services Manual

Consumer Contributions Policy and Procedures

Effective Date: September 1, 2005
Last Update: February 5, 2013

Table of Contents

I. General Policy and Procedures Information

A. Purpose

The purpose of the Consumer Contributions Policy is to extend the availability of in-home and community based services administered by the North Carolina Division of Aging and Adult Services (DAAS) and the North Carolina Division of Social Services (DSS) by soliciting from recipients of specific services a portion of the cost for services rendered based upon their ability and willingness to contribute. Revenues collected from service recipients will be retained by the local service provider and used to increase services to existing clients and/or provide in-home and community based services to other individuals in need of such services.

B. Legal Base

1. Older Americans Act, 2000 Amendments, Section 315, Consumer Contributions (a) (b)
2. Social Services Block Grant. (http://www.access.gpo.gov/uscode/title42/chapter35_.html)
3. NC General Statute 143B-181.1 Division of Aging
4. NC General Statute 143B-153, Division of Social Services
5. 10A NC Administrative Code 05I.0101-.0205 (Aging) (http://ncrules.state.nc.us/ncadministrativ_/title10ahealtha_/chapter05agingg_/default.htm)
6. 10A NC Administrative Code 71S.0101-.0203 (Social Services) (http://ncrules.state.nc.us/ncadministrativ_/title10ahealtha_/chapter71adulta_/default.htm)

C. Services Impacted

The Consumer Contributions Policy applies to all services administered by the DAAS and six services (adult day care, adult day health, housing and home improvement, in-home aide services, personal and family counseling, and preparation and delivery of meals) administered by the DSS regardless of funding source (see Section IV – Solicitation of Consumer Contributions).

D. Background Information

Prior to July 1, 2005 there were two policies governing Cost Sharing: one of those was in the Home and Community Care Block Grant (HCCBG) Manual of the Division of Aging, and the other was in Chapter III of Volume VI, DSS Family Services Manual. The two policies are now merged into this policy.

The title for this policy has been changed from "Cost Sharing" to "Consumer Contributions." The definition of cost sharing in the Older American's Act has changed to have a voluntary contributions option. Therefore, "Consumer Contributions" more accurately reflects the intent of this policy. For a listing of terms and definitions used in this policy, please see below (Section I. E. Relevant Definitions).

Increasing consumer awareness of the importance of contributing voluntarily toward the cost of services received is the ultimate goal of this policy. For a Consumer Contributions effort to be understood by recipients and successfully carried out, it is critical that provider agencies and their staff understand and believe in the concept. According to the federal Older Americans Act, efforts to solicit and collect contributions must be non-coercive, offer choice, and be fairly and consistently administered. From an agency standpoint, the process should be reasonable to administer and worth the effort and expense in terms of resources generated for services.

The Consumer Contributions Policy integrates the provisions of the state and federal laws into a single set of policies and procedures. **The required actions of the local provider are found in bold print within each section.** This policy is intended to ensure that recipients of specific services are given the opportunity to contribute toward the cost of services rendered. The decision to share in the cost of services is ultimately the decision of the individual receiving services.

E. Relevant Definitions

Above Poverty — The total adjusted household income which is $1 or greater than the Federal Poverty Guideline established by the Office of Management and Budget. The current federal poverty guideline can be found at:

http://aspe.hhs.gov/poverty/09poverty.shtml

At or Below Poverty — The total adjusted household income which is equal to or less than the Federal Poverty Guideline (as defined by the Office of Management and Budget and adjusted by the Secretary in accordance with section 9902(2) of this title). The current federal poverty guideline can be found at:

http://aspe.hhs.gov/poverty/09poverty.shtml

Consumer — An individual who is eligible to receive services. This policy uses the term "service recipient". The consumer may also be referred to as the client or participant.

Contribution — A monetary amount voluntarily given to the service provider by the service recipient or their designated representative toward the cost of a specific service.

Cost Sharing — In most states, the term cost sharing refers to determining the amount of cost to be shared by a service recipient and therefore the percent of the cost of service paid by the service recipient would be determined through the use of a "sliding fee" based on the service recipient's income. This amount would be paid by the service recipient to receive services. The terminology established in the Older Americans Act allowed voluntary cost sharing by service recipients. Failure to contribute toward the cost of services received did not terminate the service, contrary to what the words "cost sharing" imply. The reauthorized Older Americans Act now separates "cost sharing" from "voluntary contributions".

Designated Representative	A family member or individual who has been given the responsibility to represent a service recipient in personal or financial affairs. (i.e. caregiver, Power of Attorney, guardian).
Donation	Donation - A donation is not reported as a Consumer Contribution because it is not earmarked to support any specific service. A gift from a service recipient or their designated representative (i.e. churches, the general public, family members of the service recipients, etc.) may be consider a donation when it is not contributed toward a specific service the individual is receiving. Senior Center Operation funds are not considered to be a specific service that an individual receives; therefore, senior centers may accept donations from participants to be used for general senior center expenditures such as repairs, activities, furniture, etc. A donation can be in the form of cash, materials or other tangible items which have a defined value.
Household Income	The total income of a single individual or if married, the total income of both the husband and the wife.
Intake	The process used to gather demographic information to assist in determining eligibility. Intake forms include the Client Registration Form (DOA 101) or the Request for Service (DSS 5027).
Low Income	An individual who has a self-declared household income that is at or below the Federal Poverty Guidelines. This person would be defined as "economically needy".
May/ should	The words "may" and "should" refer to tasks that are suggested but not required. Section A of this policy contains "practice guidelines" that are suggested practices which may be implemented by a local provider.
Means-testing	An individual's eligibility for services based on individual or household annual income.
Must/ shall/will	The words "must", "shall", and "will" are synonymous for meaning something is required.
Poverty Level	The official Federal Poverty guideline (as defined by the Office of Management and Budget and adjusted by the Secretary in accordance with section 9902(2) of this title). The current federal poverty line can be found at: http://aspe.hhs.gov/poverty/09poverty.shtml
Recommended Contribution Schedule	A sliding scale chart for use by local providers to assist service recipients in determining a "fair share" amount to voluntarily contribute based on their self-declared income level.

Screening	Gathering demographic and economic information of potential service recipients to determine the need for service; if the individual meets the criteria for priority of service and target population; if the individual is currently receiving any other services; the need for new or additional service(s); and to determine if referral for services outside the agency is appropriate.
Target Population	A specific population identified to receive specific services. The target population is defined in each contract, service policy or service standard.
Waiting List	The list of persons who have been determined to be eligible for services but due to limited funding, staff limitations, location, etc. are unable to receive services at the current time and choose to be placed on the waiting list.
Voluntary	Ultimately, the decision to give or contribute is up to each service recipient or their designated representative.

II. Exclusions and Prohibited Activities

A. Exclusions

Adults or children receiving services as part of a Protective Services Plan will be excluded from any Consumer Contributions Policy requirements up to a maximum of 12 months.

Children in foster care, children who have been approved to receive adoption assistance, and clients receiving Work First assistance or clients applying for or receiving Supplemental Security Income (SSI) are exempt from the Consumer Contributions Policy when receiving any of the following six services:

- **Adult Day Care;**
- **Adult Day Health;**
- **Housing and Home Improvement (renovations or repairs and furnishings or appliance purchases only);**
- **In-Home Aide Services;**
- **Personal and Family Counseling;**
- **Preparation and Delivery of Meals.**

Individuals who receive transportation services funded through the NC Division of Social Services are exempt from the Consumer Contributions Policy. This exemption does not apply to Transportation funded through the Home and Community Care Block Grant.

Individuals participating in the Senior Companion Program are exempt from any Consumer Contribution Policy requirements. *(Legal Base 14113 Federal Register / Vol. 64, No. 56 / 3/24/99 / Rules and Regulations Subpart L - Restrictions and Legal Rep 2551.121(c)(1) Page 10 of 11)*

B. Prohibited Activities

1. **Service providers are prohibited from using the Recommended Contribution Schedule to solicit contributions from individuals with incomes at or below the federal poverty level, however, those individuals may make voluntary contributions for services received.**

   ***Legal base*: (OAA, Section 315, (a)(3), Add appropriate APA cites)**

2. **Service providers are prohibited from considering any assets, savings, or other property owned by individuals in regards to the Consumer Contributions Policy.**

   ***Legal base*: (OAA, Section 315, (a)(3), Add appropriate APA cites)**

3. **Service providers are prohibited from means testing for any service subject to the Consumer Contributions Policy or denying services to any individual who does not contribute to the cost of the service.**

   ***Legal base*: (OAA, Section 315 (b)(3), Add appropriate APA cites)**

4. **Use of a Recommended Contribution Schedule is not permitted for individuals receiving:**
   - **information and assistance, outreach, benefits counseling, or care management services;**
   - **ombudsman, elder abuse prevention, legal assistance, or other consumer protection services;**
   - **congregate and home delivered meals; or senior companion, or**
   - **any services delivered through tribal organizations.**

   ***Legal base:* (OAA, Section 315 (a)(2). Add appropriate APA cites)**

III. Screening, Eligibility, and Service Categories

A. Screening and Eligibility Determination

Once screening and eligibility determination is completed (see Practice Guidelines, Appendix A) **local providers will administer the Consumer Contributions Policy using the following information from the application for services (i.e. DOA 101- Client Registration Form, DSS 5027-Request for Service, or other intake form or application for services):**

1. **Self-declaration of the economic status of the client (i.e. at or below poverty), and**
2. **Name of the service (see Type I, II, III, IV or V below) to be provided to the client.**

B. Service Categories and Related Requirements

The Consumer Contributions Policy applies to specific services administered by the DAAS and six services (adult day care, adult day health, housing and home improvement, in-home aide services, personal and family counseling, and preparation and delivery of meals) administered by the DSS regardless of funding source. The following chart provides an overview of the administrative requirements for services by "Type":

Service Categories	Administrative Requirements Matrix		
Type I	Solicit and accept voluntary contributions.	Complete the Provider Assurance Form.	Provide Recommended Contribution Schedule to persons above poverty.
Type II	Solicit and accept voluntary contributions.	Complete the Provider Assurance Form.	
Type III	Solicit and accept voluntary contributions.	Maintain written documentation of the action taken.	
Type IV	Accept voluntary contributions only.		
Type V	None.		

Specific services are categorized by type in the chart below according to the administrative requirements for each:

Type	Services	Administrative Requirements
I	**a. Adult Day Services (Day Care and Day Health Care)**	**All recipients of a service(s) under Type I shall be provided with the opportunity to voluntarily contribute to the cost of the service(s) received.**

	b. Family Caregiver Support (Respite Care and Supplemental Services – unless the specific supplemental service is listed as another type of service.) **c. Group Respite** **d. Home Health (skilled services)** **e. Housing and Home Improvement** **f. In-Home Aide Services (Level I, II, III, & IV)** **g. Institutional Respite** **h. Mental Health Counseling** **i. Personal and Family Counseling** **j. Preparation and Delivery of Meals (SSBG and other funds administered by NC DSS only)** **k. Supportive Services contracted through Care Management (*See guidelines for each specific service.*)** **l. Project CARE** **m. Consumer Directed Care** ***Note: Recipients of Housing and Home Improvement Services are to be offered the opportunity to contribute at the beginning of service provision and at the completion of the improvement.**	**Upon the initiation of the provision of service(s) subject to consumer contributions, and at least annually thereafter, (*with the exception of Housing and Home Improvement) the service provider will:** **1) Inform each recipient or designated representative that the contribution is entirely voluntary and that there is no obligation to contribute.** **2) Inform the recipient or designated representative that all contributions collected will be used to expand the service(s).** **3) Inform the client or designated representative that information about the client's participation in consumer contributions shall be confidential.** **4) Inform each recipient or designated representative of who should be contacted, including the telephone number, if there are questions regarding consumer contributions.** **5) Inform the recipient or designated representative of the total cost of the service (actual or per unit).** **6) Inform the recipient or designated representative that services will not be reduced or terminated for failure to contribute.** **7) Maintain the completed Provider Assurance Form (Appendix D) in each client's file verifying that the above information was provided to the service recipient or designated representative.** **<u>For those recipients of service(s) under Type I, who are above the federal poverty guideline, the provider will:</u>** **1) Provide the service recipient or designated representative with the Recommended Contribution Schedule (Appendix B) showing the recommended contribution amount based on the service recipient's self-declared income.** **Note: Providers are prohibited from using the Recommended Contribution Schedule with service recipients who are at or below the federal poverty line.**

Type	Services	Administrative Requirements
II	**a. Care Management (HCCBG and Family Caregiver Support)** **b. Home Delivered Meals/Home Delivered Supplemental Meals** **c. Home Delivered Meals – Family Caregiver Support** **d. Legal Assistance** **e. Legal – Family Caregiver Support** **f. NSIP-only meals**	**All recipients of service(s) under Type II, <u>regardless of income</u>, will be provided the opportunity to voluntarily contribute to the cost of the service(s) received.** **Upon the initiation of the provision of service(s) subject to consumer contributions and at least annually thereafter, the service provider will:** **1) Inform each recipient or designated representative that the contribution is entirely voluntary and that there is no obligation to contribute.** **2) Inform the recipient or designated representative that all contributions collected will be used to expand the service(s).** **3) Inform the client or designated representative that information about the client's participation in consumer contributions shall be confidential.** **4) Inform each recipient or designated representative of who should be contacted, including the telephone number, if there are questions regarding consumer contributions.** **5) Inform the recipient or designated representative of the total cost of the service (actual or per unit).** **6) Inform the recipient or designated representative that services will not be reduced or terminated for failure to contribute.** **7) Maintain the completed Provider Assurance Form** (Appendix D) **in each client's file verifying that the above information was provided to the service recipient or designated representative.**

Type	Services	Administrative Requirements
III	**a. Congregate Nutrition/ Congregate Supplemental Meals** **b. Congregate Nutrition – (Family Caregiver Support)** **c. Family Caregiver Support Program (Counseling/Support Groups/Training only)** **d. Health Promotion/ Disease Prevention** **e. Health Screening** **f. Transportation (General or Medical funded through the HCCBG)** **g. Volunteer Respite (Family Caregiver Support Program)**	**All recipients of service(s) under Type III, regardless of income, will be provided the opportunity to voluntarily contribute to the cost of the service(s) received.** **Upon the initiation of the provision of service(s) subject to consumer contributions and at least annually thereafter, the service provider will:** **1) Inform each recipient or designated representative that the contribution is entirely voluntary and that there is no obligation to contribute.** **2) Inform the recipient or designated representative that all contributions collected will be used to expand the service(s).** **3) Inform the client or designated representative that information about the client's participation in consumer contributions shall be confidential.** **4) Inform each recipient or designated representative of who should be contacted, including the telephone number, if there are questions regarding consumer contributions.** **5) Inform the recipient or designated representative that services will not be reduced or terminated for failure to contribute.** **6) Maintain written documentation that the above actions are completed (see Practice Guidelines,** Appendix A**).**

Type	Services	Administrative Requirements
IV	a. Family Caregiver Support Program Services (Information or Assistance only) b. Information and Assistance c. Medication Management d. Senior Center Operations*	Services under Type IV are provided to groups of individuals or in a manner other than face to face contact. Solicitation is encouraged, but there are no requirements. Service Providers are required to accept voluntary contributions if received.

** Example: If a senior center participant wants to give money to the senior center, it should be considered a donation because the money is not being given specifically for a discrete service, therefore, it cannot be tracked and accounted for in this manner. The gift could be used for repairs, activities, furniture, etc. If a senior center participant indicates the gift should be for a specific service or activity supported by Senior Center Operations funds, then it should be considered a consumer contribution which would require the accounting that goes with collection of consumer contributions, i.e. ARMS entries, etc.*

Type	Services	Administrative Requirements
V	a. Senior Companion b. Transportation (SSBG and funds administered by the NC DSS only)	Contributions cannot be solicited or accepted, therefore, there are no administrative requirements.

IV. Solicitation of Consumer Contributions

A. Recommended Contribution Schedule

The DAAS is required by North Carolina General Statute 143B-181.1(a)(10) to establish a fee schedule to cover the cost of providing in-home and community based services. The law allows the fee schedule to vary on the basis of the type of service provided and the ability and willingness of the service recipient to contribute toward the cost of service(s).

The Recommended Contribution Schedule (Appendix B) is a tool used to determine what a reasonable and fair voluntary contribution amount would be based on an individual's household income. **Service recipients who self-declare as being above the federal poverty line and who also receive a Type I service(s) are required to receive a copy of the Recommended Contribution Schedule at the beginning of service provision, and at least annually thereafter. Recipients of Housing and Home Improvement are to be offered the opportunity to contribute at the beginning of the service provision and at the completion of the improvement only.**

Ultimately, the decision to contribute and in what amount is up to each service recipient. To help a service recipient determine whether they are above or below the federal poverty level, the following income sources are to be considered:

- Wages, pensions, retirement benefits;
- Dividends/interest from savings, bonds, and stocks;
- Income from estates, trusts, royalties, and rental property;
- Unemployment/worker's compensation; and
- Alimony.

However, income needs to be considered in the context of other recipient expenses which, in effect, would adjust the income downward. Some examples of expenses that the recipient may consider are:

- Medical expenditures;
- Prescription drug costs; and
- Special needs costs (i.e. medical equipment, home modifications, caregiving costs, etc.)

By July 1 of each year the DAAS will release an update of the Recommended Contribution Schedule, which is based on the annual update of the Federal Poverty Guidelines. The current Schedule is available at the DAAS web site at:

http://www.ncdhhs.gov/aging/consumercontributions.htm

B. Solicitation of Consumer Contributions

Voluntary contributions are allowed and may be solicited provided that the method of solicitation is non-coercive. To keep service recipients well informed of the value of the service(s) received, local providers may use notices (i.e. monthly, quarterly) summarizing the total cost of services utilized. Refer to the "Model Letter" (Appendix C) as an example of an appropriate notice for distribution.

There are a variety of methods that may be employed to share the message of Consumer Contributions including pamphlets, posters, inserts in mailings, newsletters, or group discussions (refer to Appendix E – Model Group Discussion). **To ensure the method of solicitation is non-coercive, solicitation materials distributed to service recipients must include the following information:**

1. **Contributions collected will be used to expand services.**
2. **There is no obligation to contribute and the contribution is entirely voluntary.**
3. **Services will not be reduced or terminated for failure to contribute.**
4. **Contact information for questions about the Consumer Contributions Policy.**
5. **Each contribution or lack of contribution will remain confidential.**

C. Provider Assurance Form

Appendix D is a model Provider Assurance Form intended to document that the provider agency has discussed the Consumer Contributions Policy with the recipient or designated representative. Initially and at least annually thereafter, this form is used to record the recipient's decision regarding contributions. **The form must be signed and dated by an agency representative after each discussion. The documentation will remain in the client record and must be updated annually**; however the form allows documentation of multiple years.

Providers may use this form (it may be duplicated for agency use) or modify it to address agency specific needs; however, **the items in this form must be covered fully**. A copy of this form is also available at http://www.dhhs.state.nc.us/aging/arms/csupdat2.htm.

V. Reporting

A. Reporting of Consumer Contributions Revenues

Providers reporting reimbursements through Aging Resources Management System (ARMS) will report the net amount of consumer contributions monthly. Providers reporting reimbursement through the DSS 1571 process will utilize procedures found in the DSS Fiscal Manual, Section III.E.7. Providers have the option of deducting any "reasonable and necessary" costs incurred to generate consumer contribution revenues. If applicable, the net amount may equal the total amount of contribution revenues collected minus any reasonable and necessary costs which may include any of the following:

1. Cost of printing brochures/flyers for the explicit purpose of explaining Consumer Contributions Policy. (This does not include the cost of printing general brochures that describe agency services and operations.)
2. Cost of postage to mail notices requesting voluntary contributions from service recipients; and
3. Cost of administrative/clerical time necessary to prepare notices.

For purposes of federal regulatory compliance, if the provider agency chooses to deduct these costs, documentation must be maintained by the provider to verify the amount of the deductions taken.

B. Utilization of Consumer Contributions Revenues

The net amount of consumer contribution revenues collected will be retained by the service provider and is deducted from the amount of reimbursement due for the month being reported. Contribution revenues collected will not decrease the total allocation available for the fiscal year to provide a given service. In order for a service provider to utilize the full budgeted allocation, the total number of units provided or the total expenditures for non-unit services must increase during the fiscal year. In the event that contribution revenues collected prevent a service provider from utilizing the entire annual allocation for a given service, allocated resources may be re-budgeted during the current fiscal year to support other services.

C. Collections Procedures and Financial Management

Solicitation and collection of consumer contributions will be carried out by the agency that receives the funding and authorizes the service for recipients, or by the sub-contracting service provider. If the sub-contractor is responsible, this duty must be included in the service contract.

Service providers must have written procedures to account for and safeguard all contributions. In developing these procedures, refer to the Practice Guidelines in Appendix A.

Appendices

Appendix A:
Practice Guidelines

These Practice Guidelines are provided to assist local service providers effectively administer the Consumer Contributions Policy and are not a list of requirements. Ultimately, each agency is to make the determination which of these guidelines will be useful tools and procedures.

1) Screening and Eligibility Determination

Ideally, service providing agencies should formally or informally screen potential service recipients. Screening can be accomplished through a variety of instruments such as the Adult Services Intake/Inquiry Tool or the Services Outcomes Screen (SOS Profile). Regardless of the method or instrument used, screening is encouraged by DAAS to ensure local providers accomplish the following:

a. Assess the need for service;
b. Determine if the individual meets the criteria for priority of service and target population;
c. Determine if the individual is currently receiving any other services;
d. Determine the need for new or additional service(s); and
e. Determine if referral for services outside the agency is appropriate.

For Home and Community Care Block Grant (HCCBG) Clients Only: If an individual is determined to need service(s) funded under the HCCBG, the service provider should:

a. Determine if the client is to be placed on a waiting list. If there is no waiting list for the needed service, go to item c.
b. If the client is placed on a waiting list, determine if the client would have the ability or willingness to pay privately for the service(s) needed.
c. If there is no waiting list for the service needed, complete the Client Registration Form (DOA 101) which includes a self-declaration of income.

2) Collection Procedures and Financial Management

a. Type II and III Services:
For these services, solicitation of contributions is required, but the provider may use other methods than one to one or face to face contacts with the service recipient. These methods include:
- Send a letter by mail (see sample letter in Appendix C) explaining the Consumer Contributions Policy.
- Discuss the Consumer Contributions Policy over the phone when a Transportation ride is scheduled.

- Display a poster explaining the Consumer Contributions Policy in the bus, van or automobile used for transportation.
- Give participants a handout or letter at the meal site explaining voluntary contributions and suggest ways to contribute.
- Display a poster in the nutrition site explaining the Consumer Contributions Policy.
- Distribute a brochure or flyer explaining the Consumer Contributions Policy.
- Hold an annual group discussion with recipients at the nutrition site (see sample discussion format in Appendix E).

As required, documentation of the solicitation method used is maintained by the provider for review during compliance monitoring visits.

Congregate Nutrition and General or Medical Transportation
Providers of services listed as Type III are not required to provide the service recipient or their designated with the total cost of the service (actual or per unit). However, providers are not prohibited from sharing the unit rate for Congregate Nutrition or General or Medical Transportation.

b. Recording and Documenting Contributions:
Agencies receiving consumer contributions should have a scheduled time for counting revenues, which is typically on a daily basis, and for making deposits (weekly or bi-weekly) as prescribed in the agency's policy.

Counting revenues
Two individuals should always complete the counting of revenues. Both should count the funds and initial the completed documentation. Documentation includes deposit slips and written statements of the revenue. It may also include accounts of contributions, by recipient.

Making deposits
Documentation of consumer contributions received corresponds to deposits recorded in the agency bank records. Documented amounts are recorded by service and by month. The amount of contributions in the agency's accounts receivable records should tally with the agency bank records.

Documentation
The individual(s) who open the mail should log all cash receipts. The log should be a simple list of individual receipts and document what was received. The log should indicate the program the contribution is intended to benefit. The receipts should equal the amount submitted to ARMS by service code less any deductions (see Section V - Reporting) or submitted to the county finance office (see the DSS Fiscal Manual).

c. Safeguarding Contributions:
Safeguarding revenues received until the scheduled time for making deposits is an essential role of agency staff. Appropriate safeguarding methods include use of one or more of the following:

- Locked box (fire proof)
- Safe or locker
- Lockable desk, closet or other non-movable container

Keys to lockable containers should be maintained by a designated staff member(s) and by the administrative office of the service provider. Records of individual contributions also should be stored in locked containers and only be available to designated staff and to recipients, on request.

Consumer contribution revenues should remain at the service provision site or in the administrative offices of the service provider agency until the scheduled time of the deposit. Revenues should never be used to make change for participants or staff. Revenues should be stored according to agency policy. Staff should be prohibited from storing consumer contributions overnight in their automobiles, homes, or with their personal possessions.

Where possible, service recipients should be provided with pre-addressed envelopes to mail consumer contributions and as much as possible, limit In-Home Aides or volunteers from accepting contributions.

3) Appropriate Written Documentation

As required under Section III, Solicitation of Consumer Contributions, providers are to maintain documentation that verifies all recipients of service(s) under Type II and III, regardless of income, are provided the opportunity to voluntarily contribute to the cost of the service(s) received. Examples of written documents that providers should maintain on file include:

a. The poster or handout provided to service recipients.
b. A letter sent to service recipients requesting voluntary contributions (see Appendix C).
c. A written copy of the group discussion with service recipients about voluntary contributions (see Appendix E).
d. Any other written material that acknowledges the administrative requirements for consumer contributions under Type I (such as the Provider Assurance Form).

Appendix B
Recommended Consumer Contribution Schedule

NC Division of Aging and Adult Services

Recommended Contribution Schedule

Based on the 2013 US Poverty Guidelines

Service Recipient's Name:_____

Service #1_____ Rate$_____ Service #2_____ Rate $_____

Service #3_____ Rate $_____

% of Poverty	Monthly Income of:		Suggested Percentage of the Cost of Service	Recommended Contribution Amount per Unit of Service		
	Individual	Couple		Service #1	Service #2	Service #3
100%	$958 - $1,196	$1,293 - $1,615	10%			
125%	$1,197 – $1,435	$1,616 – $1,938	20%			
150%	$1,436 – $1,675	$1,939 – $2,261	30%			
175%	$1,676 - $1,914	$2,262 - $2,584	40%			
200%	$1,915 - $2,153	$2,585 - $2,907	50%			
225%	$2,154 - $2,393	$2,908 - $3,230	60%			
250%	$2,394 – $2,632	$3,231 – $3,553	70%			
275%	$2,633 – $2,872	$3,554 – $3,877	80%			
300%	$2,873 – $3,350	$3,878 – $4,523	90%			
350%	$3,351 -- above	$4,524 -- above	100%			

The Recommended Consumer Contribution Schedule may only be shared with service recipients who are above poverty and receive a Type I service(s). * Voluntary contributions made toward the cost of services received are not tax deductible.

Appendix C
Model Letter

Date _____

Dear _____,

We hope you are benefiting from the _____ service(s) you are receiving. The money that pays for this service is a combination of federal, state and county/local funds, plus consumer contributions from other service recipients. The monetary value of the service you receive is $_____ per _____.

We would like to be able to expand the availability of this service to as many people as possible. One way we expand the service is through voluntary consumer contributions. Last year we were able to serve _____ additional people from contributions.

We are asking you to consider making a voluntary contribution toward the cost of the service you receive. This money would be used to serve others. We would appreciate any amount you can afford.

We also realize that not all people can afford to contribute and that an individual's financial situation can change. You are under no obligation to contribute; it is entirely voluntary. Your continued receipt of this service is not dependent on your willingness to contribute.

If you would like to make a contribution toward the cost of your service, please: (possible options):

1. Contact _____ at 000-0000 to arrange how you would like to make your contribution.
2. Mail a check (monthly, if possible) made out to _____ and address it to: _____.
3. Use the self-addressed envelope provided by our agency to mail your contribution.
4. You may take your contribution in an envelope to _____ (agency) and put it in the contribution box.

Our agency, _____, will keep an accurate accounting of all contributions. However, they are not tax deductible because you are receiving service. The amount that you contribute, or do not contribute, will remain confidential.

Thank you for considering making a voluntary contribution, whatever your decision. We look forward to continuing to serve you.

Sincerely,

Appendix D
Model Provider Assurance Form

This is to certify that the opportunity to voluntarily contribute to the cost of services received has been discussed with: _____(*print service recipient's name*).

The discussion included informing the client or designated representative of the following items:

1. Contributions are entirely voluntary and that there is no obligation to contribute.
2. All contributions collected will be used to expand the service(s).
3. Information about the client's participation in consumer contributions shall be confidential.
4. Who the service recipient or designated representative should contact, including the telephone number, if there are questions regarding consumer contributions.
5. The total cost of the service (actual or per unit), if applicable.
6. Services will not be reduced or terminated for failure to contribute.
7. They have an opportunity to voluntarily decide whether or not to contribute toward the cost of the service and the process by which contributions will be collected.

Assessment Date mm/dd/yyyy	**Service(s) Received**	**Actual Cost/Unit Rate**	**Notes**
	1. 2. 3.	1. 2. 3.	
	1. 2. 3.	1. 2. 3.	
	1. 2. 3.	1. 2. 3.	

Agency	Date	Agency Representative Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____

Appendix E
Model Group Discussion

This method of sharing information about voluntary contributions is particularly applicable for recipients of Congregate Nutrition, but may also work well for recipients/family of Adult Day Services when they are meeting at the center, or any other natural group of persons receiving services.

The presenter can plan to have this discussion at regular intervals (e.g., quarterly) or when there are a significant number of new participants/service recipients. It can be part of a planned program, or brought up at any time that is convenient for recipients and staff.

Components of Discussion:

1. ***Why we need to discuss voluntary Consumer Contributions***
   We would like to be able to expand the availability of this service to as many people as possible. The only way we can expand the service is through voluntary consumer contributions. Last year we were able to serve ____ additional clients due to generous contributions.

2. ***Where the money comes from for the service received***
   The money that pays for this service is a combination of federal, state and county/local funds, plus voluntary contributions from other service recipients. The monetary value of the service you receive, _____, is $_____ per _____.

3. ***Request for contributions***
   We hope you are benefiting from the _____ service you are receiving. If you are, we are asking you to consider making a voluntary contribution toward the cost of the service you (or your family member) receive. This money would be used to serve someone. Any amount you can afford will be greatly appreciated.

4. ***Why it is important that contributions be voluntary?***
   We also realize that not all people can afford to contribute, and that an individual's financial situation can change. You are under no obligation to contribute; it is entirely voluntary. Your continued receipt of this service is not dependent on your willingness to contribute.

5. ***Method(s) for making contributions:***
   Envelopes for mailing contributions or the location of the contributions box.

6. ***Agency accounting for contributions; confidentiality; where the money goes***
   Our agency will keep accurate records of the contributions received. They are <u>not</u> tax deductible because you are receiving a service. The amount that you contribute or do not contribute will remain confidential. All contributions are used to expand the service to additional persons.

7. ***Questions/discussion from participants/recipients***

Appendix E: ARMS Reports Helpful for FCSP

The following reports are helpful for information about the FCSP. This list can also be a tool to prepare for monitoring:

☐ ZGA517 Service Expenditures Report
- This shows the current utilization rate of allocated funds by provider.

☐ ZGA 370-12 FCSP Summary Report
- This shows the total allocations and reimbursements of the contracted providers, by services code.
- *Hint: this should match information on provider contracts.*

☐ ZGA 541-5 Client Demographic Information by Service Code
- This shows all client demographic information of clients registered in ARMS.
- *Hint: this is a helpful report to verify that priority populations are being served and/or those served are representative of the region.*

☐ ZGA 547 Unregistered I&A Contacts
- This shows the county of audience and events.

☐ ZGA 543 Consumer Contributions/Program Income Verification Report
- This shows by provider, all entries into ARMS for consumer contributions for each FCSP code each month year-to-date.
- This is used to report and identify which providers/counties are collecting contributions.
- *Hint: high numbers can be a tool for best practice; if numbers are very low, discuss opportunities.*

☐ ZGA 100/ ZGA 101 Client Master List
- This shows list of clients served; can be searched by service or provider.

☐ ZGA 600 Client Waiting for Service, Grouped by Service
- This shows a total number of clients waiting for service, by service code within regions.
- No client specific information is included.

☐ ZGA 600-1 Client Waiting for Service
- This shows by client name, all clients waiting for a particular service by provider
- *Hint: Look for patterns, if this is very long it should be a point of discussion.*

☐ ZGA 542 Unit of Service Verification Report
- This shows the number of service units entered by service code.
- This is a necessary report to complete the unit verification component of provider monitoring.
- Sample size parameters are addressed in the FCSP Manual on page. 43—*Unit Verifications for FCSP.*

When conducting provider monitoring it is also helpful to have extra copies of the FCSP Monitoring Tool, most recent version of the 93.052-Supplemental Criteria Chart, and Exhibit 14.

Appendix F: Frequently Asked Questions

This appendix is subject to updates as needed or at least every three fiscal years.

Question: Why don't we refer to "grandparents raising grandchildren" or "kinship" caregivers in those terms in this manual?

Answer: *This manual reflects language extrapolated from the most recent Older Americans Act (Support Older Americans Act of 2020; Appendix A). The language "older relative caregivers" is consistent with federal law and federal reporting. Administrative letters and official communication from DAAS will reflect the same language in the Older Americans Act.*

Question: Why can't two regions both enter their contributions to an event (812) in ARMS? This seems unfair since both regions are contributing time and resources?

Answer: *ARMS Service Code 812 is a count of the number of one-time events that have been organized by representatives of the FCSP. ARMS data feeds into the annual report required by the federal Administrative for Community Living.*
If both regions contributing to the event were to count this event in their respective ARMS entries, it would be a duplication and misrepresentation of the number of one-time events being held. This code entry is detailed on page 23.

Question: In eligibility criteria for FCSP, what are examples of diseases that would be included as other related brain disorders in the phrase "...Alzheimer's disease or related brain disorders...?"

Answer: *Consistent with Lifespan Respite and Project CARE, FCSP defines "related brain disorders" as being both* ***chronic and progressive****. This includes Frontotemporal Dementia, Huntington's Disease, Mixed/Multi-Infarct Dementia, Normal Pressure Hydrocephalus, Posterior Cortical Atrophy, Parkinson's Disease Dementia, Vascular Dementia, Lewy Body Dementia, Creutzfeldt-Jakob Disease, Korsakoff Syndrome, Down-Syndrome Associated Dementia, and others recognized by the Alzheimer's Association.*

Question: Can an individual that is participating in a Program for All Inclusive Care for the Elderly (PACE) also receive FCSP services?

Answer: *Individuals that are eligible and participating in the PACE are receiving a comprehensive managed care model of service delivery intended to provide for their whole-person needs.*
It is important to remember that the client of the FCSP is the caregiver, not the individual that is the care recipient. Caregivers of individuals that participate in PACE, would be eligible to receive Category I, Category II, and Category III services; however, they would not be eligible for Category IV and Category V.

Appendix G: Collaborations

Collaboration with Community Agencies

Community agencies are pertinent to the success of the FCSP. A program must leverage relationships and resources at the regional, local, and state level to best meet the needs of caregivers in North Carolina. These agencies are often those that FCSP collaborates with on community outreach, training session, and referral needs. Some of these agencies include:

1) Alzheimer's Association and/or Dementia Alliance of North Carolina
2) Division of Vocational Rehabilitation Independent Living Programs
3) Assistive Technology Programs
4) Local Departments of Social Service
5) Cooperative Extension and kinship program providers
6) LME/MCO's and local behavioral health providers
7) Home care and hospice agencies
8) Adult day care and day health providers

Other suggested agencies include area health education centers (AHEC), community colleges, universities, legal assistance providers, family resource centers, faith communities, chambers of commerce, and others pertinent to regional caregiver needs.

Note that this is not an exhaustive list of community agencies. Regional and local FCSPs are best poised to know the unique needs of their communities. Programming should reflect specific regional needs.

Leverage of resources and funding with these community partners has contributed to the success of the FCSP since its inception. Local and regional FCSP's are encouraged to continue collaborating with both traditional and non-traditional partners to identify opportunities to work together. [DAAS Administrative Letter 01-4]

Collaboration with Project C.A.R.E

Both the FCSP and Project C.A.R.E. (PC) have worked collaboratively to meet the needs of North Carolina's caregiver for nearly two decades. In early 2011 a workgroup was convened by DAAS to identify strategies for how the two programs could best work together to achieve the greatest impact for caregivers. The outcomes of this workgroup were highlighted in DAAS Administrative Letter 11-11. The letter included both policy and best practice for the programs' efforts in working with one another.

Policy recommendations intended to develop a process for mutual referrals, cross-training of program representatives in both programs, and develop a policy specifically to address respite funding across programs.

Best practices identified were to collaborate on outreach, training, and program support wherever reasonable. Additionally, DAAS would plan at least one annual combined training meeting for staff in both programs on topics of mutual interest.

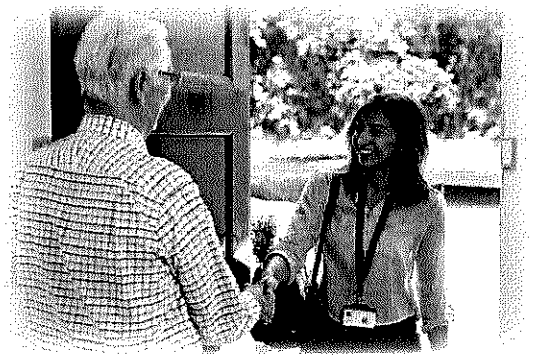
For additional information about the caregiver supports available through FCSP and PC, see the attached *NCDHHS: DAAS Caregiver Supports-Decision Tree, June 2019* document.

Collaboration with Lifespan Respite

Lifespan Respite is a federal grant-funded program that provides a $500 reimbursement-based respite voucher to eligible caregivers. It is administered by DAAS in partnership with the High-Country Area Agency on Aging.

This is a helpful resource for caregivers that are deemed ineligible for services through either FCSP or PC. There are times that clients of the FCSP and PC could also qualify for respite through this program.

For additional information about the caregiver support available through Lifespan Respite, see the attached *NCDHHS: DAAS Caregiver Supports-Decision Tree, June 2019* document.



Which program is the appropriate INITIAL referral for the family caregiver?

Does the care recipient have a diagnosis of Alzheimer's or other dementia(s)?

YES

NO

Would the unpaid adult caregiver benefit from receiving care consultation (coaching) to assist with challenging behaviors, coping strategies, dementia education, and information about community services and resources?

YES

NO

Refer to a **NC Project C.A.R.E.** family consultant at one of the six offices.

Is the care recipient at least 60 years of age or have a diagnosis of dementia but the caregiver does not want Project C.A.R.E.'s consultation services?

YES

NO

Refer to the **Family Caregiver Support Program** in one of the 16 Area Agency on Aging (AAA) Regions. Supports for the family caregiver will be dependent upon their needs, and available resources and supports in the area.

If the care recipient is neither at least age 60 or a person with dementia, **continue screening for appropriate referral.** If the unpaid caregiver is in need of respite and cannot pay privately, complete and submit the electronic **NC Lifespan Respite Voucher Application** to the High Country AAA.

NCDHHS DAAS Caregiver Supports: Decision Tree, June 2019

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Aging and Adult Services

www.ncdhhs.gov/assistance/adult-services
NCDHHS is an equal opportunity employer and provider. • 6/2019

NCDHHS DAAS: CAREGIVER SUPPORTS

	Project C.A.R.E. (State Appropriation)	Family Caregiver Support Program (OAA – Title III E)	Lifespan Respite Vouchers (Time-limited federal grant)
Eligibility	Unpaid adult individuals caring for someone diagnosed with Alzheimer's or related dementias who are not receiving care consultation from another funding source.	1) Unpaid caregiver of any age providing care for an older adult age 60 or older or providing care for a person with Alzheimer's disease or related brain disorder; or, 2) a caregiver (who is not the birth or adoptive parent), age 55 or older, raising a related child age 18 and under or an adult with a disability. 3) a caregiver who is the birth or adoptive parent, age 55 or older, caring for an adult with a disability.[3]	Unpaid adult caregivers of children and adults with a chronic condition, disability, or other special need. Caregivers may not/do not apply directly to the program. Applications must be submitted by a local community services agency or human services professional.
Services Offered	• Dementia-specific outreach and education • Information and referral/assistance • Care consultation	• Delivery approaches vary by county • Outreach and caregiver education • Information and referral/assistance • Supplemental services (care recipient must meet OAA frail definition)	Caregivers can purchase adult day care, summer camp, overnight respite in a facility or their own home, a licensed home care agency, a private individual, or a variety of other options and be reimbursed for services up to $500 per calendar year.
Respite	Respite vouchers are available to care consultation participants, who need respite and are in need of financial assistance to pay for the respite. Up to three $500 vouchers per state fiscal year. Caregiver is reimbursed for services received. There is a respite limit of $2500 when combined with FCSP services per fiscal year.[2]	Type(s) and amount of respite service vary by county; care recipient must meet OAA frail definition.[1] There is a respite limit of $2500 alone or combined with Project C.A.R.E. services per fiscal year.[2]	Caregivers can receive a $500 voucher once per calendar year. Priority is given to those who have not received publicly funded respite in the previous six months. Caregiver is reimbursed for services received.
How to Access	Project C.A.R.E. family consultants at www.ncdhhs.gov/assistance/adult-services/project-care	Area Agency on Aging (AAA) and contracted providers at www.ncdhhs.gov/divisions/aging-and-adult-services/adult-day-services/daas-area-agencies-aging	Applications submitted at www.highcountryaging.org/services/lifespan-respite-project by a human services professional.

[1] The Older Americans' Act, Reauthorization of 2006, defines "frail" as a person aged 60 or over who is: a) unable to perform at least two (2) activities of daily living (ADL) without substantial human assistance, including verbal reminding, physical cueing or supervision, or, b) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or another individual.

[2] NCDHHS DAAS Administrative Letter 12-07

[3] NCDHHS DAAS Administrative Letter 19-05

Appendix H: State Program Performance Report Overage Chart

Formerly known as the NAPIS Overage Chart

FCSP 999 Overage Sheet for Service Codes 812 and 814

REGION _____

	July	August	September	October	November	December	January	February	March	April	May	June	TOTAL
FCSP Code 812													
Estimated Audience Size Over 999*													

*Explanation of Activity where numbers are over 999:

	July	August	September	October	November	December	January	February	March	April	May	June	TOTAL
FCSP Code 814													
Estimated Audience Size Over 999*													

*Explanation of Activity where numbers are over 999:

Appendix I: Emergency Preparedness Plan Example

Note: these templates were shared as a courtesy by the East Carolina Council Area Agency on Aging

MY TO-G BAG

MY Checklist:

TOILETRIES & PERSONAL ITEMS:

____ Deodorant ____Tooth paste ____Tooth brush

____ Hand sanitizer ____Body towelettes ____Spare glasses

____1 Change of clothing ____Suntan Lotion ____Soap

____Incontinence supplies ____Nail file & Clippers ____1 towel

1._____ 2. _____

3._____

ELECTRONICS:

____Extra Batteries (i.e.: hearing aids) ____ Wall plugs ____Cell Phone Chargers &

____Head Phones ____Flashlight ____Batteries

1._____ 2. _____

3._____

COMFORT ITEMS

____Blanket ____Magazine ____Sensory Items

____Playing Cards ____Activity Cards

1. _____2. _____

3. _____

MISCELLANEOUS:

____Pad of Paper and Pens ____Small First Aid Kit ____Umbrella

____Spare Keys ____Snacks ____Bottled Water

____Cash/change ____Medications & medication supplies

1._____ 2. _____

3. _____

DOCUMENTS:

____Copy of Current Medications, Allergies, & diagnosis

____Medicare & medical insurance cards ____DNR/MOST form, Advance Directives

____Emergency phone list ____Copies of all legal documents

ecc
EasternCarolinaCouncil
Area Agency on Aging
Mailing Address: P. O. Box 1717,New Bern, NC 28563-1717 •Phone: 252-638-3185

Instructions:

*In case of emergency (I.C.E.) enables first responders, such as paramedics, firefighters, and police officers to know who to contact in case of an emergency to assist with medical support and information.

Keep an I.C.E card in your wallet **and** in your glove box clipped to your insurance/registration.

IN CASE OF EMERGENCY-I.C.E.

DRIVERS INFORMATION

Primary Driver: _____ **DOB:** _____

Phone: _____

Physician: _____ **Phone:** _____

Secondary Driver: _____ **DOB:** _____

Phone: _____

Physician: _____ **Phone:** _____

FREQUENT PASSENGERS INFORMATION

Passenger 3: _____ **DOB:** _____

Relationship: _____

Passenger 4: _____ **DOB:** _____

Relationship: _____

I.C.E. Contacts

Contact 1: _____

Relationship: _____ **Phone:** _____

Secondary Phone: _____

Contact 2: _____

Relationship: _____ **Phone:** _____

Secondary Phone: _____

Contact 3: _____

Relationship: _____ **Phone:** _____

Secondary Phone: _____

Contact 4: _____

Relationship: _____ **Phone:** _____

Secondary Phone: _____

TURN CARD OVER-MEDICAL INFORMATION

Provided by:

EasternCarolinaCouncil
Area Agency on Aging

IN CASE OF EMERGENCY-I.C.E.

DRIVERS INFORMATION

Primary Driver: _____ **DOB:** _____

Phone: _____

Physician: _____ **Phone:** _____

Secondary Driver: _____ **DOB:** _____

Phone: _____

Physician: _____ **Phone:** _____

FREQUENT PASSENGERS INFORMATION

Passenger 3: _____ **DOB:** _____

Relationship: _____

Passenger 4: _____ **DOB:** _____

Relationship: _____

I.C.E. Contacts

Contact 1: _____

Relationship: _____ **Phone:** _____

Secondary Phone: _____

Contact 2: _____

Relationship: _____ **Phone:** _____

Secondary Phone: _____

Contact 3: _____

Relationship: _____ **Phone:** _____

Secondary Phone: _____

Contact 4: _____

Relationship: _____ **Phone:** _____

Secondary Phone: _____

TURN CARD OVER-MEDICAL INFORMATION

Provided by:

EasternCarolinaCouncil
Area Agency on Aging

Caregiver Emergency Readiness Guide

ecc
EasternCarolinaCouncil
Area Agency on Aging

PO Box 1717 New Bern, NC 28560• Phone: 252.638.3185• Website: www.eccog.org

Photo Identification

Complete this form in **pencil** and update document frequently.

Care Recipient Name/Older Adults Name: _____

Place current photo here

Caregiver Name/Older Adults Name: _____

Place current photo here

Emergency Readiness Information

Individuals Information

Name of care recipient: _____ *Age:* _____

Nick Names: _____

Primary Address: _____

Primary Caregiver: _____ *Relationship:* _____

Caregivers Address: _____

Caregivers Home phone: _____ *Cell:* _____

Emergency Contact/Caregiver:

Name: _____ *Relationship:* _____

Address: _____

Phone: Home: _____ *Cell:* _____

Hours of Care: _____

Alternate Contact/Caregivers:

1. *Name:* _____ *Relationship:* _____

   Address: _____

   Phone: Home: _____ *Cell:* _____

   Hours of Care: _____

2. *Name:* _____ *Relationship:* _____

   Address: _____

   Phone: Home: _____ *Cell:* _____

   Hours of Care: _____

Others willing to assist and nearest relatives to notify:

1. *Name:* _____ *Relationship:* _____

   Address: _____ *Phone: Home:* _____

2. *Name:* _____ *Relationship:* _____

   Address: _____ *Phone: Home:* _____

Advance Directives

Does the individual have a living will? **Yes** **NO**

Location of original documents: _____

Filed with: _____

Address: _____

Phone(s): (home): _____ *(Cell):* _____

Individuals Code Status: *Full Code* *DNR (Do Not Resuscitate) Location of Original Document:* _____

Healthcare Surrogate or Power of Attorney for Health Care: **Yes** **No**

Location of original documents: _____

1. *Contact:* _____ *Relationship:* _____
   Address: _____
   Phone: _____ *Cell:* _____
2. *Contact:* _____ *Relationship:* _____
   Address: _____
   Phone: _____ *Cell:* _____
3. *Contact:* _____ *Relationship:* _____
   Address: _____
   Phone: _____ *Cell:* _____

Financial surrogate or Power of Attorney for financial affairs: **Yes** **No**

Location of Original Documents: _____

1. *Contact:* _____ *Relationship:* _____
   Address: _____
   Phone: _____ *Cell:* _____
2. *Contact:* _____ *Relationship:* _____
   Address: _____
   Phone: _____ *Cell:* _____
3. *Contact:* _____ *Relationship:* _____
   Address: _____
   Phone: _____ *Cell:* _____

General or Special Power of Attorney **Yes** **No**

Location of original documents: _____

1. *Contact:* _____ *Relationship:* _____
   Address: _____
   Phone: _____ *Cell:* _____

Healthcare and Services

The person with dementia/Alzheimer is currently receiving services from the following agency/agencies

1. ***Agency:*** _____
   Contact: _____
   Services receiving: _____
   Phone: _____ *City:* _____
   Notes: _____
2. ***Agency:*** _____
   Contact: _____
   Services receiving: _____
   Phone: _____ *City:* _____
   Notes: _____
3. ***Agency:*** _____
   Contact: _____
   Services receiving: _____
   Phone: _____ *City:* _____
   Notes: _____

Medical Equipment Needs:

Communicates by:	*Speaking ( )*	*Gesture ( )*	*Pictures ( )*
Catheter ( )	*Wheelchair ( )*	*Hearing Aid R ( )*	*Hearing Aid L ( )*
Colostomy ( )	*Prosthesis ( )*	*Cane ( )*	*Walker ( )*
Crutch's ( )	*Can Speak ( )*	*Can Write ( )*	_____ ( )
_____ ( )	_____ ( )	_____ ( )	_____ ( )

Vision	R	L	Comment:	**Hearing**	R	L	Comment:
Good	( )	( )	_____	Good	( )	( )	_____
Limited	( )	( )	_____	Limited	( )	( )	_____
Blind	( )	( )	_____	Blind	( )	( )	_____
Glasses	( )	( )	_____	Deaf	( )	( )	_____
Contacts	( )	( )	_____	Aides	( )	( )	_____
Other: _____	( )	( )	_____	Other: _____	( )	( )	_____

Medical

Primary Care Physician: _____

Phone: _____

Address: _____

Medical Conditions	**Y**	**N**	**Physician**	**Phone:**
Alzheimer's disease	( )	( )		
Alcoholism	( )	( )		
Amputation	( )	( )		
Arthritis	( )	( )		
Asthma	( )	( )		
COPD	( )	( )		
Cancer	( )	( )		
Colitis	( )	( )		
Dentures/Partials	( )	( )		
Diabetes (Type____)	( )	( )		
Epilepsy/Seizures	( )	( )		
Glaucoma	( )	( )		
Heart disease	( )	( )		
Hepatitis	( )	( )		
High blood pressure	( )	( )		
Low blood pressure	( )	( )		
Multiple sclerosis	( )	( )		
Pace maker	( )	( )		
Parkinson 's disease	( )	( )		
Prostate	( )	( )		
Skeletal trauma	( )	( )		
Thyroid	( )	( )		
Tuberculosis	( )	( )		
Ulcer	( )	( )		
Other:				
Specify: _____	( )	( )		
Specify: _____	( )	( )		

Surgeries:

1. Type of surgery:_____ Date:_____
2. Type of surgery:_____ Date:_____
3. Type of surgery:_____ Date:_____
4. Type of surgery:_____ Date:_____
5. Type of surgery:_____ Date:_____

Nutritional Status

Does the care recipient have a diet prescribed by a physician? YES ( ) No ( )

If yes, describe: _____

_____

List of food allergies: _____

Does he/she normally have a good appetite? *YES ( )* *NO ( )*

Favorite Foods: _____

Least favorite foods: _____

Mealtimes:

Breakfast: _____ *Lunch:* _____ *Dinner:* _____ *Snack:* _____

Additional comments: _____

Functional Status Summary

Primary language: _____ *other known Languages:* _____

Specify what type of assistance is needed with the following:

	Yes	No	Comments:
Prepare meals	( )	( )	_____
Shop for personal items	( )	( )	_____
Manage own medications	( )	( )	_____
Manages own money	( )	( )	_____
Uses telephone independently	( )	( )	_____
Can do heavy housework	( )	( )	_____
Can do light housework	( )	( )	_____
Able to drive	( )	( )	_____
Eats independently	( )	( )	_____
Dresses independently	( )	( )	_____
Baths self independently	( )	( )	_____
Oral care independently	( )	( )	_____
Toilets independently	( )	( )	_____
Transfers into/out of bed/chair	( )	( )	_____
Ambulates independently	( )	( )	_____

Identification

Does the care recipient with dementia or other health concerns wear an ID bracelet or GPS type locator? YES ( ) NO ( )

If yes, type and ID information: _____

Contact: _____ *Phone:* _____

Is the care recipient on the Special needs registration: YES ( ) NO ( )

If yes, what information has been given to the registry: _____

_____

Intellectual Functioning & Behaviors:

Reacts to own name:	Almost always ( )	Sometimes ( )	Never ( )
Knows caregiver:	Almost always ( )	Sometimes ( )	Never ( )
Knows location:	Almost always ( )	Sometimes ( )	Never ( )
Short term memory loss:	Almost always ( )	Sometime ( )	Never ( )
Long term memory loss	Almost always ( )	Sometime ( )	Never ( )
Sleep habits:	Sleeps most or all nights ( )	Sometimes wakes ( )	often wakes ( )

Insurance Information:

Date of Birth: ____/____/_____ *Medicare Effective Date:* _____

Insurance cards are located: _____

Secondary insurance (company/member i.d): _____

Medicare Part D (Pharmacy Insurance): _____

Primary Pharmacy:

Company name: _____

Address: _____

Phone: _____ *Fax:* _____

Exhibited Behaviors:

Check appropriate answers regarding behaviors:

Wanders-without purpose or regard for safety	*Never ( )*	*Sometimes ( )*	*Often ( )*
Pacing without purpose or regards to surroundings	*Never ( )*	*Sometimes ( )*	*Often ( )*
Has sundowners Behaviors (up throughout the evening time)	*Never ( )*	*Sometimes ( )*	*Often ( )*
Verbally threatens others:	*Never ( )*	*Sometimes ( )*	*Often ( )*
Physically tries to harm others	*Never ( )*	*Sometimes ( )*	*Often ( )*
Exposes him/herself in public	*Never ( )*	*Sometimes ( )*	*Often ( )*
Hallucinates/Delusions	*Never ( )*	*Sometimes ( )*	*Often ( )*
Exhibits quick mood shifts	*Never ( )*	*Sometimes ( )*	*Often ( )*
Depression	*Never ( )*	*Sometimes ( )*	*Often ( )*
Cries without cause	*Never ( )*	*Sometimes ( )*	*Often ( )*
Destroys things or is destructive	*Never ( )*	*Sometimes ( )*	*Often ( )*
Picking at self or at objects consistently	*Never ( )*	*Sometimes ( )*	*Often ( )*
Repetitive verbalization	*Never ( )*	*Sometimes ( )*	*Often ( )*
Refusal of care	*Never ( )*	*Sometimes ( )*	*Often ( )*
Misinterpretation of information	*Never ( )*	*Sometimes ( )*	*Often ( )*
Compulsive eating	*Never ( )*	*Sometimes ( )*	*Often ( )*
Suspicious or accusing behavior towards others	*Never ( )*	*Sometimes ( )*	*Often ( )*
Obsessive behaviors	*Never ( )*	*Sometimes ( )*	*Often ( )*
Abusive, self-berates or injures self	*Never ( )*	*Sometimes ( )*	*Often ( )*
Has increased anxiety at times	*Never ( )*	*Sometimes ( )*	*Often ( )*
Rummaging behaviors	*Never ( )*	*Sometimes ( )*	*Often ( )*
Dose not like to be touched by others	*Never ( )*	*Sometimes ( )*	*Often ( )*
Continually seeking touch by others	*Never ( )*	*Sometimes ( )*	*Often ( )*
Has sexual oriented inappropriate behaviors	*Never ( )*	*Sometimes ( )*	*Often ( )*
Hoards or steals small items	*Never ( )*	*Sometimes ( )*	*Often ( )*
Items of Interest: _____			
Other behaviors: _____	*Never ( )*	*Sometimes ( )*	*Often ( )*
Other behaviors: _____	*Never ( )*	*Sometimes ( )*	*Often ( )*

Activities

Check, what best describes the care recipient's participation in the following activities:

1. *Reads the newspaper, books or magazines* *YES ( )* *NO ( )*
2. *Watches TV:* *YES ( )* *NO ( )*

   Favorite shows: _____

3. *Listens radio or music:* *YES ( )* *NO ( )*

   Favorite type of music: _____

4. *Works on a hobby:* *YES ( )* *NO ( )*

   Type of hobbies of interest: _____

   Comment: _____

5. *Attends Church (Religion:* _____*)* *YES ( )* *NO ( )*

   Comment: _____

6. *Enjoys naps (Time of day:* _____*)* *YES ( )* *NO ( )*

   Comment: _____

7. *Attends adult day care*

   Place and frequency/days per week: _____

   Name and phone number of facility: _____

8. *Senior Companion*

   Name: _____

   Hours/days of week of service _____

Daily routine/habits (please provide a brief description): _____

_____

_____

_____

_____

_____

Older Adults &Caregiver Check List; "To Go Bag"

Personal

_____ Socks

_____ Long pants

_____ Sweatshirts

_____ Spare pair of shoes

_____ Medication list

_____ Hairbrush and comb

_____ Wet wipes

_____ Medications

_____ Current pictures of all family members

_____ Other: _____

_____ Other: _____

_____ Shirts

_____ Long sleeve shirts

_____ Under garments

_____ Deodorant

_____ Shaving items

_____ Dry shampoo

_____ Hand sanitizer

_____ Toothpaste & tooth brush

_____ Other: _____

_____ Other: _____

Animal

_____ Food

_____ Potty bags

_____ Blanket

_____ Shot records

_____ Medication list

_____ Hairbrush and comb

_____ Other: _____

_____ Other: _____

_____ Leashes

_____ Towel

_____ Collar with ID

_____ Dog treats

_____ Toys

_____Veterinarians number

Older Adults & Caregiver Check List

_____ Drinking water (1 gallon/person/day)

_____ Food (non-perishable; ready to eat)

_____ Flashlight

_____ Portable radio

_____ Extra batteries

(i.e.: flashlight, hearing aids, ..)

_____ First aid kit

_____ Hand-operated can opener

_____ Light sticks

_____ Waterproof matches

_____ Cash or traveler's checks

_____ Duct tape

_____ Facial tissues

_____ Wet toweletts

_____ Scissors

_____ Hand sanitizer

_____ Phone chargers

_____ Rain gear

_____ Filter mask

_____ Garbage bags paper plates, cups

_____ Wrench & pliers

_____ Disinfectant

_____ Sun tan lotion

_____ Gallon zip Lock Bags

_____ Whistle (to signal for help)

_____ Utility knife

_____ Sensory items

(I.e. head phones, puzzles, games)

_____ Extra sets of Keys (house and car)

Other medical supplies:

1. _____

2. _____

3. _____

Documents: *Seal in a water proof container*

_____ Insurance cards

_____ Medication list

_____ Advance directives

_____ Will

_____ Deeds

_____ Family contact phone sheet

_____ Emergency contact phone list

_____ Marriage certificate

_____ Passports

_____ Birth certificates

_____ Important medical documents

_____ Medical equipment

Documents/phone list

_____ Other: _____

_____ Other: _____

_____ Other: _____

All items should be stored together in an easily accessible location. You should annually review all items in your emergency kit and check all items with an expiration date, and replace as needed.

Personal Contact

Name:	Relationship:	Primary Phone:	Secondary Phone:
Electric Company	N/A		
Water Company	N/A		
Local Hospital	N/A		
Physician's Office	N/A		
Pharmacy	N/A		
Telephone Company	N/A		
Cable Company	N/A		
Department of Social Services			
Police/Sheriff's office			

Caregiver & Older Adult Resources

***Alzheimer's Association:** www.alz.org; **1-800-272-3900**

Information and support for people with Alzheimer's disease and their caregivers. Operates a 24/7 helpline and care navigator tools.

***Alzheimer's North Carolina:** www.alznc.org; **1-800-228-8738**

Alzheimer's North Carolina is dedicated to providing education, support and services to individuals with dementia, their families, health care professionals and the public while raising awareness and funding for research of a cause(s), treatment, prevention and cure for Alzheimer's disease and related dementias

***ARCH Respite Network:** www.archrespite.org

Find programs and services that allow caregivers to get a break from caring for a loved one.

***Caregiver Teleconnection:** www.caregiversos.org/caregiver-teleconnection/; **1-866-390-6491**

The Caregiver Teleconnection is a free, safe, and confidential program that uses the telephone to connect family caregivers with trusted professionals and other caregiver. Offers caregiver training, assistance, and support.

***Duke Alzheimer's Family Caregiver Support Program:** www.geri.duke.edu/service/dfsp/about.htm

A source for help with Alzheimer's, memory disorders and elder care decisions. The Duke Family Support Program serves families and professionals concerned about or caring for persons with memory disorders in North Carolina, and Duke Employees seeking help with elder care decisions.

***Eldercare Locator:** www.eldercare.gov, **1-800-677-1116**

Connects caregivers to local services and resources for older adults and adults with disabilities across the United States.

***Medicare-** www.medicare.gov/caregivers; **1-800-Medicare**

***National Alliance for Caregiving:** www.caregiveing.org

A coalition of national organizations focused on family caregiving issues.

***NC Medicaid:** www.ncdhss.gov/dma/medicaid/

***NC Seniors' Health Insurance Program:** www.ncshiip.com, **1-800-443-9354**

A program that offers one-on-one insurance counselling and assistance to people with Medicare and their families.

***Parkinson's Association of the Carolinas:** www.parkinsonassociation.org

Resource for individuals and their families living in the Carolinas who are affected by Parkinson's disease

***Social Security Administration-1-800-772-1213**

***US Department of Health and Human Services: www.nia.nih.gov/health/publications**

Resources for individuals to include fitness, health, caregiving, etc...

***Veterans Administration:** www.caregiver.va.gov, **1-855-260-3274**

EasternCarolinaCouncil

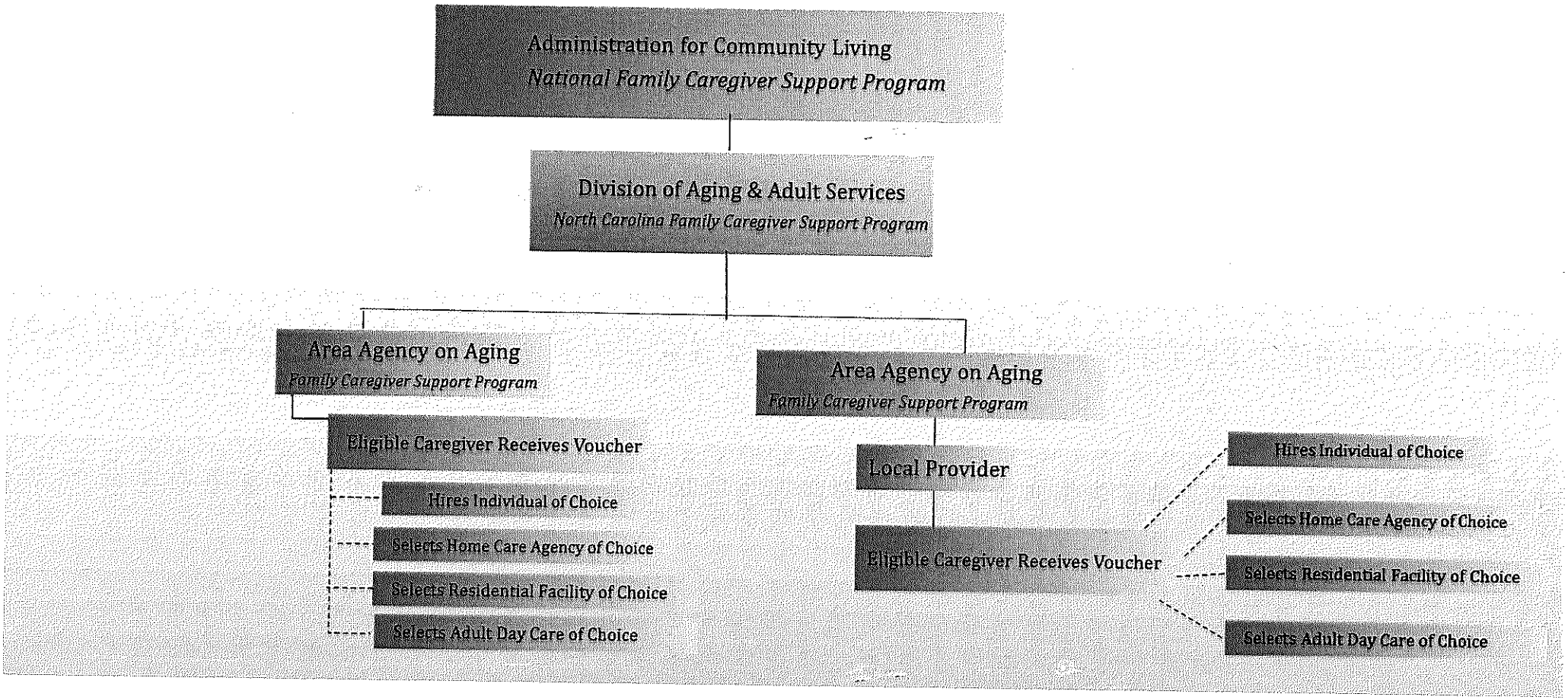
Area Agency on Aging

January Brown; Human Services Planner-FCSP

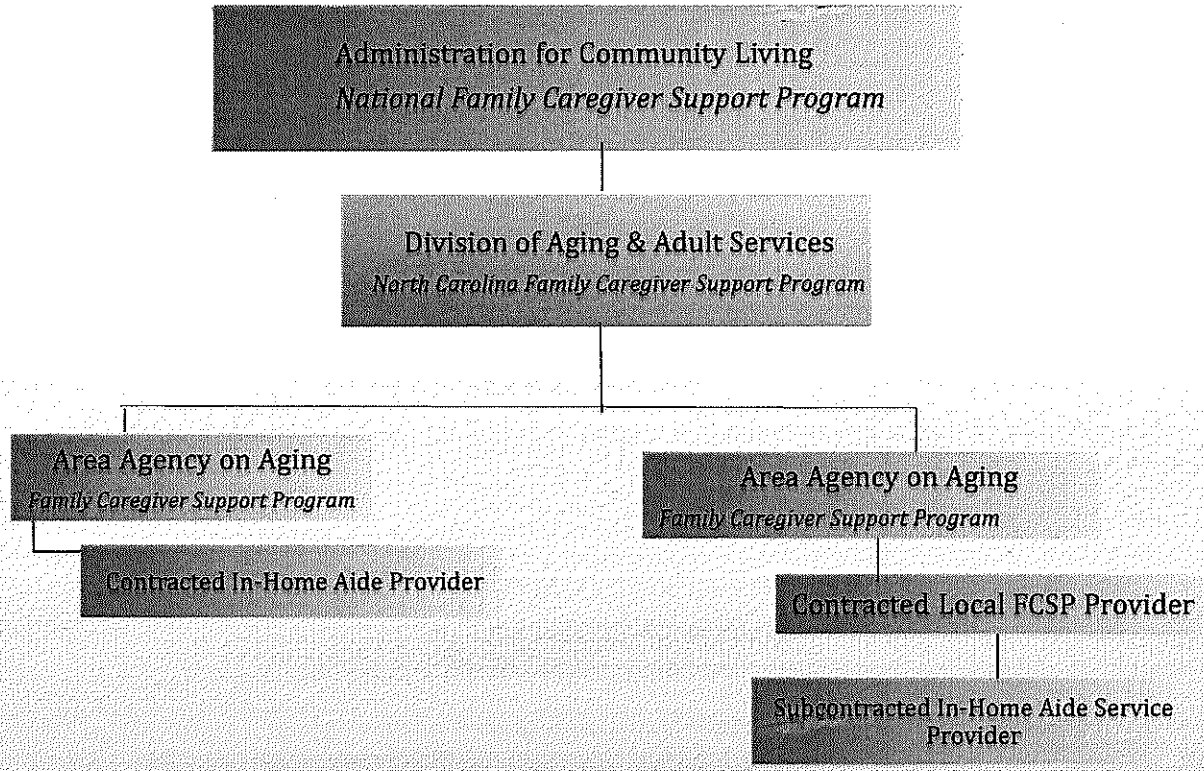
Phone: 252.638.3185 • PO Box 1717, New Bern 28560 • Web site: www.eccog.org

Appendix J: Respite Pathways Charts

RESPITE PATHWAYS
CAREGIVER DIRECTED VOUCHER



RESPITE PATHWAYS
IN-HOME RESPITE SERVICES



Appendix K: Caregiver Directed Voucher Packet Example

Example provided as a courtesy by the High Country Area Agency on Aging

voucher paperwork signed by FCSP/Caregiver

HIGH COUNTRY AREA AGENCY on AGING

High Country Area Agency on Aging
468 New Market Blvd♦ Boone NC 28607 ♦ Phone: 828.265.5434 EXT 113 ♦
Fax: 828.265.5439

Agreement for Voucher-Based Respite Services for Family Caregiver Support Program Consumers

THIS AGREEMENT IS NULL AND VOID IF NOT COMPLETED AND RETURNED TO THE _____ FAMILY CAREGIVER PROGRAM OFFICE BY _____.

This Agreement is made with: _____
(Caregiver/Legally Responsible Person)

Whose dependent person, _____ has
(Name of Care Recipient)

been declared eligible for voucher-based respite care services through the High Country Family Caregiver Support Program. This Agreement is effective _____,
(Start Date)
through _____.
(Expiration Date)

The purpose of this Agreement shall be to describe the mutual responsibilities of the parties identified above in providing respite care for the care recipient named above.

The care recipient's **caregiver/legally responsible person** named above agrees to the following:

1. Caregiver/legally responsible persons shall be responsible for recruitment, supervision, and scheduling of respite providers, with the understanding that respite providers may not be a legal guardian or immediate family member of the care recipient, and may not reside in the care recipient's household.

2. Caregiver is responsible for completing the ***Private Respite Care Provider Agreement*** form with ***EVERY*** person providing respite care to their care recipient and submitting this completed form to the Family Caregiver Program Coordinator/Specialist. It is understood that the High Country Family Caregiver Support Program will not reimburse families for respite care expenses unless this completed form is on file at the Family Caregiver Support Program office. In addition, caregivers are responsible for negotiating an agreement with the respite provider specifying the provider's

responsibilities, including at least the following and holding the High Country Area Agency on Aging, harmless for any non-compliance of the following:

a. Confidentiality;
b. Procedures for securing emergency services;
c. Program activities to be implemented, including the length of time for which services are to be provided;
d. Responsibilities for supervising the care recipient;
e. Procedures related to administration of medications to the care recipient;
f. Information regarding special dietary considerations;
g. Participation in respite training programs;
h. Terms of compensation (except where established rates apply, such as with home health care business providers); and
i. Client rights.

3. Caregiver/legally responsible person shall be responsible for submission of Record of Respite Services to the Family Caregiver Support Program Coordinator/Specialist, indicating the date(s) of respite services provided, identifying the respite provider(s), and verifying by signature that respite services were provided as expected.

4. Caregiver/legally responsible person shall further indemnify and hold the High Country Area Agency on Aging, the Family Caregiver Support Program harmless from any and all costs, damages, claims or liabilities which are asserted in whole or in part by the direct and proximate acts or omissions of the respite provider, its employees or agents. Notwithstanding the aforementioned, no provision herein shall contradict the rights of any liability carrier for any party to subrogation.

5. Caregiver/legally responsible person shall report all unemployment, FICA, federal unemployment taxes and other income tax withholding on their individual income tax return as required by law. These tax requirements are subject to change at any time and the care recipient's caregiver/legally responsible person is solely responsible for compliance with any applicable tax regulations and should consult their tax advisor. **Caregiver/legally responsible persons are further advised to maintain a written record of each payment made to respite provider's), and to pay respite provider(s) by check and/or obtain a receipt from respite provider's) of each payment made.**

6. **Caregiver/legally responsible person understands that this award will be reviewed periodically, and if it is determined that the caregiver will not be able to utilize this award fully prior to the expiration date of this Agreement listed in the first paragraph of Page 1, the balance of the award may be reallocated to another eligible client, so as to best serve persons requesting services through the Family Caregiver Support Program.**

The High Country Area Agency on Aging Family Caregiver Support Program agrees to:

1. Reimburse either the family caregiver, and/or an approved provider agency, **up to a total of $ 500 .**

Both parties agree:

1. This Agreement may be terminated in whole or in part:
   a. At any time upon mutual consent of both parties;
   b. Thirty days after the caregiver/legally responsible person gives notice of termination in writing;
   c. At any time by the High Country Area Agency on Aging Family Caregiver Support Program Coordinator/Specialist.

2. Should a caregiver/legally responsible person wish to file a complaint/grievance regarding the respite voucher and related Family Caregiver Support Program services, he/she should contact the High Country Area Agency on Aging Family Caregiver Program Resource Specialist.

3. Respite service episodes and frequency are determined by the caregiver/legally responsible person, based upon the needs of the family and the care recipient.

4. **Family members, individuals living within the care recipient's household and legal guardians are not eligible as respite providers.**

5. **The High Country Area Agency on Aging Family Caregiver Program provides reimbursement to the caregiver/legally responsible person who uses private respite care providers. The High Country Area Agency on Aging Family Caregiver Program does not select, recommend, employ, contract privately with, license or certify those providers that the caregiver/legally responsible person selects to provide respite care. The High Country Area Agency on Aging does not direct or control those providers' actions in any way. The High Country Area Agency on Aging will not be liable for any claim or action rising out of the negligent acts or omissions of the caregiver/legally responsible person, the providers, or either of their employees or agents while engaged in any events or activities contemplated under this Agreement.**

Signature - Caregiver/Legally Responsible Person	Date	Last four digits of Caregiver's SSN#
Family Caregiver Support Program	Date	

HIGH COUNTRY
AREA AGENCY
on
AGING

Respite Care Voucher

Issue Date: _____

Expiration Date: _____

Caregiver Name:

We are pleased to provide you this Voucher for Respite Services for your care recipient,. As part of the Family Caregiver Support Program, the High Country Area Agency on Aging Family Caregiver Support Program has awarded you a total/remainder of $ 500.00 (five hundred dollars) to help offset the cost of respite care for the above-mentioned family member.

Your next step is to select **either an individual and/or an approved provider agency** to provide respite care for your family member. We have provided you with some materials which may help you in this process.

Please read the following guidelines very carefully and be sure you understand them.

1. You may hire a private respite provider to provide respite care for the person named above, **as long as the person is not an immediate family member; does not live in the same home as the person named above; and does not have Power of Attorney or guardianship over the person named above.** You may choose to use a private respite provider to provide all $ 500.00 worth of respite care authorized in this letter.
2. You may obtain respite care from an approved provider agency to provide all $ 500.00 worth of respite care authorized in this letter. A list of approved provider agencies is available. If you need help contacting an agency, please call me.
3. You may use **BOTH** a private respite provider, and an approved provider agency. In doing this, please be very careful not to exceed the total amount of the award as mentioned above. **We will not reimburse you for more than $ 500.00 (five hundred dollars) in respite care provided by a private respite provider or an approved provider agency.**
4. In the event you hire an individual respite provider for the full $ 500.00 award from the Family Caregiver Support Program, and then continue to use the individual for additional respite care that you pay for yourself, please be aware that certain tax regulations may apply. **You, as the individual respite provider's employer of record, should be prepared to report any**

payment to an individual respite provider that totals more than $600.00 in a calendar year.

After you locate a respite provider, you and the private respite provider and/or approved provider agency staff person will use the Record of Respite Services form/s included in this packet to keep a record of the dates and times respite care is provided, starting _____ On the first day of each month you will sign the Record of Respite Services form/s at the bottom and mail it to me in the enclosed addressed, stamped envelope. The form/s must be returned to me completely filled out in order to reimburse you and/or the agency with a check to cover the cost of the respite care provided. Respite services not approved as stated above will not be covered.

If you have any questions, please feel free to call me at the office at (828) 265-5434 ext 113.

Respectfully yours,

Amber Chapman

Amber Chapman
Family Caregiver Support and Health Promotions Specialist
High Country Area Agency on Aging

Appendix J: Respite Pathways Charts

Appendix K: Examples of Caregiver Directed Voucher Packets

Examples provided as a courtesy by the following regional FCSP's:

High Country Area Agency on Aging

Appendix L: Compliance Supplement Criteria Requirements

Note—this document is revised annually and will be shared electronically by DAAS' Lead Monitor or FCSP Consultant. Revise this section accordingly.

Title III-E – National Family Caregiver Support Program #93.052

NC Division of Aging and Adult Services – Review of Compliance Supplement Criteria Requirements

Region _____ AAA or Service Provider _____

Date _____ Reviewer's Signature _____

COMPLIANCE SUPPLEMENT CRITERIA REQUIREMENTS	DETERMINE COMPLIANCE IN THE FOLLOWING AREAS	(✓) COMPLIANCE SUPPLEMENT CRITERIA		
a. Activities Allowed or Unallowed: *Specific activities identified in the grant agreement, state and federal regulations.*	• Performance Review Tool for FCSP, Part I, Question #1 and corresponding questions.	Yes ☐	No ☐	N/A ☐
b. Allowable Cost/Cost Principles: *Ensure that costs paid are reasonable and necessary for operation and administration of the program.*	• Performance Review Tool for FCSP, Part II, Questions 1 & 2.	Yes ☐	No ☐	N/A ☐
c. Cash Management: *Only applicable when advances in excess of 60 days are provided to a DAAS subrecipient.*	N/A			
d. Reserved	N/A			
e. Eligibility: *Assure that only eligible individuals receive services and assistance under this program.*	• Performance Review Tool for FCSP, Part I, Question #4.	Yes ☐	No ☐	N/A ☐
f. Equipment and Real Property Management: *Equipment defined as tangible property with a useful life more than one year and a cost of $5,000 or more may only be purchased if specifically approved in the contract or grant agreement.*	N/A			
g. Matching, Level of Effort, Earmarking: *Matching: Specific percentage required which must be provided to receive funding. Level of Effort and Earmarking are not required.*	• Earmarking: Performance Review Tool for FCSP, Part I, Question #6.	Yes ☐	No ☐	N/A ☐
h. Period of Availability of Federal Funds: *The time period authorized for federal and state funds to be expended (July – June).*	• Verify authorized signature and date on NGA or contract stating period of availability. If applicable, determine if DAAS has approved carry forward funding.	Yes ☐	No ☐	N/A ☐

COMPLIANCE SUPPLEMENT CRITERIA REQUIREMENTS	DETERMINE COMPLIANCE IN THE FOLLOWING AREAS	(✓) COMPLIANCE SUPPLEMENT CRITERIA		
i. Procurement, and Suspension and Debarment: *Assure that subrecipients have and follow policies and procedures for procurement and that subrecipients have not been suspended or debarred by the federal government from receiving funding.*	• Verify that contract for services has an authorized signature and date and that it references 45 CFR 92.36(b)(11), which states that the subrecipient has procedures for settling all contractual and administrative issues arising out of procurement of services.	Yes ☐	No ☐	N/A ☐
j. Program Income: *Assure that program income is used to expand services.*	• Performance Review Tool for FCSP, Part I, Question #8f.	Yes ☐	No ☐	N/A ☐
k. Reserved	N/A			
***l.* Reporting**: *Assurance that funds are being managed efficiently and effectively to accomplish the program objectives. Reporting requirements are contained in the laws, regulations, and contract or grant agreement.*	• Performance Review Tool for FCSP, Part I, #9	Yes ☐	No ☐	N/A ☐
m. Subrecipient Monitoring: *Requirements for subrecipient monitoring of grant awards passed through AAAs to counties via the DAAS-735 funding agreement oblige AAAs to oversee the activities of each county's community service providers. There is a subrecipient relationship between the AAA and the county, including the county's designated service providers, and all are bound by the terms and conditions for the provision of aging services specified in the funding agreement. The county is not allowed to assign any portion of its interest in the agreement (paragraph 5).*	• DAAS monitors: Determine if AAA monitored the community service providers listed on the county funding plan per minimum requirements. • AAA monitors: "Criteria m" for subrecipient monitoring is "N/A" when monitoring community service providers, because there are no subrecipient relationships below the service provider level for this funding source. Corrective action for non-compliance of subcontractors, including paybacks of grant funds for disallowed costs, is the responsibility of the community service provider (subrecipient).	Yes ☐	No ☐	N/A ☐
n. Special Tests and Provisions: *See annual compliance supplement for special tests and provisions.*	• Performance Review Tool for FCSP, Part II, 2d,e	Yes ☐	No ☐	N/A ☐
o. Conflict of Interest: *For non-profit subrecipients only, a notarized copy of the subrecipient's policy addressing conflicts of interest must be seen.*	• Subrecipient has an original notarized copy of their conflict of interest policy on file.	Yes ☐	No ☐	N/A ☐

93.052 **NATIONAL FAMILY CAREGIVER SUPPORT, TITLE III, PART E**

State Project/Program: **FAMILY CAREGIVER SUPPORT PROGRAM**

U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADMINISTRATION ON AGING

Federal Authorization: Older Americans Act as Amended in 2006 (Public Law 109-365); Public Law 114-144, as amended in 2016.

N. C. Department of Health and Human Services
Division of Aging and Adult Services

Agency Contact Person – Program:

Laura Jane Ward
Family Caregiver Support Program Consultant
(919) 855-3417
laura.ward@dhhs.nc.gov

Agency Contact Person – Financial:

Denise Ball, Assistant Budget Officer
(919) 855-3447
denise.ball@dhhs.nc.gov

N. C. DHHS Confirmation Reports:

SFY 2020 audit confirmation reports for payments made to Counties, Local Management Entities (LMEs), Managed Care Organizations (MCOs), Boards of Education, Councils of Government, District Health Departments and DHSR Grant Subrecipients will be available by mid-October at the following web address: https://www.ncdhhs.gov/about/administrative-offices/office-controller/audit-confirmation-reports At this site, click on the link entitled "Audit Confirmation Reports (State Fiscal Year 2019-2020). Additionally, audit confirmation reports for Nongovernmental entities receiving financial assistance from DHHS are found at the same website except select "Non-Governmental Audit Confirmation Reports (State Fiscal Years 2018-2020).

The Auditor should not consider the Supplement to be "safe harbor" for identifying audit procedures to apply in a particular engagement, but the Auditor should be prepared to justify departures from the suggested procedures. The Auditor can consider the Supplement a "safe harbor" for identification of compliance requirements to be tested if the Auditor performs reasonable procedures to ensure that the requirements in the Supplement are current. The grantor agency may elect to review audit working papers to determine that audit tests are adequate.

The Division of Aging and Adult Services (DAAS) issues a Notice of Grant Award (NGA) each fiscal year when funds are allocated to the Area Agencies on Aging (AAA). DAAS also revises NGAs during the fiscal year as necessary. Auditors should review the NGAs on file at the AAA to determine actual funding amounts. The last NGA issued for the year shows the total amount of funds by source awarded to the AAA.

I. PROGRAM OBJECTIVE

The Older Americans Act reauthorization on November 13, 2000 created the National Family Caregiver Support Program, (OAA, Title III, Part E), targeted to serve the needs of (1) Individuals (families) caring for adults age 60 and older and (2) Grandparents or older individuals who are a relative caregiver, age 55 and older, who are caring for relative minor children. The funding is required to be distributed via the intrastate funding formula to Area Agencies on Aging. Funding may be used to provide a multifaceted system of services in five categories:

1) information about available services;
2) assistance to caregivers in gaining access to services;
3) individual counseling, organization of support groups, and caregiver training to caregivers to assist the caregivers in making decisions and solving problems relating to their caregiving role;
4) respite care to enable caregivers to be temporarily relieved from their caregiving roles; and,
5) supplemental services, on a limited basis, to complement the care provided by caregivers.

The DAAS and Area Agencies on Aging have the flexibility to determine the funding allocated to these services. However, the categories of grandparents/relative caregivers and supplemental services are designated to be on a limited basis. No more than twenty percent (20%) of the federal funding should be dedicated to the supplemental category statewide and no more than ten percent (10%) of the funding should be designated to grandparents or older individuals who are relative caregivers.

II. PROGRAM PROCEDURES

Funds are provided to states, in accordance with a predefined formula, upon submission of a state plan to the Commissioner on Aging in HHS. States then allocate funds to Area Agencies on Aging through the intrastate funding formula which provide for a comprehensive services delivery plan for their respective planning and service area. Part E funding is administered through Area Agencies on Aging designated by the DAAS. Area Agencies on Aging are required to submit a regional area plan which includes activities specific to the Family Caregiver Support Program. As deemed necessary, services are delivered either by the Area Agency directly, or by provider agencies as established through contracts. Area Agencies providing direct service must submit a direct service waiver and receive written approval from the DAAS for services and/or activities provided within Category II, III, IV or V (except for information and assistance and/or outreach).

At the discretion of the DAAS, a small portion of the Title III-E funds may be used to support the Planning and Administration efforts of the Area Agencies.

Area Agencies monitor the Title III-E subrecipients to ensure that approved Family Caregiver Support Program activities and services are conducted within the terms of the contract. Area Agencies on Aging will be monitored annually by the DAAS to insure compliance with their approved area plan.

III. COMPLIANCE REQUIREMENTS

In developing audit procedures for testing the compliance requirements for aging grants, auditors should review the matrix to identify which compliance requirements (Part 3 of the Uniform Guidance 2 CFR 200 Compliance Supplement) are applicable. In addition to the general requirements reflected on the matrix, the following compliance requirements also apply.

A. ACTIVITIES ALLOWED OR UNALLOWED

The National Family Caregiver Support Program (OAA, Title III, Part E) funding is to provide a multifaceted system of services for family caregivers and grandparents or older individuals who are relative caregivers. The following are the allowable service categories:

1) **Information Services** – A service for caregivers that provides the public and individual with information on resources and services available to the individuals within their communities, conducting media campaigns, and other similar activities.

2) **Access Assistance** – A service that assists caregivers in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive the services needed by establishing adequate follow-up procedures.

3) **Counseling** – Counseling to caregivers to assist them in making decisions and solving problems relating to their caregiver roles. This includes counseling to individuals, support groups, and caregiver training (of individual caregivers and families).

4) **Respite Care** – Services which offer temporary, substitute supports or living arrangements for care recipients to provide a brief period of relief or rest for caregivers. Respite Care includes: (1) In-home respite (personal care, homemaker, and other in-home respite); (2) Respite provided by attendance of the care recipient at a nonresidential program; (3) Institutional respite provided by placing the care recipient in an institutional setting such as nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. If the specific service units purchased via a direct payment (cash or voucher) can be tracked or estimated, report those service unit hours. If not, a unit of service in a direct payment is one payment.

5) **Supplemental Services** – Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies. No more than 20 percent of the federal funding can be dedicated to supplemental services. Services must be on a temporary basis.

B. ALLOWABLE COSTS/COST PRINCIPLES

All grantees that expend State funds (including federal funds passed through the N. C. Department of Health and Human Services) are required to comply with the cost principles described in the N. C. Administrative Code at 09 NCAC 03M .0201.

C. CASH MANAGEMENT

Payment is made to the Area Agency on Aging based on the total expenditure amount, by category, for services rendered. Expenditures are reported through the Aging Resources Management System (ARMS) for the DAAS. The total funding amount is stated on the Negotiated Grant Agreement (NGA) between the Division and Area Agency. Monthly reimbursement to the Area Agency can be verified through the ARMS report series ZGA 370-12. Service categories are as follows: **810** – Information about Services; **820** – Assistance with access to services; **830** – Individual counseling, coordination of support groups, and caregiver training; **840** – Respite services; and **850** – Supplemental services. Note: Service categories 810, 820, 830, 840 and 850 are not valid service codes. See table below for service codes.

Family Information (810)	
Community/Program Planning	811
Information & Educational Programs	812
Program Promotion & Public Information	814

Family Access (820)	
Community/Program Planning	821
Information & Assistance	822
Care Management	823
Develop caregiver emergency plan	824

Family Counseling/Support Groups (830)	
Community/Program Planning	831
Caregiver Counseling	832
Support Groups	833
Workplace Caregiver Support	834
Caregiver training programs	835

Family Respite Care (840)

Community/Program Admin	841
In-Home Respite	842
Community Respite	843
Caregiver Directed Vouchers	844
Institutional Respite	846
Older Adult CGs Raising Children Day Respite	847
Older Adult CGs Raising Children Hourly Respite	848
Other as Approved by DAAS	849

Family Supplemental Services (850)	
Community/Program Administration	851
Home Safety	852
Handyman or yard work	853
Medical Equipment & Assistive Technology	854
Home Modifications/accessibility	855
Personal emergency alarm systems	856
Incontinence Supplies	857
Telephone reassurance	858
Liquid nutritional supplements	859
Home Delivered Meals (temporary)	860
Legal assistance	861
Other	862
Transportation	863
Congregate Meals	864

E. ELIGIBILITY

Client is the Caregiver – An adult family member or another individual, who is an "informal" provider of in-home and community care to an older individual. "Informal" means that the care is not provided as part of a public or private formal service program.

Eligible Family caregivers are:

A person 18 and older providing unpaid care for an adult age 60 or older OR providing care for a person with Alzheimer's Disease or related brain disorder, or

An individual (who is not the birth or adoptive parent), age 55 or older, raising a relative child age 18 and under, or

A relative caregiver (who is not the birth or adoptive parent), age 55 or older, of an adult with a disability.

Grandparent or other older relative caregiver of a child – A grandparent, step grandparent or other relative of a child by blood or marriage, who is 55 years of age or older and—

(a) lives with the child;
(b) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and
(c) has a legal relationship to the child, as such legal custody or guardianship, or is raising the child informally.

Child – An individual who is not more than 18 years of age or who is an adult individual with a disability.

G. MATCHING, LEVEL OF EFFORT, EARMARKING

The non-federal matching requirement of 25% has been provided through the DAAS. No local matching requirement is currently required for the Title III Part E Family Caregiver Support Program.

As specified in Administrative Letter 12-07, to maximize limited funding and provide support to as many family caregivers as possible, the Division of Aging and Adult Services has implemented an annual per client cap on respite funds. Each caregiver household may receive no more than $2500 in Family Caregiver Support Program funded respite services annually (based on fiscal year). Adherence to this annual cap is expected to be monitored and enforced by the Area Agency on Aging.

H. PERIOD OF PERFORMANCE

Funding is available to the local service provider for the duration of the state fiscal year (July 1 through June 30). Carry-forward of unobligated funding is not allowed unless authorized by the Division. The current local provider funding is stated on the Provider Service Summary (DAAS-732). Funding available through the Division's Aging Resources Management System (ARMS) can be verified through the Area Plan Activity by County report (ZGA-515). This report is available through the Area Agency.

Funding is allocated by the Division to the Area Agency through the Notification of Grant Award (NGA). Funding available through the ARMS can be verified through the Area Agency

Financial report (ZGA060 series). These reports are available through the Area Agency or the DAAS.

I. PROCUREMENT AND SUSPENSION AND DEBARMENT

Procurement

As specified in 45 CFR 92.36(b)(11), community service providers shall have procedures for settling all contractual and administrative issues arising out of procurement of services through the Home and Community Care Block Grant. Community Service providers shall have procedures governing the evaluation of bids for services and procedures through which bidders and contracted providers may appeal or dispute a decision made by the community service provider as affirmed in the Standard Assurances (DAAS-734). Furthermore, the County or Area Agency on Aging can recoup any required payback from the community service provider's failure to meet Uniform Guidance 2 CFR 200, requirements of 45 CFR, Part 1321, and 45 CFR, Part 92.

All grantees that expend federal funds (received either directly from a federal agency or passed through the N. C. Department of Health and Human Services) are required to conform with federal agency codifications of the grants management common rule accessible on the Internet at http://www.whitehouse.gov/omb/

All grantees that expend State funds (including federal funds passed through the N. C. Department of Health and Human Services) are required to comply with the procurement standards described in the North Carolina General Statutes and the North Carolina Administrative Code, which are identified in the State of North Carolina Agency Purchasing manual accessible on the Internet at:
http://www.doa.nc.gov/pandc/documents/Procurement_Manual_5_8_2013_interactive.pdf.

J. PROGRAM INCOME

Supportive Services and Senior Centers

Each service provider must offer older persons an opportunity to voluntarily contribute toward the cost of the services they receive under Title III programs. Voluntary contributions shall be allowed and may be solicited for services received under the Older Americans Act if the method of solicitation is non-coercive. Such contributions shall be encouraged for individuals whose self-declared income is at or above 185% the poverty line, at contribution levels based on the actual costs of services. Such contributions must be used to expand the provider's services to older persons. (45 CFR 1321 67) (OAA Section 315).

Providers are to exclude clients from consumer contribution policy requirements who receive adult day care, adult day health care, housing and home improvement, and in-home aide services AND who are receiving Work First assistance or who are applying for or receiving Supplemental Security Income (SSI).

Upon initiation of the provision of the service(s) subject to consumer contributions and at least annually thereafter, the service providing agency shall review with each client determined eligible to receive services subject to consumer contributions the following information:

1. that the contribution is entirely voluntary and that there is no obligation to contribute;
2. that all contributions collected shall be used to expand the service(s);
3. that information about the client's participation in consumer contributions shall be confidential;

4. who should be contacted, including the telephone number, if the client has questions regarding consumer contributions;
5. the total cost of the service (actual or per unit); and
6. that services shall not be reduced or terminated for failure to contribute.

Providers are required to provide a copy of the Recommended Contribution Schedule showing the recommended contribution amount based on the service recipient's self-declared income to clients who are 1) above the federal poverty guidelines and who 2) receive Adult Day services, Group Respite, Home Health, Housing and Home Improvement, In-Home Aide, Institutional Respite, and/or Mental Health Counseling.

Providers must have written procedures to collect, account for, and safeguard all consumer contributions.

Nutrition Services

Each service provider must provide each older person with an opportunity to contribute voluntarily to the cost of the services provided, and all such contributions must be used to expand the services of the provider, increase the number of meals served, and provide access and/or other supportive services directly related to nutrition services. Voluntary contributions shall be allowed and may be solicited for services received under the Older Americans Act if the method of solicitation is non-coercive. Such contributions shall be encouraged for individuals whose self-declared income is at or above 185% the poverty line, at contribution levels based on the actual costs of services. Providers of home delivered nutrition services shall maintain the completed Provider Assurance Form in each client's file verifying that the client was informed about the Consumer Contribution Policy.

Congregate Nutrition providers shall display posters or distribute flyers indicating informing clients about the Consumer Contributions Policy.

Providers shall have written procedures to account for and safeguard all contributions.

L. REPORTING

- Financial Reporting

  Area Agencies on Aging are required to report through the Aging Resources Management System (ARMS) the expenditures for all approved Family Caregiver Support activities as a non-unit-based service for each category.

- Programmatic Reporting

Area Agencies are required to report demographic information on individuals served, services and the quantity of services received through the Aging Resources Management System (ARMS). The Area Agencies on Aging are also required to maintain supportive documentation on community and program planning, development, organization of support groups, and administration (contract negotiation, reporting, reimbursement, accounting, monitoring, Q/A, and T/A), as well as the number of group activities provided with estimated audience size, and amount of funds/resources leveraged.

M. SUBRECIPIENT MONITORING

Services provided under the Family Caregiver Support program can be provided directly by the Area Agency or contracted with local agencies outside of the Area Agency on Aging. Area Agencies are responsible for ensuring funds are used for the intended purpose, within the guidelines of the Act, as agreed in the contractual agreement between the Area Agency and the subrecipient/contractor.

Area Agencies should maintain financial and service backup documentation for requested reimbursement records.

Suggested Audit Procedure

- To provide direct service, the Area Agency on Aging must receive a waiver from the Division, prior to providing services other than information and assistance.

N. SPECIAL TESTS AND PROVISIONS

1. Area Agencies and service providing agencies are required to maintain source documentation for expenditure reported. This data is entered into the Division's ARMS system for processing. Reimbursement is based on the total amount reported, by service category, in ARMS.

   Suggested Audit Procedure

   - The AAA's monitoring system for providers should be reviewed to determine if reimbursement requests from subrecipient is adequate (i.e. invoices, service logs, timesheets, travel logs, etc.).

2. Not more than twenty percent (20%) of the Federal funding can be dedicated to supplemental services.

3. Not more than ten percent (10%) of the Federal funding can be dedicated to services for grandparents or older individuals who are relative caregivers (age 55+) raising grandchildren or other minor relatives (age 18 and under).

   Suggested Audit Procedures

   - The approved budget should be compared to the reimbursement received to determine that no more than 20 percent of the Federal funding was utilized for supplemental services.

   - The approved budget should be reviewed to determine that no more than 10 percent of the Federal funding was utilized for services for grandparents or older individuals who are relative caregivers (age 55+) raising grandchildren or other minor relatives (age 18 and under).