**PENNYRILE AREA DEVELOPMENT DISTRICT**

**NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM**

The following policy and procedures are not intended to be expansive and include items already addressed in federal and state guidelines for the provision of the National Family Caregiver Support Program (NFCSP), but rather to provide a policy and procedure framework for the local administration of the program in the Pennyrile Region. Some policies or procedures contained herein, reiterate policies included in federal and state guidelines, while some federal and state guidelines are not included here. In all instances state and federal guidelines requirements for the program supersede local policy if it is found in the future that local policy is in conflict.

**MISSION:**

The Family Caregiver Support Program is designed to help relieve the stress of caregivers of the elderly (60 + and any person with dementia) and to a lesser extent (no more than 10% of annual budget) elderly (55+) grandparents and other relatives raising grandchildren (18 and under) by a variety of possible services and supports not available from other resources. The annual goals and objectives, including projected number of clients and units of services per category, are part of the annual aging plan and budget.

**POLICY & PROCEDURES**

**1: INTAKE**

1. Referrals are preferably taken from any source by the FCSP Coordinator, but other staff who work in the AAAIL are also available to take referrals. An ADRM Kentucky Care Coordination Prescreening & Intake form is used to gather initial information. At first contact with potential clients, it is determined that the elderly person being cared for is 60 or older, there is a condition that makes it likely that they need assistance from a caregiver, the caregiver lives within the Pennyrile region, and the need they are requesting assistance with is within the scope of the program. Or, in the case of Grandparents or other relative caregivers, it is determined if they are age 55 or older, if he/she has custody of the child, the extent of parental involvement, whether they live in the Pennyrile Region, and the needs of the grandchild. If the needs for any potential client are not within the scope of the program, they are referred to other sources outside of the National Family Caregiver Program.
2. Callers who appear eligible initially will be asked more information about the situation. The potential client is asked questions regarding the types of assistance they provide, such as bathing, walking, cooking, cleaning etc. And whether or not the elderly person under their care is able to live alone, or lives with them. After intake, possible services and their limits will be discussed. If the client is still interested, an appointment will be made between the FCSP Coordinator and the caregiver and the care recipient if there is not a waiting list for services requested. For grandparents a home visit is scheduled if there is funding available to assist them in the current fiscal year. If not they are placed on the waiting list. Any notes regarding the client are written on the intake form, and placed alphabetically in a binder. The name of the caregiver and care recipient, are recorded in an excel spreadsheet, along with the date of intake, the referral source, and a short note regarding their need.

**2: WAIT LIST**

1. If FCSP staff are not able to schedule an appointment for eligibility determination at first contact due to other clients needing to be seen first, or the unavailability of funds to address the specific need of the client, then their names shall be placed on a waiting list in the order in which they were referred, and will be seen as soon as possible as funding permits, schedules allow and in relation to the priority of other caregiver’s in subjectively worse situations. Waitlist is updated in Mon Ami based off ADRC Intake.
2. The Wait List shall be kept in Shared/Aging/FCSP/FCSPwaitlist in a file marked “FCSPWaitlist” so that supervisory staff can monitor the progress towards the reduction of the wait list. The wait list form contains the date of initial contact, the names of the caregiver/care recipient or Grandparent, address and contact information, age of care recipient, an indicator of the age of the caregiver if over the age of 55, point totals various characteristics (please refer to section 2:4 below) and a further note about the potential client if needed.
3. The Caregivers of the Elderly are contacted to schedule assessments as funds are available based upon their level of social need as determined by the priority system. Priority is given to caregivers of hospice patients, minorities, and those living in rural communities in accordance with the Older Americans’ Act, and additionally to caregivers over the age of 75 and caregivers that provide care some close approximation of 24 hour a day care 7 days per week.
4. The waiting list is guided by a point system as follows:

*a. Points based off caregiver’s age*

*b. Points based off time caregiver status (i.e. full time or part time)*

*c. Points based off caregiver’s physical limitations*

*d. Points based off caregiver’s break and support system*

*e. Points based off caregiver assistance needed with Care Recipient’s ADLs and IADLs*

*f. Points based off minority status, rural community, not previously served, caregiver isolation and poverty level*

1. Caregivers of a person with Hospice receive support immediately if funds are available due to chronic stress involved and frequently short duration of such care.
2. The Family Caregiver Coordinator reserves the right to provide respite to a caregiver due to subjective extenuating circumstances not captured by an objective point system.

**3: Initial Assessment & Evaluation**

1. The initial assessment is conducted face to face, and unless circumstances demand otherwise, should be conducted in the home where care is provided in order to objectively assess needs. One-time supplemental clients can be assessed via telephone call as needed.
2. The FCSP Coordinator will briefly go over the program history, purpose, services available, and then collect demographic data. The Caregiver will then sign an official application confirming there wish to continue with the assessment. The application will contain NAPIS data (please refer to NFCSP SOP, regulations and definitions).
3. The initial assessment shall be conducted by the FCSP Coordinator or designated staff, and will assess several areas: the objective need for assistance, the formal and informal supports currently available to the caregiver, the stressors on the caregiver, the level of care provided by the caregiver, the caregiver’s self reported ability to provide care, the length of time care has been provided, and the amount of time per day (estimated) that the caregiver attends to the needs of the care recipient. An ADL and IADL form shall be filled out to assist in the assessment of the needs met by the caregiver, and the care needs of the care recipient. As per policy, the Caregivers eligibility is ultimately determined by the care recipients need for assistance in a defined number of ADL’s and IADL’s, and meeting the definition of “frail”, all other criteria being satisfied. For care recipients that also receive services through homecare or other Title III funding, and in the absence of an ADL or IADL assessment being able to be completed by the assessor, the most recent ADL or IADL sheet being completed by another programs case manager shall suffice.
4. The FCSP Coordinator will make the determination as to allocation of services, or not, based on the information gathered and the funding guidelines currently in place. The assessor shall inform the caregiver of their eligibility determination and areas identified that the caregiver may need assistance with, which the program can meet directly or can indirectly address via referral.

**4: SUPPORT PLAN AND PROGRAM PROCEDURE REVIEW**

1. A support plan will be developed in collaboration with the caregiver, and care recipient when able.
2. At this time, program procedures will be discussed for various needs, such as respite and supplemental assistance. In the case of respite, a caregiver instructions sheet will be provided and discussed and left with the caregiver to review and return to the FCSP Coordinator.
3. The support plan will be signed by the caregiver and assessor to affirm agreement of the needs, and the plan to provide supports for said needs. An action step will be agreed to, and may require an initial action on the part of the Coordinator, or the caregiver depending on the need.
4. The support plan will be amended in the future through case notes, not the creation of another support plan. The provision of supports for identified needs will be reported in the case notes, or through invoices contained in the caregiver’s chart.

**5: REASSESSMENT**

1. Reassessments are due every 12 months (or before new services are authorized if the person has gone a year since an assessment was performed, and services were requested from the NFCSP), and may be completed over the phone if assessments were conducted by other programs on the care recipient.
2. An ADL & IADL form is completed, or in the case of clients who receive case management, a copy of the most recent ADL/IADL may be copied and inserted into the FCSP chart. A new reassessment form is completed and placed in the clients file.
3. Re-assessments should be conducted in the home unless circumstances demand otherwise.

**6: RESPITE**

1. Respite (i.e., the relief of the caregiver/grandparent of some or all of their duties for a limited time may be provide in a variety of ways at the discretion of the caregiver. Respite providers may provide homemaking, personal care and sitting. Respite may occur in the home or in Adult Day Care Centers & nursing facilities. Respite does not include any services outside of the home/property)
	1. If the caregiver requests respite in the Adult Day Care Center, the care recipient will also be referred to the Adult Day Care Program for services.
	2. Units attributed to Caregivers caring for persons receiving adult day care services through homecare funding, will be considered adult day care match funding.
2. Caregivers caring for persons who are already receiving adult day care services may be referred to the NFCSP for other services and supports available.
3. How respite services are provided is at the discretion of the caregiver/grandparent in regards to choice of provider (must be older than 18 years of age), rate of pay (must be federal minimum wage), and dates and times of service provision.
4. To be eligible for respite the caregiver must return the caregiver reimbursement instructions signed and dated, provided at the assessment. Until the Caregiver reimbursement instructions have been returned, there are no funds officially allocated to the caregiver.
5. Once the instructions have been returned, a purchase order is submitted for approval by the aging supervisor.
6. The Purchase Order contains the amount of money allocated to reimburse the caregiver for providers of respite, or pay the incorporated agency chosen by the caregiver, the dates for which the allocation can be used to reimburse for services provided, the service for which the money is allocated for (respite), the person or agency to be reimbursed or paid, and a number used for requesting reimbursement or payment for services paid for or rendered.
7. A copy is provided to the accountants at the Pennyrile Area Development District. A copy is kept by the Family Caregiver Coordinator. The allocated amount and amounts dispersed are kept by both the accounting department and the Caregiver Coordinator and are compared at quarterly intervals for consistency.
8. If the Caregiver chooses an agency as a provider, such as a nursing facility, home health agency, medical adult day care provider, or some other incorporated provider, the purchase order will be mailed to them as if they were a vendor. A copy of the purchase order is then mailed to the caregiver for their records.
9. Otherwise the purchase order will be mailed to the caregiver.
10. The amount allotted to the caregiver was agreed to during the assessment as part of the care plan. The amount of available respite funds per caregiver is not static, and is determined by the amount of funding available. The amount allocated may change at each new allocation. i.e. In July a caregiver may be provided $500 for six months, in January a caregiver will be allotted $450 due to a high consumption rate of current caregivers.
11. The allotment provided to the caregiver is made in 3 or 6 month increments, and or is pro-rated to provide 1/12 of the maximum respite allocation currently allowed per caregiver, at the time of assessment, per month remaining in the current fiscal year.
12. In special circumstances, such as with hospice, or the subjectively difficult conditions of the caregiver, the full amount can be allotted to a caregiver by the Coordinator of the program.
13. The amount allotted for services from senior centers will depend on the rate for the service ordered, and the care recipient must be placed on the waiting list for the pertinent homecare or title III service, and be top priority for units when available.

**7: SUPPLEMENTAL SERVICES ASSISTANCE**

1. The Family Caregiver Coordinator or assessor shall determine the need for an eligible one-time service, equipment, home modification etc. at the time of assessment, and as caregivers request additional assistance during period of eligibility.
2. The Family Caregiver Coordinator may require an estimate for a service from the provider before completing and providing a purchase order.
3. The Family Caregiver Coordinator may also need further verification of need such as a prescription from a doctor.
4. Caregivers not utilizing respite support, shall have their service suspended after the initial eligibility period of one year, until they request support from the NFCSP at a future date, at which time they will be given another assessment.
5. The Caregiver receiving supplemental assistance only will be informed of their responsibility to request assistance at the time of assessment.
6. The caregiver Coordinator shall determine general allocation guidelines for eligible caregivers when preparing the budget, and at regular intervals throughout at the year.
7. The general guidelines as of July 1st 2013:
	1. Up to $300 for each caregiver. Additional funds provided as budget allows.
	2. A maximum of $250 on glasses, dentures, hearing aids, ramps, and lift chairs.
	3. $125 minimum per grandchild for grandparents, up to a maximum of $350 per child, more as funding allows and needs are greater (i.e. furniture such as a bed or dresser).
8. If another program (Medicaid, Consumer Direct Option, Brain Trust, United Mine Workers, Veterans Administration, and any other publicly or privately funded program) pays for any portion of incontinence supplies, the NFCSP cannot provide assistance with these supplies.
9. If choose to purchase supplemental items personally and be reimbursed, receipts must be provided, and FCSP must verify visually or through some other means, that home modification has been completed, or equipment has been utilized etc. prior to reimbursement for said item.
10. Caregiver not receiving additional assistance from other sources takes priority over caregivers receiving assistance through other sources.
11. Caregivers must pay remainder of cost of supplemental service when cost exceeds NFCSP program limits, prior to NFCSP making payment to provider.
12. When Coordinator or designated staff delivers supplies or other supplemental need to a caregiver, an equipment receipt form shall be completed. The caregiver agrees to return items that are reusable when they are no longer needed by the care recipient. When no equipment receipt form is available, the caregiver shall sign the purchase receipt for the items(s).
13. The Family Caregiver Coordinator may check with other charities to determine if donated equipment or services exists to meet caregiver needs at no expense to the program. The caregiver ought to utilize these resources rather than requesting the NFCSP purchase new equipment; however, the caregiver may provide a reasonable justification for requesting the purchase of new equipment.
14. The NFCSP does NOT pay for the *construction* of ramps due to liability issues. Portable ramps are permissible.
15. All supplemental assistance provided must compliment the care provided by the caregiver.
16. Older adults raising children will be provided vouchers to purchase items from vendors with which the PADD has contracts in place. Otherwise, the Caregiver Coordinator will need to purchase items with the caregiver at the vendor in person.
17. Older adults raising children, not their own, who have not received assistance in the previous year, take precedence over older adults who received assistance in the previous year.

**8: Match Requirements**

1. The federal share of the cost of carrying out this program shall be 75%. The non-federal share (25%) of the cost shall be provided from local sources.
2. The local source meeting the match requirements for the National Family Caregiver Support Program shall be state funds that provide adult day care services for older adults being provided care in the Adult Day Care Center, who otherwise would be cared for by an eligible caregiver during this time, thus constituting the provision of respite care to the caregiver.
3. Adult Day Care services provided to the care recipient will be recorded under the caregiver’s profile in the Mon Ami database and attributed as Service: Respite , Subservice: Adult Day Care. These same services will have been recorded under the care recipients profile as Adult Day Care or Alzheimer’s Respite. They are recorded in the Mon Ami profile of the caregiver so that the match units are reported on the quarterly Mon Ami report.
4. A service record and invoice will be provided to the FCSP each month by the ADC provider to be included in the case file of the caregiver and to enter units into the Mon Ami database.
5. Should a care recipient no longer meet care criteria for Adult Day Care, or exceed the limits of care provision at Adult Day Care centers, the NFCSP shall still maintain the caregiver as a client and provide in-home respite at the discretion of the caregiver until such time as the caregiver no longer meets eligibility criteria for the NFCSP

**9: TRAINING & EDUCATION**

1. At least one training or educational opportunity should be made available to caregivers in one or more parts of the region. Training topics should be based upon surveys, and verbal requests for assistance.
2. NFCSP application forms must be completed for each attending client to be counted as a unit of service for support groups, training or counseling.
3. The application forms must collect NAPIS data to be entered into Mon Ami.
4. The application ought to include information regarding the care recipient if living in the area, but the caregiver has the right to abstain from providing such information.
5. Persons receiving training or education who are not informal caregivers cannot be counted as individual counseling units.
6. If application form containing NAPIS demographic cannot be obtained, caregivers attending and recorded on a sign in sheet can be recorded as information service units.
7. Caregivers attending training should be kept on the mailing list administered by the aging administrative assistant if they provide verbal consent to be included.
8. Coordinator shall ask for verbal consent from new attendees to be included on a mailing list.
9. Caregiver Coordinator will make every effort to personally educate the public and caregivers about topics related to caregiving in order to improve awareness and raise the profile of the NFCSP.
10. Caregiver Coordinator will actively seek out opportunities to collaborate with other organizations to provide educational opportunities for caregivers.

**10: SUPPORT GROUPS**

1. The Family Caregiver Coordinator shall keep informed of the operation of any caregiver support group (e.g., grandparent, Parkinson’s, and Alzheimer’s) in the region.
2. Assistance shall be offered to these groups by the Coordinator
3. The FCSP Coordinator may help initiate new support groups including facilitation and logistical support, when sufficient community needs exist.
4. All attendants of support groups facilitated by the caregiver Coordinator shall complete application forms for the program that include NAPIS data.
5. For groups receiving support from and endorsed by the Alzheimer’s Association, the requirements of said organization’s facilitator contract must be followed.
6. Support group participants are expected to keep information shared by other participants confidential.
7. What is shared in the group stays in the group; however, if information shared indicates a person may harm themselves or others, the support group facilitator will disclose the relevant information to pertinent authorities to address the matter.

**11: LIMITS ON ALLOCATIONS**

1. Supplemental funds must not exceed 20% of the annual total allocation in any one fiscal year.
2. Individual allocations are re-set approximately every six months by the FCSP Coordinator base on client usage, funds remaining for the fiscal year, and the waiting list.
3. The Coordinator may alter budget allocations in consultation with chief administrative officer, in order to more efficiently use funds.
4. The FCSP will utilize 97% or more of its fiscal year funding or be required to write a corrective action plan.
5. No FCSP services may be allocated to a caregiver if and when another funding source or program is able to offer equivalent services. Services started, however, may continue until the new funding source/program is officially able to start the service.

**12: OUTREACH & MARKETING**

1. Outreach to caregivers is partially determined by the history of usage of FCSP service by clients in the various Pennyrile counties.
2. Marketing efforts will always be directed to toward persons with low income, minorities, living in rural counties, and older adults.
3. Outreach shall be conducted to underrepresented counties when they exist.
4. Outreach efforts shall be conducted for low income adults when they are underrepresented.
5. The Caregiver Coordinator will conduct marketing efforts to attempt to inform caregivers in the 9 county Pennyrile region of available services as the waiting list decreases.
6. Marketing efforts shall consist of ads in papers, local radio broadcasts, flyers to home health agencies, DCBS, County Extension Agents, FYRC, home medical supply agencies, health departments, private home aide agencies, churches and other agencies.
7. All ads for the NFCSP services shall include the following disclaimer: “This ad is funded, in part, under a contract with the Kentucky Cabinet for Health and Family Services, with funds from the U.S. Department of Health and Human Services”
8. Each person contacted at an event for which there is a signature is to be counted as a consumer in a consumer group for information services. Each event is to be counted as 1 information service unit.
9. Each public advertisement (newspaper, radio etc) that is conducted is to count 1 unit for information services for the attempt, and each potential consumer (subscriber) is to be counted as a consumer during the first time a public source is utilized each fiscal year. Thereafter, each public advertisement is to be counted as 1 unit and 1 consumer.

**13: CONFIDENTIALITY**

1. All records of clients in contact with the Family Caregiver Support Program shall have their information and identities kept and /or distributed in a secure method to assure confidentiality.
2. All client files, active, inactive or no go, shall be kept in a locked filing cabinet in the office of the Family Caregiver Coordinator when not in use.
3. Files of clients that have been terminated will be placed in locked aging storage unit.
4. The Family Caregiver Coordinator shall be careful in all settings to observe client confidentiality.
5. Written confidential information may only be shared with external agencies with permission from the caregiver.
6. Permission may be obtained verbally and is agreed to in service application.
7. Data is also maintained electronically on the Pennyrile Area Development District Servers.
8. Information is maintained in the secured Mon Ami database.

**14: PARTICIPANT RIGHTS AND RESPONSIBILITIES**

1. Applicants to the NFCSP have the right to be assessed according to the eligibility criteria set forth in the Older American Act (Title III E). Should they not be eligible they have the right to be told why they do not qualify and, if they wish, how to appeal the decision.
2. Caregivers have the right to participate in the determination of services that are listed in the support plan.
3. Caregiver clients have a right to view and/or obtain a copy of forms in their client file by making a formal request.
4. Caregiver clients have a right to expect their information be kept confidential and shared only when needed with their permission.
5. The Family Caregiver Support Program is not case management intensive; therefore, caregivers have the responsibility to inform the Family Caregiver Support Staff of any circumstances that change that might affect their eligibility or service needs
6. Clients have the responsibility to carry through with actions agreed to in the care plan.

**15: COMPLAINTS & GRIEVANCES**

1. Any client who has a complaint or grievance shall be referred to the Aging Director who shall investigate and, based in the results and ability to satisfy the complaint, shall refer any unsolved matters to the Executive Director using the agency’s procedure for complaints.
2. Issues regarding eligibility and/or use of funds may also be referred to the Department of Aging and Independent Living if unable to resolve to client satisfaction at local level.

**16: INTERNAL MONITORING & QUALITY ASSURANCE**

1. The Family Caregiver Support Program shall be monitored on an ongoing basis on several levels and by various methods.
2. Financially, monthly reports from the business office shall indicate how well the program is using funds.
3. On at least a quarterly basis, but also upon request at any time, the Aging Director shall inquire as to the progress toward Outcomes as well as review the financial status of the program.
4. Programmatically, the annual satisfaction survey shall be used to determine how well the program is relieving caregiver stress and how well the FCSP staff is interacting caregivers and clients.
5. The Aging Director may at any time review charts and/or talk with caregivers/clients as well as talk with agency personnel who make referrals and/or provide services to FCSP clients.
6. Respite surveys may be performed to insure those services are meeting client needs as well as possible.
7. A review of supplemental services is conducted annually to see if service requests may require a change in service promotion/funding limits.

**NOTE: This policy and procedures revision date is 10.01.2024 and supersedes and/or incorporates all previous Family Caregiver Policies and Procedures.**