

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.

POLICY AND PROCEDURES

1. Intake

1. Initial intake is generally completed by the ADRC Coordinator and the program “best fit” to meet the client’s needs receives the referral. Regardless of the staff member taking the initial call an ADRC form is completed with detailed information regarding the caregiver and care recipient and their need (respite, supplemental, support group, or grandparent services). Once the referral is forwarded to the Family Caregiver Coordinator any additional information necessary to determine preliminary eligibility is gathered from the caller and a full detailed explanation of NFCSP services is given. If the caregiver is interested in pursuing services an appointment will be made to complete an initial assessment in the home given funding is available at the time of the call. In the event Respite funding is not currently available a Standardized Priority Screening Tool is utilized to determine their place on the waiting list. If the needs for any potential client are not within the scope of the program or they are not interested after hearing the explanation of services available, they are referred to other sources outside of the NFCSP.
2. Callers who appear to be eligible (live in the Pennyrile, Care Recipient is 60 years of age or older and meets the definition of frail requiring a caregiver to meet ADL’s and IADLS) will be asked about their situation in order to determine the appropriate plan of care to address the needs. Each intake is placed in binder by date and the caregivers name, care recipients name, address, phone number and priority score (for Respite referrals) are kept in an Excel spreadsheet on the shared drive as well according to service requested (respite, supplemental or grandparent services).

2. Waiting List

1. If FCSP staff are not able to schedule an appointment for an initial assessment for final eligibility determination at first contact due to the unavailability of funds to address the specific needs and/or other clients on the waiting list needing to be seen first, then their names shall be placed on a waiting list according to their score on the Standardized Priority Screening Tool. Priority Scores are tallied for Respite Clients ONLY. This score is recorded during the intake process (or after for those whose referral was taken before 1 January, 2015). Clients will be seen in order of priority as soon as all Respite clients are scored and then as funding permits and schedules allow. Clients are welcomed and encouraged to check back to see about their status on the list and notify the Family Caregiver Coordinator of any changes in the care recipient's status.
2. The Waiting List shall be kept in Shared/Aging/FCSP/NFCSP Waitlist so that supervisory staff can monitor the progress towards the reduction of the wait list. The waiting list is an Excel document that reflects the date of the original call, name of the caregiver and care recipient, address, phone number, specific need, priority score (out of 35 potential points) and any additional notes. The list is tabbed according to the service(s) requested (Respite, Supplemental or Grandparent).
3. The Priority Screening Tool takes in to account the Caregiver's Age, Minority Status, Caregiver Status, Caregiver's Physical Limitations, Caregiving Breaks, Crisis Situation, Support Systems, Caregiver Duties (based on ADL's and IADL's), Rural, and Monthly Household Income.
4. The Priority Tool/Waiting List is guided by a point system as follows:
 - a. 0-3 Points for Caregiver Age
 - b. 0-1 Point for Minority Status
 - c. 1-4 Points for Caregiver Status
 - d. 0-2 Points for Caregiver Physical Limitations
 - e. 0-5 Points for Caregiver Breaks
 - f. 0-5 Points for Crisis Situation
 - g. 0-3 Points for Support Systems
 - h. 1-5 Points for Caregiver Duties (ADL's)
 - i. 1-5 Points for Caregiver Duties (IADL's)
 - j. 0-1 Points for Rural
 - k. 0-1 Point for Monthly Household Income
 - Total Possible Points = 35; Low Priority (1-14), Moderate (15-25), High (26-35)
5. Any caregiver of a person under Hospice care receive support immediately if funds are available due to chronic stress involved and frequently short duration of such care. Until all previous active referrals for Respite are scored on the Priority Tool in order to assure funds are being utilized, any person scoring in the high range (26-35) may be offered an assessment for Respite services and, if eligible, may be served.

6. Normally no one scoring in the low category (14 pts or below) will be allotted Respite funds. In all cases the Family Caregiver Coordinator reserves the right to provide respite to a caregiver due to the subjective extenuating circumstances not captured by an objective point system. These reasons shall be listed in the initial assessment case note.

3. Initial Assessment and 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 the needs.
2. The Family Caregiver Coordinator (FCC) will briefly go over the program history, purpose, services available and then collect demographic data. The Caregiver will then sign an official application confirming their wish to continue with the assessment. The application contains NAPIS data (refer to NFCSP SOP, taxonomy, regulations and definitions).
3. The initial assessment shall be conducted by the FCC 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 an approximate amount of time per day 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, meeting the definition of "frail" and all other criteria being satisfied (address and age). 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 form completed by another program case manager shall suffice.
4. The FCC will make the determination as to the 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/Care Plan and Program Procedure Review

1. A Support Plan/Care Plan will be developed in collaboration with the caregiver and care recipient if/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 reimbursement instruction document will be provided and an example will be completed with the client while in the home. If the caregiver is comfortable he or she will be asked to sign the instruction document indicating their understanding.
3. The support plan/care plan will be signed by the caregiver and assessor to affirm agreement of the needs and the plan to provide support(s) for those needs.
4. The care plan may be amended in the future and will be documented in case notes only rather than the creation of a new or updated care plan. The provision of supports for additional identified needs (i.e. supplemental services) will also be addressed and documented in case notes and can be verified through invoices contained in the caregiver's chart.

5. Reassessment

1. Reassessments are due annually. Reassessments should always be conducted in the home with both the Caregiver and Care Recipient unless circumstances demand otherwise. These Reassessments may be postponed up to 30 days in special circumstances approved by the FCC such as caregiver/care recipient illness, inclement weather, etc. If the Reassessments are not done in within the above parameters, the case shall be deemed Inactive and no further services shall be paid for. Should the Caregiver wish to reinstate services after inactivation, a new Application/Assessment shall be completed..
2. Formal , semi-annual Reassessments are not required provided the NFCSP Coordinator believes no major change in services or circumstances has occurred. A Home Visit for review and confirmation of eligibility and need for services is preferred but a phone contact can suffice at NFCSP Coordinator's discretion. The Home Visit case note shall review all the basic eligibility, need, and caregiving support information and update where appropriate. Grandparents receive only annual Reassessments.

6. Respite (NOTE: Any references to ADC and connection to NFCSP will be removed after 30 June, 2016.)

1. Respite refers to the relief of the caregiver/grandparent of some or all of their caregiving duties for a limited time. Respite may be provided in a variety of ways at the discretion of the caregiver. Respite providers may provide numerous services the provider and caregiver agree on including: homemaking, personal care and/or sitting. Respite may occur in the home or in and Adult Care Center or Nursing Facility. Respite does not include any services outside of the home like lawn care and transportation.
 - a. If the caregiver requests respite in the Adult Day Care Center, the care recipient will also be referred to the ADC for services, if there is such a program in the Pennyrile county in which they reside.

- b. Units attributed to Caregivers caring for persons receiving ADC services through Homecare funding will be considered match funding for Title III E.
2. Those persons who are already receiving adult day care services and have an active caregiver may be referred to the NFCSP for other services and supplemental supports available.
3. How respite services are provided is at the discretion of the caregiver in regards to choice of provider (must be 18 years of age or older), rate of pay (must be at least federal minimum wage of \$7.25) and dates and times of service provision.
4. To be eligible for respite reimbursement, the caregiver must sign the caregiver reimbursement instructions document indicating their understanding of the reimbursement process during the initial assessment. Once the document has been signed, per the plan of care, the funds will be allocated to the caregiver via a Purchase Order approved by the Aging Director.
5. The Purchase Order contains the amount of money allocated to reimburse the caregiver for providers of respite, or the pay rate for the incorporated agency chosen by the caregiver, the dates for which the allocation can be used to reimburse for services provided, the services for which the money is allocated (i.e. respite or supplemental service), the person or agency to be reimbursed and the PO number used for requesting reimbursement or payment for services paid for or rendered.
6. The white copy of the Purchase Order is sent to the person who is to be paid (caregiver, agency, or authorized person who actually pays the provider). A yellow carbon copy of the Purchase Order is provided to the accountants at the Pennyrile Area Development District. A pink carbon copy is kept by the Family Caregiver Coordinator. The allocated amount and amount dispersed are kept by both the finance/accounting department and the caregiver coordinator and are compared during monthly reporting for consistency.
7. Purchase Orders are typically mailed to the caregivers home as part of the Welcome Packet following the initial assessment and then at the start of each new fiscal year and/or semi-annually thereafter given services are still necessary. Unless otherwise requested Purchase Orders are issued to caregivers in July and January each fiscal year.
8. If the caregiver chooses an agency as a provider, the Purchase Order will be mailed directly to the agency and a copy will be sent to the caregivers mailing address for his/her records. That agency must submit a W-9 for tax purposes.
9. The amount allocated to the caregiver is agreed to during the initial assessment as part of the care plan. Normally the amount located is \$1000 a year, however, the amount of available respite funds per caregiver is not static and it determined by the amount of funding available. The amount allocated may change at each new allocation period or fiscal year depending on funding availability. The Family Caregiver Coordinator reserves the right to decrease allocations if funds are not being utilized fully. In order

to use Respite funds each year, the Family Caregiver Coordinator may make some one time allocations of additional Respite funds to existing clients. Every effort shall be made to increase the number of clients served as funding allows.

10. The allotment provided to the caregiver is typically made in 6 month increments (as referenced in 6-7), and or is prorated to provide approximately 1/12 of the maximum respite allocation currently allowed per caregiver, at the time of the assessment, per month remaining in the fiscal year.
11. In special circumstances, such as with Hospice, or other subjectively difficult situations of the caregiver, the full amount can be allotted at one time, no matter the time of year, to a caregiver by the coordinator of the program.
12. Care Recipients who could benefit from Homecare or Title III Services must be placed on the waiting list for the pertinent service.

7. Supplemental Services Assistance

1. The Family Caregiver Coordinator/Assessor shall determine the need for a one time or ongoing supplemental service, including but not limited to equipment, home modification, etc. at the time of the assessment. Reassessments or Home Visits must be completed with ongoing supplemental clients (those whom make quarterly purchases) every 6 months.
2. Caregivers accessing a one time supplemental service shall have their service suspended after the item has been obtained and follow up contact has determined the item was appropriate to the client's need. Eligibility may continue for up to a period of one year. Additional requests for services not approved on initial evaluation will require a home visit and the original plan of care modified or a new Reassessment. Service requests after a year will require a Reassessment or, at FCC discretion, a new application. Clients requesting additional support from the NFCSP beyond this time period shall be the exception to this rule would be if the client is an existing respite client. Service plans for Respite clients may have their plan amended to add a Supplemental Service with approval of the Caregiver and FCC.
3. The Family Caregiver Coordinator may require an estimate for a service from the provider before scheduling an assessment and providing a purchase order.
4. The Family Caregiver Coordinator may also request verification of need such as a prescription from the doctor (i.e. Nutritional Supplement Drinks).
5. Caregivers are to be informed by the Family Caregiver Coordinator, at the time of the initial assessment, of their responsibility to request assistance whenever the need arises.
6. For those Caregivers that do not reside with the Care Recipient: If the Care Recipient request HDM's or Homemaking services they are to be referred to the Homecare or

Title III waiting list for said services in order to compliment the care of the caregiver. The In Home Services Manager has final determination on the prioritization of Homecare and Title III Clients.

7. The prioritization screening tool used for Respite is not to be used to prioritize Supplemental Clients. Clients are to be served in order by date when possible but primarily based on the need and funding available to meet the need at that particular time. Need considerations include factors such as health, safety, accessibility, financial hardship, and relief of caregiver stress/physical burden.
8. The Family Caregiver Coordinator shall determine general guidelines/allocations for eligible caregivers when preparing the budget for the fiscal year and modify, if necessary, at regular intervals throughout the year.
9. The general guidelines for Supplemental Services as of 1 March, 2016 are as follows:
 - a. \$300.00 maximum for each individual caregiver
 - b. A maximum of \$250.00 for glasses, dentures, hearing aides and lift chairs.
 - c. \$75.00 per quarter for incontinence supplies or Nutritional Supplement Drinks.
 - d. \$125.00 per grandchild for grandparents, up to a maximum of \$500.00 per family. ***Due to liability issues constructed ramps are no longer funded under the NFCSP. Clients calling to request ramps are referred to local churches, Center for Accessible Living Rampbuilders Program, USDA, VA, Neighborhood Associations or any other resource in the area that can potentially provide for the need.
 - e. A maximum of 10 clients (or equivalent to 10 year long clients) can be served per year with on-going supplemental services (e.g., incontinence supplies or nutritional drinks.)
10. If another program (Medicaid, CDO, Traumatic Brian Injury Trust Fund, United Mine Workers, VA and any other publicly or privately funded program) can be accessed to pay for supplemental supplies, such as incontinences supplies, the NFCSP cannot provide assistance with these supplies.
11. If a client, who has been assessed and approved, chooses to purchase supplemental items (i.e. incontinence supplies) personally and be reimbursed, receipts must be provided by mail or hand delivered to the Family Caregiver Coordinator during the quarter in which the items were purchased and the receipt must be signed by the caregiver. Receipts are to contain only the items approved for purchase. When shopping with a client all receipts must be signed on the day of the purchase and attached to the PO and Memo for Finance. Taxes are not to be reimbursed. When practical, the Caregiver may arrange a date and time for the FCC to meet them at a local Wal-Mart so the Tax Exempt ID and Wal-Mart credit card can be used.
12. In the event of a home modification costing over \$100 (i.e. shower installation, hand rails, etc.) the Family Caregiver Coordinator must verify visually or through some other means (e.g. photo), that the work has been completed prior to issuing reimbursement.

13. Caregivers must be informed and agree to pay the remainder of the cost of associated with any supplemental service when the total exceeds NFCSP limits above. Client must pay their portion and provide documentation of such payment prior to the NFCSP making payment to the hired provider or issuing reimbursement to the caregiver.
14. Family Caregiver Coordinator should review the Statement of Caregiver Responsibility with each Supplemental Service client. This form states that: In the event of a Supplemental Purchase...No returns are allowed for cash or items other than to exchange for similar items...Items should be returned that are reusable when they are no longer needed by the care recipient.
15. When Family Caregiver Coordinator meets a client to purchase items or delivers items to the client's home from a DME a Supplemental Assistance Receipt Acknowledgement form must be completed. By signing this form the caregiver affirms that they have received supplemental assistance from the NFCSP and they agree to return reusable equipment upon improvement in condition of the care recipient, placement in a LTC facility or death.
16. The Family Caregiver Coordinator may check with other charities (e.g. CARAT) to determine if donated equipment or services exist to meet the caregiver/care recipient's need at no expense to the program before issuing new equipment. Caregivers may provide reasonable justification to refuse the used items and request new equipment.
17. Older adults raising children/grandchildren can be provided vouchers or purchase orders, depending on the store they chose. Vouchers will be issued to purchase items from vendors with which the PADD has contracts in place. Otherwise the Family Caregiver Coordinator will purchase items with the caregiver in person and utilize the agency credit card in which case a purchase order will be used to authorize the payment.
18. Older adults raising children/grandchildren, whom have not received assistance in the previous fiscal year, should take precedence over older adults who received assistance previously.
19. ALL supplemental assistance provided must compliment the care provided by the caregiver.

8. Match Requirements (NOTE: This section shall be deleted after the closing of the last ADC program projected to be June 30, 2016)

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 state and local sources.
2. The local source meeting the match requirements for the NFCSP shall be state funds that provide adult day care services for t 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. If additional match is needed, funds can be transferred from other state programs to provide the required match. State programs currently utilized for match is program development and implementation funds.

3. A service record and invoice will be provided to the Family Caregiver Coordinator each month by the ADC provider and a copy will be included in the case file of the caregiver associated with the care recipient/ADC client. These units will be entered in the SAMS database accordingly.
4. Adult Day Care services provided to the care recipient will be recorded under the caregiver's profile in the SAMS database and attributed as Service: FCSP Respite Caregiver, Subservice: Adult Day. These services are recorded in the SAMS profile of the caregiver so that the match units are reported on the monthly SAMS report provided to the Finance department.
5. Should a care recipient no longer meet care criteria for ADC, or exceed the limits of care provision at the ADC center, the Family Caregiver Coordinator shall consider maintaining the caregiver as a client and assign in-home respite if funding is available at that time and the caregiver intends to keep the care recipient in-home.

9. Training and Education

1. At the least, one training or educational opportunity should be made available to caregivers in one or more parts of the region each fiscal year. Training topics should be based upon surveys and verbal requests for assistance. Partnership with the Alzheimer's Association and the Sanders Brown Center on Aging at the University of Kentucky generally satisfies this recommendation as multiple trainings and topics are offered to caregivers throughout the region each fiscal year. A sign-in sheet with date, time, location of the event, training topic and speaker name shall be utilized and kept for NFCSP records and backup documentation.
2. In addition to participants signature on the sign in sheet a NFCSP Application Form must be completed for each attending caregiver/potential caregiver client, attending for the first time, in order to be counted as a unit of service in the SAMS database. Service: FCSP Individual Counseling Caregiver, Subservice: FCSP Caregiver Training Caregiver
3. The Application forms must collect NAPIS data to be entered in SAMS and is designed to do so if completed in its entirety.
4. The application should include information for both the caregiver and the care recipient, if residing in the Pennyriple area; however the caregiver has the right to refuse to provide such information.

5. Persons receiving training or education, who are not formal caregivers, cannot be counted as Individual Counseling units in SAMS.
6. If the application form containing NAPIS demographic information cannot be obtained, caregivers attending and recorded on the sign in sheet can be recorded as Information service units only.
7. Caregivers attending training and educational events should be added to the mailing list, with given verbal consent to do so, if they wish to receive notification regarding additional training opportunities and community events by mail. This list is maintained by the Aging (AAAIL) Administrative Assistant.
8. The Family Caregiver Coordinator will make every effort to personally educate the public and caregivers about topics related to caregiving, resources, etc. in an effort to raise awareness and gain caregiver interest in the NFCSP.
9. The Family Caregiver Coordinator will actively seek opportunities to collaborate/partner with other agencies to provide educational opportunities for caregivers.

10.Support Groups

1. The Family Caregiver Coordinator shall keep himself/herself informed of the operation of any Caregiver Support Group in the Region. Participation should be encouraged and assistance provided for existing clients and other inquirers regardless of the affiliation with the NFCSP.
2. The Family Caregiver Coordinator shall facilitate all existing Support Groups affiliated with the AAAIL and NFCSP including the Alzheimer's Support Group, Grandparent's Support Group, Trigg County Caregiver Support Group and Caldwell County Caregiver Support Group. The Family Caregiver Coordinator may help initiate new support groups including facilitation and logistical support, when sufficient need exists. The NFCSP can also serve as a resource to existing support groups in the Region.
3. All attendees of Support Groups facilitated by the Family Caregiver Coordinator shall complete a sign in sheet at each meeting and a NFCSP Application form at their initial meeting. This form is designed to collect NAPIS data and all information is to be entered in SAMS and units assigned accordingly.
4. For groups receiving support from and endorsed by the Alzheimer's Association, the requirements of said organization's facilitator contract must be followed.
5. Support group participants are expected to keep information shared by other participants confidential meaning what is shared in the group stays in the group.

The exception to that rule would be if the information shared indicates a person may harm themselves or others. In this case the facilitator will disclose the relevant information to pertinent authorities right away in an effort to immediately address the matter.

11.Limits on Allocations

1. No more than 20% of the total NFSCP funds can be used for Supplemental Services (Caregiver + Grandparent) in any one fiscal year. No more than 10% of the total funds shall be allocated for the implementation of services to grandparents and older individuals who are relative caregivers to children 18 and younger.
2. Allocations are assigned at the start of each fiscal year but are closely evaluated every 6 months during client reassessments. The Family Caregiver Coordinator has the ability to adjust individual allocations based on the client usage, funds remaining for the fiscal year or the length of the waiting list.
3. Budget revisions will be completed in the 3rd quarter of each fiscal year and will be done in collaboration with the Chief Administrative Officer. At that time units can be modified and funding can be moved to ensure that all NFCSP funding will be utilized and services are maximized for clients.
4. The NFCSP will utilize 97% or more of its fiscal year funding or be required to write a corrective action plan.
5. No NFCSP services may be allocated to a caregiver if and when another funding source or program is able to meet the need and provide equivalent services. Existing services may be continued until the new funding source/program officially begins.

12.Outreach and Marketing

1. Outreach to caregivers is partially determined by the history of usage of NFSCP services by clients in the various Pennyrile counties.
2. Marketing efforts will always be directed toward older individuals with the greatest social and economic need (with particular attention to low-income), minorities, and those living in rural areas.
3. The Family Caregiver Coordinator should conduct marketing efforts in an attempt to inform caregivers in all 9 counties of the Pennyrile region of available services as the waiting list decreases.

4. Marketing efforts should consist of, but not be limited to, ads in the newspaper, local radio broadcasts, flyers mailed to various agencies, churches, etc and through participation in health fairs or panels/speaking engagements.
5. All ads for promoting 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 for Health and Human Services."
6. Each individual contacted at an event for which there is a signature is to be counted as a Consumer in a Consumer Group in the SAMS database under Information Services. Each event is to be counted as 1 Information Service unit.
7. Again under Consumer Groups: Each public advertisement (newspaper, radio, etc.) that is submitted is to be counted as 1 unit under 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 NFCSP shall have their information and identities kept and/or distributed in a secure manner to ensure confidentiality.
2. The Family Caregiver Coordinator shall maintain client confidentiality at all times and in all settings.
3. All client files, active, inactive or otherwise shall be kept in a locked filing cabinet in the office of the Family Caregiver Coordinator when not in use.
4. Files of clients that have been terminated will be placed in a locked storage unit belonging to the Aging Department.
5. Written confidential information may only be shared with external agencies with permission from the caregiver. Consent may be obtained verbally and is agreed to during each in-home assessment. Each client is responsible for signing a Release of Information form during each in-home assessment. The form states, "My signature below indicates that I understand and authorize the sharing of this information with other agency providers, as necessary, to arrange and facilitate requested service support through the NFCSP."
6. Client information is maintained electronically in the secured SAMS database.

14. Participant Rights and Responsibilities

1. Applicants to the NFCSP have the right to be assessed accordingly to the eligibility criteria set forth in the Older Americans 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 and also have the right to view or formally request a copy of forms in their client file.
3. Caregiver Clients have a right to expect their information be kept confidential and shared only when needed with their permission.
4. The NFCSP is not case management intensive; therefore, caregivers have the responsibility to inform the Family Caregiver Coordinator of any circumstances that change or might affect their eligibility for the program or their specific service needs.
5. Clients have the responsibility to carry through with actions agreed to in the plan of care.
6. The Family Caregiver Coordinator shall thoroughly explain the Statement of Caregiver Responsibilities form with caregiver clients at the time of the initial assessment and review at each subsequent reassessment to ensure that clients are continually aware of their responsibilities as recipients of NFCSP funding. Clients are required to sign this form at each in-home assessment/reassessment.

15. Complaints & Grievances

1. Any client who has a complaint or grievance shall be referred to the AAAIL Director who will investigate and, based on the results and ability to satisfy the client, shall refer any unsolved matter to the Executive Director using the agency's procedure for complaints.
2. Issues regarding eligibility and/or the use of funds may also be referred to DIAL if unable to resolve the complaint to the satisfaction of the client at the local level.

16. Internal Monitoring & Quality Assurance

1. The NFCSP shall be monitored on an ongoing basis on several levels and by various methods.

2. Financially, monthly reports from the Finance Department shall indicate how well the program is using funds.
3. The AAAIL Director has the freedom at any time to inquire about the progress of the program and review the financial status as well as case files. Additionally, he/she may talk with/interview caregiver clients or agency personnel who provide services to FCSP clients or observe the Family caregiver Coordinator conduct an in-home assessment or facilitate a Support Group meeting.
4. Programmatically, the annual satisfaction survey shall be used to determine how well the program is relieving caregiver stress and how well the Family Caregiver Coordinator is interacting with caregiver clients.
5. Every three years a Community Needs Assessment shall be performed and the findings of the report shall be taken into consideration for the development of annual goals and objectives of the Pennyrile AAAIL NFCS Program.
6. Policies and Procedures shall be reviewed at least annually in conjunction with Annual Plan and Budget activities but may be revised as needed. The FCC shall submit proposed changes to the Pennyrile AAAIL Director for final approval.