NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM

HOW TO ADMINISTER THE PROGRAM

APRIL 27, 2021

LEARNING OBJECTIVES

- Program Intent
- Eligibility
- Minimum service requirements
- Caregiver Needs Assessment
- Paperwork
- Data collection
- Caregiver Coalitions

Best practices and ideas for implementation are included in the purple boxes.

!

New updates to the policy are noted in the green boxes

Temporary changes due to Covid are in red.

SUPPORTING DOCUMENTS

- Everything referenced today is housed on the GWAAR website:
  - Enrollment Forms
  - Data Collection – SAMS & REDCap
  - Policy Information
  - Program Information
  - Caregiver Resources
  - Program Management Resources
- Always get forms directly from the website to ensure you are getting updated forms.

PROGRAM INTENT

WHAT THE PROGRAM IS ALL ABOUT

FOCUS ON THE CAREGIVER

- Informal or Family Caregivers
- Caregiver definition:
  "A person who is helping care for another individual, enabling them to remain living in the community."
- Support is focused on the caregiver, not the person who they are caring for
- Most people who come to agency have a caregiver or are caregiving

Regularly train all agency staff to identify and refer caregivers who could utilize NFCSP.

MAINTAIN CAREGIVER HEALTH

- Caregivers have higher stress levels and are more likely to suffer health problems.
- Supporting the caregiver improves their ability to provide better care for their loved one.
- The purpose of NFCSP is to **support the caregiver** which in turn will support the care recipient.
- Healthy caregivers can provide care in the community longer – better for all

SERVING THE CAREGIVER

Example

Neighbor looking for help paying for friend's hearing aids.

Things to note:

- The neighbor is a "caregiver."
- What else is the neighbor doing for the neighbor?
- What other needs does the caregiver have?
- What programs can pay for hearing aids?

Use the Needs Assessment to determine caregiver's most urgent needs

WHO DOES THE PROGRAM SERVE?

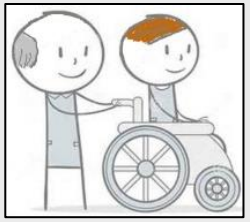
ELIGIBILITY REQUIREMENTS

3 TYPES OF CAREGIVERS

1. Family members, friends, and neighbors, caring for someone age 60+ or any age who has dementia

2. Grandparents and other older adults (age 55+) who are primary caregivers of a child who is 18 years old or younger

3. Grandparents and other older adults (age 55+) who are primary caregivers of an adult who is disabled



FAMILY, FRIEND, NEIGHBOR

- The caregiver can be any age.
- The person being cared for must be:
  - Age 60+ OR have a dementia diagnosis (any age).
  - "Frail" – need assistance with 2 ADLs or IADLs
- The caregiver may be a friend or neighbor – they do not have to be "family."
- The caregiver does not have to live with the person

Use AFCSP first and save NFCSP for caregivers who do not qualify

GRANDPARENT OR RELATIVE CARING FOR A CHILD

- Must be age 55+
- Must be the child's primary caregiver
- Must live with the child
- May have legal custody, but it is not required
- Must be related to the child
- Child must be age 18 or under

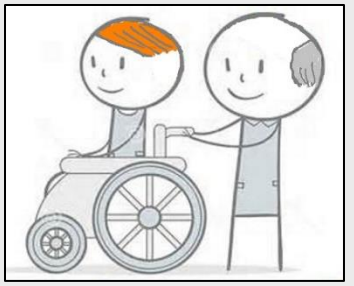
!

There is no longer a limit to the amount of money that can be spent on relative caregivers

RELATIVE CAREGIVERS NEED SUPPORT!

- Must have a plan for serving relative caregivers.
- Establish regular communication with the Kinship Care Coordinator.
- Make referrals both ways and collaborate on outreach and events.
- Relative caregivers can receive Kinship Care and NFCSP simultaneously.
- Become familiar with local and state resources.
- Use the NFCSP Fact Sheet for Relative Caregivers

OLDER ADULT CARING FOR DISABLED ADULT CHILD



- Must be age 55+
- Must be the primary caregiver
- May have legal custody, but it is not required
- Must be related to the child
- The disability must substantially limit the ability to care for themselves

! Parents can now be enrolled

ELIGIBILITY REQUIREMENTS

- Must meet one of the definitions of caregiver
- No financial eligibility criteria
  - Different from any non-OAA services
  - Different concept from working with means-tested programs
  - Participants should have an opportunity to donate for services
- No question about legal status for any OAA program

Priority should be given to:

- Family caregivers of individuals living at home who are at risk of being admitted to a nursing home or skilled care facility
- Family caregivers with greatest social and economic needs

COORDINATION WITH FAMILY CARE – IRIS PROGRAMS

- Non-Nursing Home Level of Care does not include supports for the caregiver so can use NFCSP.
- Caregivers can access necessary goods or services that are not covered by any level of Family Care or IRIS.
- Caregivers can access NFCSP while waiting for FC/IRIS services to start.

PROGRAM RESTRICTIONS

- A caregiver cannot receive more than 112 hours of respite care in a calendar year* *Suspended until end of 2021*
- No more than 20% of total expenditures can be spent on Supplemental Services* *Suspended until end of 2021*
- No set limit on the amount of money a family can receive

To stretch funds to reach more families, you can set a maximum amount of funds each family can receive

MINIMUM SERVICE REQUIREMENTS

SERVICES THAT CAN BE COVERED

FIVE SERVICE REQUIREMENTS

1. Information to caregivers about available services
2. Assistance to caregivers in gaining access to services
3. Individual counseling, support groups and training
4. Respite care to temporarily relieve caregivers from their responsibilities
5. Supplemental services that complement care provided

INFORMATION ABOUT AVAILABLE SERVICES

- Public presentations - conferences
- Articles about caregiving-related topics
- Vendor tables or exhibits
- Informational mailings
- Newsletters
- TV and radio
- Care packages

- Agencies should have a marketing plan to increase utilization of the program.
- Utilize materials from the Marketing Toolkit found on the GWAAR website.

ASSISTANCE IN GAINING ACCESS TO SERVICES

- Use the Needs Assessment to understand their story
- Explain their options and form a plan
- Help them connect with identified services and resources
- Follow up to make sure they are getting the support they need

Caregiver Coordinator should follow up with caregivers regularly. Frequency is based on the need of the caregiver.

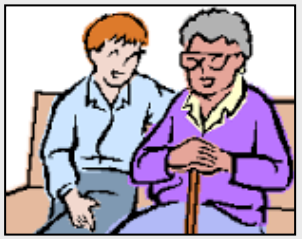
COUNSELING, SUPPORT GROUPS AND TRAINING

- Individual Counseling = 1:1 Professional Counseling
- Support Groups including caregiver café's, book clubs, coffee clutches – any group that meets regularly and offers support to caregivers
- Caregiver Training
  - Powerful Tools for Caregivers
  - Books and DVDs
  - Caregiver Conferences
  - Any other type of education that benefits the caregiver

RESPITE CARE

"Services that offer temporary, substitute supports or living arrangements to bring a period of relief or rest for caregivers"

- In home respite (personal care, homemaker, etc)
- Adult day center or non-residential program
- Short-term institutional stay



Services that are considered Respite:

- House cleaning
- Shopping
- Meal preparation
- Raking and snow shoveling

No more than 112 hours of respite per caregiver per year

Suspended until end of 2021

RESPITE CARE IDEAS

In order to stretch valuable home care resources be creative in finding "respite" for your caregivers. Have them consider other responsibilities that they could receive help with or other types of support:

- Meals - housework - yardwork
- Transportation
- Counseling
- Regular phone calls
- Support group or educational opportunity
- Adaptive equipment – assistive technology
- Activities to engage care recipient
- Activities for the caregiver

SUPPLEMENTAL SERVICES

Things that make a caregiver's job easier and less stressful; and "complement" the care provided:

- Emergency Response Systems
- Safe Return and Project Lifesaver
- Transportation
- Adaptive equipment/assistive technology
- Activities to keep the care recipient engaged
- Activities for the caregiver
- Caregiving supplies

- Use needs assessment to determine greatest needs

**Max of 20% of allocation can be used for Supplemental Services*

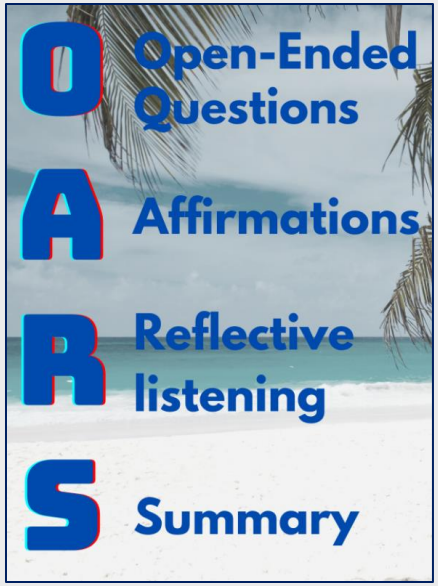
Suspended until end of 2021

CAREGIVER NEEDS ASSESSMENT

IDENTIFYING CAREGIVER NEEDS

CAREGIVER NEEDS ASSESSMENT

- TOOL to help determine the most urgent needs of the caregiver
- Do not ask each question, but address each section
- Have a conversation – discover their story – learn from them what support they need
- See Building Interviewing Skills for a Successful Needs Assessment for help with interviewing techniques



CAREGIVER NEEDS ASSESSMENT

- Ensure the full scope of services and resources are available
- Complete for those enrolling in any caregiving program
- Reassess caregivers at least every 12 months – more frequent is better

- Designate one person as the caregiver coordinator.
- Complete assessment first – before approving services.
- Coordinator should be trained to use motivational interviewing or another interview technique.
- Be creative in problem-solving with the caregiver. Do not try to fit them into the most common solutions.

CAREGIVER NEEDS ASSESSMENT

QUESTION: "Do I have to do the needs assessment if all they want is some adaptive equipment?"

ANSWER: "Yes. The point of the assessment is to ensure *all* the caregiver's needs are identified and met."

- The needs assessment is more than just required paperwork. It is an important tool to help ensure the needs of the caregivers are identified.
- Some caregivers have shared that simply being asked questions about their own health was beneficial.

REQUIRED PAPERWORK

ENROLLMENT AND REDCAP

REQUIRED PAPERWORK

1. Caregiver Registration Form
2. Caregiver Needs Assessment
3. Program Evaluation
4. Customer Satisfaction Survey

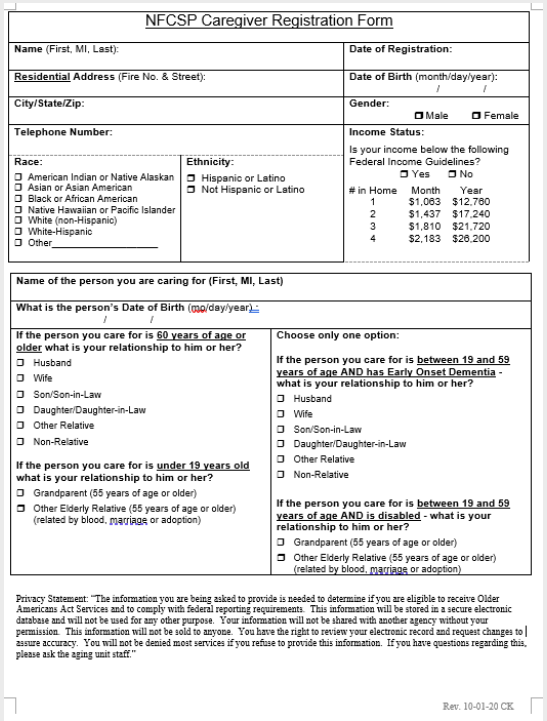
CAREGIVER REGISTRATION FORM

Caregiver Registration Form – two sided

- Caregiver Information
- Care Recipient Information
- Find under Enrollment Forms on website
- Always get forms from the website as they are updated at least quarterly with federal poverty level (FPL) information

CAREGIVER INFO (FRONT)

- Complete when providing:
  - Respite
  - Supplemental Services
  - Support Groups
  - Training (Powerful Tools, etc.)
  - Case Management
  - Counseling
- Gathers required data for reporting



NFCSP Caregiver Registration Form

Name (First, MI, Last):

Date of Registration:

Residential Address (Fire No. & Street):

Date of Birth (month/day/year):
/ /

City/State/Zip:

Gender:
❒ Male ❒ Female

Telephone Number:

Income Status:
Is your income below the following Federal Income Guidelines?
❒ Yes ❒ No

# in Home	Month	Year
1	$1,063	$12,760
2	$1,437	$17,240
3	$1,810	$21,720
4	$2,183	$26,200

Race:
❒ American Indian or Native Alaskan
❒ Asian or Asian American
❒ Black or African American
❒ Native Hawaiian or Pacific Islander
❒ White (non-Hispanic)
❒ White-Hispanic
❒ Other_____

Ethnicity:
❒ Hispanic or Latino
❒ Not Hispanic or Latino

Name of the person you are caring for (First, MI, Last)

What is the person's Date of Birth (mo/day/year):
/ /

If the person you care for is 60 years of age or older what is your relationship to him or her?
❒ Husband
❒ Wife
❒ Son/Son-in-Law
❒ Daughter/Daughter-in-Law
❒ Other Relative
❒ Non-Relative

If the person you care for is under 19 years old what is your relationship to him or her?
❒ Grandparent (55 years of age or older)
❒ Other Elderly Relative (55 years of age or older) (related by blood, marriage or adoption)

Choose only one option:

If the person you care for is between 19 and 59 years of age AND has Early Onset Dementia - what is your relationship to him or her?
❒ Husband
❒ Wife
❒ Son/Son-in-Law
❒ Daughter/Daughter-in-Law
❒ Other Relative
❒ Non-Relative

If the person you care for is between 19 and 59 years of age AND is disabled - what is your relationship to him or her?
❒ Grandparent (55 years of age or older)
❒ Other Elderly Relative (55 years of age or older) (related by blood, marriage or adoption)

Privacy Statement: "The information you are being asked to provide is needed to determine if you are eligible to receive Older Americans Act Services and to comply with federal reporting requirements. This information will be stored in a secure electronic database and will not be used for any other purpose. Your information will not be shared with another agency without your permission. This information will not be sold to anyone. You have the right to review your electronic record and request changes to assure accuracy. You will not be denied most services if you refuse to provide this information. If you have questions regarding this, please ask the aging unit staff."

Rev. 10-01-20 CK

CARE RECIPIENT INFO (BACK)

- Complete only when providing Respite and Supplemental Services
- Assesses care recipient for being frail
- Gathers required data for reporting

Care Recipient Only – if receiving Respite Care or Supplemental Services:

ACTIVITIES OF DAILY LIVING (ADLs) and INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADLs)		
Check each ADL that you/the client have/has difficulty in completing or need help with:		
	No	**Yes**
Getting in and out of the bath or shower or preparing the bath, washing and drying	____	____
Dressing and undressing	____	____
Completing toilet activities and personal care	____	____
Getting in and out of bed or a chair	____	____
Using utensils and eating without help	____	____
Walking up and down a flight of stairs or walking without assistance	____	____
TOTAL Number of Yes ADLS		____
Check each IADL that you/the client have/has difficulty in completing or need help with:		
	No	**Yes**
Preparing own meals	____	____
Medication management	____	____
Handling bill paying, banking, etc	____	____
Doing heavy housework and outside chores	____	____
Doing light housework	____	____
Shopping for personal items and/or groceries	____	____
Traveling in a van, taxi, bus or car	____	____
Answering the telephone or calling out on the telephone	____	____
TOTAL Number of Yes IADLS		____

Additional Care Recipient information (optional):

Gender: ☐ Male ☐ Female
Telephone Number:
Residential Address (Fire No. & Street):
City/State/Zip:

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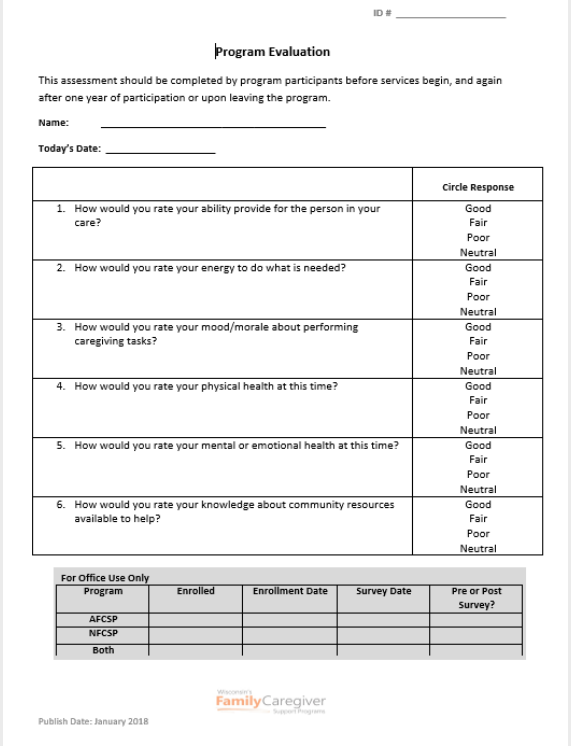
MORE ON PAPERWORK

- For Respite and Supplemental Services – collect receipts/invoices
- For Support Groups and Trainings - must keep attendance log
- For Case Management and Counseling – must track number of contacts/sessions

- Payments can be directly to the service provider or to reimburse the caregiver. Collect invoices/receipts.
- Keep in close communication with fiscal to ensure your funds are getting spent.

PROGRAM EVALUATION

- Rates how the caregiver feels about their caregiving role – before and after services are in place
- Complete before services begin
- Re-evaluate after one year or when they are no longer utilizing services, whichever comes first
- Enter data into REDCap
- Shows whether or not the service/resource was helpful



ID # _____

Program Evaluation

This assessment should be completed by program participants before services begin, and again after one year of participation or upon leaving the program.

Name: _____

Today's Date: _____

	Circle Response
1. How would you rate your ability provide for the person in your care?	Good Fair Poor Neutral
2. How would you rate your energy to do what is needed?	Good Fair Poor Neutral
3. How would you rate your mood/morale about performing caregiving tasks?	Good Fair Poor Neutral
4. How would you rate your physical health at this time?	Good Fair Poor Neutral
5. How would you rate your mental or emotional health at this time?	Good Fair Poor Neutral
6. How would you rate your knowledge about community resources available to help?	Good Fair Poor Neutral

For Office Use Only

Program	Enrolled	Enrollment Date	Survey Date	Pre or Post Survey?
AFCSP				
NFCSP				
Both				

Wisconsin FamilyCaregiver Support Programs

Publish Date: January 2018

CUSTOMER SATISFACTION SURVEY

- Rates how well agency staff handled their situation
- Give survey to participant after resources/services are set up
- Include a self-addressed, stamped envelope (request envelopes from Lynn Gall at DHS)
- They will complete and mail survey to DHS in Madison

REDCAP DATA ENTRY

- Three entries into REDCap for each caregiver
  1. Caregiver Needs Assessment
  2. Pre-Program Evaluation
  3. Post-Program Evaluation

- See DHS REDCap Registration & User Guide and DHS REDCap Training Webinar (under Data Collection)

COORDINATION OF SERVICES

COLLABORATION AND PARTNERSHIP

PARTNERSHIPS

- Every effort should be made to integrate or closely coordinate the NFCSP and AFCSP programs
- Regular communication with the Kinship Coordinator is important to ensure Relative Caregivers are being identified and served
- Communication with the Dementia Care Specialist is also important

CAREGIVER COALITIONS

- Each Aging Unit must be part of a coalition with other agencies who work with family caregivers.
- Can utilize an existing coalition with similar membership.
- Caregiver issues must be on the agenda.
- Caregiver Coalition page on GWAAR Website has many helpful resources for building and sustaining coalitions.

- Utilize the coalition to get the word out about programs and services.
- Choose a project to work on each year to keep members engaged.

QUESTIONS?

Contact Jane Mahoney or Lynn Gall any time with questions:

Jane – Jane.Mahoney@gwaar.org

Lynn - Lynn.Gall@dhs.wisconsin.gov