

# Caregiver Grant Programs Data Management, Best Practice & FAQs

Caregiver Support Community Statewide Meeting

March 28<sup>th</sup> at 10 am

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# OAA Title III

- Largest Title of the OAA
- Provides federal funding to state agencies on aging
- No income test
- To support older adults 60 + years old & their family caregivers
- Older adults must have the opportunity to contribute, but cannot be charged a participation fee



# NFCSP Eligibility

## NFCSP Fact Sheet

Per the [Administration for Community Living \(ACL\)](#) individuals are eligible

- Adult family members or other informal caregivers aged 18 and older providing care to an individual 60 years of age and older.
- Adult family members or other informal caregivers aged 18 and older providing care to an individual of any age with Alzheimer's disease or related disorders
- Older relatives (not parents) age 55 and older providing care to children under the age of 18.
  - *Also known as the Relatives as Caregivers Program (RCP), Kinship, Grandfamilies, Relatives as Parents Program (RAPP)*
  - [NFCSP Relative Caregiver Fact Sheet](#)
  - [Kinship Care Coordinators Contact by County](#)
- Older relatives, including parents, age 55 and older providing care to adults ages 18-59 with disabilities

# Overview of OAA Title III-E - National Family Caregiver Support Program (NFCSP)

- Established via the reauthorization of the OAA in 2000
- First comprehensive Federal program designed to support the needs of family caregivers of older adults as well as grandparents & older relatives with minor children in their care or caregivers of older adults with disabilities.
- FIVE minimum required services for family caregivers
  1. **Information Services / Public Information**  
Examples: Caregiver Conferences, newsletters, radio, and more
  2. **Assistance** includes Case Management and I&A  
Examples: 1:1 information about services available within a caregiver's community, caregiver needs assessment & re-assessment.
  3. Caregiver **Respite**  
Examples: In-home, Facility-based Day & Facility-based Overnight, household chores, snow removal/lawn care, self-care, etc.

# Overview of OAA Title III-E - National Family Caregiver Support Program (NFCSP)

## 4. Caregiver **Supplemental Services**

Examples: HDM, Assisted Transportation, Legal or Financial Services

## 5. Caregiver Counseling/Training/Support Groups

Examples: “Training” – instruction provided to a CG to improve knowledge & performance of specific skills relating to their role. “Support groups” – led by a trained individual, moderator, or professional. “Counseling” – degreed or credentialed professional assisting a CG in their decision-making or problem-solving.

- Need to use funds in at least one of three annually but provide access to all three.

A Title III E **waiver** can be requested for any of the five areas, during the budget process. A plan needs to be in place for how you'll meet the caregiver's need if it's not being funded by III E. Even with an approved waiver, if you find later that you can offer the service using III E funds, you are encouraged to do so.

# NFCSP Resources & FAQs

- New 2023 [NFCSP Caregiver Services Registration Form](#)
- Any NFCSP spending needs to match a corresponding service in WellSky/SAMS
- New in October 2021, enforced in January 2022 – I&A and Case Management requires unit entry in WellSky/SAMS.
- Full lists, examples, and definitions of the five (5) required service categories can be found: [DHS Aging SharePoint](#) → Services and Subservices or [DHS Aging SharePoint Caregiver Policy](#)
- III B funding can be used for admin time
  - Example: Discussion or staff time related to the operations or administering NFCSP and other indirect time
- A condensed version of services, definitions, caregiver info & units can be found on the GWAAR website here: [NFCSP Services Reference Sheet for SAMS](#)
- 10% carryover is allowed each year

# NFCSP Resources & FAQs

- 20% Supplemental Services limit **discontinued** effective August 16<sup>th</sup>, 2021.
  - 10% spending limit for Caregivers of Grandchildren has been **discontinued** as of the OAA reauthorization in 2020.
  - 112 hours cap on respite, **waived** from the beginning of the pandemic through 12/31/2023.
  - Primary caregivers cannot receive a stipend, **waived** from the beginning of the pandemic through 12/31/2023.
  - Counties do an excellent job of trying to make the dollars stretch. Though, some counties may have waitlists for the program.
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- Great opportunity to explore whether III B funding could help meet care recipient's needs and/or explore respite grant programs through the [Respite Services | RCAW | Respite Care Association of Wisconsin \(respitecarewi.org\)](#)
  - **Helpful Hint:** The coordination of services to assist a caregiver with a referral to RCAW (or another program) and assisting with the applications are considered “Case Management” and falls under the required service category of “Assistance”. 😊

# AFCSP Eligibility

[AFCSP Fact Sheet](#)

[AFCSP Tribal Fact Sheet](#)

1. Requires a diagnosis of Alzheimer's Disease or another irreversible dementia.
2. The person with dementia resides in a community or home setting.
3. The person with dementia and spouse have a gross annual income of \$48,000 or less.
  - Costs related to dementia care may be deducted when calculating a participant's gross income.
  - [Financial Worksheets](#) used to determine eligibility for the person with dementia & spouse
  - If the current year's income is too uncertain to estimate, the past year's income may be used



- Created by the Wisconsin Legislature in 1985
  - Details for program administration requirements are outlined in [Administrative Rule – DHS Chapter 68](#)
- AFCSP was created to enhance the lives of informal & family caregivers while helping people with dementia remain living in the community for as long as possible.
- It is available in each county & **tribe** for caregiver **respite** and the purchase of goods & services needed to care for someone with irreversible dementia.
- There is a legal annual spending limit of \$4,000 per individual., but agencies may establish a lower limit in order to serve more families. \*\*\*
  - \*\*\*\*Waivers are an option! Waiver requests can be sent to [Lynn.Gall@dhs.wisconsin.gov](mailto:Lynn.Gall@dhs.wisconsin.gov) explaining the extraordinary/unexpected situation such as a change in condition, safety/physical danger, and/or risk of becoming homeless or placed in an institutional setting.

# Overview of Alzheimer's Family Caregiver Support Program (AFCSP)

- Each Aging Unit is required to spend a minimum of **40%** of funds on respite care services.
  - Tribes are not required to spend a minimum of 40% but are encouraged to do so.
- Primary caregivers may receive a non-professional rate stipend for limited care provided, particularly when in-home care and respite providers are unavailable.
- [Services Reference Sheet](#) can be found on the GWAAR Website
- If someone isn't eligible for AFCSP or if they reach their \$4,000 annual maximum, the caregiver may enroll to NFCSP for the rest of calendar year.
  - Great opportunity to explore if III B funding could help meet care recipient's needs and/or explore respite grant programs through the Respite Care Association of Wisconsin ([respitecarewi.org](http://respitecarewi.org))
- 3% carryover is allowed each year
- Agencies can use up to 10% of the AFCSP funding for administrative costs

# AFCSP Resources & FAQs

# Other FAQs

## NFCSP

- NFCSP funds are only allocated to counties. Tribes receive AFCSP & Title VI funding, but not NFCSP.
- No income limit to qualify for participation.
- There is no annual spending limit for participants, *except* \$5,000 annually on home modifications.
- 20% Supplemental Services limit **discontinued** effective August 16<sup>th</sup>, 2021.
- 10% spending limit for Caregivers of Grandchildren has been **discontinued** as of the OAA reauthorization in 2020.
- 112 hours cap on respite, **waived** from the beginning of the pandemic through 12/31/2023.
- Primary caregivers cannot receive a stipend, **waived** from the beginning of the pandemic through 12/31/2023.
- Relative CG enrollees use the same registration form; if a section does not apply (ADL/IADLs), you can skip that section. CG should be entered into REDCap.

## AFCSP

- AFCSP funds are allocated to counties and tribes.
- One eligibility requirement is an income limit of \$48,000 annually for the person with dementia & their spouse (deducting dementia-related expenses).
- Maximum annual spending limit of \$4,000 per individual care recipient.
- Requirement for counties (not tribes) that **40%** of funds be spent on respite or direct services each year.
- Primary caregivers may receive a non-professional rate stipend for limited services/care through 12/31/2023.
- Up to 10% of an agency's AFCSP allocation may be used to cover administration costs.

# Other FAQs

## NFCSP

- Medication Management Coding
  - Bubble packing & delivery 6733-Sup.Svcs.-Consumable Supplies
  - Medication set up by an RN 6719-Sup.Svcs.-Medication Management
  - Med machine purchase 6724-Sup.Svcs.-Assistive Devices/Technology
- 6712-Sup Svs, Legal/Financial Services

## AFCSP

- AFCSP funds are allocated to counties and tribes.
- State legislation allows counties to decide which local agency they want to administer AFCSP.
- GWAAR only contracts AFCSP with local AUs.  
If a county chooses to have HHS administer the program, DHS includes AFCSP on the State-County contract.
- A caregiver may access funding and respite hours for everyone they are caring for. Example: Daughter is the primary CG for both mother & father with dementia. In this case, the caregiver may access up to the maximum annual amount allowable for each parent.

- County of responsibility can be based on CG or recipient
- [AFCSP and NFCSP Combined Fact Sheet](#)

# SAMS/WellSky and DHS REDCap

## SAMS/WellSky

## DHS/REDCap

- NFCSP services are always entered
  - AFCSP services entered if funding is used as NFCSP match. Services are entered twice – once as AFCSP & again as NFCSP.
  - Demographic Information – Helps ID populations most benefiting from services & population missing.
  - Services are to be entered by the end of the month following the month when the service occurred. For example, if a service took place in October, it should be entered by the end of November.
  - For caregivers receiving **Respite** or **Supplemental Services** for care recipients aged 60+, an annual reassessment of ADLs/IADL needs to be completed to continue to qualify.
    - NFCSP Caregiver Registration Form – annually
    - Best Practice: Reassess caregiver needs, update services provided, and discuss new unmet needs.
  - **Quantity** of services provided
- Completed for both AFCSP & NFCSP
  - Understanding & identifying caregiver and care recipient needs through uniform needs assessments & are to be entered by the end of the month a caregiver enrolls; at a minimum quarterly.
  - [Assessments](#) are to be completed at least annually but only the **first assessment** needs to be entered into REDCap.
  - Initial and Post Program Evaluations measure the impact of programs on caregiver well-being.
  - The DHS [Caregiver Programs Customer Satisfaction Survey](#) can be completed online, or printable surveys can be downloaded in English and Spanish. Self-addressed stamped envelopes to return paper surveys are available from DHS. Contact [Lynn.Gall@dhs.wisconsin.gov](mailto:Lynn.Gall@dhs.wisconsin.gov).

# Loan Closet Items & SAMS/WellSky Reporting

- Loan closet items are a common use of [AFCSP](#) and [NFCSP](#) funds.
- The purchase of the loan closet items/supplies would be captured on the claim in the month they were purchased but not reported in SAMS/WellSky until a caregiver was loaned the item.
- Sometimes these expenditures will be reported in a different month via the claim than in SAMS. This can be noted on the claim form – that the expenditures were made in a prior reporting period – and GWAAR/DHS can note that in an explanation to ACL regarding discrepancies on the NAPIS report.
- It is encouraged that loan closet supplies and public outreach material be purchased as needed, *throughout* the year, and not just at the end of the year.

# Why Is All of This Work So Important?

- Annual performance reports highlight that we are meeting performance standards:
  - Serving those most in need
  - Using State and Federal funds in accordance with requirements
  - Most importantly, highlighting the need for family caregiver supports
- **Congress** uses our performance data to support **budget** decisions.
- Successes and showing how funds are spent can be used to **advocate** for additional state and local programming, staffing, and funding.
- It can also assist local agencies determine the need for new culturally sensitive programming and determine the best use of staff and funds when preparing budgets.

# Questions



thank you!

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Archived Webinars: [Wisconsin Caregiver Support Community Webinars,](#)