Wisconsin's Family Caregiver Support Programs

TA Questions for NFCSP and AFCSP

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Eligibility Questions

Q: Can NFCSP serve an older relative caring for an adult with cancer?

A: No. Cancer itself is not considered a qualifying disability for the NFCSP.

- This provision is intended for caregivers age 55+ caring for an adult age 18–59 with a severe, long-term physical or cognitive disability.
- DHS considers cancer a physical disease, rather than a qualifying disability under this provision, even when the illness causes significant functional limitations.
- Similarly, an adult recovering from an accident/TBI does not meet the "severe disability" definition for this NFCSP pathway.
- If the family does not qualify for NFCSP, consider referrals to RCAW respite grants, health insurance/health systems, disease-specific resources, and other community supports.

Q: Do you have to check immigration status for both AFCSP and NFCSP

A: No, for all OAA programs. AFCSP Administrative Code is silent on the issue so there is no requirement.

Q: If someone is on Medicaid and Medicare, can they still get CG Grant Funds?

A: The caregiver can receive limited caregiver support that is not included as part of the care recipient's Medicaid coverage.

So yes, the caregiver can receive limited support that does not duplicate services that are available or being provided through Medicaid.

Q: Can AFCSP or NFCSP funds be used for a caregiver who is also receiving services through the Medicare GUIDE Model?

A: Yes. AFCSP or NFCSP may be used alongside the Medicare GUIDE Model to **supplement, but not duplicate, services**. GUIDE may provide care navigation, caregiver

education/support, respite, and connections to community services.

If GUIDE is already paying for a specific service, AFCSP/NFCSP should not pay for that same service. However, if the caregiver has additional assessed needs beyond what GUIDE provides, AFCSP **or** NFCSP may be used for eligible services, provided the caregiver meets program requirements.

Q: Can a caregiver still be enrolled & receive services if the recipient is incarcerated?

A: It depends. Respite wouldn't be appropriate. But it may be allowable if they need something to prepare for care upon the person's return home. Please contact Bryn (bryn.ceman@gwaar.org) and Lynn (lynn.gall@dhs.wisconsin.gov) with specific questions.

Q: Please clarify the eligibility requirements for NFCSP and AFCSP as they relate to Family Care.

A: As of August 2018, older adults and individuals with a dementia diagnosis or other condition whose long-term care functional screen results indicate ***non-nursing home level of care*** are eligible to enroll in both AFCSP and NFCSP. If the person is enrolled in Family Care at a *nursing home level of care*, they are not eligible for AFCSP but could use NFCSP to access some services that are not covered by the LTC program they are enrolled in.

Q: Can an eligible caregiver 55 years or older enroll in NFCSP if the child(ren) they are caring for is enrolled an LTC program also known as Children's Long Term Care Services (CLTS).

A: Yes, a caregiver is allowed to enroll in NFCSP *if* the caregiver has needs that the CLTS is not allowed to cover.

Q: We have a couple, ages 85 and 100, who both need home care and I am having a hard time identifying who is the caregiver/care recipient. Can I enroll them in NFCSP and list one as the caregiver?

A: As long as they both need assistance with 2 (or more) ADLs/IADLs, they could both be enrolled as Caregivers, and both receive NFCSP benefits.

Q: Can a caregiver continue receiving services through NFCSP or AFCSP after the care recipient passes away?

A: Yes. A caregiver may continue to receive certain supports for up to one year following the death of the care recipient if those supports relate to the caregiver's well-being and adjustment after caregiving.

While services that directly support the care recipient, such as respite care, would no longer be appropriate, other services that support the caregiver may still be provided. The transition out of the caregiving role can be a difficult time, and continued access to supportive services may help caregivers navigate grief, stress, and changes in daily life. Examples of allowable services during this time may include:

- Individual counseling or behavioral health services
- Caregiver support groups
- Educational workshops or training related to grief, loss, or life transitions
- Financial counseling related to post-caregiving transitions
- Information and assistance connecting the caregiver to community resources

Caregiver Coordinators should use the Caregiver Needs Assessment to determine which supports remain appropriate and beneficial. Aging Units are encouraged to connect caregivers to additional community resources, including grief support groups, financial planning services, and other supports designed for individuals transitioning after caregiving.

Please note that AFCSP and NFCSP funds cannot be used for funeral expenses.

Q: The caregiver and care recipient are moving from one county to another and are enrolled in AFCSP. Can they continue benefits after they move and how is that transfer handled?

A: Yes, benefits can continue after the move. The two counties should work out how to continue coverage. The family cannot receive over $4000 from AFCSP in one year between the two counties.

Q: The care recipient who is on AFCSP is moving to an Assisted Living Facility in a different county. Should their AFCSP be transferred to the new county?

A: Either the person with dementia *or that person's caregiver* must live in the county where they are enrolled in AFCSP.

Q: Can a caregiver who is caring for her spouse AND mother receive funding for both care recipients?

A. Yes. The caregiver can enroll as a caregiver for each of the care recipients.

Q: Can a person still receive support with the AFCSP funds if they're also getting help from the Veterans Affairs (VA)?

A: Yes. Through the Caregiver Needs Assessment, there may be additional unmet needs that the VA cannot assist with. Also, if you enroll a Veteran in AFCSP who has not yet been referred to the VA for services, please do so! Maximizing the benefits of multiple programs is best for the Caregiver.

Q: We have a couple where the wife is enrolled in AFCSP and now the husband was recently diagnosed with dementia and needs more support. Can the husband also enroll in AFCSP or are we not able to use the same funds in one household at a time?

A: Both husband and wife can enroll if they meet the eligibility criteria. There is a $4,000 max per care recipient, per year. Therefore, in this case, a caregiver could receive as much as $8,000/ year in AFCPS for the care of two individuals enrolled.

-Keep in mind many counties have adopt local policies/procedures with a lower maximum amount.

Q: If a family leaves WI for the winter months, can they still submit expenses?

A: You can provide AFCSP services to county residents while they are out of state. However, an Aging Unit does not have to continue with services or pay expenses if the caregiver temporarily leaves the state. To be fair to everyone, the county should adopt a policy for serving "snowbirds." If it is applied equally to everyone, you are within the parameters of the program to pause payment and/or services. You could also address this as part of your waiting list policy. (Examples of different waitlist procedures/policies can be found here.)

Q: I am working with two sisters who are living in a house together. They are both in and out of the hospital, so the family is looking at getting supportive home care to help relieve the family from having to be there all the time. Would they each be eligible for the NFCSP grant since they have different caregivers even though they are living in the same home?

A: Yes, a caregiver for each older adult could be enrolled in NFCSP if they both meet the qualifications needing assistance with 2 ADLs and/or IADLs.

Q: Can I use NFCSP or AFCSP funds for a caregiver who is living in our county, and she is caring for her father in her home, but he is technically still an Illinois resident?

A: As long as either the care recipient or the caregiver is a resident of your county, you can use NFCSP or AFCSP funds to assist them.

Q: The caregiver is enrolled in one of the grant programs. The caregiver and recipient (s) are at risk of eviction/homelessness. Can NF/AFSP funds be used to help pay for rent and/or mortgage payment(s)?

A: Typically, caregiver grant funds cannot be used to pay for rent and/or mortgage. For this reason, consider other expenses the caregiver grants can pay for. Covering other expenses may help free up some money to pay for outstanding rent. You will also want to be sure a referral is made to the local ADRC, Benefits Specialists, and possibly the Adult Protective Services unit. Local ADRCs may be aware of rental assistance and housing programs that can assist. Benefits Specialists (and/or the National Council on Aging's Benefits Check-Up) can ensure that the family is receiving all the benefits they are eligible for; again, this may allow them to save in certain areas to afford any back-owed rent. Adult Protective Services typically receive Elder Abuse (EA) Prevention funds annually. These funds are to be used in cases where an elder (60+) is at risk of being abused, neglected, self-neglected, or exploited. If no other options are available, it may be worth consulting with APS regarding these situations to learn if EA Prevention funds could be utilized. Lastly, you can refer to the **WisconsinCaregiver.Org** website on the **Legal and Financial Resources** page. Here will find a link to a listing of Free Legal Clinics; possibly a legal advocate could help in this matter.

Q: Do we need to retain a copy of the caregivers' (and PWD's) previous year's tax return for AFSP fiscal eligibility purposes?

A: You don't need to collect a copy of participants' tax returns for your files but requesting to see their official tax return so you can verify income and document verification is best practice.

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Questions Related to Diagnoses

Q: Would a diagnosis of a Traumatic Brain Injury (TBI) make someone eligible for the AFCSP grant?

A: Likely not. There are other programs meant for TBI patients. If for some reason those cannot be used or are exhausted, a waiver could be submitted to request a TBI family be enrolled. But our program is really meant for people with dementia as defined as someone who has "irreversible deterioration of intellectual faculties" as cited in the admin code, here.

Q: I have always required a written statement from the healthcare provider stating that the care recipient has a memory issue. We are having a difficult time getting medical records from a clinic. If the Home Health Social Worker says that there is a diagnosis of memory loss, will that work for verification?

A: If the home health social worker can provide written verification of that diagnosis (e.g. irreversible memory loss), by a qualified medical professional, this would work. However, just the word of the home health agency alone is not sufficient.

Q: Would a diagnosis of Mild Cognitive Impairment (MCI) meet the diagnosis requirement to be enrolled in AFCSP or NFCSP for a person under age 60?

A: If it is an irreversible condition, such as MCI or dementia that accompanies incurable diseases, such as Parkinson's, then the diagnosis would qualify. If it is the result of a condition related to an Intellectual/Developmental Disability then no, this diagnosis would not qualify.

Q: Does the diagnosis "amnestic mild cognitive impairment" qualify for enrollment into AFCSP?

A: If the condition is the result of an incurable disease that will continue to worsen, then yes. If it is the result of an accident that caused traumatic brain injury, then no. The keywords for a qualifiable diagnosis for AFCSP are "irreversible deterioration of intellectual faculties" as cited in the admin code, here.

Q: I met with the family last week, and the consumer has dementia because of triple

bypass surgery. The official diagnosis from the consumer's physician stated the consumer is diagnosed with 'Cognitive and Neurobehavioral dysfunction status post brain injury' and 'Anoxic brain injury.' Would this diagnosis qualify this consumer for AFCSP?

A: Eligibility requires an "irreversible deterioration of intellectual faculties." This diagnosis appears related to a brain injury and may be temporary because it occurred after surgery, so it would not currently qualify. If the condition does not improve and the physician documents irreversible dementia, the person would qualify.

Q: Is Multiple System Atrophy Cerebellar a qualifying diagnosis for AFCSP?

A: In looking at the symptoms, there is no dementia, irreversible memory loss, or irreversible intellectual deterioration. Based on the symptoms one can expect, it is brain deterioration related to bodily functions such as the body's involuntary (autonomic) functions including blood pressure, breathing, bladder function, and motor control. With no written documentation of irreversible memory loss or "irreversible deterioration of intellectual faculties," this diagnosis would not fit the definition to qualify for AFCSP.

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Grandparents/Relative Caregivers (Relatives As Parents)

Q: I am working with a 58-year-old grandparent who is raising six grandchildren. She has guardianship of one but has adopted the other five. Can NFCSP funds be used for the adopted children or just the one she has guardianship of?

A: Yes. NFCSP funds may be used for all six children. Section 11.2 of the policy defines an eligible child as one related by "blood, marriage, or adoption."

Q: In a kinship/grandfamily situation do we need to get the information for the minor children and enter that into PeerPlace?

A: Yes, NFCSP requires that the caregiver and care recipient/s both be entered into PeerPlace. It's a federal and state requirement to show the linkage.

Q: Can an eligible caregiver age 55 or older enroll in NFCSP if the child in their care is enrolled in the Children's Long-Term Support (CLTS) Program?

A: Yes, a caregiver is allowed to enroll in NFCSP *if* the caregiver has needs that the CLTS is not allowed to cover.

Q: Do Caregiver Coordinators use the same registration form for kinship/grandfamily caregivers?

A: Yes. However, if a section does not apply such as the ADL/IADLs, you can skip that section.

Q: Can I use NFCSP for a 58-year-old woman who is helping care for her son who is recovering from a car accident?

A. No, the adult child does not meet the definition of "severe disability" for purposes of this grant. To find the definition of "severe disability" and other information about the caregiver programs, please see the Family Caregiver Support Manual on the DHS SharePoint site.

Q: Can a Grandparent/Relative Caregiver receive NFCSP funds if they are receiving Kinship Care?

A: Yes. Through the Caregiver Needs Assessment, you'll learn if there are any additional unmet needs that the Kinship Program cannot assist with. Also, if you enroll a Grandparent/Relative Caregiver who has not yet been referred to Kinship, please do so! Maximizing the benefits of multiple programs is best for the Caregiver.

Q: Can NFCSP be used to pay for diapers for a grandparent raising a grandchild?

A: If there is not a more appropriate place for the caregiver to receive diapers or discounted diapers, then yes, NFCSP could cover the cost of diapers.

Q: Grandparent is enrolled in NFCSP, grandparent and grandchildren are at risk of eviction/homelessness. Can NFCSP be used to help pay for rent and/or mortgage payment(s)?

A: Typically, caregiver grant funds cannot be used to pay for rent and/or mortgage. However, consider other expenses the caregiver grants can pay for. Covering other expenses may help free up some money to pay for outstanding rent. You will also want to be sure a referral is made to the local ADRC, Kinship Coordinator, Benefits Specialists, and possibly the Adult Protective Services unit. Local ADRCs may be aware of rental assistance and housing programs that can assist. Kinship Coordinator can help them apply for kinship services which include monthly payments. Benefits Specialists (and/or the National Council on Aging's Benefits Check-Up) can ensure that the family is receiving all the benefits they are eligible for; again, this may allow them to save in certain areas to afford any back-owed rent. Adult Protective Services typically receive Elder Abuse (EA) Prevention funds annually. These funds are to be used in cases where an elder (60+) is at risk of being abused, neglected, self-neglected, or exploited. If no other options are available, and if the caregiver is 60+ it may be worth consulting with APS regarding these situations to learn if EA Prevention funds could be utilized. Lastly, you can refer to the **WisconsinCaregiver.Org** website on the **Legal and Financial Resources** page. Here will find a link to a listing of Free Legal Clinics; possibly a legal advocate could help in this matter.

Q: If we are working on giving NFCSP funds to grandparents caring for a grandchild and the need is clothes and backpack; the expense would only be a one-time purchase. Would the Aging Unit/Caregiver Coordinator need to complete the program

evaluation and the caregiver needs assessment form?

A: The purpose of the Caregiver Needs Assessment is to help assess all areas of a caregiver's life to ensure their needs are met. So, yes, it is good to review all the sections because you and the caregiver may determine some services/items are more important/useful than what they came in asking for. Sometimes going through these forms helps the caregiver self-identify other areas in their life that are affected by their caregiving that they didn't even realize. Remember, you do not have to ask every question on the form. The intent is to touch on all the areas. You might simply ask, "Are you sleeping okay? Eating okay?" etc. (See Needs Assessment Supplement, here and the Best Practices document here.) And yes, everyone who enrolls in the program, even for a one-time service, will need the caregiver needs assessment completed (and the first needs assessment must be entered into DHS REDCap). The program evaluation will also need to be completed.

Q: If a caregiver wishes to utilize all the $4,000 allowable AFCSP funds for a week of respite care at a health care facility, is this an option or is there a limit to the number of days in a facility for respite care?

A: There are no longer limits to the number of hours/days in the facility for respite care for AFCSP; this would be allowable.

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What items/services can be paid for with NFCSP or AFCSP?

Q: How do I know if a service is allowable and what service type to report it under in PeerPlace?

A: DHS-approved PeerPlace service definitions are available on the DHS SharePoint site: Aging and Disability Resource Center - Aging Reporting. For easier reference, these definitions have also been copied into more user-friendly PeerPlace Reference Sheets for both AFCSP and NFCSP. The Reference Sheets provide the approved service definitions and can help determine whether a service is allowable and which PeerPlace service type should be used for reporting for AFCSP and NFCSP.

Q: Can funeral expenses (for caregiver or care recipient) be covered by AFCSP or NFCSP?

A: No. The purpose of AFCSP (and NFCSP) is to help support caregivers with caring for someone at home & in the community. This could include financial or behavioral counseling to help with end-of-life planning but cannot be used for paying funeral expenses.

Q: Can mileage reimbursement be provided to a caregiver enrolled in the grant

programs?

A: Yes. Mileage, as part of caregiver responsibilities, can be reimbursed. For AFCSP this would be reported as Other Goods and Services and for NFCSP this would be reported as Supplemental Services Consumable Supplies. Please refer to the AFCSP and NFCSP PeerPlace Reference Sheets for further allowable services and service type definitions.

Q: Can Aging Units use Caregiver Grant funds for gift baskets at an AU-hosted Caregiver Conference or event?

A: Yes. All expenses related to public awareness (AFCSP) and public information (NFCSP) including event space, presenter fees, materials, and staff time to prepare & attend the event are allowed. This would include gift baskets if they are a part of the public awareness or public information event. A great time to plan for events such as these is leading up to National Caregiver Month in November.

Q: Can NF/AFCSP funds be used to pay for meals at caregiver related events?

A: No. Use of program funding for food at events is limited to snacks and/or beverages to protect the availability of limited program dollars for direct caregiver supports. If you are holding a conference or other event that offers a full meal, a registration fee should be put in place to cover the cost.

Q: Can Caregiver Grant funds be used to pay for an individual Caregiver's attendance and registration at a training or conference (e.g. Alzheimer's Association Annual Conference, Respite Summit, Dementia Summit, Caregiver Annual Conference, Teepa Snow event, Caregiver Webinar/Training, etc.)?

A: Yes.

Q: Can AFCSP or NFCSP funds be used for meals or contributions to the OAA Title III-C Nutrition Program?

A: Yes, both AFCSP and NFCSP funds may be used to pay for the full cost of meals if the caregiver and/or care recipient are not eligible for the Title III-C Nutrition Program or if there is a waitlist.

However, there is an important distinction:

- AFCSP funds *may* be used toward a voluntary contribution to the Nutrition Program, as outlined in the policy.
- NFCSP funds cannot be used for voluntary contributions to another OAA program, including the Nutrition Program.

Reminder: Complete this form**.**

Reminder: Contributions to all Older Americans Act (OAA) programs are voluntary and not required to receive services.

Reminder: Please remember to notify a member of the nutrition team if your county has instituted a waitlist.

Q: A specific question related to the NFCSP program; a caregiver (husband) wants to see if he can get reimbursed for gas for taking his wife (care recipient) to medical appts. I know transportation falls under this program as a reimbursable item but just wanted to double-check with it being specific to the husband/wife.

A: Yes. Transportation can be for the caregiver to go wherever they need or for the care recipient if it is helping the caregiver. It is coded as a supplemental service as the number of one-way trips.

Q: Would stretch bands and other exercise tools to assist with the therapy of a care recipient rehabbing from a stroke qualify as a Supplemental Service for NFCSP?

A: Yes.

Q: A caregiver submitted a receipt for lawn care services that we approved. The receipt included a tip or gratuity. Can the caregiver grants cover the tip or gratuity?

A: Yes, the grant funds can cover the cost of a *reasonable* gratuity, if it is customary to provide one for the service. The caregiver just needs to be made aware that doing so comes out of the amount that has been approved for all requested services.

Q: Can AFCSP cover the costs for meal delivery such as Hello Fresh if there are no other delivery options available?

A: Yes, that would be allowable. The only thing to watch for is cost-effectiveness, if a service cost/fee is unreasonable it would be advisable to inform the caregiver of other, more cost-effective options. However, access to fresh and quality nutrition is important to support a caregiver.

Q: Can AFCSP funds be used to pay for dentures? I am working with a family, and the father has advanced dementia. He lost/threw away his bottom dentures and it has been affecting his ability to eat/maintain proper nutrition and swallow medication. A speech therapist has been working with him in the meantime. Because of escalating medical bills, their credit has suffered, and they don't qualify for alternative financing.

A: Yes, this would be an appropriate use of the funding if all other options are exhausted.

Q: The care recipient who is on AFCSP is moving to an Assisted Living Facility in a different county. Can AFCSP be used to pay for the cost of assisted living?

A: No. AFCSP nor NFCSP can cover the cost of assisted living expenses *unless* the stay is a short-term respite stay. A caregiver can remain enrolled in AFCSP if there are additional

needs identified in the caregiver needs assessment. AFCSP cannot fund services/supplies that are to be covered by the facility. However, there are sometimes personal expenses not covered by the facility (e.g. additional costs of snacks or meal replacement or nutritional supplements. Transportation costs for care recipient from and back to facility or a specific type of durable medical supply. Caregivers may also benefit from caregiver support groups and/or counseling services even when a care recipient moves to assisted living.

Q: I had an Options Counselor ask if AFCSP funds can pay for medications. We've paid for medication management before but not the actual meds. We've never used NFCSP funds for medications so thought I'd ask if it's allowable under that program.

A: As best practice, AFCSP funds should not be used for medications; exceptions would be on an emergency basis – like a one-time exception until they figure out how they are going to pay for them. It is best to refer the caregiver to the Elder Benefits Specialist (EBS) as they have ideas for getting medications covered – pharmaceutical rebates, samples, a different Part D plan, and possibly online ordering, etc. AFCSP cannot be used as a regular funding source for medications.

Q: I have someone who wants to utilize AFCSP to trim her neighbor's tree branches because they are hanging in her yard, and the neighbor won't do it. Can we use AFCSP?

A: No, that is not an appropriate use of AFCSP funds.

Q: A man caring for his wife needs time away. Can he place his wife in a Nursing Home for one week and have NFCSP pay for at least a portion of that?

A: Yes, this is a short-term respite stay. NFCSP can pay up to whatever your local maximum amount allows.

Q: A care recipient needs treatment quite a distance from home. The caregiver will be traveling with the recipient for the medical treatment. They need someone to look after their pets while they are gone. Can caregiver grant funds be used to pay for pet care in this circumstance?

A: This would be an allowable expense. As always, be sure this is identified as a priority in the caregiver needs assessment and documented as such to record how this is a relief to the caregiver.

Q: A caregiver I am working with moved into her parents' home to care for them. She is storing her things in a friend's garage, and she is worried that things will be ruined and wants to move them into a climate-controlled storage unit until she can get her own home built on her parent's property. Can we reimburse this cost with NFCSP?

A: Yes, this would be allowable.

Q: I am working with a couple who are very careful to eat only organic foods. The caregiver purchases a nutritional supplement called "Superfood Organic." Can AFCSP be used to pay for that?

A: Yes, this is allowed. But be sure to use the needs assessment to determine if this is what they need the most.

Q: Can we use NFCSP to help pay expenses for the caregiver and her family to get away for the weekend for some respite? Since our county won't pay for a non-professional respite provider and we can't find an agency to provide coverage, could we use NFCSP to pay for the hotel, and then they could pay a friend to watch the care recipient while they are gone?

A: Yes, you can use NFSP to cover the cost of the hotel stay. Since this is considered respite, you would report this in SAMS under #66a - Respite Care – In-Home, subservice would be General, and the number of hours would be the number of hours someone is staying with the care recipient.

Q: Can we purchase taxi vouchers in bulk to have on hand when a caregiver needs transportation immediately?

A: Yes, as long as they are used by someone who qualifies for the funding, and they are used by the end of the year. Once provided to the caregiver you'll want to report this service in PeerPlace in the month the caregiver used the voucher(s).

Q: Can we use AFCSP to pay for a homeopathic treatment for the care recipient as it reduces his anxiety making it easier to care for him? Insurance won't pay for it.

A: Yes, this is an acceptable use of funds.

Q: We will be doing Powerful Tools for Caregiver workshops this year. To encourage (enrolled) AFCSP caregivers to participate, is it permissible to give them a $50 gift card to compensate for travel expenses after the caregiver completes the course?

A: You can reimburse actual travel expenses incurred by people enrolled in one of the programs or provide/reimburse respite costs. However, providing a gift card without any documentation about how it will be used is not allowed.

Q: In the past, our agency has purchased items in bulk (fidgets, robotic animals, communication cards,) and used AFCSP funds. However, we do not track whom the items go to or whether the household meets AFCSP eligibility criteria outside of the person having a dementia diagnosis. I had asked my manager and our fiscal team how these get coded since we're not tracking delivery to a specific AFCSP client. I thought maybe we used program admin funds or claimed them as public awareness. Nobody seems to be able to answer my question. So, I'm running this by you two to

get some feedback.

A: If these items are used as public awareness and outreach to inform people about the benefits and requirements of enrolling in the AFCSP, this is an appropriate use of funding & should be reported as Public Awareness (AFCSP). You do not need caregiver-specific information for this entry, just enter as a group entry. You would NOT claim bulk fidgets, communication cards, etc. as part of administrative funding. Admin is to help cover overhead for your county/aging unit's operations.

Q: How does NF/AFCSP funding work together with Veterans Affairs (VA), Hospice, health insurance, and Kinship Care?

A: The caregiver grants work as a great supplement to other programs and coverage. First, the caregiver would want access to any insurance coverage, Hospice, VA, Kinship, or other program funding/service. As a Caregiver Coordinator, you can help with referrals to these programs. After those services have been implemented a Caregiver Coordinator will want to utilize the Caregiver Needs Assessment to learn if there are additional needs beyond what those programs are offering. For example, respite services, assistive technology, counseling, other therapies, and more. Using the Caregiver Needs Assessment first question, "What two situations/responsibilities are the most stressful for you?" can help to prioritize what can be offered. Then, create a plan with the caregiver accordingly.*

*The only exception to the coordination of multiple services is if there has been a local procedure/policy, approved by the governing board, and applied equitably indicating that the caregiver couldn't be enrolled in another program along with caregiver grants. This is likely rare, but as a Caregiver Coordinator, you'll want to be familiar with all local policies and procedures and apply them equitably.

Q: An enrolled caregiver is having surgery. Can AFCSP funds be used to pay for transportation and care for herself, as the caregiver, post-surgery?

A: Yes, that would be allowable. The CG surgery is vital to the caregiver being able to continue to provide care in the future.

Q: Can the caregiver grants pay for phones?

A: Yes. Caregiver grant funds may be used to purchase laptops or computers for schoolwork and cell phones for children of enrolled relative caregivers or for caregivers of older adults. Cell phones can support safety, medication reminders, education and training, self-care, communication, and reduced social isolation. Each agency should determine a reasonable level of support based on its budget. Report a one-time phone purchase in the month it is made. If the Aging Unit pays monthly service charges, enter one service each month as Other Goods and Services for AFCSP (AFCSP PeerPlace Reference Sheet) or Consumable Supplies for NFCSP (NFCSP PeerPlace Reference Sheet).

Q: Can caregiver grants pay for co-payments? Or ambulance fees?

A: Yes, but as a last resort and in urgent situations. Explanation: Coverage of co-pays and ambulance fees can give the appearance that NF/AFCSP is a type of medical insurance program, not a caregiver support program. To maintain the integrity of the caregiver program, it is best practice to avoid paying for co-payments or ambulance fees. Best practice is to cover the cost of something else related to caregiving which could free up money for the caregiver/recipient to cover their co-pays and/or ambulance fees. However, if there are no other expenses to be covered and this is an identified area of need for the caregiver, funds could be used as a last resort.

NOTE: A referral to an Elder Benefits Specialist to help find other prescription and/or health coverage is advisable.

Q: If a LTC program (MCO) doesn't authorize Home Delivered Meals (HDMs) but our client wants them, can we use AFCSP funding for HDM?

A: No. Per the Family Caregiver Manual: Aging and Disability Resource Center - Family Caregiver Support "*D. Community-based long-term care programs - AFCSP and NFCSP funding cannot be used to provide respite or caregiver support services for individuals enrolled in home and community-based waiver programs such as Family Care, IRIS, or Partnership, which can pay for respite, adult day care, and some other caregiver support services. The only exception is for individuals enrolled in the Family Care non-nursing home level of care benefit, which does not provide caregiver supports as part of the benefit.*"

If the recipient is enrolled in a LTC Program, HDMs are services that LTC Programs such as Family Care, IRIS can/should fund. They will need to work with their Care Team or IRIS Consultant to determine the best way to ensure they are receiving nutritious meals.

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Fiscal Questions

Q: How do you report meals and a Lifeline unit for the AFCSP?

A: Report the meal as a consumable, and the Lifeline under home security and safety. Both are reported as occurrences. NOTE: If the Lifeline service is paid for every month separately, then the service needs to be entered each month. If it's an annual charge, then it's only 1 unit not 12 monthly units.

Q: How do we categorize staff training for caregiver services using NFCSP dollars?

A: AFCSP Staff training reported on monthly claim form, is not reported in PeerPlace and this is separate from admin costs for AFCSP.

For NFCSP, for staff training or other non-direct service time must be expensed from IIIB Admin. One exception for staff training might be something like Powerful Tools for Caregivers because this will (eventually) be a direct service to caregivers. Contact carrie.kroetz@gwaar.org, GWAAR's Data Reporting & Technology Coordinator with more questions.

Q: When do we enter form information into each system?

A: Enrollments should be entered into PeerPlace right away or at least within the month a caregiver enrolls. PeerPlace captures actual services that your program approves and delivers to the customer and the I/ADLs and caregiver needs assessment help to determine eligible placing on what services your program can fund.

Q: Due to supply chain issues and other factors, we would like to purchase Project Lifesaver equipment now. We do not have a client yet to attach the equipment to. How do I enter this service and how do I account for this expense?

A: Yes. You may keep the equipment in inventory for future participants because the delay was beyond your control. If purchased with AFCSP funds, report the expense as Other Goods and Services on the claim form, then enter it in PeerPlace when the equipment is provided to a caregiver. If purchased with NFCSP funds, report the expense as Consumable Supplies on the claim form, then enter it in PeerPlace when the equipment is provided to a caregiver.

- To clarify, report expenditures on the claim form when items are purchased, and enter the service in PeerPlace when the items are provided to caregivers. If the Aging Unit documents that a purchase occurred in an earlier reporting period, that timing difference can be explained to ACL if it creates a discrepancy in the NAPIS report. Such differences may occur because reporting follows the federal fiscal year, while contracts with Aging Units and providers may follow the calendar year.

Q: I am working with a grandparent who is 56 years old and caring for a 10-year-old child. Who needs to meet the functional impairment of ADLs or IADLs? The grandparent or the child?

A: Section 11.6 of the NFCSP Policy, states the functional assessment of ADLs/IADLs doesn't apply to grandparents/ relatives caring for children under 18.

Q : Where are books purchased for Powerful Tools for Caregivers reported in PeerPlace?

A: Nowhere – they will be accounted for when entering attendees for the PTC class.

Q: In a kinship/grandfamily situation do we need to get the information for the minor

children and enter that into SAMS?

A: Yes, NFCSP requires that the caregiver and care recipient/s both be entered into PeerPlace. It's a federal and state requirement to show the linkage. Contact carrie.kroetz@gwaar.org, GWAAR's Data Reporting & Technology Coordinator with more questions.

Q: Where are books/CDs/DVDs purchased for a resource or local library reported in PeerPlace?

A: Information services. Contact carrie.kroetz@gwaar.org, GWAAR's Data Reporting & Technology Coordinator with more questions.

Q: We have purchased adaptive aids and books for caregivers with some of the funds. How do I enter that into PeerPlace if the equipment isn't tied to an individual yet? How do I enter the caregiver gift bags we purchased for the support group?

A: The gift bags purchased for the support group will not be entered directly. That purchase is reflected when you report the attendees of the support group. For further questions contact carrie.kroetz@gwaar.org, GWAAR's Data Reporting & Technology Coordinator with more questions.

Q: We have a caregiver who attended an overnight retreat that cost $35.00. I'm not sure where to report this.

Caregiver Training. Contact carrie.kroetz@gwaar.org, GWAAR's Data Reporting & Technology Coordinator with more questions.

Q: We have received receipts from caregivers for approved expenses, from throughout the year. Are we able to enter all the caregiver expenses in December?

A: Yes. You have the full contract year to submit for payment.

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Peer Place Reporting Questions - Contact carrie.kroetz@gwaar.org, GWAAR's Data Reporting & Technology Coordinator with more questions. (Additional resources in DHS SharePoint: **Draft PeerPlace Reporting Instructions- Title III Required Demographic Characteristics.pdf**)

Q: Should NFCSP/AFCSP casefiles be opened under the care recipient or caregiver?

A: Caregiver, for NFCSP/AFCSP enrollments.

Q: How do I know if a service is allowable and what service type to report it under in

PeerPlace?

A: DHS-approved PeerPlace service definitions are available on the DHS SharePoint site: Aging and Disability Resource Center - Aging Reporting. For easier reference, these definitions have also been copied into more user-friendly PeerPlace Reference Sheets for both AFCSP and NFCSP. The Reference Sheets provide the approved service definitions and can help determine whether a service is allowable and which PeerPlace service type should be used for reporting for AFCSP and NFCSP.

Q: What do I click on for disability type for a child being cared for by her grandmother in NFCSP?

A: The disability field only needs to be filled out when the care recipient is age 18-59. More information can be found in the PeerPlace Guides - Aging. Contact carrie.kroetz@gwaar.org, GWAAR's Data Reporting & Technology Coordinator with more questions.

Q: How does an agency report caregiver support group expenses/costs in PeerPlace?

A: Costs are not (typically) reported in PeerPlace, all expenses should be reported on the monthly claims form. REMINDER: All Support Group entries in PeerPlace must be entered into an Event Profile.

NOTE: If the decision is made at a local level that some costs are to be entered in PeerPlace for internal tracking purposes this can only be accomplished by creating an Event Profile. With an Event Profile you can assign expenses with units entered for the individual/client.

Q: Can more than one county have "consent" from/for an individual in PeerPlace for reporting purposes?

A: Yes. In PeerPlace, a single client can be shared statewide. An agency should not be creating a new client record if there is already one in the system. (Statewide we may still experience some duplication, however, this should be limited by using an existing client record.) If you are entering information for a person in PeePlace, example – a Care Recipient – you are marking 'consent' if they are a part of the requirement for providing a Caregiver service.

Q: How do you enter these services?

A: Examples:

Caregiver Coalition - Aggregate Event (i.e. group) entry under CG Public Information, estimated # of people to 1 unit.

Caregiver Support Walk & Talk (Support Group) – Each caregiver (CG) and care recipient (CR) must be entered in the system and linked. In the Event Profile, add each caregiver individually to the roster so the service is recorded for the caregiver rather than as a group entry, as with Public Information. Record one unit for each caregiver on each session date. If multiple sessions occur in a month, enter each session separately by date; do not combine several sessions under one date. This date-specific reporting

requirement applies only to Support Groups and Nutrition Education.

Memory Café - Aggregate Event (i.e. group) entry under CG Public Information, estimated # of people to 1 unit.

Caregiver Conference - Data entry depends on how the service was provided. **If** it's a conference the agency facilitated, it would be entered as an Aggregate Event (i.e. group) entry under the service of CG Public Information, estimated # of people to 1 unit. **If** the agency is paying for a CG to attend, then the CG and CR info are entered into the system and link and report it as CG Conference for the client/CG. Report the number of hours the person attended the training - which can be reported either into the Caregiver client record under their registration Units Entry or within an Event Profile/Roster. (The Event Profile may be easier and it would be entered by the individual, not as a "group" entry.)

Contact carrie.kroetz@gwaar.org, GWAAR's Data Reporting & Technology Coordinator with more questions.

Q: How are meals reported in PeerPlace?

A: AFCSP: Enter under "Goods and Services/Meals" and enter as a unit. NFCSP: Enter under "Supplemental Services-Meals" and enter as a unit. REMINDER: AF/NFCSP funds can only be used if the Caregiver and Care Recipient are not eligible for III C or if the county has a waitlist. Link to policy to be used for both AF/NFCSP:

Q: How do we enter participants for Powerful Tools for Caregivers (PTC) classes into PeerPlace, as an event or individually?

A: The only services that must be entered into a group/aggregate entry are Public Information (IIIB and IIIE) and Social Events (IIIB). All other services must be entered by the individual receiving the service - for the Caregiver program that will always be the Caregiver and not the Care Recipient. The care recipient does have to be in the system and linked to the Caregiver.

Q: How do we track Information and Assistance (I&A) for time we spent for someone who has not yet enrolled in AFCSP, but is deciding? There is no option for Information and Assistance in PeerPlace for AFCSP, only NFCSP.

A: The state does not require Aging Units to report time spent providing I&A for the AFCSP, therefore it is not included in PeerPlace.
If you feel you want to record AFCSP I&A for your own purposes, your choices are:

1. Record it under NFCSP if you also spent time talking about caregiver supports through the federal program.
2. If the person eventually enrolls, capture the time under AFCSP case management.

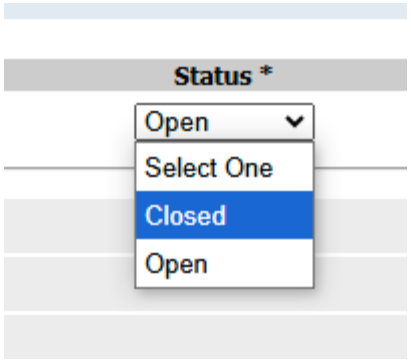
But for our purposes of state data collection, there is no reason to report AFCSP I&A activities.

Q: Do units of service, such as Respite Care, Supplemental Services, etc., continue to be entered under the Caregiver, (not recipient)?

A: Correct, services are entered in Peer Place under the caregiver.

Q: Can you delete an event created in error?

A: You can't delete events. The recommendation is just to go in and change the status from Open to Closed. If units were entered by mistake, they can all be edited to 0 on the Event Units History screen. (Otherwise, you have to delete the unit from every individual client).



Q: For NFCSP, should we enter the total respite hours for the month?

A: Yes, for any service, you only need to enter the total values for the month. (The state and GWAAR are recommending that you do this on the last day of the month.) An Aging Unit can choose to enter it the day the service occurs; however, you cannot see all data for services on one screen; like you could in SAMS/WellSky. For this reason, a one-time entry at the end of the month is all that is needed.

Q: Is there a way to enter the cost associated with the units, other than in the comments?

A: If you are entering service units for a client individually, then no, there is not an option to add costs on the Units Entry screen. If you create a roster through the Event Profile, then there is an 'amount' field where you can enter costs in addition to entering service units.

Q: Do we enter the cost of service, fee, or rate in Peer Place?

A: The cost is not required to be entered into Peer Place.

Q: How will an I&A Specialist know that a person's caregiver is enrolled in AFCSP or NFCSP?

A: The I&A Specialist would go to the Client Profile and click on the Program History tab. This tab shows a list of programs that the client is enrolled in.



Q: We have monthly Caregiver Meetings for support and training. Do I need to set this up every month? Or can it be a continuous "roster" type?

A: No, you do not need to set up a roster every month. You can create one event profile, and then enter units in that event profile monthly.

Q: What is the best practice for closing a file?

A: Generally, intakes should stay open as long as the person is being served. You should not need to close and reopen intakes from year to year. New assessments can be created without closing and re-opening an intake or case file.

Q: How do we report our time in Peer Place for setting up client files?

A: The best fit for reporting this time would be case management as this is a caregiver-specific service. The other ways to report this time could be under III B as admin or for AFCSP admin. Keep in mind only 10% of AFCSP funds can be used for admin.

Q: For people who are just participating in Powerful Tools or attending a Support Group, we ask the ADL/IADL but do not complete ask the rest of the caregiver needs assessment questions. Should we just be marking "no" since we cannot save the ADL/IADL without it?

A: You would not automatically select "no" because that would result in inaccurate reporting data. While it's generally best practice to complete a caregiver needs assessment for every caregiver enrolled in AF/NFCSP, if the only services are group services like PTC and Support Group, those are not services that require obtaining ADLs/IADLs - only Respite and Supplemental Services require obtaining this. If you want to include ADL/IADLs then you would need to ask all the remaining needs assessment questions.

Q: How and where do we enter grab bars for NFCSP?

A: Grab bars are considered Supplemental Services and would be entered in Peer Place under Home Repair/Modification. A PeerPlace service list with definitions has been posted on the

PeerPlace aging job aids page, titled "**Aging Services List**". Contact carrie.kroetz@gwaar.org, GWAAR's Data Reporting & Technology Coordinator with more questions.

Q: Where do we enter the caregiver needs assessment & Pre/Post Eval information, REDCap or PeerPlace?

A: As of December 2024, all new enrollees should be entered into PeerPlace. REDCap will remain active so coordinators will have access to the REDCap data. DHS was not able to migrate REDCap.

Q: What is the difference/meaning between Title III-E (CGOA) and Title III-E (ORC)?

A: CGOA-Caregivers of Older Adults

- An adult family member, or another individual or informal provider of in-home and community care to an: • Older individual OR• Individuals with Alzheimer's disease or a related disorder

ORC- Older Relative Caregivers

- Caregiver who is age 55 or older
- Are related to the individual they provide care for
- Lives with, provides informal care, and is the primary caregiver for a child or an individual with a disability

Q: <u>Volunteer Time:</u> Is this separated amongst programs? We have volunteers at our Dementia Cafes and then Volunteers for our Caregiver Program, and others. I haven't seen any guides on that yet.

A: There is a place within the volunteer tracker where you can associate a program(s).



ROSTER SPECIFIC QUESTIONS:

Q: In Wellsky, we could never use rosters because we had to change the drop-down to "for caregiver" but in Peer Place that is not relevant. Can we create events for service unit entry

A: Yes, you can use rosters for Caregiver programs in PeerPlace. AAAs might have further guidance on their data entry preferences.

Q: I believe I can make rosters to enter units of services for consumers in AFCSP, NFSCP, and Supportive Services, correct?

A: Yes, that is an option.

Q: My thought is to title each new roster with the name of the provider and then list all of the consumers who receive services from that provider and their units of services. For instance, Visiting Angels is the title then a list of each consumer they serve with the total number of units per consumer each month. If I can do that, would I need to make 3 rosters for each group of consumers receiving services from Visiting Angels (AFCSP, NFCSP, and Supportive Services)?

A: Yes, you would need three rosters since AFCSP, NFCSP, and Supportive Services are all different programs within PeerPlace.

Q: Let's say I create Visiting Angels – AFCSP, Visiting Angels – NFCSP, and Visiting Angels – Supportive Services, would I then need to divide each of those groups into types of service (personal care, housekeeping, chore, companionship)?

A: Yes, you would need to divide the rosters by service type, since only one service type is allowed per roster.

General Program Questions

Q: We are trying to assist our fiscal staff in completing the 2025 AFSCP Budget. I am wondering for question number 7; it asks the number of households anticipated to be enrolled and served. The last couple of years in our county it has stayed at 5. What happens if I say 5 and then we serve 6. Does that make a difference or matter?

A: The budget is just a best guess of the number of households for planning purposes. Aging Units can definitely deviate from the budget as needs present themselves.

Q: Each year, is there an end of year report that needs to be completed for AFCSP funding?

A: Yes. The annual AFCSP Fiscal Report for the previous year is typically due in late March. Aging Units generally receive the submission link from the DHS Caregiver Program Manager (Lynn.Gall@dhs.wisconsin.gov) in February. The submission process is similar to the annual AFCSP Budget process. A Mid-Year AFCSP Report was also introduced in 2025 to better understand county and Tribal spending and the services funded. For more information, view the 2026 AFCSP Mid-Year Fiscal Report Webinar 7.27.26.

Q: Should we be distributing 1099's to private individuals paid for respite and home care services? I have had a couple of providers ask if they have to report the payments and one has said they would not provide respite if they had to claim it on their taxes.

A. Money paid to individuals for respite and home care services is considered taxable income. I would not provide any further tax information as they should be talking about this with their accountant.

Q: As the new year approaches, do individuals who were approved for grant allocations in the previous year need to reapply for funds, if they have a continued need and still meet the criteria?

A: It is a good practice to reassess both AFCSP and NFCSP recipients annually to ensure they continue meet eligibility and have ongoing needs. Basic follow-up is valuable. There aren't any special forms, updates can be captured in PeerPlace as well as any agency-specific case noting system.

Q: When a caregiver has a family member or friend provide short-term respite, should we complete a background check before services begin?

A: Background checks are not required by policy, but it is a good idea to do them. You can access a very basic background check for free via Wisconsin Circuit Court Access https://wcca.wicourts.gov/ as well as the federal sex offender list https://www.nsopw.gov/?AspxAutoDetectCookieSupport=1. These certainly don't cover everything, but it is a good resource to start with. Caregiver grant program funds can be used to cover the cost of background checks.

Q: If a caregiver has received AFCSP, spent those funds, and then applied for NFCSP, is there a limit on how much total funding they can receive?

A: The max amount of AFCSP per year is $4000 (unless the county or tribe has lowered that amount) or unless the Aging Unit/Caregiver Coordinator has requested a waiver to exceed the $4,000 and it's been approved. NFCSP doesn't have a state or federal maximum dollar amount. However, most counties have a maximum dollar amount or maximum number of hours for NFCSP. There is no limit on "total funding" be adhere to your local policy/procedure for NFCSP max amount. Examples of local policies and procedures can be found under both AFCSP and NFCSP "**Program Management Resources**" or by clicking here.

Q: I was working with a very knowledgeable caregiver and doing the needs assessment with him was difficult and frustrating, so I ended up completing them in the office. Is that okay?

A: The location where the needs assessment was conducted does not matter. The most important thing to remember when using the form is that it was not designed to be a checklist of every question you must ask. It was designed to be a discussion guide to help Caregiver Coordinators uncover potentially hidden needs.

***The Needs Assessment has been updated to include the following instructions.*

> *INSTRUCTIONS: Agencies are required to use this tool to guide discussions with potential AFCSP and NFCSP participants.* ***This form is not intended to be a checklist.*** *Some questions may not apply to every caregiver or situation, which means Coordinators are responsible for determining which sections to focus on most during*

discussions.

Q: If we use NFCSP funds for a caregiver event and charge people to go to the event would the money we collect have to go back into the NFCSP funds or can we put that money in a general account for other programs?

A: If the amount you are charging attendees covers the cost of speakers, food, and room rental, NFCSP should not be used. You could use NFCSP for "scholarships" for caregivers who can't afford to pay the registration fee or to pay for respite or transportation to help a caregiver attend.

Q: Would our Caregiver Coordinator's time spent conducting outreach for a showing of a caregiver documentary be an allowable AFCSP expense, in addition to the cost of items we use/distribute during that event?

A: Yes, it would. This would be considered Public Awareness.

Q: Can a person utilize funding from III-E and III-B at the same time? For example, could they get respite from III-E and Lifeline from III-B?

A: Yes, they can. We encourage Aging Units/Caregiver Coordinators to blend and braid services and supports! III D/Health Promotions programming can also be beneficial to caregivers, not to mention services such as hospice, kinship, III-C/Nutrition, Veteran's Services, and more.

Q: Is transportation to get to the Adult Day Services program considered respite?

A: We acknowledge that any goods and services that provide for or alleviates responsibilities, stress, or provides the caregiver with a "short break" is a type of respite. ***However***, for reporting purposes transportation would not be considered "**respite care**". Respite care is reported in increments of hours and is "general", "in-home", "facility" or "overnight" care. "Respite care" is a service provided by "*an appropriately skilled individual providing companionship, supervision and/or assistance*" to a care recipient. The service of transportation would be reported as a "Goods and Supplies" within AFCSP and "Transportation" or "Assisted Transportation" within NFCSP.

Q: Can any caregiver – caring for any type of disability/condition – attend a caregiver support group?

A: Caregiver support groups can be open to any caregivers. When using AFCSP or NFCSP funds, the group should be focused on caregivers of people who are over 60 people who have dementia or adults over 55 who are caring for relatives' children if NFCSP is used; but anyone can attend. The only time it really matters is when you document in PeerPlace. The person would need to meet the qualifications of either NFCSP or AFCSP to reported in PeerPlace. For example, if someone comes to the group who is caring for a 50-year-old with cancer, you couldn't enter them into PeerPlace, but they could still attend.

Q: For NFCSP, is the 20% max on Supplemental Services for each person enrolled or is it 20% of your total allocation?

A: As of 8/16/2021 the 20% Supplemental Services limit has been discontinued.

Q: What can be considered "Respite" for the 40% minimum requirement with AFCSP?

A: Any goods and services that provide for or alleviates responsibilities, stress, care tasks or give a caregiver a "short break" is a type of respite. **However**, for reporting purposes "respite" is reported in increments of hours and is "general", "in-home", "facility" or "overnight" care. "Respite" is a service provided by "*an appropriately skilled individual providing companionship, supervision and/or assistance*" to a care recipient. As examples, case management, goods & services, outreach, support groups, public outreach, etc. would **not** be considered reportable respite services.

Q: Am I required to complete a needs assessment every year when I do the re-enrollment paperwork for AFCSP?

A: Yes, caregiver needs change over time and updating assessments helps professionals offer the best care/service. Only the data collected from the first assessment needs to be entered into PeerPlace.

Q: What are the waivers on cap limits?

A: The 20% cap on supplemental services has been permanently waived. The hourly cap on caregiver hours at 112 annually has been permanently waived. You can view the most up to date Program changes by visiting DHS, Department of Aging SharePoint, Family Caregiver Manual here.

Q: Is the assistance provided by AFCSP and NFCSP considered taxable income?

A: Please refer program enrollees to a tax professional for advice. Although these programs are not cash public assistance programs, it is best to refer people to their tax preparer or a free legal advice service for a definitive answer.

Q: We have a caregiver who is caring for her mother with dementia and her husband with Parkinson's. If the 2 care receivers meet all the requirements for AFCSP, can the caregiver receive funding for each care recipient?

A: Yes. We do allow a caregiver to receive support services for more than one care recipient under AFCSP, even if they are in the same household. The maximum amount for each care recipient the caregiver is caring for is $4,000 (or the local procedure/policy maximum).

Q: How does a tribe or county request a waiver to exceed $4,000 in AFCSP per caregiver situation?

A: A waiver can be requested via email to Lynn.Gall@dhs.wisconsin.gov (and cc 'in Bryn.Ceman@gwaar.org) 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.

Q: Do you have a checklist or to-do list that a new Caregiver Coordinator could use to organize?

A: Yes. These are just examples to help, they are not mandatory to use *Examples - Caregiver Coordinator Checklists and Letters. This document can be found by clicking on AFCSP or NFCSP and then "Program Management Resources".

Q: Why do some counties have a contract with the state for AFCSP and others hold a contract with GWAAR?

A: State legislation that created AFCSP allows each county to decide which local agency they designate to administer the program. Some counties run it through their Aging Office, while others choose their Department of Human Services or another department. As a AAA, GWAAR only contracts with local Aging Units. Therefore, if a county chooses their HHS or DHS to administer AFCSP, that county must contract with DHS instead of with GWAAR.

- If a county decides to switch AFCSP from one agency to another. Doing so requires a resolution from the County Board (or another oversight board if there is a different one) to make the change from their state contract to their GWAAR contract.

Q: How do I record the time I spent with a customer/family who didn't enroll in either AFCSP or NFCSP?

A: If the customer/family meeting was regarding potential enrollment in NFCSP you could report your time as CG Information & Assistance or Outreach within AFCSP. The definition of services can be found here for NFCSP and here for AFCSP.

- Please note that AFCSP "Outreach" is one of the few services that cannot be used as match for NFCSP.

Q: If a family used NFCSP or AFCSP respite funding last year and wants to continue this year, does the annual reassessment need to be done in person?

A: No. The annual reassessment can be completed over the phone for both NFCSP and AFCSP. If you've maintained regular contact, you likely already have a strong understanding of the caregiver's needs. The reassessment can confirm what you already know and document whether any updates are needed.

Q: Does a home care, personal, supportive home care, personal care, etc. agency need to be certified to provide care using AFCSP or NFCSP funding?

A: In short, no, an agency does not need to be licenses, however, additional steps need to be taken. In general, most agencies are certified/licensed. If they are not, the CG Coordinator would want to be sure the agency is at a minimum conducting background checks for staff and volunteers. If the agency is not conducting background checks it is best practice to utilize AFCSP / NFCSP funds to conduct these background checks before AFCSP and/or NFCSP services are provided.

Q: How long does an Aging Unit need to retain records for AFCSP and NFCSP clients?

A: Because NFCSP is a federal program, we follow federal protocol which reads, "*Local agencies shall keep records/documentation for **at least three years** or pending an audit resolution on those records. If a provider agency ceases to exist, the records related to the contract revert to the awarding agency.*"

For personnel records, "*a confidential personnel record must be maintained for each employee of an area agency on aging or aging unit. Access to this record must be restricted to authorized individuals and the employee. Personnel records must be maintained for 10 years following the employee's departure from the agency*." Office for Management and Budget (OMB) Guidance, § 200.334 Retention requirements for records. § 200.334 Retention requirements for records.

Q: Can you tell me where to find information regarding our OAA requirements surrounding Caregiver support groups. Do we need to have one? If so, what are the stipulations surrounding it?

A: The Older American Act requires that NFCSP provide the following services:

- information to caregivers about available services
- assistance to caregivers in gaining access to the services
- individual counseling, organization of support groups, and caregiver training
- respite care; and
- supplemental services, on a limited basis

This requirement does not mean that your agency necessarily needs to take the lead on running support groups. But each program is required to collaborate with and help strengthen the existence of caregiver support groups in your service area. This can be done by contributing staff time to groups planning to hold supports groups, collaborating to provide content for group discussion, supporting groups financially, and promoting support groups at the agency and ADRC level.

Q: Can A/NFCSP funds be used to pay for services before they are provided?

A: No. A/NFCSP funds cannot be used to pay for services that have not yet been provided. For example, a caregiver **cannot** pay a house cleaning company for an entire year's worth of cleaning and then request reimbursement from A/NFCSP.

Payments may only be made **after**:

- The service has been completed, and
- A detailed invoice or other required documentation has been received.

Q: Can an agency or caregiver sign a contract for future services?
A: Yes. An agency or caregiver may enter into an agreement or contract with a service provider to lock in a price or schedule future services.
However, payment must still be made **only after each service has been completed** and a detailed invoice has been submitted. Paying for services after they are provided ensures public funds are spent only on completed services; prevents the need to recover funds if services are canceled or circumstances change; and supports proper financial documentation and audit requirements.

Q: Are there any exceptions to when A/NFCSP funds can be used to pay for services before they are provided?
A: Some goods or activities may be purchased before they are provided to caregivers. Examples include:

- Educational books or workbooks
- Caregiver supplies or adaptive equipment
- Conference or presenter fees
- Public information or educational event expenses

These purchases are different because they involve **goods or approved program activities**, not future services to an individual caregiver. In limited situations, an item (such as workbooks purchased in December for a class beginning in January) may be purchased before it is distributed or used. These situations should be reasonable, properly documented, and consistent with program requirements.

Q: How should ongoing services (e.g., Life Alert/Personal Emergency Response Systems) that are billed quarterly or annually be reimbursed?
A: Reimbursement should follow the service's billing frequency.

- **Monthly billing:** Reimburse and report monthly.
- **Quarterly billing:** Reimburse the full quarterly invoice and report it as one quarterly unit in PeerPlace.
- **Annual billing:** Reimburse the full annual invoice and report it based on the annual billing cycle.

This guidance applies to ongoing subscription-type services that have been billed for an established billing period. It does **not** change the policy that NFCSP/AFCSP funds generally may not be used to pay for services before they are provided.

Q: Can a county or Tribe change its AFCSP contract from DHS to GWAAR? If so, what is the process and what are the benefits?
A: Yes. Counties and Tribes may request to have their AFCSP contract administered through GWAAR rather than directly through DHS. While the AFCSP allocation does not change, some agencies prefer contracting through GWAAR because GWAAR may be able to distribute statewide reallocated AFCSP funds later into the following calendar year. This additional flexibility can help agencies continue serving caregivers and, in some cases, reduce the need to use local tax levy or other use of other funds when caregiver demand exceeds the original

allocation.
To request a change, the agency must submit:

- A signed County Board (or Tribal governing body) resolution, to DHS, authorizing the change.
- A formal written request, to DHS, from the agency currently receiving the AFCSP funding.

The transition generally begins with the next contract year, although DHS should be consulted regarding timing and any current requirements.

Q: Can AFCSP or NFCSP funds be used for a caregiver who is also receiving services through the Medicare GUIDE Model?

A: Yes. AFCSP or NFCSP may be used alongside the Medicare GUIDE Model to **supplement, but not duplicate, services**. GUIDE may provide care navigation, caregiver education/support, respite, and connections to community services.

If GUIDE is already paying for a specific service, AFCSP/NFCSP should not pay for that same service. However, if the caregiver has additional assessed needs beyond what GUIDE provides, AFCSP **or** NFCSP may be used for eligible services, provided the caregiver meets program requirements.

Q: Must a home modification be completed by a licensed or insured professional, or may a family member or another non-professional be paid to do the work?

A: It depends on the project's type and scope. A family member or another non-professional may complete minor handyman-type projects, such as installing grab bars, and be reimbursed for reasonable costs. An insured professional should complete larger projects or work involving plumbing, electrical systems, structural changes, significant time, or other safety or liability concerns. This helps protect the caregiver, care recipient, and administering agency. Agencies must also follow applicable local requirements for contractors, permits, licensing, and procurement.

Q: Can AFCSP funds be used for major home repairs or maintenance, such as replacing a roof?

A: Generally, caregiver grant funds should not be the primary source for major home maintenance, such as a full roof replacement. First, explore home repair or modification programs, loans, insurance, and other public or private funding. AFCSP may be considered only as a last resort in an urgent situation when the repair is necessary for the person with dementia to remain safely at home and avoid institutional placement. For example, AFCSP might help cover an emergency roof repair or patch when no other resources are available.

AFCSP allows up to $4,000 per care recipient per calendar year, although a county or Tribe may establish a lower local maximum. Therefore, even when a major home repair is determined appropriate, AFCSP may only be able to contribute toward a portion of the

overall cost. In extraordinary circumstances, an agency may contact DHS to discuss whether a waiver of the $4,000 maximum is appropriate. The caregiver's assessed need, other resources explored, and reason the expense is necessary to support continued care in the home should be documented. AFCSP should not be used for a major home expense simply because the caregiver or care recipient prefers not to use available personal resources.

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