

TA Questions for NFCSP and AFCSP

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Eligibility Questions

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: 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.

In addition, previously a person who was **eligible for** Family Care was not able to enroll in AFCSP. However, as of January 2019, Medicaid-eligible individuals may choose to enroll in AFCSP instead of Family Care or another Medicaid program.

Q: Are we able to subtract projected or anticipated expenses for AFCSP eligibility purposes or can we only count those dollars that have actually been spent?

A: The expenses need to have already been incurred for them to be deducted from the combined gross income to determine AFCSP eligibility.

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Q: Does money withdrawn from an IRA count as income for the purposes of AFCSP eligibility?

A: Yes. However, if the money from an IRA has been taken out to cover dementia-related expenses (including the PWD's funeral), this could be considered as a dementia-related expense that could be deducted from the gross annual income.

Q: If a consumer has trust, does that disqualify them from AFCSP? They're using it to pay the caregivers they have now.

A: In general, having a trust does not disqualify someone from enrolling in AFCSP. It would only count if the trust was paying out regularly scheduled payments that would be considered part of their annual income. AFCSP eligibility only counts the incomes of the person diagnosed with dementia and his/her spouse. There is no asset test for the AFCSP.

Q: Dual Enrollment question and cost share question related to AFCSP.

A: The AFCSP no longer has a cost share requirement. DHS eliminated that aspect of the program when the administrative rule was re-written, several years ago. The AFCSP enrollment worksheets you should be using no longer include a cost share. You can find the most up to date financial worksheets on DHS's website [Alzheimer's Family and Caregiver Support Program \(AFCSP\) Financial Eligibility Screen - Worksheets 1 and 2](#) or on GWAAR's website under Family Caregiver Support → Alzheimer's Family Caregiver Support Program → Enrollment Forms. Enrollees just need a dementia/related diagnosis from a qualified health care provider and meet the \$48,000 (or less) annual income eligibility after dementia-related expenses are deducted. A person can only be enrolled in one of these programs at a time, but they are able to switch between AFCSP and NFCSP if one runs out of money, or the person reaches their maximum allowed service limit.

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: Would a spouse's income count toward gross annual income if s/he passes partway through the year?

A: Yes. The spouse's income before their passing would count as income and need to be considered when figuring gross annual income for AFCSP eligibility.

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: If an AFCSP applicant is “married” but doesn’t live with a spouse, each maintains separate households, and finances, and are looking at getting a divorce, does a Caregiver Coordinator still need to look at combined income or can we just look at just the income of the applicant?

A: Until the divorce is finalized, they are still married and both incomes must be counted.

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 caregiver per year. Certainly, counties can 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.” As long as 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, which the Aging Unit is asked to explain or share when submitting annual budgets. (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 as long as 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: We recently have a daughter that is caring for her parents. Her mother is in a facility which they are privately paying for services. The dad has an Alzheimer's diagnosis. Despite the wife being placed out of the home, her income would need to be considered when completing the AFCSP financial worksheets, correct?

A: Correct. The couple's income, together, must be used to determine eligibility, minus any Alzheimer's-related expenses. Per the DHS Admin Code, "The person with dementia and that person's spouse is expected to have a joint income of no more than \$48,000 for the 12 months immediately following application for the program, except that in determining the income of a household with a joint gross income of more than \$48,000, the administering agency shall subtract any expenses attributable to the dementia-related needs of the person with a dementia diagnosis or the person's caregiver."

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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. For NFCSP, the person would require assistance with 2 (or more) ADLs and/or IADLs.

Q: Does the diagnosis “amnesic 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 as a result 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: The key symptom is an “irreversible deterioration of intellectual faculties.” Brain injuries are usually covered with other programs – this sounds more like a brain injury. It also sounds like it might be temporary since it is right after surgery, so this would not be a qualifying diagnosis. If the dementia doesn't improve or the physician can make the diagnosis as irreversible dementia, then 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. However, if you can get that documentation (e.g. irreversible dementia symptoms – similar to that which can occur in Parkinson's disease) then yes, this diagnosis would qualify.

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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: NFCSP can be used for all the children. In section 11.2 the policy says the child can be 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 SAMS?

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

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

A: Yes. However, if a section does not apply (ADL/IADLs), you can skip that section. Please remember the caregiver should be entered into REDCap.

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 “disabled” for purposes of this grant.

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

A: Yes. Through the Caregiver Needs Assessment, there may be 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. Code as #67 – Supplemental Services – Consumable Supplies

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, needs to do the program evaluation at this time.

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: If a county has a waitlist for the nutrition program, can caregiver funds be used from NF/AFCSP?

A: Yes, if a person qualifies for the caregiver grants, it is allowable to use AFCSP or NFCSP funds to provide a person with C1/C2 meals if there is a waitlist. 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: Can someone use the NFCSP funds to pay for home-delivered meals?

A: You cannot use NFCSP to pay for OAA home-delivered meals for people age 60+ since they qualify for a meal on a donation basis. You can pay for other home-delivered meals such as Mom's Meals with NFCSP. And you could pay someone to go to the home and cook for them. If the person is under age 60 and does not qualify for an OAA meal on a donation basis, NFCSP can be used to pay the full cost of the meal for the caregiver.

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 continue to cover expenses that are not room/board?

A: AFCSP can continue to cover expenses that are not room/board as long as they are not items/responsibilities the facility should already be providing.

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, NFCSP can pay up to whatever your local maximum amount allows.

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.

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 coded as 7508-Public Awareness (AFCSP). You do not need caregiver-specific information for this entry, just enter as a consumer group only under the 04-AFCSP. 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. She is waiting to enroll in Independent Living Services Pilot (ILSP). Can AFCSP funds be used to pay for transportation and care for herself, as the caregiver, post-surgery?

A: Yes, that would be allowable. We do allow people who are waiting to be enrolled in other LTC programs to utilize AFCSP and NFCSP until they are enrolled. The CG surgery is vital to the caregiver being able to continue to provide care in the future.

Q: Can caregiver grants pay for co-payments?

A: Yes, but as a last resort. Explanation: Coverage of co-pays can give the appearance that NF/AFCSP is a type of medical insurance program, not a caregiver support program. It is for this reason, that a best practice is to avoid paying for co-payments. The best practice is to cover the cost of something else related to caregiving which frees up money for the caregiver/recipient to cover their co-pays. 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.

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SAMS Reporting and Fiscal Questions

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

A: Aging Units (AUs) do not report expenses in WellSky aka SAMS. AUs report expenses on the GWAAR claim form. Staff training funded by III-E would be reported on the claim form for the service it is associated with. For **example**, training on how to provide I&A would be allocated to 6900 I&A service. If the training covers multiple services, the AU should allocate costs associated with the training across multiple services. This can be done by estimating. **Example:** 30% of training relates to case management, 20% to I&A, 50% to respite, etc. Eventually, all expenses on the claim form need to be tied to participant services in WellSky/SAMS.

Example: Staff training costs for a support group leader would be entered in the Support Group line of the NFCSP fiscal service of the claim form. Once support group(s) are up and running, the participant services would be entered into WellSky/SAMS as an NFCSP Support Group service – that's 6503s-Caregiver Support Groups. It is extremely rare, but it might be the case that expenses are on the claim form in a service area related to staff training; an example is the Caregiver Support Group. But then no caregivers participate, and an AU is left with claimed expenses with no participant services entered in WellSky/SAMS. (This can happen in health promotions III D as well.) Should this occur be prepared to explain and/or note this on the claim form.

Q: We are having difficulty entering service deliveries in SAMS for those receiving services for AFCSP. The service delivery is entered under the caregiver. The staff that had been helping with this was entering them as a “standard” service. I believe they should be entered as “to caregiver”. When we try to do that, there is not a place to enter the care receiver. It will not allow us to save the entry without the care receiver’s name entered. If I change the delivery to NFCSP and to the caregiver; the place for the care receiver’s name appears.

A: The “To Caregiver” option is only applied when you are doing an NFCSP service, not an AFCSP service. There is no linking to the Care Recipient needed so how you are entering it as a “standard” service is correct.

Q: Where to record YMCA respite for Grandparent/Relative Caregiver?

A: #66b – Respite Care – Facility Based Day, subservice: Grandparent Respite – Childcare – Special Activity.

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

A: “The caregiver needs assessment results to go into DHS REDCap. These can be done right away, or you can save them and enter them all at once every couple of months. SAMS entries are the actual services that your program approves and delivers to the customer (usually not everything the caregiver identified during their needs assessment.) It is preferred that SAMS data be entered monthly, shortly after services are delivered.”

- **It’s important to remember that claims need to match SAMS data.**

Q: I purchased 10 books for grandparents raising grandchildren – to give to the grandparents I am working with. Where do I report that in SAMS?

A: Report under #69- Information Services with no subcategory. If you purchased 10 of the same books to give to families, it would be 1 activity with 10 consumers reached.

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 can keep this on hand in your supply closet for future participants. The delay was out of your control. Use AFCSP funds if you have them available and report them under goods and services (7504-Other Goods and Services for SAMS) on the fiscal report. If you use NFCSP you can use code 6724-Sup.Svcs.-Assistive Devices/Technology but do not report anything in SAMS/WellSky until an actual service /item is provided to a caregiver.

- o To further clarify: This means that expenditures will be reported on the claims forms when the items are purchased & data will be entered into SAMS when the item is provided to a caregiver. If the AU documents that the expenditures were made in a prior reporting period, we can note that in any explanations to ACL regarding discrepancies on our NAPIS report. This sometimes happens anyway

because we report on an FFY basis but contract with aging units and providers on a calendar year basis.

o Another OAA program example is when nutrition programs need ideas for spending funds. We allow programs to purchase materials that would be used in the coming year like HDM trays, etc.

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 19.

Q: We want to order a large number of promotional items for upcoming events for older adults and family caregivers. How do we record these expenses in SAMS/WellSky?

A: As you host or participate in these events, you'll be able to report the expenses (e.g., staff time, cost of promotional items, etc.) in SAMS/WellSky within the appropriate program. For example, AFCSP - 7508-Public Awareness, III E - 68-Information Services (Public Information), and III B - 16a-Public Information. You would report the estimated number of people who attended one activity as a unit.

Q: Part of our NFCSP goes towards my salary as the coordinator. Fiscal includes this on the Information Services line as I do presentations, etc. I have been reporting the number of presentations I do but do not account for the time I spend preparing, etc. Should I be reporting that time somewhere in SAMS?

A: No. Only need to report the actual presentations you do.

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

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 SAMS. It's a federal and state requirement to show the linkage.

Q: What is the SAMS set up for kinship/grandparent?

A: The grandchild(ren) (or another relative child) would need to be entered into SAMS and connected to their grandma as the caregiver for NFCSP enrollment. When respite care occurs, and multiple children are being cared for at the same time then you need to only enter in for one. Example: You would NOT report 4 hours of respite care for 2 hours of respite for 2 children at the same time; only 2 hours of respite would be recorded. If the grandma was receiving separate respite for each child (e.g., one at a camp the other child a different out-of-home respite provider) then you would record those

services separately under each child connected to the caregiver enrolled.

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

A: Information services – no subcategory.

Q: I am having difficulty entering the case management into SAMS for a married couple; each enrolled in caregiver programs. SAMS does not seem to recognize them as both caregivers and care receivers. I was able to enter Case Management entry for one, but when I go to enter the spouse, it defaults to Standard under Delivery Type and does not bring up the Care Recipient box. I have deleted and re-entered them, but it still is not working. How can I enter the information?

A: When entering the service such as Case Management you would need to divide your time by each caregiver, versus reporting the same hour with each caregiver. Make sure each has a care enrollment 31 assigned to them and they are listed in each client record. If they are listed as a caregiver for each other there shouldn't be an issue reporting service.

Q: Where do I report the following NFCSP expenditures on the fiscal claim form and in SAMS? (e.g. staff training supplies for memory café's, equipment for dementia live.)

A: Training for staff – for fiscal report as Training, do not report in SAMS

Memory café supplies – for fiscal and SAMS report under Information Services (subcategory, Public Presentation)

Equipment for dementia live – for fiscal and SAMS report under Information Services (subcategory, Public Presentation)

Q: Regarding SAMS/WellSky Reporting, I do not have the option to charge time to Case Management and enter in SAMS and charge to I&A and enter in SAMS IR as I did this past year [2022], do I?

A: This has never been allowed - to spend under CM and report the services as I&A in SAMS IR as an I&A call records/contacts. The only thing you can do, and were allowed to do in the past, is spend money in III- E I&A and only report that within SAMS IR.

Q: We have purchased adaptive aids and books for caregivers with some of the funds. How do I enter that into SAMS 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. Books can be reported under Information Services, no subcategory. Adaptive Equipment is often purchased for a county loan closet. In this case, you would report the data in Supplemental Services when the caregiver “checks out” the equipment. Or if you are going to give it to them, report it at that time.

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

A: Put it under 6502s - Caregiver Training, subcategory – Conferences. You would need to get full information on the caregiver and enter it as 1 session.

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.

Q: Where would you report a massage for a caregiver?

A: Record it as 66a - Respite Care, subcategory - General, then report the number of hours the caregiver was gone for the massage.

Q: Where would you report a class or activity for a child who is being raised by grandparents?

A: Record it as 66a - Respite Care, subcategory - General, then report the number of hours the child was at the class.

Q: How do I set up a couple in SAMS who are caregivers for each other in NFCSP?

A: List each person as a care recipient for the other. Enter a service only once. EX: Husband is going to adult day care for a few hours the service will be entered as a respite for the wife, listed as a Caregiver (and the husband linked to the service). If someone is coming into the house to clean for the couple, both are benefiting from the respite-homemaker services. However, you will assign it only to one of the caregivers and not both. EX: You could assign it one caregiver one month and the other the next but either way only one person should be receiving this unique service at the time it is provided.

Q: What are the NFCSP Medication Management reporting codes?

A: 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.

Q: What is the NFCSP reporting code for attorney fees?

A: 6712-Sup Svcs, Legal/Financial Services.

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General Program Questions

Q: Should we be distributing 1099's to private individuals paid for respite and home care services? I have had a couple 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: Do we need to keep copies of documentation for AFCSP forms for any verification of income when enrolling? Or do we just need to view the document(s)?

A: We do not need to keep documentation to verify income, although the income amount/s should be entered and saved on the eligibility worksheets. The worksheets are to be saved.

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: For AFCSP, everyone needs to be reassessed annually – you can do that every 12 months rather than by calendar year. There isn't the same "rule" for NFCSP because the program was meant to provide short-term/intermittent help. It is a good practice to reassess NFCSP recipients annually if they have a continued need – basic follow-up is valuable. There aren't any special forms – just do an update in their folder or whatever web-based notes you use.

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.

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 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 maximum dollar amount. However, most counties have a maximum dollar amount or maximum number of hours for NFCSP. 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 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.

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: Yes, any goods and services that provide respite to the caregiver can be counted as “respite”.

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 SAMS – the person would need to meet the qualifications of either NFCSP or AFCSP to report in SAMS. For example, if someone comes to the group who is caring

for a 50-year-old with cancer, you couldn't enter them into SAMS, 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: For AFCSP purposes, the definition of Respite is, “Any service that provides caregivers with temporary relief from caregiving responsibilities.” The goal of respite is to enhance the health and well-being of the caregiver. Respite is usually provided to caregivers at home in the form of visiting services, household chores or assistance with providing personal care, medication management or wound care. Respite may also be provided by an adult day center or short-term in an institutional setting. AFCSP respite may also include transportation costs, adaptive equipment and technology, and expenses related to keeping caregivers socially engaged with others during periods of temporary respite.

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

A: Yes, but data from the second Caregiver Needs Assessment does not need to be submitted to the State Office on Aging. Each caregiver should only be entered into the REDCap system once, after initial enrollment.

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 county request a waiver to exceed the \$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 mandatory to use: [*EXAMPLES - AFCSP Coordinator Checklist](#) and [*EXAMPLES - NFCSP Coordinator Checklist](#). They are each found under the “Program Management Resources” section.

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. If they choose their HHS, DHS includes AFCSP on the larger State-County contract that includes other non-aging program funding we contract to them. Occasionally a county will decide 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.

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