

How do the Nutrition and Caregiver Programs Work Together?

- If any person, including someone's caregiver, is eligible for Title III C1 or C2, the requested meals should be provided using nutrition program funding.
- When an individual or person's caregiver does not meet the eligibility criteria for C1 or C2, **caregivers can choose to use** their AFCSP or NFCSP funding to purchase at the full cost of the meal through the Elder Nutrition Program. (HDM and Senior Dining Meals).



Who qualifies for a Title III C1 or C2 meal?

- **Definitions:**

- Congregate Meal - A meal provided by a qualified nutrition provider to a qualified individual in a congregate or group setting. The meal is served in a program that is administered by BADR and/or AAAs and meets all the requirements of the Older Americans Act and State/Local laws. (Source: OAA)
- Home Delivered Meal - A meal provided to a qualified eligible individual in his/her place of residence or via carryout. The meal is served in a program that is administered by BADR and/or AAAs and meets all the requirements of the Older Americans Act and State/Local laws. (Source: OAA)

- **Participant Eligibility:**

- Age (60 and over): Aged 60 and older.
- Spouse: A spouse or domestic partner, younger than age 60, of a meal recipient who is aged 60 or older.
- Disabled in Elderly Housing: An adult with a disability, younger than age 60, who resides in a housing facility occupied primarily by older individuals at which congregate nutrition services are provided is eligible to receive congregate or carryout meals at the facility in which they reside.
- Disabled Living with Elderly Person: An adult with a disability, younger than age 60, who resides with an eligible older individual receiving a meal.

Steps in Assessing if Caregiver funds can be used:

- Is there a caregiver involved?
- Is the caregiver enrolled in the National Family Caregiver Support Program (NFCSP) or the Alzheimer's Family & Caregiver Support Program (AFCSP)?
- If not, are they eligible for NFCSP or AFCSP?
 - [NFCSP Fact Sheet](#) - Any adult caregiver providing assistance to (1) a person aged 60 or older, (2) or a person of any age who has Alzheimer's disease or related dementia, (3) or grandparents or other relatives 55 and older acting as the primary caregiver for a child under age 18, (4) or other relatives 55 and older who care for a person aged 18 to 59 with a severe disability.
 - [AFCSP Fact Sheet](#) - Any adult caregiver providing assistance to a (1) person diagnosed with Alzheimer's disease or other dementia (2) and where the person with dementia resides in a community or home setting (3) and where the person with dementia and spouse has a gross annual income of \$48,000 or less. (Costs related to dementia-related care may be deducted when calculating gross income.)

Policy and DHS Form F-02425

- **Caregiver Coordinators** in each county are required to complete a [Caregiver Needs Assessment](#) for every family caregiver enrolled in NFCSP and AFCSP. **If OAA nutrition services, senior dining, or home-delivered** are determined to be a need, family caregiver support program funds can be used if the person does not meet eligibility requirements for C1/C2 or if the agency has a waiting list for nutrition services.
- **EX: 6 meals are identified as a need by the caregiver, the program coordinator can approve nutrition and meal services to be included in the service plan.** (This should be conducted in coordination with the Nutrition Program.)
- **Completion of [DHS Form F-02425](#) is required** to purchase home-delivered or congregate meals under [AFCSP Policy](#). Signing the form ensures that caregivers are aware they are choosing to use their limited **AFCSP funds to pay for the full cost of the meal.** (If a person is ineligible for C1/C2 **OR** is eligible & wants to make a voluntary contribution through AFCSP, they will be reducing funds available for other caregiver supports.)
- It is also **best practice to use [Form F-02425](#) with caregivers enrolled in NFCSP** as a way to facilitate clear communication between all parties.
- For those **enrolled in NFCSP, an opportunity to voluntary contribution towards the meal service will be provided** – as all Title III programs must allow the participant to contribute to the cost of service.

DHS Form F-02425



DEPARTMENT OF HEALTH SERVICES

Division of Public Health

F-02425 (11/2018)

STATE OF WISCONSIN

WISCONSIN ALZHEIMER'S FAMILY CAREGIVER SUPPORT PROGRAM (AFCSP) HOME-DELIVERED MEALS DONATION AUTHORIZATION

This form authorizes contributions to Home-Delivered Meals or Senior Dining Meals to be reimbursed with the AFCSP allocation approved for:

Name

Street Address

City

State

Zip

Amount of Money to be Contributed per Meal

\$

Beginning with the meal served on Date and continuing until the signed authorizer gives notice to stop. The AFCSP caregiver and program participant understand that qualified OAA meal participants are not required to make a donation, and that authorizing a donation to Home-Delivered Meals or Senior Dining Meals reduces the amount of AFCSP funds available for other caregiver support services.

SIGNATURE – Authorized Representative

Date Signed

Submit this completed form to the AFCSP coordinator and appropriate fiscal staff. Nutrition program staff will retain a copy of this completed form and also provide a copy to the caregiver of the program participant.



Examples

- **Example 1:** Mrs. Johnson, the Caregiver who is 62 caring for her elderly mother, receives a Home-Delivered Meal along with her mom when she visits. Since Mrs. Johnson is age eligible under the C2 program, the meals must be captured in Wellsky under the 03-Title III Care Enrollment and expenses must be claimed within the Home-Delivered Meal C2 program.
 - AFCSP – if Mrs. Johnson is enrolled in AFCSP she may agree to have the contribution amount of her meals paid from her AFCSP allotment.
 - NFCSP – if Mrs. Johnson is enrolled in NFCSP, these funds cannot be used to assist in paying the contribution amount for herself or her mother. A contribution letter can be sent out from the Nutrition Program and the family can pay what they are able.
- **Example 2:** Mrs. Smith, the Caregiver who is age 52 caring for her underage sister with Early Onset Dementia, does not qualify for the C1 program but receives a Congregate Meal when she visits her sister's apartment building which has a congregate dining site. Mrs. Smith would be eligible to receive a meal within the Caregiver program.
 - AFCSP – if Mrs. Smith is enrolled in AFCSP she may agree to have the full cost of her meals paid from her AFCSP allotment. This service would be reported under 7504-Other Goods and Services – one unit per meal. (If the Aging Unit wants to also record meals served this could be done by reporting under NOAA 08-Congregate Meals the number of meals served.)
 - NFCSP – if Mrs. Smith is enrolled in NFCSP, she may agree to have the full cost of her meals paid from her NFCSP allotment. A contribution letter can be sent out from the Caregiver Program, and she can pay what she is able.

Example 1

- Mrs. Johnson is receiving HDM's, and she is enrolled in the AFCSP. She would like to make a voluntary contribution for her meal so she can dine with her mother.
- She specifies that she would like to contribute \$3 for each of her meals, 5 days a week. Therefore, \$15/week or \$60 per month will be deducted from her AFSCP funding pot.



DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-02425 (11/2018)

STATE OF WISCONSIN

WISCONSIN ALZHEIMER'S FAMILY CAREGIVER SUPPORT PROGRAM (AFCSP) HOME-DELIVERED MEALS DONATION AUTHORIZATION

This form authorizes contributions to Home-Delivered Meals or Senior Dining Meals to be reimbursed with the AFCSP allocation approved for:

Name

Mrs. Johnson

Street Address

123 Street

City

Anywhere

State

Zip

Amount of Money to be Contributed per Meal

\$3.00

Beginning with the meal served on 5-1-23 Date and continuing until the signed authorizer gives notice to stop. The AFCSP caregiver and program participant understand that qualified OAA meal participants are not required to make a donation, and that authorizing a donation to Home-Delivered Meals or Senior Dining Meals reduces the amount of AFCSP funds available for other caregiver support services.

SIGNATURE – Authorized Representative

Date Signed

Submit this completed form to the AFCSP coordinator and appropriate fiscal staff. Nutrition program staff will retain a copy of this completed form and also provide a copy to the caregiver of the program participant.



Example 2

- Mrs. Smith is receiving CM's, and she is enrolled in AFCSP. She would like to use her AFCSP allotment to pay for her meals.
- She specifies that she would like to pay \$11.45 for each of her meals, 5 days a week. Therefore, \$57.25/week or \$229 per month will be deducted from her AFSCP funding pot.



DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-02425 (11/2018)

STATE OF WISCONSIN

WISCONSIN ALZHEIMER'S FAMILY CAREGIVER SUPPORT PROGRAM (AFCSP) HOME-DELIVERED MEALS DONATION AUTHORIZATION

This form authorizes contributions to Home-Delivered Meals or Senior Dining Meals to be reimbursed with the AFCSP allocation approved for:

Name

Mrs. Smith

Street Address

123 Street

City

Anywhere

State

Zip

Amount of Money to be Contributed per Meal

\$11.45

Beginning with the meal served on 5-1-23 Date and continuing until the signed authorizer gives notice to stop. The AFCSP caregiver and program participant understand that qualified OAA meal participants are not required to make a donation, and that authorizing a donation to Home-Delivered Meals or Senior Dining Meals reduces the amount of AFCSP funds available for other caregiver support services.

SIGNATURE – Authorized Representative

Date Signed

Submit this completed form to the AFCSP coordinator and appropriate fiscal staff. Nutrition program staff will retain a copy of this completed form and also provide a copy to the caregiver of the program participant.

Data Entry for AFCSP/NFCSP



- [AFCSP](#) Home Delivered Meals or Congregate Meals would be **7504 – Other Goods and Services**
- [NFCSP](#) Home Delivered Meals would be **6705 – Supplemental Service, Home-Delivered Meals**, and congregate meals would be **6708 – Supplemental Service, Congregate Meals**
- If a relative caregiver is not eligible for C1 or C2, caregiver funds can be used toward the cost of purchasing the caregiver's meals, **as well as** the cost for meals for the child/ren in their care, if this service has been determined to benefit the caregiver.
 - Meals for relative caregivers & the children in their care would be reported under **Care Enrollment 32** and either **6705 – Supplemental Service, Home-Delivered Meals** or **6708 – Supplemental Service, Congregate Meals**

Data Entry for AFCSP/NFCSP



Greater Wisconsin
Agency on Aging Resources, Inc.

Service Month/Year 07/2023

Delivery Type ☒ Standard
☐ to Caregiver
☐ to Care Recipient

Care Program 04-AFCSP Caregiver - 03/01/2012 - (No End... ▼

Service 7504-Other Goods and Services ▼

Units 16.00

Type occurrences ▼

Service Month/Year 07/2023

Delivery Type ☐ Standard
☒ to Caregiver
☐ to Care Recipient

Care Program 31-NFCSP CG of Older Adult/EOD - 10/01/2021... ▼

Service 6708-Sup Svcs, Congregate Meals ▼

Subservice ▼

Units 16.00

Type meals ▼

Care Recipient Kroetz, Jill (1389885675) Federal : 03/01/2012... ▼



If you have
questions, please
contact Bryn or
Carrie and they will
gladly assist you.

Bryn Ceman Bryn.Ceman@gwaar.org

Carrie Kroetz Carrie.kroetz@gwaar.org

