

Central Office Action Required: None

Field/Stakeholder review: Yes No

If yes, reviewed by:

Filing Instructions:

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Family Caregiver Support Program Standards

Older Americans Act

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Family Caregiver Support Program Advisory Committee
In Partnership with Department of Human Services
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STATE OF OREGON

FAMILY CAREGIVER SUPPORT PROGRAM STANDARDS

I. Background

A. Introduction

The National Family Caregiver Support Program (NFCSP) was established in November 2000. The NFCSP, administered by the Department of Health and Human Services’ Administration on Aging, was officially launched by HHS Secretary Tommy Thompson in February, 2001 with the release of \$113 million in funds to states to begin its implementation with an amendment to the Older Americans Act (OAA) of 1965. In addition, \$5million was released to 119 tribal organizations to support the caregivers of Native American elders, and approximately \$6 million was awarded to fund 34 innovative grants and projects designed to test the effectiveness of caregiving programs across the nation.

B. Program Eligibility

Child- The eligible “child” means an individual who is not more than 18 years of age.

Family caregiver - The eligible “family caregiver” means an adult family member, or another individual, who is an unpaid informal provider of in-home and community care to an older individual

Grandparent or older individual who is a relative caregiver- The term ‘grandparent or older individual who is a relative caregiver’ means (A)a grandparent or step-grandparent of a child, or a relative of a child by blood or marriage, who is 60 years of age or older and lives with the child;(B) is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child; and has a legal relationship to the child, such as legal custody or guardianship, or is raising the child informally.

II. Program Authority

Sections 371,372,373, and 374 or the Older Americans Act of 1965, as Amended (P.L. 106-501), Grants for State and Community Programs on Aging, and W.S. 9-2-1204.

III. Program Overview

A. Program Purpose

- Assists family caregivers in their expanding roles by providing program components that will ease family caregiver stress and increase coping.

B. Program Goals:

- Assist family caregivers to successfully meet the challenges of their caregiving role, while being supported in that role.
- To deter institutionalization, when feasible, and promote continued care within the home and in alternative community settings for seniors for as long as possible or desirable by family caregivers.
- Provide highest service levels possible.

C. Service Components

The program calls for all state and tribes, working in partnership with AAA's and local community-service providers, to offer basic services for family caregivers, including:

- Information to caregivers about available services;
- Assistance to caregivers in gaining access to supportive services;
- Individual counseling, support groups, and caregiver training to assist caregivers in making decisions and solving problems relating to their roles;
- Respite care to temporarily relieve caregivers from their responsibilities; and
- Supplemental services on a limited basis to complement the care provided by the caregiver.

D. Fiscal Provisions

- 10% Limit Grandparents
- 20% supplement
- Match requirements

IV. Service and Unit Descriptions

Matrix #15	INFORMATION FOR CAREGIVERS (1 unit = 1 Activity)
<p>A service for caregivers that provides the public and individuals with information on resources and services available to individuals within their communities. This may include group services, public education, provision of information at health fairs and other similar functions. (NOTE: Service units for information for caregivers are for activities directed to large audiences of current or potential caregivers such as disseminating publications, conducting media campaigns, and other similar activities.)</p>	
Matrix #16	ASSISTANCE IN GAINING ACCESS TO CAREGIVER SERVICES (1 unit = 1 Contact)
<p>A service that assists caregivers, on a one-on-one basis, in obtaining access to the services and resources that are available within their communities. To the maximum extent practicable, it ensures that the individuals receive services needed by establishing adequate follow-up procedures. Assistance can be provided either in the form of Information & Assistance or Case Management.</p>	

Matrix #30-5	CAREGIVER RESPITE (1 unit = 1 Hour of service)
<p>Services that offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for unpaid caregivers served under the Family Caregiver Support Program. Respite care includes: (1) in-home respite (personal care, home care, and other in-home respite); (2) respite provided by attendance of the care recipient at a senior center or other non-residential program; (3) institutional respite provided by placing the care recipient in an institutional setting such as a nursing home for a short period of time as a respite service to the caregiver; and (for grandparents caring for children) summer camps. To be eligible for caregiver respite, the care recipient must either: (1) be unable to perform at least two activities of daily living (ADL's) without substantial human assistance, such as verbal reminding, stand by assistance supervision or cues OR (2) due to a cognitive or other mental impairment, require substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or another individual.</p>	

NOTE: Respite {30-4} should be used to record those respite services funded through OPI and IIIB. Respite provided using IIIIE funds should be recorded under Caregiver Respite {30-5}.

NOTE: Any caregiver respite services that are paid at a daily or weekly rate need to be converted to an hourly unit before entry into the database. E.g. Adult Day Care paid at a daily rate = 8 hours; one week at summer camp = 168 hours (24 hrs x 7 days).

Matrix #30-6	ORGANIZATION and MAINTENANCE OF SUPPORT GROUPS FOR CAREGIVERS (1 unit = 1 Session per participant)
<p>Activities that organize and maintain support groups that provide assistance to caregivers and their families in making decisions and solving problems related to their caregiving roles. (One session is equivalent to one meeting of a support group).</p>	

Matrix #30-7	SUPPLEMENTAL SERVICES TO CAREGIVERS (1 unit = 1 Activity)
<p>Those services that will provide assistance with Activities of Daily Living or Instrumental Activities of Daily Living are to be provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home repair/modifications, assistive technologies, emergency response systems, home delivered meals, and incontinence supplies. To be eligible for supplemental services, the care recipient must either: (1) be unable to perform at least two activities of daily living (ADL's) without substantial human assistance, such as verbal reminding, physical cueing OR (2) due to a cognitive or other mental impairment, require substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or another individual.</p>	
Matrix #70-2A	INDIVIDUAL COUNSELING FOR CAREGIVERS (1unit=Hour)
<p>Providing one-on-one counseling for caregivers to assist in making decisions and resolving problems related to their caregiving roles. Individual counseling includes, but is not limited to: grief counseling, mental health counseling, etc.</p>	
Matrix #70-9	CAREGIVER TRIANING (1 unit = 1 session per participant)
<p>Training provided to caregivers and their families that supports and enhances the caregiving role. For example: Powerful Tools training; Communicating Effectively with Health Care Professionals; conferences, etc. Note: This does not include training to paid providers. (A session for conferences would be equal to one day's attendance at the conference).</p>	

Note: Case management services for FCSP should not be counted as Individual Counseling. Case management for FCSP should be listed under Access Services {16}.

D. General Definitions

Act- National Family Caregiver Support Program (NFCSP)

Assessment of Program- Assessment of the Program will be included in the State Unit on Aging on-site assessments.

Assistive devices- Non-disposable personal devices, as distinguished from modifications to a home, that are usable to assist the care receiver, or the caregiver on the care receiver's behalf, to carry out an activity of daily living and, thereby, reducing the caregiver's burden.

Benefits counseling- a service that provides family caregivers with an individual, comprehensive review of their caregiving situations to identify appropriate resources available and to assist caregivers to access these resources.

Caregiver education or caregiver training- Services that provide instruction or training to family caregivers, and informal care providers in groups or individually, on general and specific information or skills required in the care of functionally impaired older persons.

Caregiver- Family members or other informal care providers who are unpaid. These are the clients of the program. There could be a family relationship; a voluntary assumption of responsibility for day to day care; court ordered responsibility or placement; rendering services on adult workshop or adult residential programs; or rendering services in an institution or in community-based programs. Priority will be given to older individuals, and families with the greatest social and economic need. Priority will be given to older individuals, and families with the greatest social and economic need.

Caregiver- Grandparents who are caregivers of grandchildren- Older individuals who are relative caregivers means a grandparent or step grandparent of a child, or a relative of a child by blood or marriage, who is 60 years of age or older. The grandparent, or the relative caregiver, must live with the child and be the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregiver of the child. The grandparent or relative caregiver must have a legal relationship to the child, such as legal custody or guardianship, or is raising the child informally. The child must be less than 18 years of age and younger.

Care Plan- Documentation of the services that will be provided to meet the needs and goals of the client.

Care receiver- A functionally dependent older adult who is unable to perform at least two activities of daily living or, due to a cognitive or other mental impairment, which requires substantial supervision.

Case Management or Care Management- Assistance either in the form of access or care coordination in circumstances where the older person or their caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers. Activities of case management include determining what services are needed, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, and follow-up.

Chronic dementia- An irreversible global loss of cognitive function causing evident intellectual impairment which always includes memory loss, without alteration of state of consciousness as diagnosed by a physician and which is severe enough to interfere with work or social activities, or both, and requires continuous care or supervision.

Consumable supplies- Expendable items needed on an ongoing basis to provide care to a care receiver. Consumable supplies do not include prescription drugs.

Continuous supervision- Uninterrupted care which does not preclude brief periods when the care receiver may be left alone, if appropriate and consistent with the care plan.

Department- Department of Human Services

Functionally dependent- Requiring assistance with two or more activities of daily living. Limitations contributing to the functional dependency may include physical or cognitive impairments.

Grandparent or relative caregivers- A grandparent or step-grandparent of a child, or a relative of a child by blood or marriage, who is 60 years of age or older.

Home modifications- Reasonable modifications to the structure of a home for the purpose of reducing caregiver burden.

Household- Persons who occupy the same residence.

Older adult, older person or older relative- A person who is 60 years of age or older.

Ongoing caregiving expenses- The costs of respite care and other supportive services or consumable supplies that are directly related to the provision of care to the older relative.

Other supportive services- Services other than respite care services that are directly related and necessary to the care being provided to the care receiver and which are noted in the client's care plan.

Poverty level- The income level indicated in the Federal Poverty Income Guidelines developed annually updated and published in the Federal Register by the United State Department of Health and Human Services.

Program- National Family Caregiver Support Program

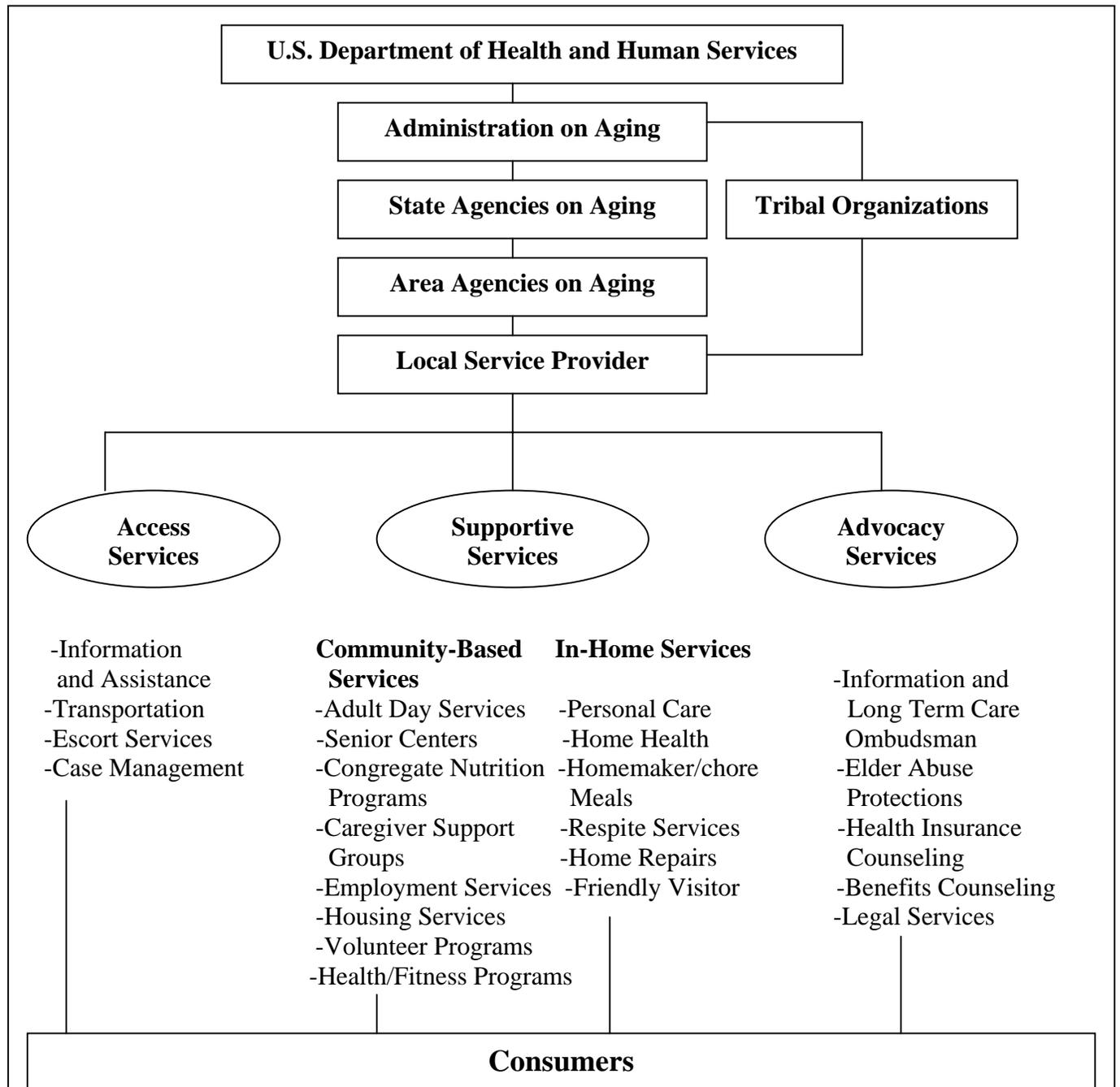
Relative- A spouse or parent; child; stepparent; stepchild; grandparent; grandchild; step grandparent; brother; sister; half-brother; aunt; great aunt; uncle; great uncle; niece; or nephew, by blood, marriage or adoption.

Respite care service- A temporary, intermittent or emergency service, which provides the primary caregiver of a functionally dependent older adult with relief from normal caregiving duties and responsibilities.

E. Target Priorities

NFCSP TARGET POPULATION REQUIREMENTS		
Caring for:	Any Informal Caregiver Older Adults	Family Caregivers Ages 60+ Children Age ≤ age 18 & older adults
Priority Title III-E and Title VI-C Populations	Those providing care to older individuals in the greatest social or economic need with Particular attention to low-Income individuals	Older individuals providing care to children ≤ age 18 with MR/DD and older adults with MR/DD

IV Roles of the Aging Network



Under the authority of the Older Americans Act (OAA), the Administration on Aging (AoA) works closely with other partners in the national aging network to plan, coordinate, and provide home and community-based services to meet the unique needs of older persons and their Agencies on Aging (AAA's) and Indian Tribal Organizations (ITOs)

A. Administration on Aging-

Under the NFCSP, AoA, through its central office staff and nine regional offices, performs a number of tasks, including policy development, technical assistance, and research and demonstrations, and systems development.

AoA has provided technical assistance through a number of activities, including:

- Establishing a technical advisory group (TAG) comprising researchers and aging network representatives who informed the content of the 2001 /Resource Guide and advised on other AoA technical assistance activities;
- Created a Web page devoted to the NFCSP;
- Commissioned more than 20 issue briefs from prominent researchers and staff of the aging network and posing them to the NFCSP Web site;
- Sponsoring the September 2001 *National Family Caregiver Support Program: From Enactment to Action* conference at which more than 700 participants exchanged information and generated new ideas;
- Organized a structured listserv to disseminate research-based information and to generate the exchange of information among network staff; and
- Commissioned the Resource Guide, which brings together information gained from all of the above activities in a practical, easy-to use format.

AoA also is administering the National Innovation Program under the NFCSP and is engaged in systems development work related to caregivers with other federal agencies (e.g., Centers for Medicare and Medicaid Services [CMS] and the Office of the Assistant Secretary for Planning and Evaluation [ASPE], and national organizations.

B. State Units on Aging

A state's governor designates a state government agency as the SUA to serve as the focal point for all matters relating to older persons within the state. SUA's are located within a multipurpose state agency and in Oregon this agency is the Department of Human Services Seniors & People with Disabilities. SUA's are responsible for ensuring effective implementation of the NFCSP broad policy objectives. SUA functions include:

- **Management and Administration.** With input from the AAA's local plans, advisory bodies, and consumers of services, SUA's develop a state plan inclusive of the NFCSP. SUA's also assume the primary

role for the development of an intrastate funding formula (IFF), approving AAA area plan, and monitoring the activities and expenditures under the approved area plans.

- **Service System Development.** SUA's develop a state-level multi-faceted service system in keeping with the NFCSP and integrate this system into the social and health services system for older persons.
- **Services Development.** SUA's set policies on quality assurance, provide guidance, and facilitate information exchange between AAA's to make resources available that help shape services development in the state.
- **Advocacy.** SUA's identify areas in which caregiver support programs might need legislative support and might advocate greater state funding. SUA's also advocate for programs with other public agencies and private organizations and promote caregiver support programs with the public at large.

C. Area Agencies on Aging

AAA's are public or private nonprofit agencies designated by SUA's to carry out the OAA at the sub-state level. AAA's assume many of the same broad responsibilities as the SUA- management and administration, service system development, services development, and advocacy- but focus more on the local area and on direct involvement in services development and delivery. AAA's can be public agencies located within county governments, a regional planning council, a unit of city government, an office within an educational institution, or an independent nonprofit organization.

How AAAs carry out their role in implementing the NFCSP likely will be heavily influenced by their role relative to other OAA functions. For example, needs assessment, contract development, and monitoring will be foremost for AAAs that primarily fund providers to deliver services. For AAAs more active in service delivery, e.g., provision of information and referral and care management by in-house staff, issues regarding staff development, assessments, and service coordination might be of primary concern. AAAs at both ends of the spectrum will benefit from improved understanding of caregiver needs and strategies for meeting their needs.

D. Service Providers

All local Services Providers (SPs) concerned with older persons should consider their role in NFCSP implementation. AAAs will fund some SPs directly. These and other SPs and community organizations might consider serving as a potential referral source as they identify a caregiver in need, raising public awareness of caregivers, offering support groups, training

caregivers, or generating funds to supplement caregiver programs. AAAs can foster this type of service development through small service development grants, training providers, regular information exchange meetings, or co-location of services.

E. Reporting

A NAPIS enrollment form is required for each caregiver receiving Respite or supplemental services. For caregivers receiving other services, the shorter NFCSP enrollment form can be used to register them into the system. Monthly Units of service are then input into the Oregon Access to be used for the annual reports

B) Fiscal Reporting – The SPD 150E form must be completed monthly and submitted to DHS Financial Services. See attachment for a copy of the SPD 150E form. This form is a request for reimbursement for Title III E expenditures and also provides required fiscal reporting information. Expenditures of the federal allocation and cash/in-kind match must be reported on this monthly form.

VI. FUNDING REQUIREMENTS

FISCAL PROVISIONS

A. Required Funding Percentages

A Maximum of 20% can be allocated to Supplemental Services

A maximum of 10% can be allocated to services of Grandparents

B. Administrative Funding Requirements

A maximum of 10% can be allocated for Administrative Functions

C. Matching Funding Requirements

The Older Americans Act requires that federal funds cover only 75% of the cost of carrying out a State program. The non-federal share of 25% comes from state and local sources and may be met with cash or in-kind expenditures.

1. A minimum match of 25% is required for administration and program expenditures for III-E.
2. Method for calculating match amount:
 - Divide the federal allocation amount by 100% minus the match percentage (25%) to get the total funding requirement. Then subtract the federal allocation amount from total to get the required match amount. (Example:

$\$150,000 / 0.75 = \$200,000$ then $\$200,000 - \$150,000 = \$50,000$. The match requirement is \$50,000.

- An alternative method is to multiply the allocation amount by 33.4% to estimate the match. This method will slightly over-calculate the match requirement.