



# National Family Caregiver

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# **NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM**

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## **INTRODUCTION TO THE NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM**

**For Clients:** This is a federally-funded program that is intended to support qualified individuals who are providing informal care to a family member. “Informal care” refers to care that is not paid or provided by a professional caregiver. There are no client fees associated with this program.

**For KIPDA staff:** This program is part of the Title III/Older Americans/Aging programs offered at KIPDA as part of the OLDER AMERICANS ACT, as amended in 2020.

The National Family Caregiver Support Program is applicable to Title III-E of the Older Americans Act. Funding is from the U.S. Department of Health and Human Services and administered by the Kentucky Cabinet for Health and Family Services, Department of Aging and Independent Living through the KIPDA AAA.

The National Family Caregiver Support Program was developed nationally by mandate of the Older Americans Act, Title III-E, and amended in 2020. The Federal Administration on Aging provides funding to each state to develop a multifaceted support system for family caregivers.

KIPDA, with funding from the Department for Aging and Independent Living, has established a family caregiver program, which serves the seven county areas of Jefferson, Bullitt, Henry, Spencer, Shelby, Trimble and Oldham Counties. KIPDA also distributes funds and administers contracts for certain aspects of this program to providers.

**For KIPDA Agencies/Providers:** In addition to the contract and other guiding documents, please follow the provisions in these policies and procedures as applicable.

### **PRIORITY FOR SERVICES**

In providing services, the state shall give priority to caregivers who are older individuals with greatest social need, and older individuals with greatest economic need (with particular attention to low-income older individuals); and to older individuals providing care to individuals with severe disabilities, including children with severe disabilities.

For family caregivers who provide care for individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction, the state shall give priority to caregivers who provide care for older individuals with such disease or disorder; and for grandparents or older individuals who are relative caregivers, the State shall give priority to caregivers who provide care for children with severe disabilities.

Authority: Older Americans Act (42 U.S.C. 3030s) Administration on Community Living  
National Aging Program Information System (NAPIS) definition

## COMMON PROGRAM DEFINITIONS

- 1) **Assistance Case Management-** This is to assist caregivers in obtaining access to services and resources in their communities. **For providers who provide this service, it can be billed to the quarter hour.**
- 2) **Care Recipient** – must be a person 60 years of age or older who requires assistance with Activities of Daily Living (ADL's) or Instrumental Activities of Daily Living (IADL's). A care receiver may also be someone under 60 with early onset dementia, Alzheimer's, or a severe disability. This designation requires official documentation from a physician. In addition, a care receiver may be a child 18 years old or younger in need of special care services. Anyone under 60 must provide a doctor's statement verifying the diagnosis of dementia, Alzheimer's, or a severe illness/disability that requires special care.
- 3) **Caregiver-** An adult family member or another individual, who is an "informal" provider of in-home and community care to an older individual. "Informal" means that the care is not provided as part of a public or private formal service program.
- 4) **Caregiver Training-** This service provides carefully structured opportunities for caregivers to acknowledge and caregiver skills. It can include individual or group events as long as they increase awareness of the caregiver's needs. It can include topics such as coping skills, communication, nutrition, dealing with difficult behaviors, etc. Topics provided by contractors should be approved by KIPDA per the contract. **For providers who offer this service, these can be billed by the hour.**
- 5) **Counseling-** This service provides guidance, advice and instruction to caregivers about caregiving. It can be provided in a group or individual setting by a licensed or pastoral counselor. **For providers who offer this service, it can be billed by the hour or the partial hour.**
- 6) **Child** - the term child means an individual who is not more than 18 years of age; eligible up until the day before their 19th birthday. This also refers to an individual who is 19-59 years of age who has a severe disability. The term relates to a grandparent or other older relative who is a caregiver to this individual.
- 7) **Family Caregiver** – the term "family caregiver" means an adult family member or another individual who is an informal provider of in-home and/or community care to an individual who is an approved Care Receiver as defined above.

- 8) Family Caregiver Support Program (FCSP)** – a federally funded program, beginning in 2001, to support the efforts of people who are caregivers. Administered by Area Agencies on Aging in 15 Regions in Kentucky and in all 50 U.S. states. It provides the public and individuals with information on resources and services available in their communities.
- 9) Greatest Social and Economic Need-** this refers to individuals who live near or below the poverty level, are minorities, have limited English proficiency, are exceptionally frail physically, who live in rural areas, live alone, and have other conditions that put them at greater risk.
- 10) Grandparent or Older Individual who is a “Relative Caregiver”** – A caregiver who is age 55 or older and related to the individual they provide care for and lives with, provides informal care, and is the primary caregiver for a child or an individual with a disability.
- 11) Support Services** – Support services means the services provided by the Area Agency on Aging and Independent Living or entity with which such agency has contracted:
- (a) Information to caregivers about available services
  - (b) Assistance to caregivers in gaining access to services
  - (c) Individual counseling, organization of support groups, and caregiver training to assist the caregivers in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to caregiving roles
  - (d) Respite care\* to enable caregivers to be temporarily relieved from their caregiving responsibilities
  - (e) Supplemental Services\* on limited basis to complement the care provided by caregivers

\*For respite and supplemental SUPPORT SERVICES, the care recipient must meet the definition of frail: to be functionally impaired in the performance of two activities of daily living, or three instrumental activities of daily living, or a combination of one activity of daily living and two instrumental activities of daily living.

- 12) Support Groups-** For this program, this refers to clearly defined support groups that meet on a regular basis and do not target specific caregiver types. These groups provide advice and guidance about options and methods for providing support to caregivers in a group setting. These groups should focus on issues common to caregivers. These groups should assist caregivers in areas of health, nutrition, financial literacy, decision making, and problem solving as they relate to their caregiving roles. This could include the development of relevant materials. **One session per participant is equal to one unit for providers who offer this service.**

**13) DAIL Taxonomy-** This is a list of definitions and guidance found in the appendix section of these policies and procedures that help guide providers on how to define services and how to bill for them.

## **ELIGIBILITY**

**For Clients:** You might qualify for this program if you meet one of these conditions: be caring for someone 60 or older, someone under 60 with early-onset dementia or another debilitating condition, you must be over 55 and caring for a child aged 18 and under or you must be 60 years of age and older, and caring for a child with developmental challenges. Please contact KIPDA at 502.266.5571 if you wish to be further assessed for qualifying.

**For KIPDA Staff:** These criteria will be used during intake in the ADRC for new applicants to the program.

The basic criterion for eligibility for the Family Caregiver Support Program is as follows:

1. An adult individual providing care for someone 60 years of age or older, or for someone under age 60 with early onset dementia with official documentation from a physician, or a diagnosed disability that requires special care and who meets the definition of being FRAIL as stated above.
2. A grandparent or relative caregiver 55 years of age or older caring for a child 18 and under
3. An individual 60 years of age or older providing care to a child 18 years of age or under with Mental Retardation and Developmental Disabilities.

**For Agencies/Providers:** Program eligibility is for reference. It is generally completed at intake through KIPDA's Aging and Disability Resource Center.

## **INTAKE AND ASSESSMENT**

**For Clients:** There are several steps and forms that must be completed before one can be accepted into this program. KIPDA's ADRC (Aging and Disability Resource Center) can assist you with this process. Please call 502.266.5571 during normal business hours for more information.

**For KIPDA Staff:** These policies and procedures are a guide for establishing eligible individuals as clients for this program.

**Policy:** In the case of requested service(s) by an eligible caregiver requiring monetary and one-on-one assistance, individual counseling, supplemental services or respite; an intake and an assessment will be completed to gather

information and document the need for service(s). On rare occasions, these services might involve home visits.

**Procedures:**

1. An intake and assessment tool, prescribed by DAILE, will be used to establish the needs and gather information about the caregiver and care recipient; which includes name, age, date of birth, residency, income, living arrangements, citizenship, physical health, as well as mental and emotional state of caregiver.
2. A plan of care documenting service(s) requested by the caregiver will be completed at the assessment and signed by the caregiver and Family Caregiver Coordinator or Caregiver Program staff.
3. Documentation will be input into the approved database to assure that services and/or referrals based on needs identified in the assessment are documented in the client's record.
4. If a referral is received from another service provider and the provider has already completed an assessment, then a home visit by the KIPDA Caregiver Coordinator will not be necessary, but an assessment by phone will still need to be done. The service provider must provide the basic information needed regarding the caregiver and care recipient in order for services to be provided.
5. Once an assessment is completed and needs of caregiver considered, the voucher process and/or other potential caregiver services will be explained to the Caregiver.
6. KIPDA employs a dedicated program coordinator to ensure that intake and service delivery is completed on a timely basis.

**For Agencies/Providers:** This information is for guidance purposes. The intake and assessment process is completed at KIPDA prior to referrals to providers though providers should check to ensure that all requirements have been met before service. Agencies and providers can refer interested individuals to KIPDA's ADRC for further information at 502.266.5571.

## **SUPPLEMENTAL SERVICES/VOUCHER PROGRAM**

**For Clients:** It is possible that some clients might qualify for minor home modifications, assistive technology, emergency buttons, and incontinence supplies. Interested clients should speak to the program coordinator at KIPDA.

**For KIPDA Staff:** These policies and procedures are a guide for connecting appropriate individuals with supplemental services associated with this program.

**A. Policy:** Supplemental Services are services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence or medically necessary supplies that are not covered by Medicare, Medicaid, or any Insurance Company.

**B. Policy** (continued): The voucher program is a mechanism used to facilitate caregivers with receiving supplemental services and/or respite care.

**Procedures:**

1. The request for Caregiver Supplemental Services must come from the primary caregiver.
2. No voucher services will be provided until after an assessment is completed annually and caregiver needs determined as they apply to the request for services covered through a voucher.
3. The payment process will be explained to the Caregiver. The provider of the service will be the recipient of the payment.
4. KIPDA will not reimburse the Caregiver for expenses paid out of pocket.
5. Respite

**A. Policy:** payment of up to \$500 per fiscal year is available to qualified participants.

**B. Procedures**

1. The participant must provide his/her own respite provider
2. The respite provider must provide KIPDA with the following information:
  - Name
  - Address
  - DOB
  - Phone Number
3. The respite provider will submit a timesheet after providing care for a shift.
4. KIPDA will issue payment for services after approval.

**For Agencies/Providers:** Please review processes associated with payment related to vouchers. Please contact the program coordinator with questions about voucher remittance.

## **TRUALTA/CAREGIVER SUPPORT AND EDUCATION**

**For Clients:** Trualta is an online platform designed to help families build skills to manage care at home for their aging loved ones. It is a free service that can be accessed through <https://wecareky.com>. All caregiver program recipients are encouraged to participate.

**For KIPDA Staff:** KIPDA staff should provide information to as many KIPDA clients as possible whenever opportunities exist. Information about Trualta will be maintained on KIPDA's website, and flyers will be mailed to appropriate individuals as well as provided in the community. This information applies to other programs as well as the Caregiver program, but most of the outreach is being conducted in this program at this time.



**A. Policy on Unit Entry:** KIPDA staff will submit units for Trualta in the appropriate state-approved database in the “Title III Consumer” designation.

**B. Procedures:** KIPDA staff will record units to capture Trualta outreach in the state-approved database by following these steps:

1. Add new service deliverable
2. Record as family caregiver
3. Identify contacts as information services
4. If an individual registers in Trualta, it becomes Information and Assistance
5. The program coordinator will add units to the calendar portion of the database
6. One contact equals one unit
7. The program coordinator prints reports monthly from Trualta

## **SERVICE PROVIDER (CONTRACTORS, SUBRECIPIENTS) RESPONSIBILITIES**

**For Clients:** Occasionally, services for this program are provided by agencies other than KIPDA.

**For KIPDA Staff:** These policies and procedures on this topic are mainly a guide for providers in this program. KIPDA staff should be knowledgeable about these steps, and able to guide providers as appropriate. KIPDA providers will also be monitored according to the provisions of these policies and procedures.

**For Agencies/Providers:** Please read this section carefully, and direct any questions to the program coordinator. Please also review other policies and procedures for KIPDA providers both related to this program and for general administration purposes.

**A. Policy:** Agencies contracting with KIPDA under the National Family Caregiver Support Program shall ensure all provisions of client eligibility and requirements of the program are met in order to implement and provide services which they are contracted to provide. At the time of this writing, subrecipients of KIPDA provide caregiver training and counseling, support groups, assistance case management, information services, and respite.

### **Procedures:**

1. Provide services in accordance with the requirements of the National Family Caregiver Support Program.
2. Assure the provision of services throughout the geographic area covered under its plan or proposal.
3. Employ qualified staff providing direct services to ensure satisfactory implementation of the program.
4. Permit staff of the Area Agency on Aging and Independent Living, the Department for Aging and Independent Living and federal representatives to monitor and inspect the operation.

5. Prepare and provide signed participant attendance records including the date, facilitator signature, location of service, name of presenter, topic presented, and type of caregiver service provided are to be kept on file at provider agency and a new participant form to be completed on each caregiver the first time they attend a support group or training session.
6. A summary of caregiver's attendance records shall be submitted to KIPDA AAA quarterly to include:
  - a. Number of unduplicated participants served by county;
  - b. Number of units of service provided for each type of caregiver service;
  - c. Number of unduplicated participants served for each type of caregiver service;
  - d. Number of unduplicated participants served by gender, race, age of Caregiver, age of Care Recipient, by relationship and poverty levels;
  - e. Number of grandchildren served.
7. A summary of participant caregiver satisfaction survey results shall be submitted quarterly.
8. Provide KIPDA with any tools utilized to measure the desired and required outcomes of the project.
9. Provide the contracting agency with statistical and other information as requested and required.
10. Maintain written policies and procedures pertaining to the provisions of services and staffing provided by agency.
11. All print and promotional materials are accessible in a central file and print materials are provided with the quarterly reports to KIPDA.
12. Each program service category (support groups, counseling, training, respite, supplemental services) shall have a brief program description, outline of the program, program goals and objectives with measurable outcomes, start date, program location, times and dates and be submitted to KIPDA quarterly. Any changes shall be updated quarterly and submitted to KIPDA.
13. Attend any and all meetings scheduled by the Area Agency on Aging and Independent Living.
14. Abide by all other applicable contracts, regulations, policies and procedures and other guiding documents.

## **STAFFING**

**For Clients:** This is for information purposes though clients should expect adequate staffing and quality service from providers. Complaint forms are available. Quality concerns can be directed to KIPDA's Quality Management Planner at 266.5571 or to [Joanna.weiss@kipda.org](mailto:Joanna.weiss@kipda.org).

**For KIPDA staff:** This guidance applies to staffing requirements at KIPDA.

**For Agencies/Provider:** This guidance applies to staffing requirements for any providers that contract with KIPDA.

**Policy:** Agencies contracting to provide services provided under the National Family Caregiver Support Program will have designated and trained staff to administer the program.

**Procedures:**

1. In accordance with the approved contract, the correct numbers of trained and certified staff and/or volunteers are performing the duties designated in the caregiver program.
2. A staff member is designated as the lead person to oversee or supervise the program and the staff.
3. Maintain written job descriptions for staff and volunteer positions involved in direct service delivery.
4. Documentation of staff attendance at training sessions is filed in personnel files.

## **PROGRAM SERVICE CATEGORIES**

**For Clients:** Clients should expect services under the National Family Caregiver program to be in accordance with what is defined in the Older Americans Act. The rest of the information in this particular policy and procedure topic is for reference purposes.

**For KIPDA Staff:** Providers should be advised, monitored and evaluated according to the guidelines in this policy and procedure. All staff associated with this program will have the appropriate background checks completed.

**For Agencies/Providers:** Please follow the policies and procedures listed below.

**A. Policy:** Services provided under the National Family Caregiver shall be provided in accordance with the service categories as defined under the Older Americans Act.

**Procedures:**

- 1. Caregiver Support Groups (Unit of service is one session per participant)**
  - a. Caregiver support groups are documented by the facilitator using signed client attendance sheets with each person coded as to type of caregiver, age of Caregiver and age of Care Recipient and a new participant form to be completed on each caregiver the first time they attend a support group session.
  - b. 90% of individuals in the support groups would indicate positive benefits and less stress as a result of the support groups.
- 2. Caregiver Individual or Group Counseling (Unit of service is one session per participant):**
  - a. Individual or group counseling sessions are documented by facilitator using signed client attendance sheets coded by type of caregiver, age of

- Caregiver and age of Care Recipient. Also, for individual Caregiver counseling, an assessment will be done to assess the Caregiver's needs.
- b. Individual records for caregivers are maintained, documenting the progress and status of the counseling service. The record shall include at a minimum an assessment for persons receiving individual counseling, goals, objectives, and progress notes.
  - c. 90% of individuals receiving caregiver counseling will indicate positive benefits from the counseling, whether individual or group.
- 3. Caregiver Training (Unit of service is one session per participant):**
- a. Caregiver training is documented by facilitator using signed client attendance sheets with each person coded by type of caregiver, age of Caregiver, age of Care Recipient, and a new participant form completed on each caregiver the first time they attend a training session.
  - b. Caregiver training curriculum is kept on file at the provider agency and a copy sent to KIPDA with the quarterly report.
  - c. Evaluation of caregiver knowledge, attitudes, values, skills, and behaviors gained in the training, using pre and post tests, are documented by an evaluation instrument. Findings are summarized for each program and submitted quarterly to KIPDA. Completed instruments are kept on file at the provider agency.
  - d. Any training or promotion materials, along with results are kept on file and submitted quarterly to KIPDA.
  - e. Eighty-five percent (85%) of individuals in the training program will indicate positive knowledge gain as a result of the training.
  - f. Eighty-five percent (85%) of participants will evaluate education or training as satisfactory or above average by use of a satisfaction survey.
- 4. Respite:**
- a. Documentation of respite services shall be submitted quarterly to KIPDA with type of caregiver, age of Caregiver, and age of Care Recipient. For an individual to receive respite service an assessment will be conducted on the Caregiver to determine their needs.
  - b. Respite care are services which offer temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers. They are designed to provide temporary, occasional relief to the caregiver from their care giving responsibilities of the care recipient.
  - c. Respite care includes:
    - i. In-home respite (personal care, homemaker, and other in-home respite)
    - ii. Respite provided by attendance of the care recipient at a senior center, adult day care or other non-residential program.
    - iii. 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.
    - iv. For grandparents or relative caregivers caring for children, Respite would include summer camps.

- d. Eighty-five percent (85%) of persons receiving respite will indicate positive benefits of this service.

**5. Supplemental Services:**

- a. Services provided on a limited basis to complement the care provided by caregivers. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, and incontinence or medical supplies not covered by any insurance.

## **RESPITE SERVICES TO BE PROVIDED**

**For Clients:** Check with the program coordinator about how to receive respite services once you have been accepted in the program.

**For KIPDA Staff:** Please review all the policies and procedures associated with this topic, and apply them as appropriate. KIPDA's responsibilities for voucher payment and remittance are also included as follows:

## **PAYMENT PROCEDURES**

- A. Policy:** KIPDA will process payment for vouchers issued under the National Family Caregiver Program once all criteria has been met.

**Procedures:**

1. A voucher for the specific approved service and amount will be mailed to the Caregiver.
2. Each voucher will have an expiration date.
3. The Caregiver will return the completed original voucher and original bill for services to the Family Caregiver Coordinator. The voucher is to be signed and dated by the Caregiver. A new voucher will not be issued until the previous voucher has been signed by the Caregiver and received by KIPDA.
4. The Family Caregiver Coordinator will submit the voucher and bill or invoice to the Director of Social Services for approval.
5. The Director of Social Services will sign and date the voucher and submit to the finance department.
6. The finance department will process a check and mail the check directly to the provider of service.
7. The finance department will keep financial records and provide a monthly report showing expenditures and remaining funds.

**For Agencies/Providers:**

- A. Policy:** A Voucher System will be utilized by KIPDA Area Agency on Aging, Family Caregiver Support Program (FCSP), to provide Caregiver services that are responsive to caregiver needs.

**Procedures:**

1. In or Out-of-Home respite services can be provided by an agency, certified/licensed individual or family/non-family member.
2. Individual or Group counseling services can be provided by an agency or individual, either in-home or out of home.
3. Supplemental services can be provided to include products or services that will help a caregiver perform their job as a caregiver.
4. A Caregiver may request as needed of the three service categories not to exceed the allotted maximum limit per person during the fiscal year (July 1- June 30). The agency/individual will be paid up to the maximum approved amount.

**TERMINATION OR REDUCTION OF SERVICES**

**For Clients:** Clients can terminate services upon request. Services can be terminated because of incomplete paperwork.

**For KIPDA Staff:**

**Policy:** The Family Caregiver Coordinator and/or the client shall reduce or terminate services under the program for the following reasons:

1. The client requests that services be terminated
2. If, or when, the care recipient passes away
3. If the client has not completed the appropriate application or attempted to access approved services within 18 months

**Procedure:**

If services are terminated or reduced, the Family Caregiver Coordinator shall provide the client with a letter stating why the client's services have been reduced or terminated within ten (10) days.

**For Providers/Agencies:** This policy is for reference.

**RESPONSIBILITIES OF THE AAAIL (KIPDA)**

**Policy:** KIPDA staff should meet the following expectations :

The Area Agency on Aging and Independent Living shall:

1. Administer periodic, area wide needs assessments with the goal of generating data and other information relative to the development of caregiver directed services. This is completed through the community needs assessment that the Division of Social Services conducts.

2. Assure that services and/or referrals based on needs identified in the assessment are documented in some manner in each client's record. This is completed through required program documents.
3. Establish a protocol to provide services to those who are considered priority population. There is a priority score as part of the intake process.
4. Establish waiting list protocol (see waiting list section).
5. Establish individual spending allotments for those participating in the National Family Caregiver Program. This is prescribed by the program.
6. Establish and maintain service delivery relationships with providers. This is completed through subcontracting and networking.
7. Establish internal policy to ensure timely, quality, and appropriate services are provided. This is ensured through a dedicated program coordinator.
8. Maintain records (electronic or paper as applicable) for review by Department for Aging and Independent Living and the Administration on Aging. This is completed on all programs.
9. Comply with reporting procedures as required by the Department for Aging and Independent Living and the Administration on Aging. This is completed on all programs.
10. Permit staff of the Department for Aging and Independent Living and federal representatives to monitor and inspect the operation. This is completed on all programs.
11. Distribute client satisfaction surveys and compile responses to measure outcomes. These are completed annually for all aging programs. They are posted to KIPDA's website and distributed through other methods when deemed appropriate.
12. Establish a system for local conflict resolution for those who have been denied service. This can be done through the complaint process or the Fair Hearing process.
13. Develop and implement program measures to identify prescribed outcomes for the program and performance measures. These are described in the program services section of these policies and procedures.

## **OUTREACH**

**Policy:** KIPDA staff will identify potential participants in the community for the caregiver program using various methods.

### **Procedures:**

1. KIPDA will participate in appropriate health fairs, back to school events, and other identified events where potential clients are likely to gather.
2. KIPDA will maintain information on its website on how to enroll in this program. KIPDA's website is readily available to the public with a quick internet search.
3. When invited and available, KIPDA will be a speaker at appropriate support and community groups about this program.

4. KIPDA will partner with health and disease-related organizations such as the Alzheimer's Association the Stroke Association, etc. when appropriate to reach caregivers.
5. KIPDA will partner with other community entities such as AARP, Louisville Metro, the Veterans' Administration, and others to provide caregiver events to the service area as appropriate.
6. KIPDA's ADRC will remain versed on referring individuals to caregiver programs as appropriate.
7. KIPDA's ADRC will produce and distribute general information on this program as appropriate.
8. KIPDA's other programs will also provide information to potential participants as appropriate.
9. KIPDA's program staff will keep a undated calendar of upcoming caregiver outreach opportunities for their personal use to ensure that enough program outreach is scheduled during the course of the fiscal year.
10. KIPDA will continue to seek and improve outreach opportunities for caregiving programs each fiscal year.

## **WAITING LIST**

**Policy:** KIPDA will keep a waiting list if services are unable to be rendered to qualified individuals. However, at the time of this writing, there has not been a need for a waiting list. All eligible applicants have been served.

### **Procedures:**

1. If KIPDA should be unable to serve eligible individuals at some time in the future, these individuals will be entered into the approved data system on a waiting list.
2. As space or funds become available, the individual's priority score will move them up on the waiting list. The priority score delineates those with the greatest social and economic needs.
3. If their application period ends before being able to participate in the program, they will need to reapply. However, their priority score could change at that time. This could make services available more quickly.



## **Appendix for National Family Caregiver**

- **Applicable Taxonomy**
- **Client paperwork associated with this program**

## TITLE III NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM

In June 2022, DAIL (Department of Aging and Independent Living) issued new taxonomy to guide billing and some contract requirements. **Providers should follow the provisions in this taxonomy when billing for services.**

### **Descriptions for Group 1 Services**

FCSP Case Management (Billed by the hour (partial hour may be reported to decimal places, e.g. 0.25 hours.)

A service provided to a caregiver, at the direction of the caregiver by an individual who is trained or experienced in the case management skills that are required to deliver services and coordination; and to assess the needs, and to arrange, coordinate, and monitor an optimum package of services to meet the needs of the caregiver.

FCSP Individual Counseling Caregiver (- The unit is billed by the hour. Hours (partial hours may be reported to two decimal places, e.g. 0.25 hours). per participant)

A service designed to support caregivers and assist them in their decision-making and problem solving. Counselors are service providers that are degreed and/or credentialed as required by state policy, trained to work with older adults and families and specifically to understand and address the complex physical, behavioral, and emotional problems related to their caregiver roles. This includes counseling to individuals or group sessions.

FCSP Caregiver Training Caregiver (Billed by the hour (partial hour may be reported to decimal places, e.g. 0.25 hours.)

A service that provides family caregivers with instruction to improve knowledge and performance of specific skills relating to their caregiving roles and responsibilities. Skills may include activities related to health, nutrition, and financial management; providing personal care; and communicating with health care providers and other family members. Training may include use of evidence - based programs; be conducted in - person or on - line and be provided in individual or group settings.

Assists the caregivers in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiving roles.

NO AUTHORITY OR REQUIREMENT SECTION –no description of tools required to be used.

FCSP Support Groups Caregiver (Billed per session (a session is typically 30 minutes to 1 hour).

Services to assist the caregivers in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiving roles.

A service led by an individual who meets state policy requirements to facilitate caregiver discussion of their experiences and concerns and develop a mutual support system. For the purposes of Title III - E funding, caregiver support groups would not include “caregiver education groups,” “Peer - to - peer support groups,” or other groups primarily aimed at teaching skills or meeting on an informal basis without a facilitator that possesses training and/or credentials as required by state policy.

NO AUTHORITY OR REQUIREMENT SECTION –no description of tools required to be used.

FCSP Respite Caregiver-(Billed by the hour (partial hour may be reported to decimal places, e.g. 0.25 hours.) The recipient must be frail.

A service which offers temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers.

- FCSP In-Home Respite- A respite service provided in the home of the caregiver or care receiver and allows the caregiver time away to do other activities.
- FCSP Out-Of-Home Respite- A respite service provided in settings other than the caregiver/care receiver’s home, including adult day care, senior center or other non - residential setting (in the case of older relatives raising children, day camps), where an overnight stay does not occur.
- Out-of-Home Respite (Overnight)- A respite service provided in residential settings such as nursing homes, assisted living facilities, and adult foster homes (or, in the case of older relatives raising children, summer camps), in which the care receiver resides in the facility (on a temporary basis) for a full 24-hour period of time.
- Other respite- A respite service provided using OAA funds in whole or in part, that does not fall into the previously defined respite service categories.

FCSP Supplemental Services Caregiver (1 Unit =1 Activity)

Services provided on a limited basis to complement the care provided by caregivers.

Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies.

Examples of supplemental services include clothing expenses per grandchild shall include children’s apparel such as diapers, shirts, pants, dresses, suits, footwear, belts, and clothing services such as repair and alterations. Other examples are personal care expenses, furniture to be used by the grandchild including bed or dresser.

Requirement: Caregiver Intake Assessment/Enrollment Tool Assessment and Annual reassessment with Case Management. For respite and supplemental services, the care

recipient must meet the definition of frail: be functionally impaired in the performance of two activities of daily living; or three instrumental activities of daily living; or a combination of one activity of daily living and two instrumental activities of daily living.

## **Descriptions for Group 2 Services**

### **FCSP Information and Assistance-** (Billed per contact)

A service that provides the individuals with current information on opportunities and services available to the individuals within their communities; assesses the problems and capacities of the individual; links the individual to services; ensures that the individual receives services they are in need of; and services the entire community of older adults.

### **FCSP Information Services Caregiver** (Billed per Activity)

A public and media activity that conveys information to caregivers about available services, including in - person interactive presentations, booth/exhibits, or radio, TV, or Web site events. This service is not tailored to the needs of the individual.

NO AUTHORITY OR REQUIREMENTS LISTED???

## **Descriptions for Group 1 Services**

### **GRANDPARENTS:**

**FCSP Individual Counseling Grandparents** (1 unit=1 hour. Partial hours may be reported to two decimal places, e.g. 0.25 hours).

A service designed to support caregivers and assist them in their decision - making and problem solving. Counselors are service providers that are degreed and/or credentialed as required by state policy, trained to work with older adults and families and specifically to understand and address the complex physical, behavioral and emotional problems related to their caregiver roles.

This includes counseling to individuals or group sessions.

**FCSP Caregiver Training Grandparents** (1 unit=1 hour. Partial hours may be reported to two decimal places, e.g. 0.25 hours).

A service that provides family caregivers with instruction to improve knowledge and performance of specific skills relating to their caregiving roles and responsibilities. Skills may include activities related to health, nutrition, and financial management; providing personal care; and communicating with health care providers and other family members. Training may include use of evidence - based programs; be conducted in - person or on - line and be provided in individual or group settings.

FCSP Support Groups Grandparents (1 unit=1 session, 1 hour. Partial hours may be reported to two decimal places, e.g. 0.25 hours).

Services that assist the caregivers in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiving roles. A service led by an individual who meets state policy requirements to facilitate caregiver discussion of their experiences and concerns and develop a mutual support system. For the purposes of Title III - E funding, caregiver support groups would not include “caregiver education groups,” “peer - to - peer support groups,” or other groups primarily aimed at teaching skills or meeting on an informal basis without a facilitator that possesses training and/or credentials as required by state policy.

FCSP Respite Grandparents (1 unit=1 hour, partial hour may be reported to decimal places, e.g. 0.25 hours.)

A service which offers temporary, substitute supports or living arrangements for care recipients in order to provide a brief period of relief or rest for caregivers.

- FCSP In-Home Respite- A respite service provided in the home of the caregiver or care receiver and allows the caregiver time away to do other activities.
- FCSP Out-Of-Home Respite- A respite service provided in settings other than the caregiver/care receiver’s home, including adult day care, senior center or other non - residential setting (in the case of older relatives raising children, day camps), where an overnight stay does not occur.
- Out-of-Home Respite (Overnight)- A respite service provided in residential settings such as nursing homes, assisted living facilities, and adult foster homes (or, in the case of older relatives raising children, summer camps), in which the care receiver resides in the facility (on a temporary basis) for a full 24-hour period of time.
- Other respite- A respite service provided using OAA funds in whole or in part, that does not fall into the previously defined respite service categories.

FCSP Supplemental Service Grandparents (1 unit= 1 activity))

Services provided on a limited basis to complement the care provided by grandparents. Examples of supplemental services include, but are not limited to, home modifications, assistive technologies, emergency response systems, and incontinence supplies.

Requirement: Caregiver Intake Assessment/Enrollment Tool Assessment and Annual reassessment with Case Management.

## **Descriptions for Group 2 Services**

FCSP Information and Assistance- (1 unit= 1 contact)

A service that provides the individuals with current information on opportunities and services available to the individuals within their communities; assesses the problems

and capacities of the individual; links the individual to services; ensures that the individual receives services they are in need of; and services the entire community of older adults.

FCSP Information Services Grandparents (1 unit= 1 activity) A public and media activity that conveys information to caregivers about available services, including in- person interactive presentations, booth/exhibits, or radio, TV, or Web site events. This service is not tailored to the needs of the individual.