

DOA Administrative Letter No. 01-4

To: Area Agency on Aging Directors
Subject: Family Caregiver Support Program
Date: April 9, 2001

We are issuing this letter to follow up on several matters related to the start-up of the Family Caregiver Support Program. In summary:

- We expect AAAs to concentrate their efforts during the first phase of this initiative (now through development of the Caregiver Work Plan) on hiring a Resource Specialist; identifying and communicating with appropriate community partners; educating the community about the initiative and gathering input on priority needs; and developing a plan for the program.
- We will use service category I, *Information about Available Services*, as the primary means for AAAs to report their communications and planning activities for reimbursement when using service-related funds.
- We have established a means for AAAs to request reimbursement through ARMS.
- We have finalized the work plan format and emphasize its importance as a means of mapping your work in the short term and over the next three years. We realize that some AAAs have already begun using the draft format for working with local and regional advisory committees, especially in making an inventory of existing resources, and we will not require any redoing of work.

Because we are still uncertain about our ability to hire for a new position at the division to coordinate this program, a number of our staff persons continue to contribute time to this project. This short directory should give you guidance about whom to call for assistance pertaining to the family caregiver initiative.

Area	Staff Person(s)
Area Plan Format	Yoko Crume, Phyllis Stewart
Reimbursement/reporting	Ann Cratt, Mark Hensley
Waiver requests	Mark Hensley
Funding and matching requirement	Gary Cyrus
Publicity	Dennis Streets
Program evaluation	Harold Berdiansky
Cost-sharing	Steve Freedman, Mark Hensley
Service categories	Steve Freedman, Phyllis Stewart
General programmatic consultation and technical assistance	Yoko Crume, Phyllis Stewart, Dennis Streets

Our first meeting with you to discuss this program was very beneficial and helped clarify next steps for our expeditious but orderly implementation. While we are covering specific topics below, we also want to reiterate several points that should guide our overall work.

In commenting on the program at the recent ASA-NCOA conference in New Orleans, Edwin Walker, director of program operations at the Administration on Aging, stated that its purpose "is to enable states and Area Agencies on Aging to develop multifaceted systems of support." He remarked that *one of his fears is that the program funds could be quickly swallowed up by the severe backlog in demand for services without fostering the creation of systems that will help caregivers in the long-term.* From these comments and what we have heard otherwise from conversations with AoA personnel and other State Units on Aging, we seem very much to be on the right track in our design for the program. To stay on this course, we must keep several points in mind:

➤ The value of our investment in the capacity of Area Agencies rests in your successes in community and program relations, assessment, planning and development. We must be able to effectively grow the somewhat limited Title III Part-E funds into new and expanded services and supports for family caregivers. We must work through partnerships and collaborative ventures to realize the potential of this program. We will not succeed if we try and rely on just our own ideas and resources. *Area Agencies must avoid becoming a direct service provider when others can better accomplish this.* We must remember that the basic, longstanding mission of Area Agencies is to foster the development of comprehensive and coordinated systems of services and resources. This mission did not change as a result of the Family Caregiver Support Program. That is why it is essential to build effective working relationships with the variety of organizations and groups who share interest and responsibility for assisting caregivers.

➤ While AAAs are not to become service providers when others in the community can better fulfill this role, AAAs can and must assume an important ongoing *service* in development, coordination, and oversight of this program. It is for this reason that we are allowing AAAs to use service funds along with P&A funds to support a full-time Family Caregiver Resource Specialist position. The AAA and its Specialist have an especially important role in the first service category, namely *Information about Available Services*. Some of the essential activities and services covered under this category include:

1. **Community and program relations and advocacy:** The AAA functions as a primary spokesperson in the region about the program and the needs of family caregivers. The AAA meets with individuals and groups, uses its web site, establishes a working relationship with local media, and uses other means to share information and advocate for the interests of family caregivers.
2. **Community and program outreach:** The AAA makes special efforts to identify and reach caregivers who are most in need because of their economic or social circumstance or the nature of their caregiving responsibilities.
3. **Community and program assessment:** The AAA assesses the needs of family caregivers using a number of different techniques and inventories the extent to which these needs can be addressed through existing community resources. The AAA pays particular attention to populations most in need.
4. **Community and program planning:** The AAA facilitates groups and communities in developing responses to the unmet needs of family caregivers. The AAA pools community plans into an overall Area Plan to guide the work of the Area Agency in promoting and addressing the needs of caregivers.
5. **Community and program documentation, evaluation and oversight:** The AAA assures that there are adequate mechanisms in place to track and report the effect of the program and to assure the quality of initiatives associated with the program. By

sharing this information with the community, the AAA not only reports the program's effectiveness but also raises awareness of the unmet needs of family caregivers.

Because of the special role of AAAs in these functions, which we have determined are appropriately covered in category I of the program, **we will not generally require AAAs to complete a waiver request when they use service funds under this category to perform these functions.** We will also not require a waiver when AAAs use service funds for Information and Assistance or resource development (covered in category II). I&A and outreach are now generally recognized in the Older Americans Act as AAA-allowable services. **Community and program coordination and resource development**, which we have identified in category II, has the AAA working with and through a wide array of individuals and groups to develop and expand resources to address the needs of caregivers. Examples of this work include procurement of grants, development and training of volunteers, and development of self-help strategies for caregivers. By bringing together the various organizations working to assist caregivers, the AAA should also be able to help identify strategies to maximize existing resources through interagency initiatives and community collaborations.

We will still require, however, a waiver request whenever the AAA seeks reimbursement for such other services and activities under Category II as: care management, care planning, caregiver emergency plans, in-home caregiver assessment, or benefits screening/assessment; or intends to directly provide services under categories III, IV or V. Whenever an Area Agency needs to seek a waiver to provide a direct service, it should follow the procedures for non-unit activities, as outlined in Section 304 of the AAA Policies and Procedures Manual. We expect that most, if not all, of the functions performed by the AAA during this initial phase (through completion of the Regional Plan) to be covered under category I, or category II activities related to I&A or resource development.

ARMS REPORTING AND REIMBURSEMENT

Fund Code 8 has been established for the Family Caregiver Support Program in the Aging Resources Management System (ARMS). Regional allocation amounts can be found on the ARMS Allocations Screen listed as "Family Caregiver Funding." **As we begin this program, we will be treating all of the service categories as non-unit activities for the purpose of reimbursement through ARMS.** The following non-unit service codes have been established for use during at least the initial phase of implementing the program:

Service Code	Service Name
800	Information about Services
810	Assistance Locating Services

During the period April 2001 through July 2001 (Phase 1 of implementation), Area Agencies should submit non-unit reimbursement records to request reimbursement for the Title III Part E funds. Monthly requests for reimbursement should be 'categorized' according to the activities of the Family Caregiver Resource Specialist and any other services funded by the AAA. No Program & Administration (P&A) funds will be available to use for reimbursement to AAAs until the July ARMS run in August, 2001.

Reimbursement for expenses related to the Family Caregiver Resource Specialist position during Phase 1 will be issued from the *services* portion of each region's allocation.

Prior to submitting a reimbursement request, AAA's must do the following:

1. Obtain a 'Provider' code for the Area Agency if no code has been previously assigned for direct services. Send to Linda Owens a completed Form DOA-150 that can be downloaded at www.dhhs.state.nc.us/aging/manual/hccbgn.htm.
2. Establish non-unit budgets in ARMS for each of the two (2) service code categories. (*AAA provider code must be obtained first.*)
3. Maintain appropriate written documentation (*e.g., time sheets, calendars, and activity records*) to support non-unit reimbursement requests submitted and to be able to show the program's effect, which is important for both accountability and public relations.

Report series **ZGA370-12** will be created detailing monthly expenditures, monthly reimbursement amounts, and year-to-date reimbursement totals.

It is not anticipated that any services will be provided for categories III, IV or V during this initial period (Phase 1). In the future, service codes 820, 830 and 840 will be established for these services, respectively. If you have any questions regarding reimbursement or if you expect to use categories III, IV or V before July 1, please contact Ann Cratt or Mark Hensley.

Area Plan FCSP Amendments

Attached is the revised format for use by Area Agencies on Aging in developing their plan for the Family Caregiver Support Program (it is also on the Division's web site at <http://www.dhhs.state.nc.us/aging/fcaregr/fchome.htm>). As we discussed at our meeting, **the due date for submission of the Plan has been changed from May 31 to August 31, 2001.** This should allow AAAs ample time to involve their Family Caregiver Resource Specialist in its development and should provide more time for the AAA to reach out to the variety of organizations and groups identified in Administrative Letter 01-1 as essential consultants to development of the work plan. The Division will review and give its full or conditional approval to the Plan by September 30, 2001. ***We encourage earlier submission of the Plan where possible,*** and we will respond accordingly with a timely review.

The beginning date for the Plan itself remains July 1, 2001, so AAAs that undertake work before September can capture this activity. This is a three-year plan, but we expect that activities proposed for the second and third years may not be as well developed and may change over time. The Division will consider this plan as part of Section 1 of the Area Plan and therefore we will monitor it. It should be maintained as an accurate reflection of the AAA's work.

In revising the format, we eliminated the Program and Resource Development Action Plan exhibit. This in no way implies a reduced emphasis on this aspect of the AAA's work; in fact, we are placing even greater emphasis on this role by expecting AAAs to incorporate program and resource development activities throughout the Work Plan exhibits for the five service categories. To reiterate what we highlighted in the first administrative letter, *the Division supports building the capacity of AAAs so that they can lead in leveraging resources, developing partnerships, identifying and supporting critical needs, expanding successful services, and evaluating the program to guide its future*

direction. Our success with this program cannot depend on, nor should it be measured by, the services provided directly by the AAA or Family Caregiver Resource Specialist. **If it is necessary, for example, for an Area Agency to take the lead in developing a caregiver training program or support group, the AAA should have as its goal the transfer of this service to some community resource so that the AAA can then use its efforts toward addressing some other caregiver need.** Our focus must be on working through others to build the strongest community responses possible for family caregivers. Our focus must be guided by the following key words: **Leverage and Partner.**

If you have questions about the completion of the Area FCSP Plan, please contact Yoko Crume or Phyllis Stewart. **We strongly encourage discussions periodically with either Yoko or Phyllis as you develop ideas for your work plan.** We want to stay informed of important decisions being considered by AAAs about the direction of the program so we can share them with others as appropriate and negotiate changes if necessary. If possible, we would rather address any substantive issues in the development phase before your Regional Advisory Council takes official action to approve.

Status Report of AAAs

Attached is a brief report of what AAA directors have shared about their efforts to begin the Family Caregiver Program in their region. We have asked each of you to comment on what had been done to date, local reaction, and questions or issues. Several of the AAA actions prompted these observations about important steps to take:

- Explain the program's objectives to your Senior Tar Heel Legislative delegates, Regional Advisory Committee, local providers, county commissioners, and local media.
- Consider arranging for some periodic out-stationing of the Family Caregiver Resource Specialist at Senior Centers, Councils on Aging, etc., not only to assist with physical space problems but to enable networking. Some use of out-stationing can also help the Specialist to remain "connected with caregivers." **While discouraging AAA involvement in direct services, we encourage the development of direct experience with caregivers.** This can happen through various means, which include: (1) hiring a person for the Specialist position who has personal and/or professional experience in caregiving; (2) working with your community partners to understand the needs of their constituents; (3) holding community forums and providing other means for caregivers to communicate with you (including use of email for the hard-to-reach caregivers); and (4) making use of any I&A and outreach services you provide to stay grounded with the concerns of caregivers.
- Think "out-of-the-box" about potential providers of family caregiving services and support their development.
- Use Home and Community Care Block Grant Committees to think about how well family caregivers are being served through the existing HCCBG services; form subcommittees, where there are effective county planning groups, to focus on family caregiving issues and how these relate to the recommendations of the Institute of Medicine's Task Force on Long Term Care. Region G has already undertaken significant and productive activity in this area.
- Consider establishing a Regional Caregiving Advisory Council or Consortium to guide planning and administration of this program.
- Listen to what others have to say about caregiver needs and ways to respond.

As was recommended at our meeting, we would like each AAA to update the Division on its progress on a monthly basis. **So that we can share what we learn with all of you, please provide your update by the end of each month to Yoko Crume.**

We appreciate your efforts to make this an effective intervention for family caregivers, the backbone of long term care for our seniors. Please let Dennis Streets know of any questions you may have about the contents of this letter. We will have more to say in the future about programmatic reporting expectations, linking to planning for long term care, and other aspects of the program. We look forward to continuing our work with you in making this an outstanding achievement for North Carolina and especially its family caregivers.

Revised Timeline

Developmental Period (January 2001 - June 2002)

1. State Division and AAAs hire Family Caregiver Resource Specialists, and establish and implement initial work plans that may include contracts with other entities.
2. State Division and AAAs establish standards and mechanisms designed to assure the quality of services provided under this program.
3. State Division and AAAs design and implement means for recording and reporting information to monitor program administration and compliance, and to evaluate the program's effectiveness.

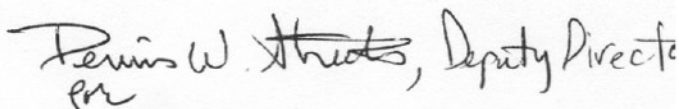
We envision the following dates for initial implementation of the program by AAAs:

March 30, 2001--Hire Family Caregiver Resource Specialist [goal]

August 31, 2001--Submit to the Division the **AAA Work Plan** for Family Caregiver Support initiative, which reflects input from appropriate groups and delineates activities among the categories of services authorized by law: information about services; assistance with access to services; individual counseling, organization of support groups, and caregiver training; respite care; and supplemental services.

September 30, 2001--Division reviews/approves AAA work plans and notifies AAAs of acceptance.

Sincerely,

 Dennis W. Streets, Deputy Director
per

Karen E. Gottovi

Attachments

cc. Peter Leousis
Deborah Atkinson