



Self-Directed Care Guidebook

Developing Your Program

**Division of Aging Services
Georgia Department of Human Resources**

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Grants to Grant Wishes

By Adail Treharn

T'was near the new year of two thousand and two
That caregiver money came out of the blue.

The clients were harried, overburdened by care
And hoped that some respite soon would be there.

They had just been resigned to accepting their fate,
When a new demo grant came down from the state.

So just when they thought they were in it alone,
Bodies worn out and worked to the bone,
In came the help they had needed so long,
Brand new support to help them stay strong.

Caregiver relief, was the state's lofty plan
"We can't fix it all, but we'll do what we can"

Five triple A's got the money. How great!
But there ARE limitations came word from the state.

This new plan's a beauty, it's called self-directed.
But, work on this plan was more than expected.

The forms were confusing and hard to explain.
The clients just nodded and didn't complain.

Caregivers do bathing, run errands and cook
And remind care receivers which pill they just took.
They drive them to doctors and pick up their pills.
They wash all their dishes and wipe up their spills.
They don't have REAL jobs 'cause they don't have the time,
They're too busy working, but don't get a dime.

Now how can we help them so life's not so hard?
Let's pay for their haircuts and clean up their yard.

Let's see if a smile can replace that old frown.
We'll pay someone else to drive them to town.

Now here's the real challenge, how can it be done?
Let each triple A figure it out, and "have fun".

The triple A's rallied, each developed a plan

Grants to Grant Wishes (Continued)

By Adail Treharn

The triple A's rallied, each developed a plan
We'll implement programs the best way we can.
More rapid than eagles, care management came,
Listing each service and calling by name!
Now bathing and dressing and respite care too,
There's transport and hair care and lawn care to do.
From the smallest request to the greatest of needs,
We're trying, still trying to do those good deeds.

If a client's at risk and feels so alone
Or takes a bad spill or breaks a hipbone,
She may just need something to help her get by
We're here to meet needs and not to ask why.

And those diapers so needed and hard to obtain,
And Glucerna or Ensure to help with weight gain,
Could all be provided with grant money now?
Three cheers for the State. Cliff take a bow!

Making the visit is the best part of all.
Each client's so thankful whenever we call.

Oh, some try your patience and always complain
And some make us crazy and drive us insane.
But most are so grateful and so very sweet,
They are happy to see us and smile when we meet.

And some are so special and teach us so much,
Like faith and compassion and patience and such.
Yes, some steal our hearts and refuse to let go
'Till they fill them with memories that we cherish so.

There are so very many that I hold quite dear
But one, I recall with a picture so clear.

As I sat there beside her with the care plan in hand,
She told me her family helped settle this land.
Her people were farmers and worked all the time.
And folks then were kinder and towns free of crime.

Grants to Grant Wishes (Continued)

By Adail Treharn

Hard work took her husband and war took her boy,
Yet she speaks of them often and always with joy

She says she's been blessed with a wonderful life.
She was loved as a daughter, a mother, a wife.
And I looked, really looked at that beautiful soul.
Sickness, not age may have taken its toll,
But her eyes how they twinkled, her dimples how merry.
Her cheeks were like roses, her nose like a cherry.
Her sweet little mouth was drawn up like a bow
And the hair on her head was as white as the snow.
The plug of tobacco she held in her mouth
Was held there with pride like a badge of the south.
Her hands were all knarled and ached with the rain,
For they purchased our future with a past full of pain.

She said, "Thanks for the help that keeps me so clean,
I'm treated so good. I feel like a queen.
If this program quits, I don't know what I'll do.
I'd have to leave home if it wasn't for you".

And she made me feel needed, warm, on the inside
And so grateful to know her, no wonder I cried.
She hugged me and thanked me as she brushed at my tear.
"How long till I see you? It will seem like a year".

And I heard her exclaim as I drove from her view,
"Don't forget to come see me! I sure do love you".

This poem was written by Adail Treharn, case manager for Concerted Services, Inc., the contractor for the Heart of Georgia Altamaha Area Agency on Aging one of the five Self-Directed Care Demonstration Projects. Ms. Treharn, in witnessing the profound difference this caregiver focused program made to families, wrote this poem as a love letter to her clients and to the program. We hope you feel her warmth and commitment as much as we have witnessed her caregiver advocacy throughout these past two years. Thank you, Adail, for sharing.

Self-Directed Care Guidebook

Developing Your Program

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I. Introduction

History of Self-Directed Care in Georgia



In 2001, Georgia received funding from the Administration on Aging (AoA) to develop a program of services for the State's caregivers. Specific funding, in addition to the AoA III-E monies, was targeted to five Area Agencies on Aging (AAA) for the development of caregiver demonstration projects in self-directed care. A Request for Proposal was sent to each of the State's twelve AAAs; five projects were chosen from the proposals submitted. The selected projects represented rural communities, mountain regions, urban and mid-size cities. Grantees included the Central Savannah River Area Agency on Aging of Augusta, Ga.; Southwest Georgia Council on Aging, Inc. of Albany, Ga.; Legacy Link, Inc. of Gainesville, Ga.; Heart of Georgia Altamaha Area Agency on Aging of Baxley, Ga.; and Southern Crescent Area Agency on Aging of Franklin, Ga.

Over the course of the development of their self-directed care programs, each project evolved in the

- scope of products and services available to caregivers,
- structure of payment, and
- target market focus.

Through this change, however, the focus of the demonstration project remained squarely on the needs of the caregiver.

Each project had begun with some structure in place, based loosely on guidelines for AoA III-E money. Adding to their head start was the expertise brought to the process by Legacy Link, Inc., a AAA in the final stages of an Administration on Aging Alzheimer's Demonstration Grant. The Administration on Aging grant had been one of a number of programs developed to help caregivers of persons with Alzheimer's Disease. The successful Legacy Link program became a quasi model for AoA self-directed care demonstration projects as they developed protocols, lists of products and services and other operational details.

Quarterly meetings were held throughout the two years of development. Meeting agendas included updated reports as well as general discussion about successes and challenges. Each staff person openly and frankly brought issues to the table for problem-solving assistance. The group combined to become a unique educational laboratory with common sense as they provided support for each other.

An additional component of the demonstration projects was evaluation by clients. Georgia State University Gerontology Center and WESTAT were engaged, along with a lead consultant, to develop an evaluation instrument from which caregiver information would be

elicited. Each participant was interviewed by phone over the course of his/her involvement in the program and the grant period. Evaluations were then compiled and data analyzed as the evolution of the program continued.

It is safe to say that the five demonstration projects have been very successful in developing localized programs of service for caregivers in their area. When asked about the impact of the program in the life of caregivers, caregivers are considerably more satisfied with the services they receive than those caregivers receiving services.

Demonstration projects, by their very nature, are designed to allow personnel and programs to develop, grow, change, evolve and finally to rest on the finely tuned product of the evolution. Toward that end, the demonstration projects in Georgia have now settled on one basic model adapted to each community. That adaptation may well be a model for you as program designer. The ultimate product, however, must include a program to suit your particular locale, population and needs. Therefore, the watchword *flexibility* is the final word of advice from our project teams as you begin your journey.

Purpose of the Guidebook

When asked the most important lesson learned in their two-year growth, the Georgia project leaders quickly responded with the word and concept of *flexibility*. With this in mind, readers and users are cautioned to **use this book as a guide only**. Your strong commitment will be to your clients and their unique needs tempered with *flexibility* and openness. The Guidebook is not the exhaustive or final word on self-directed care programs, but does offer a richness of experience to avert or allay some development problems and to let you know that there is no single way to develop and implement self-directed care in aging services.

The **Self-Directed Care Program Guidebook** is designed to comprehensively lay out the elements of a successful model employed in multiple geographic locales in Georgia. Its purpose is, as its title indicates, to guide the reader and prospective program developer and to inform and educate about potential pitfalls as well as wonderful opportunities.

History of Self-Directed Care in Aging in Georgia

In the community of aging services, self-directed care is a relatively new concept. Though some of the intricacies of self-directed care may have been extrapolated from the programmatic work in the disabilities community, this demonstration effort in aging has proven to be somewhat different in funding, focus and staffing. Therefore, this Guidebook is specifically targeted to programs serving older adults and their families.

Each of the demonstration project leaders has repeatedly grappled with issues both large and small. For example, the hiring of family and friends, tax issues involved in hiring employees, and the matter of personal liability were areas fraught with pitfalls and surrounded by much discussion. Each of these is addressed in this Guidebook, with advice from experts and inclusion of additional resources in those subjects. Along the way, you will be given several of our success stories, cautions, and *experience speaks* topics. These are directly from the experiences of the demonstration projects. You will be provided a listing of resources, websites and contact information available to assist in your program development.

Finally, you are invited to contact the Georgia Division of Aging Services or any of the self-directed care demonstration project personnel with questions you may have about their development process. **See Appendix G.**



SUCCESS THROUGH SMALL THINGS

An 86-year-old woman with Alzheimer's Disease lived alone. The yard was very unsafe, having become overgrown with bushes and weeds. Her daughter, the caregiver, was very overwhelmed with the care and cost of care for Mom. The Family Caregiver demo project provided lawn care and groomed out the bushes and weeds. A porch railing was added, ensuring that Mom could safely venture out onto the porch. Mother and daughter are now able to sit on the porch and enjoy the beauty of their yard and lawn.

II. What is Self-Directed Care and Why Should I Develop It?

Self-Directed Care Defined

Self-directed care is literally the choice and direction of care by its user. In the aging community, and for purposes of this Guidebook, the user is the caregiver. In other situations, the user may be the older person receiving care. In any event, users of service, no matter how you define them, should meet your programmatic guidelines. In the disabilities community, the user is the disabled person. So, as you can see, the ultimate beneficiary may include more than one person in a household or may vary from program to program and state to state. The focus, however, is the same: individual choice and control.

The care in self-directed care will usually include both services and products. It encompasses provider choice as well. Self-directed care allows the user of service not only to direct care but also to manage care on an ongoing basis. Ultimately, he/she has the right to hire and fire providers, choose providers to patronize, and hire family and friends as caregivers. Again, self-directed care is the right to choose.

Why should I develop a program in my area?

One of the most compelling reasons to develop a self-directed care program is the shift of the focus from agency decisions and needs to client decisions and needs. Increasingly, we have become focused on the requirements of funding sources and strayed from the needs of clients and the dignity of individual governance of one's life. Too often, the boundaries of a geographical area or the *strings* attached by funders prescribe care and its limitations.

We now have the opportunity to re-establish the client at the top of the service pyramid. Indeed, when all is said and done, don't our clients know their needs and the extent of their requirements better than we? So, developing a self-directed care program helps restore self-determination and control by clients compromised by age and illness. Additionally, it establishes an equal partnership between service provider and client. In our demonstration program, our client (the caregiver), and thus the care receiver, is empowered in this process to make choices and to reap the benefit of those decisions.

When speaking of self-directed care, one must also address the resulting

- (a) autonomy or maximization of authority over one's own destiny,
- (b) reduced caregiver stress,
- (c) care for the caregiver over the long term,
- (d) reductions in cost of care, and/or
- (e) prevention/delay of premature institutionalization, with the emphasis on
services received in the care receiver's home.

Who could ask for more? As an agency, you can also facilitate the inclusion of non-traditional services as well as the standard, traditional ones. Family and

friends, known to the caregiver and care receiver, may be hired. Other yet undefined needs may precipitate the creation of another array of *outside the box* opportunities. The benefits of developing and implementing a self-directed care program are limited only by the vision of each creator.

Perhaps the question of development is best answered, ***If it helps your clients, Why Not?***

III. Program Development: Defining, Designing, and Blending

Program Development:

Tasks: Define the target population to be served and/or beneficiaries, list your services and providers and survey the market

Target the Market

To begin the groundwork in the design of a self-directed care program, several key questions must be answered. Perhaps first and foremost is the definition of your target market. In order to proceed in a focused manner, you will first need to select a population to be served. For instance, your organization may serve only persons of a certain age, e.g. persons aged 60 and over. If your program will or may include other family members, such as caregivers, there may be no age limit.

Other questions might include:

- Will your program be designed for a category of individuals, e.g. persons who are within 60 days of nursing home placement unless a home care option is implemented?
- Will your targeted clients include persons enrolled in the Medicaid program or persons who have fallen between the funding *cracks*?
- Will there be income limitations?
- Will there be housing restrictions, e.g. Will you serve assisted living residents, those who live in a retirement community and/or persons residing in private homes?

Determination of services

A list of proposed initial services and products then should be developed. Our group determined, with input from caregivers, that a combination of products and services best reflected the needs of the caregivers. In the area of products, a list of products such as incontinence supplies, nutritional supplements, and assistive devices was developed. Services initially chosen included personal care, respite, adult day care, and home repair and maintenance. (One demo project chose to limit their program to home modifications and lawn care.) Since each community and area is different from its neighbor, you should use a market survey to determine the scope and diversity of need in your community. When your service choices are made and program developed, the client should be given the list with the understanding that the list is *flexible* and may be supplemented with usual or unusual requests as well.

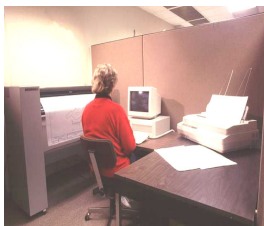
Survey the market

A market survey will provide a sound basis to determine many aspects of your program. In order to develop a market survey, some self-examination should be performed. Why do you want to develop a self-directed care program? Agency personnel, especially those directly serving caregivers, must be engaged in the general discussion. The goal of this exchange will be to answer the question of *Why should caregivers enroll in a self-directed care program?* Motivation of the caregiver to enroll is key to your understanding of the breadth of his/her needs and will help you understand how to ask interviewees about their possible participation.

Once these two considerations have been discussed and decisions made, it is time to proceed with the development of a market survey and instrument. The instrument should be focused, brief, and designed to mail or to use as a telephone survey. The questions may vary from *What services would you use in a self-directed care program?* to *Would you be willing to contribute to the cost of care you or your family member receives?* (**NOTE:** Program funding is always a consideration, so be sure to include this possibility in your survey.) While gathering information, be sure to ask questions to develop a demographic picture of your caregivers, e.g. age and number of people in the household.

If there is a local college or university in your community, you might enlist student interns in the market survey process. The survey will not need to be exhaustive in number of interviewees, but should include a large enough sample to give you a clear indication of the need and willingness to participate.

Logistics



After these first steps are completed, with data in hand and analyzed, some fundamental questions now must be resolved. For instance, do you wish to move forward with the design and development of a self-directed care program? If so, you will need to consider logistics of operation such as location of office space, phone, and equipment for an additional program and additional or reassigned staff. If no office space is available in your agency, is there space nearby with easy access for family members and others? (Family members and, perhaps, clients do visit the office from time to time.) Is there a possibility of securing the convenient, free space? In some instances, churches and synagogues may donate space for programs such as the self-directed care initiative.

Staff

Staffing in our demonstration projects was based on the projected number of caregivers to be served and available staff/funds. Each project had a manager or director, but, as a rule, no support staff. Each project hired or transferred at least

one care manager, again depending on the projected number of caregivers to be served. The Director (or manager) was a *jack-of-all-trades*, but primarily an administrator. Though the care manager usually determined eligibility in an in-home interview; the Director was the first point of telephone contact for the caregiver. The Director completed a telephonic preliminary screening, using predetermined criteria and scoring. The Director monitored caregiver expenditures, sought additional resources and worked with the care manager for service/product solutions. Two staff persons in most instances performed all program activities; therefore, initial staff was quite limited. When a program is developed over a period of time; staff and clients can grow as the program grows, keeping overall expenses to a minimum. You may wish to use current staff that can add this new responsibility to a current caseload.

Payment options, funding, program duration and provider agreements

Payment Options

Now the time has arrived to discuss payment options. The two most common methods of payment are through reimbursement to the client for expenditures on allowable items and/or through a specified number of vouchers in varying amounts. The debate between reimbursement and vouchers is discussed later in this Guidebook (Section V). Some programs use a combination of the two (vouchers for services and reimbursement for products), while others shy away from the voucher system and use reimbursement exclusively for services and products. You will need to determine the best path for your program. Our expert in this area addresses the issue, its considerations and parameters in Section V.

Funding

Armed with all the information listed above and information in Section V of this Guidebook, it is now time to consider two very important issues: how the program will be funded (through public money, private donations, both or other options) and the duration of the self-directed care program. You should contact your local Area Agency on Aging to be included in their invitation to bid on various funds administered by the Administration on Aging. Funding for your self-directed care program may be derived from Administration on Aging Title III-E money; however, in your service area, you will need to determine the status of those funds. If your program is funded through the AoA Title III-E money, you will need to adhere to those program regulations. If local III E monies have been expended, you will need to seek other sources of funding. One possibility is a special



Tip: Your program does not have to be funded through Title III E, which requires a caregiver. You may find that your community has many older adults living independently but without family. Funding without the requirement for a caregiver may be sought for this potential care receiver. Churches and community groups may initiate locally funded programs based on their

allocation from your State Unit on Aging or through your legislature. You will certainly need an advocate to navigate this path. Advocates of services to older constituents are increasing in number in most states as the voting public ages. Local public funding sources should include your Area Agency on Aging, city, county and state governments and officials, both elected and appointed.

In many communities, there are private sources of charitable giving. For example, larger banks have trust departments. Trust officers work with customers with resources and often participate in decisions about donations, grants and bequests. One or more banks in your community may also be home to local foundations. Often, smaller foundations are established through a trust department with decisions on funding made locally. You should schedule an appointment with local trust officers (or trust officers at parent banks of your local branches) to determine the possibilities.

Increasingly, small foundations are joining local community foundations. Community foundations pool the resources of the many to enjoy the highest return on their investment and to have a standardized approach to disbursing funds. A Board of Directors governs community foundations. Unless the foundation has specifically chosen the organization to which its gift is made, foundations will distribute grant awards based on an area of focus such as aging.

Nationally, there are funding opportunities for caregiving initiatives. These include the Faith in Action grants from the Robert Wood Johnson Foundation. Other national foundations may have ties to your community through an individual, business or industry. Research into these possibilities will provide targeted information.

Duration of Program:

Will the program begin and proceed indefinitely or will its life be dictated by public support and dollars? Will you need to raise money through private foundations or public funders such as your local State Unit on Aging, or will clients pay part or all of the costs? Clearly, funding is an indicator of the timing and duration of your project. However, the desire to provide a valuable service to benefit clients in need is also a driving force. In fact, this one concept can guide your fundraising efforts and, thus, the duration of your program. Program development and cessation are, or should be, cause for much soul searching. Once begun, programs quickly become a part of a client's life and are not easily discontinued. You should set your guidelines accordingly. You should also be very clear with clients about the anticipated length of the program as well as information on additional potential funding. Each should be informed of the tenuous nature of some funding and therefore the need to plan for such an eventuality. You may offer discharge planning as an option should the program be discontinued. **Beware of starting a program with little or no support or without a defined plan of continuation.**

Individual Allocation

If your program is to be publicly funded, the client allocation may be dictated or parameters set in the Request for Proposal. Your funding source may limit a decision about amount per client simply because of limited grant money. Your fundraising skills, however, could greatly enhance other avenues of resource development. However, if the allocation amount is to be determined by your agency, the demonstration project group offers several suggestions in the following paragraph. Each of these will be influenced to some degree by your choice of voucher and/or reimbursement systems of payment.

In services such as personal care, when a family directly hires a caregiver, knowledge of tax law becomes very important. In 2003, a person hired to work in the home can earn up to \$1400 per year without paying income taxes. (**NOTE:** At the time of this Guidebook printing, the amount was \$1400 per year; however, your CPA must be consulted annually for updates on this income ceiling.) Therefore, the demonstration projects, with counsel from caregivers and a tax expert, determined that, with reimbursement or vouchers, the caregiver was best served by placing a ceiling of \$1400 per year on the payment for services. However, an additional amount was allocated to caregivers for the purchase of supplies and products. The total in some projects was an allocation of \$2,000 per client per year with products and services clearly divided.

When determining an appropriate allocation, you should consider how the money could best serve the greatest number of caregivers. Stretching these monies is difficult for the agency as well as for the caregiver.

Service Area

Another important consideration is the service area. You may choose to serve only one area as you develop and test your program. On the other hand, you may choose to serve a more comprehensive area. The choice will depend on program staffing, your current service area, and, as always, funding.

Providers

After deciding payment methods and the listing of products and services, a list of approved providers should be developed. Approved providers, enrolled in the self-directed care **voucher** program (if you choose to use vouchers), may be found in a list developed for the caregiver's use.

Tip: It is important to define *approved providers* for your caregivers. Further, caregivers should understand that the choice of provider rests with the caregiver, not with your agency. An added bit of information to help: approved providers does not mean

One by-product of the process of approving providers is the connection that is established by your agency with the business community. You have an opportunity to share information about your self-directed care program and all the services your agency provides as well as to enlist their participation. Face-to-face interviews with the provider will enable you to judge the extent of commitment to the program and caregivers as well as to gather valuable input in the voucher

process. Your agency will need to develop criteria by which providers are accepted.

You will need to develop a formal written agreement with each provider (**A sample may be found in the Appendix.**). Items to be included are

- the paperwork you will expect from the provider,
- types and intervals of communications between the provider and your agency, and
- the procedure for paying the vouchers.

This agreement ensures an understanding between the provider and your agency.

In the **reimbursement** method of payment, there may or may not be a list of approved providers. There is, however, an agreement with caregivers. Caregivers may patronize any business they wish, pay for the product and/or service and submit a receipt to your agency for reimbursement. It is important, however, to provide clients with a list of items and services eligible to be reimbursed. You will find that your agency will receive *out of the ordinary* requests for reimbursement from time to time. Remember the word *flexibility* and the overall needs of your clients in the determination of care requirements.

Eligibility criteria and guidelines, waiting lists and caregiver allocation

Eligibility criteria

Eligibility criteria should be established so that everyone has a clear understanding and picture of the caregiver. You will need to determine the answers to questions such as

- What income criteria, if any, must a caregiver meet?
- Will you serve Medicaid caregivers?
- Will you serve persons who are currently enrolled in non-Medicaid home and community based care programs or other home care services, such as Hospice?
- Is there a level of physical need? List the physical health criteria for enrollment.
- How will you measure eligibility and will certain criteria be weighted, e.g. time projected until a care receiver's transfer from home to assisted living or a nursing home?
- Does your funding source require certain eligibility guidelines?

Eligibility Guidelines

Each of the Georgia projects was asked to design every element of their programs from eligibility standards to admissions and discharges. The group had several lengthy discussions about eligibility and services to persons currently enrolled in one or more home care programs and those who had no service at that time. The

rationale of projects that folded current care receivers into the self-directed care program was the limitation in range of services, the intermittent delivery of care to needy caregivers and the fact that few received needed support. Many caregivers were found to be in distress, ill, lacked appropriate or helpful information or too fatigued to make rational judgments but unconditionally committed to caring for loved ones. Further, the care receiver was found to have much larger needs in order to prevent premature institutionalization. Program teams who chose not to serve current care receivers simply stated that the demonstration project would allow them to fund care for caregivers, a relatively new phenomenon. Further, by this support of unserved caregivers, care receivers, not previously enrolled in any program or service, were brought into the agency.

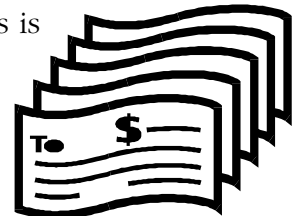
For the most part, all demonstration projects used the same assessment forms. A great deal of discussion was held about the use and value of assessment instruments, such as a depression scale. Though there was some diversity of opinion and ultimate use of several scales, each project measured the status of each caregiver on the same variables, e.g. nutrition. Therefore, everyone agreed on the basic need to develop a comprehensive picture of the caregiver and care receiver for the development of an appropriate Care Plan.

Waiting Lists and Client Assessment

Waiting lists are frequently a normal part of any service agency, especially those serving older adults. The method you currently employ in any home care program may serve as a guide. Generally, eligible clients are placed on a waiting list when either funding or staff is not available or a service is not available in a geographic area. You may choose to enroll caregivers in the order in which they are placed on the waiting list. Alternatively, you may choose *flexibility* in your movement of caregivers to the top. This *flexibility* would allow caregivers in an emergency or with more critical and urgent needs to move ahead of less compelling needs. (You will need to define *compelling needs* for your records.) Another option is to establish waiting list priorities. You may choose to use key questions in your preliminary intake instrument to determine level of need. There are scales and assessment instruments such as the Short Portable Mental Status Questionnaire by Eric Pfeiffer, M.D. and the Determination of Need instrument to assist in waiting list positioning. The DoN identifies levels of impairment and unmet needs for care. **Assessment instruments and forms may be found in the Appendix.**

Vouchers vs. reimbursement or both

Certainly, an important consideration in the area of client allocations is the choice you make regarding the use of vouchers, reimbursement for services and/or products, or a combination of the two.



A voucher is simply a coupon or ticket, which may be printed in certain denominations in book form, very much as a checkbook that has denomination amounts printed. For example, clients may receive a book of twenty-five \$20 vouchers or a book of vouchers with no denominations. You may also use vouchers much as checks. Printed vouchers would then have no set printed denomination. The exact amount would be completed at the time of purchase. Vouchers may be redeemed through one or more approved providers. (Your agency, as described earlier, screens and approves all providers.) The number of books of vouchers or funding allocated per person per year is only limited by your funding.

Vouchers may be used for over-the-counter medications, consumable supplies, transportation to the doctor, or a myriad of other products or services authorized by your agency. One of the concerns of some agencies is the amount of credit a person receives from the redemption of a voucher. Since vouchers are redeemed much as gift certificates, in many instances there will be change. The change will take the form of credit, not currency. Though change is fine for the client, the record keeping in your agency office may require voucher *fine-tuning* so that all allocations are justified and documented. **NOTE:** There is no change with blank or predetermined amount vouchers.

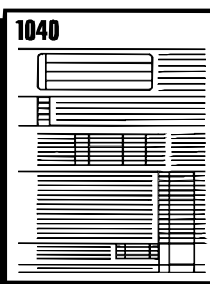
Another issue the demonstration project group faced early in the self-directed care process was the issue of hiring individuals to care for a person at home. Legally, as you can see in

Section V of this Guidebook, persons providing non-skilled personal care and homemaker/chore services in the home are considered employees, when performing these tasks at the direction of caregivers and/or family members. There was some thinking that these paid caregivers might be independent contractors. After much research and consultation with an expert in the tax code for home care workers; however, the fact of an employee-employer relationship became undeniable. All conversation about independent contractors was then dismissed. As the self-directed care program is defined and discussed in this book, paid home care providers are employees and must be treated as such with taxes and benefits. However, in 2003, employees can earn up to \$1400 per year without reporting the income or obligation to pay taxes.

All participants in a self-directed care program, whether receiving vouchers or reimbursement for allowable products and/or services, should be informed about the obligation to pay taxes for home care workers after they have reached the \$1400 ceiling. **The client is always the employer and the home care worker the employee.** (See Section V of this Guidebook.)

EXPERIENCE SPEAKS:

Clients generally receive monthly reimbursement checks. Books of vouchers may be distributed at the beginning of the program and quarterly thereafter. Since vouchers are tangible and visible, some clients have a tendency to hoard them. The frequency of distribution and tracking of provider vouchers allows program managers to address voucher hoarding in a timely manner.



Section V clearly and extensively discusses the relationship between the employer and employee. A listing of the various

employer tax forms is also included. The choice of voucher and/or reimbursement is a complex one requiring research and much deliberation. When your decision is made, clients should be fully informed of the consequences and liabilities of project participation as you have structured your program.

You may choose to use reimbursement only in your self-directed care program. Of course, one of the perceived and real drawbacks of reimbursement is the need for the client to pay for an item or service *up front* to be reimbursed later, usually monthly. Some clients do not have money to front the purchase. As we share this information on the perceived and real negatives of reimbursement, we also want you to know that when some of the demonstration projects transitioned from vouchers only to reimbursement only, clients had the money necessary to make the purchase to be reimbursed. In short, no client left the program as a result.

Communication with the Client: In a self-directed care program based solely on reimbursement, the agency should inform clients on a regular basis about the balance remaining in their overall allocation. Some programs choose to make this a formal notice with monthly or quarterly statements. Let's say that Mr. Austin is a client in your program. You have determined that you will allocate \$2,000 per year to each client. Mr. Austin presents you with receipts and a request for reimbursement each month. The two of you have discussed how much, on average, per month Mr. Austin may spend to remain under the \$2,000 cap. One month, because of an acute illness, his expenses skyrocket and his request for reimbursement reflects this increase. Your obligation as an agency and funding source is first to reimburse and then to inform the care manager of the situation. Someone from your agency should consult with Mr. Austin about the impact of these additional expenses in the overall yearly budget. Similar situations are relatively common in the households of older adults. Your agency should plan to work with families on an ongoing basis to keep them up to date on the balance in their

Publicity and Marketing Your Services

Media: When program infrastructure is in place, your funding secured, a few clients served, and, hopefully, any mistakes made and corrected, the time to publicize your new program has arrived. When publicizing any new endeavor, you should take the opportunity to show the press the importance of the self-directed care program and all the programs provided by your agency. Perhaps you have an established positive working relationship with one reporter from your local newspaper. If so, he/she is your advocate and should be employed as such. Invite that individual to your office and talk about the self-directed care program and the ways in which it differs from traditional services for older adults. Emphasize the service for caregivers, the options, choice and control aspects of the program. If you have clients enrolled in the program, you may wish to ask one family to speak to the reporter on the benefits experienced as a result of participation. Be sure to adequately prepare the family spokesman to respond positively to a reporter's questions.

CAUTION! When speaking to newspaper reporters or being interviewed by someone from television or radio, speak carefully and deliberately to inform and convey your message. In fact, practice your answers to common questions. This will help with any nervousness, but will also prepare you for the question/answer session. **It is so easy to speak off the cuff or to say something that you may later regret.** The practice sessions are very helpful in your measurement of responses. Remember, your words can be taken out of context or can be a blend of several comments or responses. The result of such an amalgam is that, when the article is published, the person interviewed does not recognize his/her remarks at all. The same is true with television and radio.

In today's world, the public has become accustomed to making judgments based on the 20-second sound bites seen and heard on nightly news broadcasts. Remember that those sound bites are generally taken from interviews of greater length and then edited to fit the overall news format. Of course, if you are interviewed live on television or radio, you have a much better chance of getting the whole message about self-directed care to the audience. It is important to note here that reporters do not deliberately attempt to prejudice your message. The time and space constraints felt by all media personnel compel them to condense, condense, condense.

The beginning of an initiative such as the self-directed program is a time to brag, proclaim your excitement about this new endeavor and generally let your community know that your agency is really addressing the needs of older adults and families. One way to do this, other than the interview, is to prepare a press release. A press release will have your words in writing, so the chance for error decreases. A press release should contain:

- The name of your organization/agency
- The name and contact information of the Director of your agency
- The agency address
- The date or earliest day on which you wish the release to be printed
- Quotes from clients, your Director, others in the community familiar with your program/service, and, perhaps most important,
- A readable, well-written story to engage the attention and heart of readers. You should be aware that your press release is also likely to experience a severe edit from publishers. Usually, newspapers publish press releases on a space available basis (unless the news is astounding...which yours is, of course). The space is determined by size of news stories and leftover spaces to fill in columns.



EXPERIENCE SPEAKS: Be prepared for a barrage of phone calls in response to any media promotion and/or speaking engagements. Caregivers and families are eager for information and services that will help relieve the stress of caregiving. Your new program will receive many inquiries and have the opportunity to assist families because of your publicity efforts.

Speaking Engagements: Perhaps you have had occasion to speak to professional membership organizations or other groups, such as churches and synagogues, in your community. You will be familiar with setting up these engagements and the audience. If, however, you are unfamiliar with the *speaking circuit* in promotion of your program or service, the following are a few pointers:

- Every community has a Lions Club, a Rotary Club and other civic organizations that meet either weekly or monthly. Community organizations include medical groups such as hospital auxiliaries, chapters of your state's nurses association and medical societies. Other organizations include your local AARP chapter, retired teachers organizations and the Telephone Pioneers (a group of phone company retirees). These groups always welcome programs and speakers from the community. In the case of groups meeting weekly, such as Rotary, scheduling 50-52 programs a year is quite a challenge; therefore, your offer to present will likely be positively accepted. Though you will want to promote your self-directed care program, this is also an excellent opportunity to talk about the total spectrum of services offered by your agency and/or to speak to the issue of aging and its impact on your community.
- You will need to locate the President or Program Chairperson for each club/organization and make your request to speak. Local Chambers of Commerce may maintain an organization book with a listing of all the clubs and organizations in the community as well as their officers. Though the list may not be current, if you contact last year's President, he/she will inform you about appropriate contacts for this year.
- Faith-based organizations, too, solicit speakers for their men's clubs/classes, women's groups, church or synagogue gatherings and socials. You will need to contact pastors, priests, rabbis or other leaders to discuss a speaking engagement.
- Professional organizations often have targeted themes or charities to which they make an annual commitment or in which they have interest. For example, the Society of Human Resource Managers is especially interested in programs on aging as they daily encounter employees with eldercare responsibilities and problems.
- There are also local women's clubs and groups such as chapters of Altrusa International in which speakers are invited and donations made. The sole purpose of Altrusa, for instance, is to raise money to assist agencies and programs such as yours.
- Since each community is different, you will need to gather the names and vital information about groups with which your agency might have a natural connection. Add to this listing those groups most likely to support

your program and you can easily become a regular speaker. You could also be invited to join the club, and then you can work from the *inside*.

- Don't forget your local government. You may have an opportunity, through the sponsorship or suggestion of an elected official, to speak at a Council or Commission meeting. Take it! You may come away with some funding and/or the offer to help in other ways.
- Literally, everyone you meet offers an opportunity. Now, you don't want to be the person for whom everyone crosses the street to avoid your pitch. You do, however, want to enthusiastically inform all potential donors, participants, as well as other appropriate individuals about the self-directed care program. So often, donations or offers to help come from an exchange occurring months and even years before. One never knows the extent to which individuals are touched by a program on a worthy service or project.

Word of Mouth and Client Referral

A very valuable referral source is the local Area Agency on Aging. Most AAAs provide information and referral services and may have developed a comprehensive database of services. If your program is not included, make sure you get the information to them as a resource for caregivers.

Perhaps the best publicity comes from word of mouth. Once your program starts, one client or family member will tell friends and relatives about your services and you are *off and running*. Current clients are great marketers for your agency. Your roster will soon be full and funds will likely be used or committed in short order.

Positive is an important word to remember when you serve the community. Positive word of mouth about your agency, this or another program travels well and, sometimes, fast. Negative word of mouth, however, travels faster and is very difficult to combat. You may have had some experience with this. Marketing gurus tell us that **positive comments about a service, product, business or program are generally shared with 3-5 (three to five) people, while negative comments are shared, according to one study, with 8-16 (eight to sixteen) people.** The point is well made; bad news or a poor reputation receives wider credence than good news.

Customer service is the key to positive reviews. When someone from your agency hears of a problem with a client, the Director should be informed. A corrective plan of action should be developed and a personal visit to the client made. The positive word of mouth from simple exchanges and a speedy repair will help your total mission in the community.

Resources and Partnerships

In the course of developing your self-directed care program, you will have occasion to seek aid from as well as provide resources to each community served. Your program has an opportunity to tie a myriad of resources together specifically for your caregivers. Indeed, you have a responsibility to do so to best serve the caregiver. These community resources may include

- Area Agencies on Aging and other agencies and organizations serving older adults,
- faith-based organizations with ministries to their older members,
- membership organizations that concentrate on one focus per year or two,
- the medical community,
- local hospital(s),
- health clubs (especially those in search of older adults who can use the facility during work hours),
- banks that have large numbers of older customers or that are targeting this market,
- discount or retail outlets such as Wal-Mart,
- durable medical equipment providers, and
- many other organizations or groups found in your community.

Don't forget other valuable resources such as your local library, its talking books program and video lending library. **NOTE:** Our demonstration projects purchased books and videos on caregiving and home care, developing their own lending libraries. Many caregivers took advantage of this accessible and user-friendly resource.

If you are developing a supply storehouse for your caregivers and care receivers in urgent need, in addition to purchasing some items, you may wish to locate one or more donors (either the business from whom you will purchase or a community organization) to provide all incontinent supplies and/or nutritional supplements, for example. In some instances, when large retailers who sell disposables are clearing their shelves and re-stocking, they will remove nutritional supplements with an upcoming expiration date. Since these items will be discarded, these retailers are often willing to donate the supplements to a charitable/nonprofit group such as yours. You will need to discuss with the manufacturer or store pharmacist the efficacy and safety of the items as well as their retention of nutrients. However, you will likely find that the supplements are safely consumable. This is truly one of those *win-win* situations as the retailer or pharmacy is able to donate items important to your clients and receive a tax deduction for charitable giving. You may also consider partnering with your local food bank for resources such as nutritional supplements.

Another consideration for your caregivers and care receivers is contact with a pharmaceutical sales representative. The representative may have a supply of drug samples with imminent expiration dates. Your program may become a regular recipient of this type donation.

In your search for resources, you may wish to ask your staff and caregivers about needs and any current sources of supplies, services, and equipment. Responses will literally establish your road map to resource gathering. You will also want to secure as many assistive device and technology catalogs from reputable firms as possible. Not only will these catalogs prove to be rich resources for families, but you will see new products as they are introduced to the marketplace. Caregivers and care receivers will be the beneficiaries of your constant review of such catalogs. **(Our listing of resources is found in Appendix F.)**

If your self-directed care program is to focus on caregivers, as have the Georgia projects, there are multiple program resources to aid in your development and operation.

For example, you may wish to

- research the capability of your local Area Agency on Aging, especially in the areas of program development and assistance
- conduct a web search for information on self-directed care and caregiver resources, e.g. literature, caregiving tips, or sources of products;
- contact organizations such as the Rosalynn Carter Institute on Caregiving for information (www.rosalynncarter.org);
- contact someone within the developmental or physical disability communities in your state or community to gather information on their model of self-directed care; or
- contact other organizations/agencies that have developed and implemented self-directed care programs for caregivers.

Tip: In self-directed care programs for older adults, the volatility of clients is increased. Persons enrolling in a program and may, on the next day, become totally debilitated and move to a nursing home. The reality of client death also looms in our aging programs as well. This client volatility creates continuous admissions and discharges just to maintain one slot. You

This Guidebook, too, is designed to offer you a *real life* resource based on the experiences of the AoA-funded demonstration projects in Georgia.

Out of your mission and your networking, partnerships will begin to form. You may also decide early in program development that you want to develop an alliance with certain community partners. As a result, you should launch a concerted effort to attract, negotiate with, and enlist the help of those targeted groups. With planned or unplanned relationships, the development of partnerships is critical to the success of your self-directed care program. A few benefits of partnering are:

- better service to a diverse population,
- resource sharing,
- collaboration on specific projects and tasks,
- increasing your depth of program expertise,
- community education about your agency and its services, and

- added attractiveness to funding sources.

As a result of collaborating and your exhaustive gathering of resources, several very positive by-products may arise. In our projects, community partnerships resulted in caregiver forums and workshops, caregiver fairs, health fairs, seminars/workshops on specific diseases such as Alzheimer's and other dementias, and the development of support groups.

Admission and Discharge Procedures

Admission Policies and Procedures

Now that your agency has progressed through the preliminary developmental steps based on your market survey, potential sources of funding are secure, some of the basic program infrastructure is in place, admission and discharge policies, and procedures are the critical next steps. **You may wish to review and use the forms included in the Appendix B of this Guidebook as pointers or in replication.** Or, you may wish to devise forms specific to your area and client needs. In any event, each form will likely arise from the actual policies and procedures you put in place.

On admission, gathering maximum caregiver and care receiver information will be important. For example, you will not only need the caregiver's and care receiver's name, address, telephone number and other basic demographics, but you should also obtain alternative telephone numbers, e.g. a neighbor or close relative phone. You may need Social Security numbers at some point in the development and operation of your program; therefore, it is probably expedient to gather that information in the initial interview. All contact information should be easily located and available to program and care managers, particularly in the case of an emergency.

Tip: Because of the sheer volume of information you give the caregiver and/or family on program admission, you should expect the need to repeat all or part of it, sometimes several times. Program policies and procedures may be particularly confusing. If you are using vouchers, repetition of usage instructions is to be expected. Completing vouchers correctly proved to

Tip: To assist caregivers and families as they attempt to understand the Self-Directed Care Program and its components and requirements, you should plan to develop a **Client Handbook**. A sample of suggested components is found in Appendix I.

The demonstration project programs found several non-policy, non-procedural aspects of the admission process to be vital to caregivers. Though these are not unique to this self-directed care program and you have likely experienced the same, they bear repeating in this context. When the care manager is in the home for caregiver assessment, the rapport he/she establishes with the caregiver and/or other family members present will be essential to a positive, long-term relationship.

Therefore, the first minutes of the conversation should be a time in which the care

manager employs his/her keenest skills as a communicator. Caregivers generally need your time in listening to the range of challenges they experience. Your care manager may be one of the few persons to visit that caregiver either that day or in many days. The exchange, therefore, between the care manager and caregiver can clarify information about the program and the options, and lead to accurate gathering of data.

The assessment and admissions process will eventually paint a picture of an individual with conventional needs, as well as one who may have uncommon or unusual requests specific to his/her situation. Each item on your admissions form should contribute to a holistic portrait of the caregiver, care receiver and the physical, social, emotional needs and status of each.

As you discuss the program with clients and/or families, clarity must be your focus. With so much information presented in one conversation, there is a great likelihood that the message may be confused and some of the policies and/or procedures misunderstood. Even when information is presented to a caregiver in written form, it can also be misconstrued or misunderstood. Therefore, your presentation should be *crystal clear* and free of ambiguities.

Caregivers need information and access to tax requirements that affect their use of the self-directed care services. **If a caregiver or other family member is engaged in hiring and firing of employees, information presented in Section V of this Guidebook will provide a detailed overview of employment issues including tax requirements.**

You may wish to re-phrase some of the information so that all caregivers easily understand it. Issues of employment and taxes must be a part of your initial conversation. In some instances, caregivers will choose not to participate in the program when they hear your discussion on these two issues. Tax information, by its very nature, can be confusing and frightening. Your responsibility is to inform without adding to the fear or concern of the caregiver. Always, the client should be asked to seek his/her own counsel (CPA or attorney) as well.

Discharge Policies and Procedures

Discharge policies and procedures may also include policies about a caregiver's exclusion from the program and should be explained clearly to the caregiver on the first visit.

Your discharge policies may include discharge based on

- nursing home placement,
- death of the care receiver,
- issues of caregiver abuse and/or neglect
- caregiver's continuing to meet program eligibility criteria,
- caregiver noncompliance, and
- caregiver fraud.

Tip: The health condition of older adults can deteriorate rapidly. Therefore, you should plan on regularly scheduled reassessments. Otherwise, the caregiver and care receiver may be at risk.

Case Files, Care Plan and Contingency Plan

Case Files

Generally, in the demo project programs, assessments were performed on both caregiver and care receiver. There were some exceptions, however. Therefore, to distinguish any differences, notations will be made in the following manner:
CR=care receiver and CG=caregiver.

For your information, our projects suggest that a typical case file should include the following:

CR, CG	demographic information about the care receiver and caregiver;
CR, CG	caregiver and care receiver health information including name and contact
	information of physician(s), medical diagnoses and medications;
CR, CG	information on abilities, e.g. ambulation, self-care;
CR, CG	information on orientation and possible dementia;
CR	a functional assessment with Activities of Daily Living assessed;
CR	the results of a nutritional screening;
CR	the results of a mental status exam;
CR or CG	notation as to depression presence or lack thereof;
CR, CG	notes regarding observations and questions about home safety;
CR, CG	a description of the environment;
CR, CG	a citation of the need for certain services, the arrangements to initiate
	service(s);
CR	a listing of assistive devices, equipment and consumable and/or disposable
	supplies required by the care receiver; (the care manager will also inform the
	caregiver and document information about other resources);
CR	the client participation agreement;
CR, CG	a signed release of information form; and
CR, CG	a signed release of agency liability:

The following should be in every folder:

time sheets of personal care attendants/paid caregivers;
an itemized list of approved purchases for reimbursement or copies of
redeemed vouchers;
discharge date and reason,
provider agreement forms, and the Care Plan.

NOTE: Additional forms may be required by different government agencies, e.g. IRS. See Section V for more information.

Care Plan

When the care manager makes an initial home visit and completes the assessment forms, he/she will develop a Care Plan specifically for that individual and his/her situation. To assist in designing the Plan, all information gathered in the personal interview, along with other information such as medical data gathered from the caregiver's and care receiver's primary care physician, will be matched with the caregiver's needs and wishes. All information gathered on assessment forms (**samples found in Appendix B**) is important to the appropriate development of a Care Plan and the goal setting with the caregiver.

A Care Plan, then, is the result of analyzing data gathered, the development of goals with caregiver partnering, and an overview of services by each provider. Caregiver goals should be directly paired with services to improve his/her situation or health status.

A Care Plan should also contain a record of assessment and reassessment dates, carefully outlining a methodical listing of face-to-face encounters as well as phone calls to the caregiver and provider for updated information. A Care Plan should stand alone and serve as a care map for each caregiver. Further, any care manager should be able to read a case file and Care Plan and continue its implementation in the event that the care manager of record is absent or leaves the agency.

Caregivers and care receivers, if possible, should be involved in the development of the Care Plan and very familiar with its contents, especially the goals to which he/she has agreed. In fact, the caregiver's signature on the Plan is a sign of his/her agreement and consent to services. In a self-directed care program, the caregiver chooses the service and provider based on the outcome of the Care Plan development. If your program provides *flexibility* for the hiring of family and friends, the care manager will need to provide all tax information to the caregiver and gather information about the proposed family or friends to be involved in care.

Contingency Plan

Since no system is perfect and humans have emergencies, make mistakes, and miscommunicate, the agency, along with the caregiver, should develop a Contingency Plan in addition to the Care Plan. A Contingency Plan is particularly important when you serve individuals in their homes. A situation may occur in which a family caregiver is incapacitated unexpectedly and the care receiver is unable to care for him/herself. Your agency will need to have prior information on procedures to follow should this emergency arise. The Contingency Plan should reside with the caregiver; however, the agency will retain a copy to be used if requested by the caregiver. The Contingency Plan is **not** a Power of Attorney or other legal document. It is merely a guide and listing of the wishes of the caregiver for emergencies only.

A Contingency Plan should contain basic demographic information such as name of care receiver and caregiver, address, and phone number. Other vital

information will include Social Security Numbers, Medicare/Medicaid/other insurance policy numbers, name of physician and his/her contact information. **Sample Contingency Plan forms are located in the Appendix B.**

Training for Families and Caregivers

When the issue of training paid caregivers arises, there are several areas to be thoroughly discussed and researched. Perhaps the crux of the matter is clearly defining the trainer and the trainee. As you will see in Section V, the area of hiring and employing caregivers is fraught with dilemma. Training is one of those. If your agency chooses to provide training directly to paid providers, you may be seen as the employer and thus liable for taxes and other obligations of the employee/trainee. If you offer training to the family or designee of the family, but not the paid provider, the lines between you, the family and the paid provider are no longer blurred. The trained family member can then train the paid provider, since, legally, the family is the caregiver's employer. Caregivers are free to use the materials you have developed for training and may use them in training the paid provider(s). In essence, as the agency, you will be training the *trainer*, not training the *employee*.

Further, as the lead agency, you can provide information to the family about other appropriate and relevant training opportunities in the community by other organizations, such as the Red Cross. Again, you are offering training support to the caregiver and care receiver, but are maintaining an arm's length relationship with the paid provider.

IV. Georgia Demonstration Projects and Successes

In 2001, five Area Agencies on Aging were awarded grants to participate as demonstration projects in the development of a self-directed care program for older Georgians. The following is a list of awardees:

Area Agency on Aging	Program Director	Self-Directed Care Program Provider
Legacy Link, Inc.	Ms. Pat Fry	Legacy Link, Inc.
Southwest Georgia Council on Aging, Inc.	Ms. Nancy Harper	Southwest Georgia Council on Aging, Inc.
Central Savannah River Area Agency on Aging	Ms. Georgia Jopling	Augusta Alzheimer's Association
Heart of Georgia Altamaha Area Agency on Aging	Ms. Melina Edmund	Concerted Services, Inc.
Southern Crescent Area Agency on Aging	Ms. Sally Richter	Carelink Ameri Corps

As is seen the table above, three AAAs subcontracted with direct service providers to deliver services and distribute funds, while two AAAs, as freestanding nonprofit (501c3) agencies, developed and implemented the self-directed care program.



Success Story

Ms. Jones cared for her mother three years after moving her from the North to Georgia. When the care manager visited to complete the application, the visit was five hours long. The caregiver needed someone with whom she could share her own story of serious illness. Now, she was caring for a bed-bound mother with dementia. The caregiver, whose husband was an alcoholic and whose 18-year-old son was also a problem, needed support. Through the Caregiver Program, she found someone to bathe her mother once a week, giving her time to go to the hairdresser. The caregiver used an allocation for incontinence supplies, nutritional supplements, skin care products and other products needed by her mother. After six months in the program, the caregiver called the care manager in great excitement. Things had vastly improved in her home. Her husband had ceased drinking and attended regular AA meetings. In addition, her husband and son had developed a new respect for the caregiver. She planned a brief anniversary trip using part of her allocation for her mother's respite care. She credited the changes to the Family Caregiver

When asked to conceive a self-directed care program for caregivers, Georgia's Area Agencies on Aging submitted proposals. The five selected to develop this program had many similarities; however, in each case, there were significant differences. The following table lists the program emphasis and the type of payment first envisioned and implemented.

Table 1
Start-up

Area Agency on Aging	Initial Program Emphasis	Initial Client Funding Mechanism
Legacy Link, Inc.	Personal Care (no Family or Friends), Disposable and Consumable Supplies	Vouchers
Southwest Georgia Council on Aging, Inc.	Personal Care including Friends and/or Family, Disposable and Consumable Supplies, Equipment such as adaptive devices	Voucher Only
Central Savannah River Area Agency on Aging	Adult Day Care, In-home Respite (including Family or Friends) and Consumable Supplies	Voucher Only
Heart of Georgia Altamaha Area Agency on Aging	Personal Care including Friends and Family, Disposable and Consumable Supplies	Voucher Only
Southern Crescent Area Agency on Aging	Home Adaptations and Ramps Only	Reimbursement

NOTE: Personal care includes homemaker services, respite services, hair care, physical therapy, and occupational therapy.

Shortly after project initiation, some AAAs, once enthusiastic about the use of vouchers, found them to be cumbersome for caregivers and demanding enormous record keeping from a skeleton staff. Further, overall, caregivers hoarded voucher coupons as they attempted to keep them as insurance against a serious need or *rainy day*. In most instances, the serious need and *rainy day* was at hand, as was noted on their admissions forms. Caregiver self-assessment, however, indicated that they felt that they were in better physical condition than did the

care manager, relatives and/or friends. Caregivers, then, determined that their condition would deteriorate and the use of vouchers would be needed at that time. An additional educational initiative was begun to help caregivers understand or, in some cases, hear about the use of vouchers in a timely manner. Caregivers also felt that their family member would get worse and that respite would be needed later in the illness. The educational initiative, along with support from care managers, helped caregivers employ respite and other services and/or products in a more measured fashion.

The following table is the current status of program focus and the funding mechanism for each of the five demonstration projects. *As you can see, the majority evolved and transitioned to a more comprehensive array of services for caregivers.* The funding mechanism, too, evolved based on the wishes of the clients and the overall assessment by project staff. In fact, there was a coming together of program services and funding mechanisms among all programs.

Table 2
Current Program Focus and Caregiver Funding

	Program Emphasis	Client Funding Mechanism
Legacy Link, Inc.	Personal Care Services (no Family or Friends), Disposable and Consumable Supplies	Voucher Only for all Services
Southwest Georgia Council on Aging, Inc.	Personal Care Services including Friends and/or Family, Disposable and Consumable Supplies, Equipment such as adaptive devices, Yard Services, Home Maintenance and Repair	Reimbursement Only
Central Savannah River Area Agency on Aging	Adult Day Care, In-home Respite (Family and/or Friends), and Consumable Supplies	Voucher for Services Reimbursement for Products
Heart of Georgia Altamaha Area Agency on Aging	Personal Care including Friends and Family, Disposable and Consumable Supplies, Yard and Lawn Care	Reimbursement for Services
Southern Crescent Area Agency on Aging	Home Adaptations and Ramps, Home Maintenance, Personal Care Services, Disposable and Consumable Supplies	Reimbursement Only

For your information, the following tables provide certain details of interest, e.g. the number of caregivers served and service/product usage, average monthly and annual expenditure per caregiver over the first two years of project operations.

Table 3
Caregivers Served; Product and Service Usage
Year One

Area Agency on Aging Year One Service									
	Unduplicated Clients Served	Services							
		Adult Day Care	Personal Care	Respite	Supplies Meds	Chore/Lawn	Repairs Home Mods	Transport	Other
Legacy Link, Inc.	27		2%		82%	4%			12%
Southwest Georgia Council on Aging, Inc. Central	25		15%	38%	20%	6%	1%	19%	1%
Savannah River Area Agency on Aging	35	22%		78%					
Heart of Georgia Altamaha Area Agency on Aging	47		18%	33%	34%	11%	1%	2%	1%
Southern Crescent Area Agency on Aging	52					9%	91%		

Table 4
Caregivers Served; Product and Service Usage
Year Two

Area Agency on Aging		Year Two Service							
	Unduplicated Clients Served	Services							Other
		Adult Day Care	Personal Care	Respite	Supplies Meds	Chore/Lawn	Repairs Home Mods	Transport	
Legacy Link, Inc.	26		2%		85%	5%			8%
Southwest Georgia Council on Aging, Inc.	37		11%	13%	26%	11%	29%	1%	9%
Central Savannah River Area Agency on Aging	35	18%		47%	35%				
Heart of Georgia Altamaha Area Agency on Aging	43		14%	23%	31%	15%	12%	2%	3%
Southern Crescent Area Agency on Aging	57					27%	73%		

Table 5
Annual and Monthly Expenditures Per Caregiver
Years One and Two

Area Agency on Aging	Year One Expenditure Per Client			Year Two Expenditure Per Client		
	Clients Served	Annual Expenditure	Average Monthly Expenditure	Clients Served	Annual Expenditure	Average Monthly Expenditure
Legacy Link, Inc.	27	\$1770.00	\$295.00	26	\$1885.00	\$209.00
Southwest Georgia Council on Aging, Inc.	25	\$2440.69	\$203.39	37	\$1668.68	\$139.06
Central Savannah River Area Agency on Aging	35	\$1200.00	\$145.03	35	\$1200.00	\$145.03
Heart of Georgia Altamaha Area Agency on Aging	47	\$1007.20	\$100.72	43	\$1324.97	\$147.22
Southern Crescent Area Agency on Aging	52	\$480.00	\$254.00	57	\$577.95	\$160.00



Lessons Learned

The Georgia demonstration project staff developed a list of **Lessons Learned** for you. These are shared from our experience with self-directed care and services for caregivers. Enjoy.

1. Families really do want to care for their loved ones.
2. Caregivers are less likely to hire formal help. If given a choice, they prefer to hire people they know, family members or church family.
3. Caregivers are truly frugal with funds and are not wasteful of resources.
4. Caregivers like the flexibility of controlling the schedule and being able to hire help for non-traditional business hours.
5. With a self-directed care program, the caregivers seem to call more and ask more questions.
6. Caregivers become more involved and operate at their own pace when they can control services.
7. Sometimes the paperwork is too complicated for caregivers.
8. A clearly defined list of products and services for reimbursement/voucher use is imperative.
9. There is no one way to develop a self-directed care program.

V. Legal and Financial Considerations

Prepared by Susan A. Flanagan, Ph.D., M.P.H.

a. INTRODUCTION

The aging community has increasingly become interested in self-directed care as an option designed to maximize elders' and their caregivers' choice and control over the home and community-based support services received and the individuals who provide them. A number of self-directed care projects across the country have focused primarily on individuals with physical and developmental disabilities receiving these services with Medicaid and other federal and state government and foundation funding.

In the fall of 2001, the Georgia Division of Aging Services was awarded a grant from the U.S. Administration on Aging (AoA) to develop self-directed care models for the non-Medicaid elderly population. Funding for the project was from the National Family Caregiver Support Program, the component added to the re-authorized Older Americans Act. Specifically, the Georgia project will:

- Increase service options by developing five self-directed care projects in rural areas that can be replicated in other states, and
- Evaluate the effects of self-directed care by adapting and administering to caregivers participating in voucher programs the *Caregiver Support and Satisfaction Survey*, currently in use by states participating in the federal Administration on Aging's *Performance Outcome Measurement Project (POMP)*.

With choice and control come responsibilities, many of which are imposed by federal, state and local tax, insurance and program rules and regulations. The use of public funds to support self-directed programs "raises the bar" for federal, state and local program agencies, providers, service recipients and their caregivers to meet these requirements. A challenge for federal, state and local governments implementing self-directed support service programs is balancing the individuals' and caregivers' desire for enhanced choice and control over the services and supports they receive and the workers who provide them with regulatory compliance, program accountability and liability and service recipients' health and safety. A challenge for states with AoA grants, such as Georgia, is to determine how to disburse needed grant funds to individuals and caregivers while ensuring that federal, state and local labor, employment tax and insurance requirements have been met, when grant funds are used by individuals and their caregivers to hire support service workers directly.

b. OVERVIEW OF THE PHILOSOPHIES OF SELF DIRECTION, SELF-DETERMINATION AND THE AVAILABILITY OF SELF-DIRECTED SERVICES AND SUPPORTS

What is Self Direction?

Increasingly, states are developing and implementing models of home and community-based services that are grounded in the principles of *self direction* and *self determination*. An August 2001 descriptive inventory of consumer-directed support service programs, funded by the U.S. Department of Health and Human Services, reported 49 of 50 states had or were in the process of implementing one or more publicly-funded support service programs using a self-directed approach (Doty and Flanagan, 2002).

Self direction is a philosophy and orientation to the delivery of home and community-based care that puts informed individuals and their caregivers in the *driver's seat* with respect to making choices about how best to meet their need for support services (Doty and Flanagan, 2002). It has developed, in part, from the disability rights and independent living movements.

There are a number of key principles related to self direction. First, there is a presumption that individuals with disabilities and chronic conditions and caregivers are the experts regarding their service needs. Second, there is an acknowledgement that different types of services warrant different levels of professional involvement. Third, it is assumed that choice and control can and should be incorporated into the home and community-based service delivery system as an option for individuals and caregivers. Fourth, not only do self-directed service systems support the dignity of the people requiring the service, but they can be less costly when properly designed. Finally, self direction should be available to elders and persons with disabilities and chronic conditions regardless of payer. Individuals tend to direct their home and community-based support services when enrolled in self-directed support service programs, however, many programs also allow individuals to enlist the assistance of a representative (i.e., family, friends or other caregiver) of their choice to assist them in managing their services and supports.

What is Self Determination?

Self Determination originated among advocates for the mentally retarded/developmentally disabled. It has long been associated with deinstitutionalization emphasizes *person-centered planning*, *individual budgeting*, *self-directed services and supports* and *quality assurance and quality improvement (QA/QI)*. Self Determination carries a more global connotation of the individual taking charge and asserting his/her preferences in all areas of everyday life, not simply with respect to a Medicaid-funded home-based support service (e.g., personal care). Both the philosophies of self direction and self determination are

significant departures from the traditional agency-based, home and community-based service delivery system.

It should be noted that the Centers for Medicare and Medicaid Services (CMS) views Self Determination as the overall philosophy of individual choice and control and the basis for both a practical and theoretical understanding of what it means to the shift control of individuals' services and funding from the service provider to the person receiving supports (e.g., *Money Follows the Person*). CMS then sees *Self Direction or Participant-Direction*, currently CMS' preferred terms and used interchangeably, as a service delivery model that affords individuals choice and control over their services and the individuals who provide them that falls under Self Determination. However, when a person sees the terms, *consumer* or *participant direction* they should know these terms are synonymous to the term *self direction* and represent similar home and community-based service delivery models.

What are Self-directed Services and Programs?

CMS defines a self-directed services and programs as “a state Medicaid service/program that presents individuals with the option to direct and control Medicaid funds identified in an individual budget. The waiver participant has the authority to exercise decision making authority over some or all of his/her waiver services and accepts responsibility for taking a direct role in managing them (CMS, Instructions Version 3.5 HCBS Waiver Application).

When a state offers self direction as part of a Medicaid 1915(c) waiver, CMS requires the state to provide information on the following aspects of its program: (1) person-centered planning, (2) information about self-direction and assistance in support of self-direction (I&A), (4) financial management services (FMS), (5) budget safeguards, (6) transition to the self-direction option, (7) termination from the self-directed option, and (8) quality. States also must provide an overview of the opportunities for self-direction in the waiver.

CMS has provided two basic self direction opportunities that a state may make available to individuals enrolled in self-directed waiver services, (1) *Participant-Employer Authority*, and (2) *Participant Budget Authority*. Under *Participant-Employer Authority* individuals and/or their representatives have decision-making authority over the support service workers who provide waiver services. The individual or his/her representative is supported to recruit, hire, direct and discharge the worker he/she hires directly to provide the supports. The individual or his/her representative may function as the common law employer (employer of record) or the co-employer of his/her workers. Supports and protections must be available for individuals who exercise this authority (e.g., FMS and I&A supports) (CMS, Instructions Version 3.5 HCBS Waiver Application).

As mentioned in the Introduction, with the increased choice and control that come with self-directed support service programs come responsibilities, many of which are imposed by federal, state and local labor, employment tax, insurance and program rules and regulations. *In the past, to reduce the employer-related burden*

for individuals and their caregivers, some state program agencies (and individuals and caregivers) treated self-directed support service workers, incorrectly, as independent contractors. The 2001 IRS National Taxpayer Advocates Report stated in general, home-based workers are employees and not independent contractors. In addition, in the IRS Proposed Notice 2003-70, Question 5, Who is the common law employer of a home-care service worker?, the Service responded with the following answer:

Generally, the service recipient is the employer of the home-care service provider if the service recipient has the right to direct and control the performance of the services. The control refers not only to the results to be accomplished by the work but also the means and details by which the result is accomplished.

If the caregiver is performing the functions above, he or she would be the common law employer of the home-care service (support) worker.

Under *Participant-Budget Authority*, the individual and/or his/her representative has the authority and accepts responsibility for managing the individual's budget. Depending on the dimensions of budget authority provided under waiver, this authority permits the individual and/or his/her representative to make decisions about the acquisition of waiver goods and services authorized in the individual's service plan and to manage the funds included in the individual budget. Again, supports and protections must be available for individuals who exercise this authority (e.g., FMS and I&A supports) or a combination of both authorities (CMS, Instructions: Version 3.5 HCBS Waiver Application).

What are Supports that Facilitate the Use of Self-Directed Services?

Overview of Self-directed Supports

One concept that has emerged from state program administrators', service recipients' and caregivers' experience with self-directed support service programs and the need to treat support service workers as employees rather than independent contractors self-directed supports.¹ CMS defines self-directed supports as "a system of activities that assists the individual in developing, implementing and managing the support services identified in his/her budget and disbursing the resources allocated in the individual budget."

CMS requires states implementing self-directed services under a Medicaid waiver or as Medicaid state plan service under section 1915(j) of the Deficit Reduction Act (DFRA) of 2005 to make available two types of self-directed supports to individuals and their representatives. These supports include (1) *Information and Assistance in Support of Self Direction (I & A)*, and (2) *Financial Management Services (FMS)* (www.cms.hhs.gov/IndependencePlus).

¹ Initially, these services were referred to as intermediary services (Flanagan, 1994). Currently, CMS refers to these supports as *self-directed supports* and the two major categories as *Financial Management Services (FMS)* and *Information and Assistance (I&A)* services.

TABLE 6

TYPES OF SUPPORTS THAT FACILITATE THE USE OF SELF-DIRECTED SUPPORTS

Self-directed Supports Model	Operating Entity	Worker's Employer	Entity's Responsibilities
Fiscal Conduit	State or County government agency or Vendor	Individual or representative unless the person chooses to use agency-based services.	Disburses public funds via cash or voucher payments to individual/representative & performs other related duties as determined by self-directed service program.
Government Employer Agent (FMS)	State or County government agency (In accordance with Section 3504 of the IRS Code & Rev. Proc. 80-4, 1980-1 C.B. 581& as modified by IRS Proposed Notice 2003-70)	Individual or representative unless the person chooses to use agency-based services.	Acts as an <i>employer agent</i> for individuals/representatives performing all that is required of an employer for wages paid on his/her behalf & back-up withholding, as applicable. Invoices government for public funds; prepares & distribute workers' payroll checks & manages related employment taxes; & processes and pays vendor invoices for approved goods & services, as required. May also process criminal background checks on prospective workers, broker workers' compensations & other insurances on behalf of individuals/representatives & generates & distributes reports for individuals/representatives & government agencies, as required. Currently IRS only allows Government F/EAs to act as an employer agent for individuals receiving publicly-funded support services.
Vendor Employer Agent (FMS)	Vendor (Section 3504 of the Code & Rev. Proc. 70-6, 1970-1 C.B. 420 & as modified by IRS Proposed Notice 2003-70)	Individual or representative unless the person chooses to use agency-based services.	Same tasks as performed by a Government F/EA described above except the vendor entity functions in accordance with IRS Rev. Proc. 70-6. Currently IRS only allows Vendor F/EAs to act as an employer agent for individuals receiving publicly-funded support services.
Agency with Choice (FMS)	Agency (e.g., CIL, AAA, Social Service or Home Health Agency)	Joint-employer arrangement between the agency (primary employer) and individual/representative (secondary, managing employer)	Joint-employer model. The Agency is primary employer for managing human resources, payroll and government program requirements. The individual/representative is the secondary or managing employer. The Agency with Choice provider invoices government for public funds, process employment documents and criminal background checks on workers, manage all aspects of payroll for individuals'/representatives' workers. May also provide an array of other support services (i.e., worker recruitment-registry, training, supervision, and performance monitoring).
Information and Assistance	Distinct vendor, individual, or provided through other	Individual/representative or agency	Provides an array of supports to individuals/representatives and, on a limited basis, to workers such as developing &

	ISO models		updating person-centered plans budgets, and providing service coordination, employer skills training, and assistance with worker recruitment & training.
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Information and Assistance (I&A) Supports

Information and Assistance (I & A) supports refers to the provision of information to individuals and their representatives about self-direction and assistance in support of their use of self-directed services. It can be provided by one or more entities as long as there is no duplication. For example, a type of information may be orientation to the key features of a self-directed service option and the rights and responsibilities of an individual and/or his/her representative related to that option. Assistance might be provided by helping an individual develop and update his/her individual budget and/or recruiting/locating service providers and workers in the community (www.cms.hhs.gov/IndependencePlus).

Supports broker, consultant, counselor or service coordinator are examples of job titles that states used to describe individuals who provides I&A services in conjunction with self-directed service programs. Typical functions of I & A providers include, but are not limited to:

- Assisting individuals/caregivers with the development of person-centered plans,
- Assisting individuals/caregivers with the development and updating of individual budgets,
- Assisting individuals/caregivers in securing needed services and managing their individual budgets,
- Orienting and training individuals/caregivers related to using self-directed services and being an employer, and
- Monitoring service quality and individual/caregiver satisfaction with self-directed services and supports (CMS, Instructions: Version 3.5 HCBS Waiver Application).

Financial Management Service (FMS) Supports

The Centers for Medicare and Medicaid Services (“CMS”) defines Financial Management Services (“FMS”) as:

A service/function that assists the family or participant to: (a) manage and direct the distribution of funds contained in the participant-directed budget (Participant-Budget Authority); (b) facilitate the employment of staff by the family or participant by performing as the participant’ agent such employer responsibilities as processing payroll, withholding and filing Federal, state, and local taxes and making tax payments to appropriate tax authorities (Participant-Employer Authority); and, (c) performing

fiscal accounting and making expenditure reports to the participant and/or family and state authorities (Participant-Budget Authority).

Currently, CMS recognizes three types of FMS:

1. Government Fiscal/Employer Agent (per Section 3504 of the IRS Code and IRS Revenue Procedure 80-4, 1980-1 C.B. and as modified by IRS Proposed Notice 2003-70),
2. Vendor Fiscal/Employer Agent (per Section 3504 of the IRS Code and IRS Revenue Procedure 70-6, 1970-1 C.B. 420 and as modified by IRS Proposed Notice 2003-70), and
3. Agency with Choice provider.

Fiscal Conduit

Although not specifically mentioned in version 3.5 of CMS' HCBS Waiver Application, the *Fiscal Conduit* can be considered an additional FMS option. Some individuals and representatives have reported they wish to manage all of the employer-related tasks, including the payroll function for support service workers they hire directly. In response to this request, some states have implemented the Fiscal Conduit option to accommodate this desire in conjunction with self-directed services funded with federal Older Americans Act, state, or as Medicaid 1115 waiver or Medicaid state plan services under section 1915(j) of the Deficit Reduction Act (DFRA) of 2005.

The primary function of a Fiscal Conduit is to receive and disburse service recipients' benefit funds in cash or through the use of vouchers directly to him/her or his/her representative and track the disbursement of these funds. Often individual's cash benefits are deposited in a bank account established solely for this purpose. The service recipient or caregiver is the common law employer (employer of record) of the home-based service worker he/she hires directly. Often self-directed programs that offer the Fiscal Conduit option provide training on and assess individuals'/caregivers' ability to perform the payroll related tasks as a condition of using the Fiscal Conduit option and periodically monitor individuals'/ caregivers' performance related to the payroll tasks to ensure that each individual/caregiver is in compliance with federal, state and local labor, employment tax and insurance rules and regulations.

Government and Vendor Fiscal Employer Agents (F/EAs)

Other individuals and caregivers have reported that they would like to obtain assistance with performing the payroll function (including withholding, reporting and paying federal, state and local income and employment taxes and insurances) for the home-based service workers they hire directly. Currently, a small but growing number of states have chosen to act as Government Fiscal Employer Agents (F/EAs) in accordance with Section 3504 of the IRS Code and Revenue

Procedure 80-4 as modified by IRS Proposed Notice 2003-70 to provide payroll and sometimes billing paying services for individual service recipients and their representatives wish to use them. A larger number of states contract with entities to perform as Vendor F/EAs in accordance with Section 3504 of the IRS Code and IRS Revenue Procedure 70-6 as modified by IRS Proposed Notice 2003-70 to provides these functions.

Under these two F/EA-FMS models, the government or vendor entity acts as an agent for the common law employer (individual/caregiver) under Section 3504 of the IRS code performing all that is required of an employer for wages paid on the employer's behalf and all that is required of the payer for requirements of back-up withholding, as applicable. The F/EA can perform these tasks without being considered the common law employer of the service recipient's support service worker. Government and Vendor F/EA also may manage state and local income tax withholding and employment taxes and insurances, collect and process support service workers' timesheets and prepare and distribute their payroll checks. Also, Government and Vendor F/EAs may perform a number of other fiscal- related tasks such as receiving and tracking individuals' budget funds, processing and paying invoices for goods and services approved in the individual's service plan, brokering and paying for workers' compensation and possibly health insurance, as required and available and generating standard financial reports for individuals/caregivers and the state or local program and Medicaid agency. A Government F/EA must execute an agreement (IRS Form 2678, *Employer/Payer Appointment of Agent*) between itself and the IRS to obtain IRS approval to act as a Government F/EA for the individuals enrolled in the self-directed support service program and their representatives, when applicable.²

Vendor F/EAs often have a contract with the state or local government program agency and/or a Medicaid provider agreement executed with the state Medicaid agency to receive public program funds and to manage the payroll and goods and service invoice processing and payment, as required on behalf of individuals (service recipients)/caregivers it represents as agent. The Vendor F/EA then executes an agreement with each individual/caregiver (an IRS Form 2678, *Employer/Payer Appointment of Agent*) to be his/her agent. Often state unemployment insurance agencies require Government and Vendor F/EAs to obtain a state power of attorney to perform the state income tax withholding and/or unemployment tax functions. Georgia does not have this requirement.

Under the Vendor F/EA FMS model, the individual/caregiver is the common law employer of the home-based service worker he/she hires directly and is responsible for all employer-related tasks with the exception of the payroll and invoice processing and payment functions, as applicable. The Vendor F/EA FMS model reinforces the philosophy of consumer-direction while shielding the state self-directed support service program agency and the Vendor F/EA from erroneous

² The Government F/EA must maintain individual IRS Forms 2678 between itself and each service recipient it represents as agent but does not have to file them with the IRS. Rather, they must keep the executed Form in each of the service recipients'/representatives' files at the agent.

claims that they are the common law employers of the support service worker hired by individuals and representatives the Vendor F/EA represents as agent.

Using the two F/EA FMS models can help state and local governments rectify the situation where support service workers have been considered independent contractors. These FMS models also can ensure that both the individual/caregiver and the support service worker are in compliance with federal, state and local labor, employment tax and workers' compensation insurance laws.

It should be noted that the IRS published draft Notice 2003-70 on October 3, 2003 pertaining to agents operating under IRS Revenue Procedure 80-4. This draft Notice proposed allowing state and local government agencies to be Fiscal/Employer Agents under 3504 of the IRS code and to delegate the payroll tasks to either a reporting agent or a subagent which uses the state or local government agency's separate FEIN for federal filing purposes. The proposal includes a number of procedures that streamline functions and significantly reduce the paperwork burden for agents operating under Revenue Procedure 80-4. The May and October 2007 revisions to the IRS Form 2678 clarified that Vendor F/EA may delegate agent tasks to a reporting agent. However, in both incidences (Government and Vendor F/EA) the reporting agent is not liable for any unfulfilled federal tax obligations including penalties and interest. The Government or Vendor F/EA and the individual/representative-employer are co-labile. Therefore, it is recommended that Government and Vendor F/EAs obtain signed informed consent statements from individuals/representative they represent as agent stating that they know the F/EA is delegating tasks to a reporting agent, and they concur with this.

Agency with Choice ISO

Under the Agency with Choice FMS model, there exists a joint or co-employer arrangement. The agency is the *primary* employer (employer of record) while the individual/caregiver is the *secondary* or *managing employer*. As the managing employer, individuals and caregivers may (1) recruit and refer in their support service workers to the agency for hire, (2) train or actively participate in the training of their support service workers, (3) determine when and how the support service worker tasks are to be performed, (4) supervise the day-to-day activities of their support service worker and (5) discharge their support service worker from their residence when necessary. Agency staff and the individual/caregiver work as a team in the provision of support services. When an agency is truly operating as an Agency with Choice FMS provider, its performance is very similar to a Fiscal/Employer Agent. One major pitfall of the Agency with Choice FMS model is when an agency does not apply the philosophy of self-direction completely or effectively, and thus really operating as a traditional agency provider.

C. *EMPLOYEE OR AN INDEPENDENT CONTRACTOR: WHAT IS THE EMPLOYMENT STATUS OF SUPPORT SERVICE WORKERS?*

What is the Employment Status of Self-directed Service Workers?

As mentioned earlier, it should be made clear that the majority of support service workers (i.e., workers providing non-skilled personal care and homemaker/chore services) are employees under the domestic service worker job category of the Federal Department of Labor Fair Labor Standard Act (FLSA) and by the IRS and *not independent contractors*. If an individual, caregiver or agency believes that a support service worker is an independent contractor, it can prepare and submit an IRS Form SS-8; *Determination of Worker Status for the Purpose of Federal Employment Taxes and Income Tax Withholding to the IRS*, and obtain a ruling on the employment status of the worker. If the IRS determines that the support service worker is an independent contractor, then the agency or F/EA will obtain an IRS Form W-9 from the support service worker and issue him or her an IRS Form 1099-*Miscellaneous* at the end of the year rather than an IRS Form W-2, *Wage and Tax Statement* if he or she is paid \$600 or more in a calendar year. If the support service worker is determined to be an employee, then the proper federal, state and local employment taxes and insurances must be withheld, reported and paid, wages must be paid in accordance with federal and state Department of Labor laws, and workers' compensation laws must be complied with.

It should be noted that some states have a state form similar to the IRS Form SS-8 that can be completed and submitted to determine the employment status of a support service worker for the purpose of state employment taxes and income tax withholding.

D. *WHAT ARE THE FEDERAL LABOR, EMPLOYMENT ELIGIBILITY VERIFICATION, AND WORKERS' COMPENSATION INSURANCE REQUIREMENTS RELATED TO HOUSEHOLD EMPLOYERS AND THEIR SUPPORT SERVICE WORKERS?*

Federal and State Wage and Hour Rules

Under the federal Fair Labor Standards Act (FLSA), domestic service employees must receive at least the federal minimum wage (currently \$5.85/hour and scheduled to increase to \$6.55 effective 7/24/08 and \$7.25 effective 7/24/09) for employment. In cases where an employee is subject to both state and federal minimum wage laws, the employee is entitled to the higher of the two minimum wages. The minimum wage in Georgia effective 7/24/07 is \$5.85/hour.

In addition, domestic service employees who work more than 40 hours in any one work week for the same employer must be paid overtime compensation at a rate not less than one and one-half times the employee's regular rate of pay for such excess hours. Employees who reside in the employer's household (i.e., the live-in domestic employee exemption) do not qualify to receive overtime compensation.

In addition, workers who are eligible to be “companions” under the domestic service provision of FLSA do not qualify to receive minimum wage or over time compensation.

Companionship Exemption

Currently, there are two exemptions to Federal Department of Labor Fair Labor Standards Act (FLSA) pertaining to domestic service workers. They include the companionship and live-in exemptions. Section (13)(a)(15) of FLSA provides household employers with an exemption from paying minimum wage and overtime compensation for domestic service employees (i.e., support service workers) who provide companionship services for individuals who, because of age or infirmity, are unable to care for themselves.

Companionship services are defined by FLSA as including *fellowship, care and protection to persons who, because of advanced age or physical, or mental infirmity, could not care for his or her own needs*. Exempt services include household work related to the person’s care (i.e., meal preparation, bed making, laundry, and other similar services) as long as these tasks are considered *incidental* and comprise not more than 20 percent of the total weekly hours worked. A companion cannot be formally trained (e.g., nurse or therapist). Finally, a companion can be exempt even if employed by a third-party employer or agency, rather than by an individual or family directly and upheld by the U.S. Supreme Court on July 11, 2007 (*Long Island Care at Home LTD v Evelyn Coke*).

Live-in Worker Exemption

Domestic service employees who reside in the household where they are employed (i.e., live-in workers) are entitled to the same minimum wage as domestic service workers who work by the day. However, section 13(b)(21) provides an exemption from the Act’s overtime requirement for domestic service workers who reside in the household where they are employed. This does not excuse the employer from paying the live-in worker at the applicable minimum wage rate for all hours worked.

In determining the number of hours worked by a live-in worker, the employee and the employer may exclude up to eight hours for sleeping time, meal time and other periods of complete freedom from all duties when the employee may leave the premise or stay on the premises for purely personal pursuits if the exclusion of hours are mutually agreeable to both the employer and employee. For periods of free time (other than those relating to meals and sleeping) to be excluded from hours worked, the periods must be of sufficient duration to enable the employee to make effective use of the time. If the sleeping time, meal periods or other periods of free time are interrupted by a call to duty, the interruption must be counted as hours worked.

States have the right not to recognize the companionship and live-in exemptions to the domestic service provisions of FLSA and some do not (e.g., New Jersey). *The State of Georgia recognizes both domestic service exemptions.*

There are a number of employment practices that the FLSA does not regulate. They include:

- Vacation, holiday, severance, or sick pay
- Meal or rest periods, holidays off, or vacations
- Premium pay for weekend, or holiday work
- Pay raises or fringe benefits
- A discharge notice, reason for discharge, or immediate payment of final wages to terminated employees
- Pay stubs or IRS Forms W-2, *Wage and Tax Statement*

What are the Requirements Regarding Employment Eligibility Verification?

When an individual with a disability or chronic condition or his/her caregiver hires a home-

based support service worker to work for him/her on a regular basis as an employee, the individual/caregiver and the support service worker must complete the Bureau of Citizenship and Immigration Services (BCIS) Form I-9, *Employer Eligibility Verification*. No later than the first day of work, the employee must complete the employee section of the form by providing certain required information and attesting to his or her current work eligibility status in the United States. The individual/caregiver completes the employer section of the form by examining documents presented by the employee as evidence of his/her identity and employment eligibility. The individual/caregiver should keep the completed INS Form I-9 in his/her records for three years after the date of hire or one year after the date of the employee's employment is terminated, whichever is later. A copy of the US BCIS Form I-9 may be found in the US BCIS *Handbook for Employees* (Form M-274). Call the US BCIS at (800)–870–3676 to obtain a copy of the *Handbook for Employees*.

What are Household/Domestic Employer Requirements Related to the Provision of Workers' Compensation Insurance?

One way publicly-funded self-directed support service programs can reduce the risk of liability related to workplace injury for program agencies and service recipients and their caregivers who are common employers of their support service workers is by arranging and paying for workers' compensation insurance. Workers' compensation insurance in the United States is a combined government and private insurance program mandated by state or territorial law, administered by one or more state or territorial agencies and paid for entirely by employers (except in Oregon).

It is a no fault insurance system, similar to no-fault auto insurance that mandates the payment of statutorily defined medical, disability and other benefits (e.g., death and burial) to most workers whose injuries and illnesses "arise out of and in the course of employment." All 50 states, the District of Columbia, the five U.S. territories have workers' compensation laws and each law and system is specific to

the jurisdiction and can be complex. Two benefits for employers under workers' compensation law are:

The remedies available under the law are generally limited to medical, disability, death and burial. The disability, death and burial benefits are typically subject to ceilings limiting potential recovery, and

An employee's right to workers' compensation coverage is usually the exclusive remedy against the employer for accidental injuries and occupational diseases falling within the coverage formula of the workers' compensation law. Workers' compensation insurance coverage represents a significant safeguard for individual/caregiver-employers against being sued personally by a support service worker as a result of a workplace injury unless the employer is found to be negligent.

Employers who do not obtain workers' compensation insurance for their non-exempt (covered) workers are considered out of compliance and may be subject to substantial penalties and the risk of tort liability. Exempt (non-covered) employees represent a relatively small percent of total employees, but they are important, especially with regards to employers' liability insurance.

A basic objective of workers' compensation insurance is that coverage under the law be virtually, if not completely, universal. However, for various historical, political, economic and/or administrative reasons, no state's or territory's law covers all forms of employment (U.S. Chamber of Commerce, 2002).

Three employment classes are often exempt are:

- Persons whose work is casual and not in the course of the trade, business, profession or occupation of the employer,
- "Minor employers" (those with less than three, four or five workers), and
- Household/domestic service workers.

Historically, support service workers (personal assistance services) are considered under the domestic service classification in many states. However, in the majority of states, including Georgia, the final determination of whether a support service worker (e.g., personal care assistant) is considered under the domestic service codes is based on a claims appeal. Some states allow household employers to purchase workers' compensation insurance through both standard workers' compensation insurance policies, homeowners/tenants insurance policies or through Alternative Workers' Compensation Plans. The availability of these options varies by state.

In October 2005, the National Council on Compensation Insurance (NCCI), the organization that maintains the National Scopes Code Manual that contains the worker codes for all job classifications for worker's compensation insurance

purposes, amended the worker classification codes for domestic service workers (0908- Domestic Worker, Inside – Occasional and 0913, Domestic Worker – Inside (full time)) to specifically exclude companions or personal assistants who also engage in providing physical assistance in the activities of daily living and/or nursing care. NCCI then amended code 8835, Home, Public and Traveling Healthcare to include Homemaker Service, Physical Assistance. This includes companions or personal assistants who engage in providing physical assistance in activities of daily living (ADL) and/or nursing care whether the worker works for a household employer or agency in the trade or business of providing home care services to the public. The Assigned Risk Plan rate and the loss cost rates for voluntary insurers for code 8835 is computed on a per \$100/payroll rather than on a per capita basis as for codes 0908 and 0913.

States that use the NCCI domestic service codes and have NCCI manage their assigned risk plan, now must include these support service workers who provide assistance with ADLs and/or nursing care under code 8835. As a result, premiums for workers' compensation insurance for these workers have increased significantly compared to domestic service premiums. Other states, acknowledging the difference in the risk of workplace injury for agency and household employers and realizing that household employers are subsidizing agency providers' premiums under the new code 8835, developed a special code for domestic service worker who work for household employers and provide physical assistance (0918, Domestic Service Worker, Inside – Physical Assistance). This code keeps household employers together as an employer group, acknowledges the personal care tasks being performed by support service workers in the home and accurately reflects the risk of workplace injury for this worker group. Effective July 1, 2008, states that have implemented this new state-specific workers' compensation code for household employers and support service workers who provide physical assistance are Illinois, Massachusetts, New Mexico and Rhode Island.

Georgia Workers' Compensation Law Related to Domestic Service

In Georgia, the provision of workers' compensation insurance is regulated under *Title 34, Chapter 9 of the Unannotated Georgia Code*. Any employer, including those that engage inside domestic service workers, employing three (3) or more full or part-time workers must purchase workers' compensation insurance coverage. The penalty for noncompliance is a misdemeanor and up to \$5,000 per violation. Compensation may be increased 10 percent plus attorney's fees.

An individual household employer may purchase workers' compensation insurance from over 350 voluntary insurance carriers in the state. However, it was reported that insurance agents and voluntary insurance carriers have little or no incentive to quote or sell workers' compensation insurance policies to household employers due to small payrolls and premiums and significant paperwork burden and the high perceived risk of worker injury. In addition, it is not possible to purchase workers' compensation insurance through homeowners or renters insurance in Georgia.

It is more likely that household employers in Georgia can obtain coverage through the State's Assigned Risk Plan managed by the National Council on Compensation Insurance (NCCI). Employers no longer are required to obtain four refusals (declination letters) from voluntary workers' compensation insurance carriers or have to use an insurance agent to access the Assigned Risk Plan in Georgia. *It is highly recommended that a household employer use an insurance agent to purchase workers' compensation insurance for his/her support service workers through the Assigned Risk Plan.*

Effective April 1, 2008 (the most recent rates available at printing), Assigned Risk Plan rate and minimum premium (the least amount an employer will pay in the State for workers' compensation insurance) for the Assigned Risk Plan for occasional domestic service workers under code 0908 is \$203 and \$403 per policy year, respectively. The Assigned Risk Plan rate and minimum premium for the Assigned Risk Plan for full-time domestic service workers under code 0913 is \$563 and \$763 per policy year, respectively. The Assigned Risk Plan rates (and loss cost rates for voluntary insurers) for the domestic service codes are determined on a per capita basis in Georgia.

As discussed above, in October 2005, NCCI revised its workers' compensation insurance codes for domestic service workers related to those who provide companionship and personal attendant services for household employers. *This change has a direct effect the coverage of support service workers for workers' compensation insurance and the cost of providing this coverage.* Effective April 1, 2008 (the most recent rate available at printing) the rate for the Assigned Risk Plan for the revised code 8835 is \$9.31/\$100 payroll and the minimum premium is \$850 per policy year and more costly than those computed for the domestic service codes as reported earlier.

It was reported in the literature that in Georgia, employers, including household employers, can purchase Alternative Workers' Compensation Plans through life insurance carriers to cover workplace injury. An Alternative Workers' Compensation Plan may consist of any combination of life, disability, accident, health or other insurance provided that the coverage insurers without limitation or exclusion any of the workers' compensation benefits defined in the State's workers' compensation law. No further details were available but it is advised that household employers contact a life insurance carrier for more information. Other states that reportedly offer this option are Alabama and Louisiana.

A good resource on workers' compensation insurance for household employers and domestic service workers in Georgia is Steve Manders at the Georgia Rating Bureau (404) 656-4449.

What are the Options Available for Individual and Caregiver-Employers Regarding the Provision of Workers' Compensation Coverage for Their Support Service Workers?

Based on the information provided above, there are at least three options available to individual/caregiver-employers regarding the provision of workers' compensation insurance for their support service workers in Georgia.

First, the majority of individuals and caregivers will probably hire less than three full or part-time support service workers to meet their needs. *When this is the case, these employers are exempt from providing workers' compensation insurance for their workers. However, individuals and caregivers should keep in mind that by not providing workers' compensation insurance coverage, they could be at risk of being sued personally by a worker should he or she be injured on the job.*

Employers may elect to cover their exempt workers for workers' compensation insurance in Georgia. However, if an employer elects to provide coverage for their exempt workers, he/she must provide coverage for all workers they employ (i.e., can not provide coverage for some workers and not for others).

Second, if an individual or caregiver employs three or more full or part-time support service workers to meet their needs, he/she must cover these workers with workers' compensation insurance. As mentioned above, an employer may elect to provide workers' compensation insurance coverage for their exempt workers.

In these two scenarios, the individual/caregiver-employer needs to determine and clearly document a job description for each worker, including the tasks to be performed, in order to determine which workers' compensation insurance code each worker will fall under (domestic service codes 0908/0913 or home care code 8835) and what type(s) of policies need to be purchased. It is highly recommended that the household employer use an insurance agent to facilitate the purchasing of workers' compensation insurance for their support service workers, when appropriate.

A third option in Georgia is the purchase Alternative Workers' Compensation Plans through life insurance carriers to cover workplace injury (as discussed earlier. It is advised that household employers contact a life insurance carrier for more information about this option.

E. WHAT ARE THE POSSIBLE SCENARIOS FOR INDIVIDUALS/ CAREGIVERS RECEIVING AoA FUNDS?

Overview

The amount of AoA funds received by an Area Agency on Aging (AAA) and the amount an individual/caregiver receives can vary significantly. Large amounts allocated for the employment of one or more self-directed support service workers may require federal, state, and local employment taxes and insurance to be withheld, filed and paid, while smaller amounts may not. It is important that the AAA staff to interview individuals and caregivers, as appropriate, prior to disbursing AoA grant funds to determine what they plan to purchase with the funds, document this, and orient the individual/caregiver on his/her role and

responsibilities related using AoA funds and being an employer of support service workers. Then ideally, AAA staff should have the individual or caregiver receiving AoA funds, review and sign a statement (signed under pains and penalties of perjury) that says the individual/caregiver understands his/her role and responsibilities related to the receipt and use of AoA funds, including being an employer of support service workers, and that he/she knows of and agrees to abide by all federal, state, local and AAA rules and requirements related to the use of these funds and being an employer including the management of payroll and related federal and state employment taxes and workers' compensation insurance coverage, as applicable.

Of particular importance related to individuals/caregivers hiring support service workers directly are the wage thresholds for Medicare and Social Security (FICA) and Federal Unemployment Taxes (FUTA) and state unemployment taxes (SUTA). As of January 1, 2008, if a support service worker is paid \$1,600 in a calendar year by one employer, then the household employer must withhold, file and pay FICA for him/herself and the employee per IRS requirements.

If an individual/caregiver pays out \$1,000 or more in gross wages for all of his/her workers in a calendar quarter, then FUTA must be withheld, reported and paid. In addition, if \$1,000 or more in gross wages have been paid out in a calendar quarter, state unemployment taxes (SUTA) also must be withheld, filed and paid. Certain legally responsible adults, (spouses and parents of minor children) may be exempt from filing and paying FICA and/or FUTA and SUTA (IRS Publication 15, Chapter 3, Family Employees). FUTA and SUTA payments are the sole responsibility of the employer in Georgia.

Federal and state income tax (SIT) withholding are withheld, filed and paid by a domestic employer only if it is mutually agreed to by the employer and employee. If SIT is not withheld, filed and paid by the employer, it is the sole responsibility of the employee to file and pay these taxes themselves as required by the IRS and the state Department of Revenue. However, it should be noted that nationally, Government and Vendor F/EAs routinely withhold, file and pay federal and state income tax withholding as a courtesy to and safeguard for the employer and employee. *It is highly recommended that household employers withhold, file and pay federal and state income tax withholding for their support service worker, but if they do not, they should obtain a signed statement from their support service workers saying they know that their employer is not withholding, filing and paying federal and state income tax on their behalf, at their request, and acknowledging it is their (the support service workers') sole responsibility to file and pay federal and state income taxes as required by the IRS and the Georgia Department of Revenue.*

If an individual/caregiver receives AoA grant funds that are less than the \$1,600 FICA wage threshold, he/she does not pay any worker \$1,600 or more in a calendar year (with AoA funds, private funds or a combination of the two funds) and does not pay his/her support service workers total gross wages over the FUTA and SUTA \$1,000 wage threshold, then the employer is not required to pay federal and state income tax withholding or employment taxes in Georgia.

However, if an individual/caregiver employs and pays a support service worker an amount in excess of the FICA wage threshold (using AoA funds, private funds, or a combination of the two), then he/she must withhold, file and pay federal FICA for him/herself and the applicable support service worker and may want to consider withholding, filing and paying federal income tax withholding since it is done using the same IRS forms (*Schedule H* and IRS Form 8109-B, *Federal Tax Deposit Coupon*). Similarly, if the individual/caregiver-employs and pays a support service worker an amount in excess of the FUTA/SUTA wage threshold then the individual/caregiver-employer must withhold, file and pay into FUTA (using the IRS *Schedule H* and IRS Form 8109-B, *Federal Tax Deposit Coupon*) and SUTA as required.

There are three possible options/models for an individual/caregiver who receives AoA funds to fulfill their federal and state requirements related to receiving services from support service workers they recruit directly. They are: (1) receiving their AoA funds from a Fiscal Conduit directly, being the employer of the support service workers they recruit and hire directly and managing any payroll and related federal and state employment taxes directly or with the assistance of their local accountant; (2) receiving their AoA funds directly and referring support service workers for hire and assignment back to them to an agency that operates as an Agency with Choice FMS; or (3) using a Government or Vendor Fiscal/Employer Agent to receive individuals' AoA funds and manage the payroll, including federal and state employment taxes, and payment of invoices for goods and services on the individual/caregiver's behalf.

Option 1

Under Option 1, the individual/caregiver receives their AoA funds from a Fiscal Conduit (i.e., an AAA). He/she pays any support service workers he/she hires directly and withholds, files and pays federal and state income tax withholding and employment taxes as appropriate and required. The individual/caregiver is responsible for obtaining workers' compensation insurance coverage and paying the premium, as applicable/desired.

The individual/caregiver may or may not wish to have their local accountant assist them with the payroll task including the withholding, filing and payment of federal and state income tax withholding and employment taxes, as applicable including the issuance of the IRS Form W-3, *Transmittal of Wage and Tax Statements* and Forms W-2, *Wage and Tax Statement* annually, when appropriate.

Federal and State Wage and Hour Requirements

An individual/caregiver who is a household/domestic employer and hires support service workers must pay these workers in accordance with the federal and state Department of Labor wage and hour laws that apply to domestic service workers. As discussed earlier, this means that support service workers must be paid

minimum wage for every hour worked and receive overtime pay for every hour worked over 40 in a given work week. In addition, in Georgia, an individual/caregiver-employer may hire support service workers as companions and live-in workers if they meet the requirements and they must pay them in accordance with federal Department of Labor rules.

Federal Income Tax Withholding and Employment Tax Filing and Payment

When an individual/caregiver is a household/domestic employer and manages the payroll tasks with or without the assistance of a local accountant, the IRS requires the employer to obtain a Federal Employer Identification Number (FEIN). This can be obtained by completing and filing and IRS Form SS-4, *Application for Employer Identification Number* with the Service. Individual/caregiver-employers can file this form online, via fax or by snail mail.

The IRS also requires household/domestic employers to file federal taxes (Medicare and Social Security taxes [FICA] and federal unemployment taxes [FUTA] and federal income tax withholding, when applicable) for him/herself and his/her support service worker using the IRS Form 1040, *Schedule H*. The Schedule H must be filed annually by April 15th with or without the household employer's IRS Form 1040 (some individuals may not have to file personal federal income taxes). *Household employers must use the IRS Schedule H to file FICA, federal income tax withholding and FUTA. They are not allowed to use the IRS Form 941, Employer's Quarterly Federal Tax Return or the IRS Form 944, Employer's Annual Federal Tax Return to file FICA and federal income tax withholding or the IRS Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return to file FUTA.*

The individual/caregiver should obtain an IRS Form W-4, *Employee Withholding Allowance Certificate* from each support service worker they hire if the individual/caregiver intends to withhold, file and pay federal income tax withholding on behalf of his/her support service worker.

Finally the individual/caregiver employer should file and IRS Form W-2, *Wage and Tax Statement* for each support service worker they employ along with an IRS Form W-3, *Transmittal of Wage and Tax Statement* annually per IRS Form Instructions.

State Income Tax (SIT) Withholding and Unemployment Insurance Tax (SUTA) Filing and Payment

Household employers then must file state income tax withholding (SIT) and unemployment insurance taxes (SUTA), as required, using the policies, procedures and forms required by the state's department of revenue and unemployment insurance agencies. Each state, including Georgia, has its own policies, procedures and forms for registering household employers for SIT and SUTA purposes and withholding, filing and paying SIT and SUTA. Moreover, the Georgia Department of Revenue, and other states have developed a set of policies, procedures and forms specifically for household employers.

State Income Tax Withholding

Georgia's state income tax withholding requirement is the same as the federal government. If the employer chooses not to withhold federal income tax for his/her support service worker, he/she is not obliged to withhold state income tax. However, if the employer withholds federal income taxes he/she must withhold state income taxes.

The individual/caregiver-employer should obtain a Georgia DoR Form G-4 (rev. 07/06), *Georgia Employee's Withholding Allowance Certificate* from each support service worker they hire if he/she intends to withhold, file and pay state income tax withholding on behalf of his/her support service worker. *It is highly recommended that state income taxes be withheld for support service workers.*

If an individual/caregiver-employer decides to withhold state income taxes, he/she must first complete and submit a Form CFR-002, *State Taxpayer Registration Application* to the Georgia Department of Revenue. Once the individual/caregiver has his/her eight (8) digit Georgia Withholding Number, he/she will withhold, file and pay state income tax withholding for his/her support service worker(s) using the Forms G-7, *Quarterly or Monthly Return* (rev. 1/07).

If the individual/caregiver withholds less than \$200 per month then he/she should file quarterly and use the Form G-7 for quarterly filers. If he/she withholds \$200 or more per month, then he/she should file monthly and use the Form G-7 for monthly filing. Returns should be filed even if the Form G-7 indicates zero taxes withheld as long as the employer's tax account number is active (O.C.G.A. § 48-7-103).

Employers are required to keep accurate and up-to-date records on all employees. In addition, they must retain payroll records for at least four (4) years after the taxes are due or paid, whichever is later (O.C.G.A. §48-7-11).

When an individual/caregiver stops employing support service workers and withholding state income taxes (stops being a household employer), he/she should prepare his/her final SIT filing and payment indicating it is the last one, even if zero taxes are withheld and file an GA DoR Form G-5B, *Withholding Account Change Form* (rev. 02/06) located in the coupon book mailed to him/her (a copy of the form also can be obtained on the GA DoR website) or by submitting a letter to GA DoR's Taxpayer Services Division.

In Georgia, a good general contact number for the Georgia Department of Revenue, Division of Withholding is (404) 417-2311. A good web site is www.etax.dor.ga.gov.

A good contact number of employer registration is the DoR's Licensing Unit at (404) 417-4490. A good contact number for DoR's Taxpayer Services Division is (404) 417-3210.

State Unemployment Insurance Taxes (SUTA)

Domestic/household employers liable under the GA Employment Security Law are required to pay state unemployment taxes (SUTA) to the state if they pay \$1,000 or more in total cash wages in any calendar quarter. The state taxable wage base is the first \$8,500 paid to an individual during the calendar year. SUTA is a tax paid by the employer without deduction from the wages of any employee. These taxes are deposited in the Georgia Unemployment Trust Fund. Monies from this fund are used to pay unemployment benefits to eligible individuals under Employment Security Law requirements.

Experience rating is a system that relates employer taxes to the cost of providing unemployment benefits to their employers. Lower rates are earned by employers whose unemployment experience costs are less, and higher rates are assigned to employers whose experience indicates greater costs.

New or newly covered employers are assigned a total tax rate of 2.70 percent until such time as they are eligible for a rate calculation based on their experience history. As of the June 30th computation date, any contributory employer who has at least 12 quarters (36 months) of chargeability for unemployment insurance claim purposes may be eligible for an individually computed contribution rate based on the status of the employer's reserve account. The computed rate applies to taxable wages paid during the calendar year immediately following the computation date. The Form DoL-626, *Employer Tax Rate Notice* is mailed to employers in late December each year.

Each individual/caregiver who is a domestic/household employer of a support service worker must first register as an employer with the Georgia Department of Labor by filing a Form DoL 1-A, *Employer Status Report*. Please note that Item 2 should be checked Individual and Item 6 should be checked "Yes." Items 7, 8 and 10 do not apply to household employers and should be answered "No." Item 9 should be checked and the date should be provided. The employer should report his/her Federal Employer Identification Number (FEIN) that he/she received from the IRS on the Form. The employer should submit the Form DoL-1 in the quarter before the quarter in which he/she believes he/she will pay total cash wages of \$1,000 or more for all of his/her workers. The Georgia DoL then will send the employer his/her Georgia DoL Account Number.

The Georgia DoL also will mail household employers pre-printed Forms DoL -4A, *Annual Tax and Wage Report for Domestic Employment* for the filing and payment of SUTA in December of each year. Effective calendar year 2003, the Georgia DoL implemented the Form DoL-4A for domestic/household employers rather than having them file the Form DoL-4N, *Employer's Quarterly Tax and Wage Report*. The Form DoL-4A must be filed by paper with DoL on or before January 31st for the prior calendar year and any SUTA tax payment should be remitted with the Form.

Although the report is filed annually, the wages for each employee must be reported on a quarterly basis. Penalty for late filing of the report or interest for late payment of SUTA taxes due will be assessed if the report and/or remittance for a calendar year is received after January 31st of the following year.

Employers are required to keep accurate and up-to-date records on all employees. These records must show:

- Each employee's name and social security number;
- The date each employee was hired, rehired, or returned to work after a temporary layoff;
- The data and reason each employee was separated from employment;
- The period covered by the payroll record; and
- The total wages paid to each employee during each calendar quarter to include: (1) cash remuneration; the cash value of other remuneration, including gratuities, and tips; (3) flat fee expenses; and (4) reimbursement of expenses that do not meet the documentation requirement of the law.

Employers must make records available to authorized representatives of the Georgia Department of Labor. For auditing purposes, employer records must be maintained for a seven (7) year period from the date payments were due and/or paid.

If the household employer stops employing workers for a period of time, he/she can inactivate his/her state unemployment registration number by the appropriate field on the Form DoL-4A.

A good contact for the Georgia Department of Labor/state unemployment insurance is (404) 232-3220. A good resource for Georgia unemployment insurance is the Georgia Department of Labor's The Employer's Handbook (DOL – 224 (R2/06)). A copy of the manual may be obtained off the Georgia DoL web site: www.dol.state.ga/forms_and_publications.htm#Employers.

Employment Eligibility Verification for Support Service Workers

As mentioned earlier, when an individual with a disability or chronic condition or his/her caregiver hires a home-based support service worker to work for him/her on a regular basis as an employee, the individual/caregiver and the support service worker must complete the Bureau of Citizenship and Immigration Services (BCIS) Form I-9, *Employer Eligibility Verification*. No later than the first day of work, the employee must complete the employee section of the form by providing certain required information and attesting to his or her current work eligibility status in the United States. The individual/caregiver completes the employer section of the form by examining documents presented by the employee as evidence of his/her identity and employment eligibility. The individual/caregiver should keep the completed US BCIS Form I-9 in his/her records for three years after the date of hire or one year after the date of the employee's employment is terminated, whichever is later.

Option 2

Under Option 2, the individual/caregiver receives their AoA funds from a Fiscal Conduit (i.e., an AAA). Then he/she recruits the support service workers he/she wants to provide the needed services and refers them to a home care agency that is willing to operate as an Agency with Choice FMS provider for hire and assignment back to the individual/caregiver. The Agency with Choice may offer the individual/caregiver the option of interviewing support service workers currently employed by the agency for assignment back to him or her. By doing this, the individual/caregiver enters into a joint-employment arrangement with the agency. The Agency with Choice provider is the primary employer for the purpose of hiring, managing human resource related tasks, payroll including federal and state income tax withholding and employment tax management, workers' compensation insurance and any available benefits (i.e., health insurance, sick and vacation leave) and meeting Medicaid provider requirements. As the secondary or managing employer, the individual/caregiver is responsible for:

- Recruiting his/her support service worker and referring the support service worker to the agency for hire or selecting a worker currently employed by the agency for assignment back to the individual/caregiver,
- Training or participating in the training of his/her support service worker,
- Establishing his/her support service worker's work schedule and the duties to be performed,
- Supervising his/her support service worker's day to day activities, and
- Discharging his/her support service worker from his/her residence, when necessary.

The individual/caregiver then pays the agency for services rendered rather than being the common law employer and having to manage all aspects of employment him/herself. However, individuals/caregivers must determine how many hours of service he/she can afford to purchase services from the Agency with Choice provider, based on the rates charged, funds (both public – AoA and private) available and the number of hours needed meet the needs of the individual/caregiver. Individuals/caregivers also need to evaluate whether an agency, acting as an Agency with Choice provider, offers real choice and control in accordance with the philosophy of self direction to individuals and caregivers or if it's just performing as a traditional agency provider.

Option 3

Under this option the individual/caregiver chooses to have his/her funds transferred to a Vendor Fiscal/Employer Agent (F/EA) operating under section 3504 of the IRS code and Revenue Procedure 70-6 and proposed notice 2003-70, as applicable (as described earlier in Table 6). The Vendor F/EA can act as the "bank" for the individual/caregiver's AoA funds and process payroll for support service workers and process and pay invoices for any goods and services the

individual/caregiver wishes to purchase if it is the request of the individual/caregiver. *It is important to note that currently, the IRS does not allow Vendor F/EAs to process payroll for individual/caregivers using public funds or a combination of public and private funds.* So if the AoA funds an individual/caregiver receives cannot pay in total the payroll for his/her support service workers and/or the invoices for needed goods and services, then Option 3 will be an option for him/her.

In addition, since the Vendor F/EA will charge a fee for the fiscal services it provides to the individual/caregiver. The individual/caregiver need to determine if he/she has sufficient funds to cover this expense before using a Vendor F/EA.

F. POSSIBLE OPPORTUNITIES FOR AGENCIES TO PROVIDE SELF-DIRECTED SUPPORTS

Operating as an Agency with Choice Provider

Some traditional provider agencies may have a desire to be providers of self-directed supports to facilitate individuals/caregivers use of self-directed services. Agencies act as an Agency with Choice provider or a Vendor F/EA FMS under contract with an Area Agency on Aging (AAA). Moreover, they could provide information and assistance services to individuals and caregivers under contract to an AAA if there were a demand for such services.

As an Agency with Choice provider, the agency would operate as described earlier and in accordance with AAA requirements. AAAs should develop basic standards for the provision of Agency with Choice services that requires effective implementation of the philosophy of self direction and the empowerment of individuals and caregivers regarding choice and control over the services they receive from the agency and the workers who provide them.

Operating as a Vendor Fiscal/Employer Agent

As a Vendor F/EA, the agency would have to be knowledgeable regarding federal and state labor, tax, employment eligibility verification, workers' compensation and any state/AAA program rules and requirements related to being a Vendor F/EA for household employers and their domestic service workers. A good resource for understanding these requirements can be found in the Vendor F/EA Task List that can be obtained at the Cash & Counseling National Program Office website www.cashandcounseling.org.

The agency would need to obtain a separate federal employer identification number (FEIN) for the sole purpose of filing and paying federal income tax withholding and employment taxes on behalf of individual/caregiver-employers it acts as agent for.

The agency also would need to document Georgia-specific labor, tax and workers' compensation insurance requirements related to being a Vendor F/EA for

household employers and their domestic service workers. For example, since the last publication of this Guide, the Georgia Departments of Revenue and Labor have implemented Power of Attorney forms. Often state taxation agencies require Vendor F/EAs to execute a SIT and/or SUTA Powers of Attorney with each individual/caregiver-employer they represent as agent in order to file and pay state income tax withholding and unemployment insurance taxes on their behalf and receive all related forms and correspondence.

Since IRS does not allow Vendor F/EAs to operate as employee leasing or professional employment organizations (PEOs), an agency that wishes to perform as a Vendor F/EA will need to make it clear to the Georgia Departments of Revenue and Labor that it is not operating as one of these entities. In addition, the Georgia Department of Revenue has a common paymaster provision that could reduce the paperwork burden for a Vendor F/EA by allowing it to file in the aggregate for all individual/caregiver-employers it represents as agent under a single, F/EA –related SIT account number. The agency wishing to become a Vendor F/EA would need to communicate with the Georgia Department of Revenue to determine if it qualifies to be a common paymaster and the procedures for becoming and operating as one. Finally, the agency wishing to perform as a Vendor F/EA would need to determine the role it will have in brokering workers' compensation insurance policies and paying premiums on individual/caregiver-employers' behalf with the proper workers' compensation insurance agencies in Georgia.

Providing Information and Assistance Related to the Use of Self-directed Services

An agency interested in providing Information and Assistance (I & A) related to the use of self-directed services to individuals and caregivers who use these services would need to discuss with their local AAA (1) the services that might be provided, (2) the fees that would be charged for providing such services, (3) whether there is a demand for such services, and (4) what the contractual arrangements might be between the agency and the AAA related to providing such services.

Monitoring the Provision of FMS and I&A Services by the Area Agency on Aging

Since FMS and I&A providers will be operating under contract with their local Area Agency on Aging (AAA), the AAA will need to develop standards for each service and an performance monitoring protocol it can use to monitor the performance on agencies providing FMS and I&A services to individuals and caregivers who choose to use self-directed services. The AAA will need to determine the frequency of monitoring and how they will address poor performing agencies. Finally, it is highly recommended that the AAA develop and implement an annual individual/caregiver satisfaction survey and review the results on an annual basis with the FMS and I&A providers.

Appendix One

Program Policies and Procedures

Note: This section contains pages from policies and procedures from a number of Area Agencies on Aging. It is intended to give you an idea of various issues to cover, as well as format.

A West Georgia Care Link Program
*** Division of West Georgia Health System**
Title: Demo Caregiver Grant (safety) referral/
assessment process

policy DCG referral

updated 020503

Policy: The referral process will ensure efficient access to service for all grant recipients.

Procedure:

The initial referral for the caregiver grant will be made to AAA.

The AAA will set priority of need and hold the referral until Care Link resources are available.

The AAA will send the referral and initial caregiver information to Care Link.

Care Link staff will ensure the caregiver is contacted to establish an assessment date within five working days of receiving the referral.

Upon establishing the assessment date the Care Link representative is assigned for the assessment.

Assessment :

The Care Link representative visits the care receivers home to assess the home for safety concerns and to identify the needs or request of the caregiver.

The representative uses the Home Safety Checklist for evaluation.

The Care Link representative documents the assessment and recommendations and brings to the Care Link Manager for review.

The request is reviewed and priorities of work established.

If not a home owner the Landlord is contacted and permission obtained to provide safety corrections to home.

Job assignments are then made unless family has a preference. Families are given a list of available resources to choose or Care Link will assign.

AOA Demo Grant
Referral and Assessment process

Guidelines for coordination of referrals and assessments in a timely manner.

- I. Referrals will be requested from Chatt Flint by the Program Director.
- II. Referrals received will be logged in the notebook by the Program Director.
- III. The Member Coordinator will schedule the home assessments with the members within one week of the referral received.
- IV. Client charts will be prepared at the time of assessment.
- V. The AIMS form will be completed as a part of the assessment.
- VI. Post the home safety and service assessment the findings will be discussed with the Program Director and referrals made to appropriate resources.
- VII. Lee Newman is faxed the referral for all construction needs.
- VIII. Lawn service is referred to available resources on file unless the family has another reliable source.
- IX. Alzheimer's supplies are ordered through purchasing.
- X. Equipment orders are faxed to Corley's
- XI. Documentation of service request are placed in appropriate files and stated on the activity sheets in the client's chart.

DEMO grant referral/assessment coordination 04/21/03

SOWEGA COUNCIL ON AGING FAMILY CAREGIVER PROGRAM
POLICIES & PROCEDURES

(Demonstration Grant & Title III-E)

Statement of Purpose:

The Family caregiver Program will provide resources and support with greater *flexibility* and choice to enhance home care given by families to care dependent relatives. It will prolong the duration of care in the home by preventing or decreasing caregiver burnout, reducing the caregiver burden and alleviating a portion of the cost of providing care at home.

Client Identification:

The Family caregiver (also referred to as Client) is an adult, 18 years or older, providing care to a care dependent older relative, age 60 or older, who resides in the same home as the caregiver. (*See Definitions for further clarifications of terminology.)

Client Criteria for selection to participate in Family caregiver Program: Demonstration of need in 2 or more areas:

- financial need
- emotional need
- educational/ skills building need
- need for direct service linkage to community resources

caregiver may receive Family caregiver services when care receiver is under Hospice care, as long as the services do not duplicate any given by Hospice.

caregiver must be an adult (18 years or older), related by blood, marriage or adoption to the care receiver, and they must reside in the same household.

caregiver must be willing to sign the Participation Agreement that includes:

- Cooperating with assessment and Care Planning process;
- Provide accurate information regarding who resides in the household and related data;
- Follow procedures for reimbursement of providers of services and for consumable supplies;
- Acknowledging an understanding that they will be requested to participate in periodic interviews and evaluations of the program to assist in maximizing its effectiveness.

Self Directed Care Guidebook
Georgia Division of Aging Services

Program Policies and Procedures

Statement of Purpose:

The Family Caregiver Program will provide resources and support with greater flexibility and choice to enhance home care given by families to care dependent relatives. It will prolong the duration of care in the home by preventing or decreasing Caregiver burnout, reducing the Caregiver burden, and alleviating a portion of the cost of providing care at home.

Client Identification:

The Family Caregiver is an adult, 18 years or older, providing care to a care dependent older relative (also known as the **Care Receiver**), age 60 or older, which resides in the same home as the Caregiver.

Client Criteria:

- ◆ Demonstration of need in two or more areas:
 - *Financial Need
 - *Emotional Need
 - *Educational/skills building need
 - *Need for direct service linkage to community resources

- ◆ Must be willing to sign the Participation Agreement which includes:
 - *Cooperating with assessment and care planning processes.
 - *Provide accurate information regarding who resides in the household and related data.
 - *Follow procedures for voucher reimbursement of providers of consumable supplies and services.
 - *Acknowledging and understanding that you will be requested to participate in periodic interviews and evaluations of the program to assist in maximizing its effectiveness.



Administration of the Family Caregiver Program

The Family caregiver Program will be locally administered by the SOWEGA Council on Aging within the 14 county area in its region under the GA Department of Aging. It will be responsible for the following functions:

- Design and implementation of the Family caregiver Program in this locale.
- Development of an annual budget for the program.
- Hire and train staff to carry out the administration and case management required by the program.
- Recruit and develop a range of traditional and non-traditional service provider resources and obtain their agreement to comply with applicable employment regulations and payment method.
- Provide opportunities for education and skills building for family caregivers, their chosen providers, community volunteers and formal service providers through workshops, seminars and support groups.
- Provide emotional support and stress reduction by conducting Family caregiver Support Groups.
- Publicize and promote the program to obtain the widest possible range of participation from a diverse population.
- Provide assessment, Care Planning, case management, information and referral and other assistance as requested and needed by the family caregiver.
- Develop and implement a system for the processing and payment of Family caregiver reimbursement.
- Keep all necessary records and reports to track program budget and evaluate effectiveness.
- Maintain client records in a timely manner, and in compliance with privacy and confidentiality standards.
- Participate in DOA training, program revision and development, and provide appropriate responses and reports when requested.



*Self Directed Care Guidebook
Georgia Division of Aging Services*

Family Caregiver Program Process and Activities

Screening

Initially, Family caregiver Program staff will screen potential caregivers for the program. If and when feasible, *Gateway/1 & A* staff shall receive intake information and provide screening of possible program participants. They will refer appropriate caregiver/care receiver situations to the Program for assessment.

Assessment and Care Management

The care management staff person will:

Make a home visit to assess the needs of the caregiver, care receiver and the caregiving environment.

Develop a Care Plan including needs for service and supply items eligible for reimbursement by the program.

Discuss with caregiver and present choices of available and appropriate resources to provide services that include family members living outside the residence, friends and neighbors, and formal service providers. Explain tax and labor regulations and assist with appropriate paperwork.

Sign up the Family caregiver by explaining and completing the required forms including:

- Family caregiver Participation Agreement
- Care Plan
- Approved list For Reimbursement
- Client Rights and Responsibilities
- Release of Information.
- Release from Liability (State form)

Provide assistance in implementing the Care Plan and obtaining service providers.

Process the monthly requests for reimbursement and forward to the financial staff to prepare and mail out checks to the caregivers.

Provide monthly telephone contacts with the caregiver to offer support and monitor services.

Reassess caregiver, care receiver & Care Plan at a home visit within 30 days after being in the program for 6 months, and annually thereafter.

At a home visit mid-year between the annual reassessments carry out a Care Plan Review.

Self Directed Care Guidebook
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Benefits Counseling

The care management staff person will use the assessment process to identify specific needs for resource and benefits the family can access, will inform the caregiver and family of the resources and assist them link with the resources. Some possible resources and benefits to explore include:

- Other AAA programs
- Drug and Alcohol programs
- Specific disease-related organizations- cancer, Alzheimer's, etc.
- Support groups
- Veteran's Administration programs.
- Social Security
- SSI
- Medicaid
- GeorgiaCares (formerly HICARE)
- Christmas in April
- Legal Services
- Food Banks
- Transportation resources.

The care manager must not recommend a specific resource to the client when there are multiple choice available to the family.

Education and Skills Building

The program shall provide a variety of opportunities for caregivers to learn more about how to care for the care receiver and themselves. This will be accomplished utilizing the following means:

- Family caregiver Support Groups meeting in the community on a monthly basis.
- One-to-one visits and utilizing videos in the home.
- Periodic seminars and workshops utilizing various professional resources.
- Networking with other groups concerned with caregiving such as The Alzheimer's Association, the National Family caregivers Association, local hospitals and provider agencies, etc.

Reimbursement Method of Payment

Family caregivers will choose resources and providers either from their own formal or informal support network as long as the provider does not live in the household, or from a list provided by the Care Manager. All providers and resources must agree to complete required forms and accept direct payment from family caregivers. Family & friends employees must provide proof of citizenship (INS-9) and their Social Security number. Annual allocations per client will be set according to the budget. Payments to a single (individual provider are not to exceed \$1,000 in a calendar quarter, and allocations may be spent by the caregiver in accordance with the program guidelines. (See Addendum effective 1/1/2003.)

To receive reimbursement for approved expenses (services and supplies) the caregiver submits the ITEMIZED LIST OF APPROVED PURCHASES FOR REIMBURSEMENT form accompanied by the store receipt(s) and/or the PROVIDER TIME SHEET signed by both the caregiver and Provider for reimbursement. These documents are to be submitted once a month and received in the office for processing by the 5th of the month following the incurring of the expense. Unused funds may be carried forward and spent as approved by the end of the fiscal year (June 30 for Title III-E Family caregiver Program and September 30 for the Demonstration Grant Family caregiver Program).

To enable caregivers to get the most value for their money, the Family caregiver Care Manager may assist them with purchases of adaptive or assistive devices out of professional catalogs for which they may submit their vouchers to Sowega COA.

Reimbursable Services and Items

Services, Home Modification, Low Technology Adaptive Equipment & Assistive Devices, and Consumable Supplies are reimbursable expenses to reduce the burden and stress of caregiving for the caregiver. They must be pre-approved by the care manager and not be duplicated by another program serving the caregiver or the care receiver. A copy of the approved list developed by the care manager, and revised as appropriate and necessary, will be given to the Family caregiver after assessment and whenever it is updated.

Services that can be reimbursed are listed below and may be amended as needed:

- *Personal Care (bathing, dressing, grooming, transfers, toileting) for the care receiver
- *In Home Respite to relieve caregiver
- *Homemaker (housecleaning, laundry, cooking)
- *Chore/Yard services (mowing, edging, trimming, raking)
- *Barber/Beautician visits to the home.
- *Transportation

Home Modification such as:

- *Ramp building
- *Minor repairs directly related to the health and safety of caregiver and care receiver or interfering with the provision of care
- *Wedges over thresholds to accommodate wheelchairs and walkers
- *Changing toilet to handicapped-height stool
- *Installing grab bars and handrails
- *Widening doorways to make accessible to wheelchairs and walkers

Low technology adaptive equipment and assistive devices not covered by other benefits such as:

- *Tub Transfer Bench
- *Tub rails
- *Limited range Personal Pager
- *Uncovered portion of expense of a lift chair (if Medicare covers the motor)

Material Aid:

- *Consumable supplies that may be purchased by the Caregiver who may then be reimbursed by the Family Caregiver Program are listed below and may be amended as needed and appropriate:
- *Incontinency supplies such as adult diapers and briefs, disposable bed pads, wipes
- *Nutritional supplements such as Ensure, Glucerna, Boost, Carnation Instant Breakfast
- *Over the Counter pharmaceuticals such as Aspirin, Tylenol, Ibuprofen, vitamins, stool softeners.
- *Paper products such as tissues and paper towel (for Care receiver who drools, is suctioned, etc.)
- *Disposable gloves for infection control.

Glasses and Dentures:

(See Addendum effective 1/1/2003)

In order for any expense to be reimbursed the provider/supplier must be in compliance with the requirements for providers in the Family Caregiver Programs.

Reasons for exclusion from the Family Caregiver Program:

Protection from Abuse- A substantiated case of abuse, neglect, exploitation or abandonment or under another civil or criminal statute regarding a care dependent person shall prohibit a caregiver from receiving benefits and services through the program in order not to perpetuate a potentially unsafe living situation for the care receiver. Other cases where abuse, neglect, exploitation or abandonment are reported, investigated, and Adult Protective Services offered but refused by the care receiver may be determined not eligible for the Family caregiver Program.

Inappropriate Caregiver:

Designated caregiver is incapacitated to the extent they cannot be responsible for another's well being or give direction to care providers.

Designated caregiver is inappropriate due to moral or legal issues that render them unreliable or otherwise unable to be supported as the caregiver.

caregiver moves out of the home.

caregiver fails to meet program criteria.

Fraud: inaccurate information provided so that payment is made to someone in the household or otherwise in violation of Family caregiver Program guidelines).

ADDENDUM TO POLICIES AND PROCEDURES

Revised Benefits of Family Caregiver Programs (Demo Grant & Title III-E) Effective January 1, 2003

- I. The caregiver client is allowed up to \$1,200 per year (\$100 per month) for reimbursement for services including: In-Home Respite, Personal Care (includes Haircuts at home), Homemaker, Transportation, Chore/Yard work, and Home Modification (labor).
- A. The caregiver may hire no more than 2 "family & friends" service providers. (The services provided by an independent contractor such as a lawn care business or in-home service agency would not count in the 2 providers.)
- B. Any caregivers who hire service provider(s) whose wages exceed what is reimbursable by FCP will not be eligible to have that provider's services partially reimbursed. The caregiver will need to select another way of utilizing their funds or not participate in the program.
- C. The caregiver will manage their own IRS compliance by completing INS-9 forms on their employees. caregivers may choose to report their employees' income to the IRS via W-2's, but this is not required when the wages are under \$1,300/yr. No FICA, FUTA, or SUTA, or any other withholding is required since the service providers will be paid less than \$1,300/yr and less than \$1,000/yr. Workmen's Compensation is not required if the caregiver employs 2 or less employees. (Care Managers may assist caregivers with these processes if help is requested.)
- D. All Service providers (previously employed by caregivers and new hires) would be required to complete the (INS) Form 1-9 *Employment Eligibility Verification*, provide SS#, and sign a Provider Agreement that includes a statement to the effect that they agree that no taxes will be withheld from their pay.
- II. A **Supplemental Grant** will provide an additional \$500/year for Consumable Supplies, Assistive Devices, Home Modification (materials), and Material Aid for coverage (in part or the whole expense if unused funds remain) of replacement dentures and glasses. This would be in addition to the \$1,200/yr that could be used totally for services or a combination of the additional aid and services. However, reimbursement for services listed in Section I may not exceed \$1,200. Any unused funds at the end of the fiscal year may not be carried over to the next fiscal year.

10/31/02

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4




SOWEGA COA FAMILY CAREGIVER PROGRAMS

Policies for Hiring "Family & Friends" Service Providers

1. The caregiver may hire anyone they wish from their "family and friends" to provide approved services with the following conditions and limitations:

- the Provider may not reside in the same household as the care receiver;
- the Provider is the EMPLOYEE of the caregiver (EMPLOYER) and not an independent contractor by IRS definition, and is subject to the applicable IRS and Labor regulations;
- the Provider needs to be willing to provide information to complete the INS-9 form confirming citizenship status, their Social Security # verification, date of birth (DOB), and any other data necessary for the caregiver /Employer to submit a W-2 if he/she wishes to;
- the Provider will sign a statement acknowledging that nothing will be withheld from the Employee/Provider's wages (no FICA, FUTA, SUTA, etc.);
- the Employee/Provider will sign a Provider Agreement including: rate per service unit
- with the minimum hourly wage of \$5.15/hour or higher, and acceptance of method of payment;
- the caregiver may hire no more than 2 "family & friends" providers of service in their home to prevent the requirement to purchase Workman's Compensation Insurance for 3 or more employees; the caregiver is encouraged to consult with their insurance agent about coverage of service providers if injured in the home under their Homeowner's or Renter's insurance policy.
- a single provider may not be paid more than \$1,200/ year (or \$1,000 in a calendar quarter) by the caregiver in order to be reimbursed by the Family caregiver Program;
- the Caregiver may not receive reimbursement for a portion of the provider expense while paying the remainder out of pocket because it complicates the tax liability.





Procedures for Hiring "Family & Friends" Service Providers

1. The caregiver chooses the services for which he/she wishes to receive FCP reimbursement from the array of services offered by the program, and the Care Manager addresses the choice(s) on the Care Plan.
2. The caregiver selects who they wish to provide the service(s) and supplies the required information to the Care Manager, who then supplies the caregiver with the appropriate paperwork and any assistance needed to complete the hiring process.
3. The Provider Agreement is completed and received by the Care Manager who signs it and returns copies to the Provider and the caregiver.
4. The Care Manager provides assistance to the caregiver as needed with the W-2 process on his/her employees.



Criteria for Determining Who is an Independent Contractor vs. an Employee

Clarification of the "independent contractor" definition using the following qualifying factors:

- Behavioral Control- does the employer tell the employee when to work, define their duties, supervise their work?
- Does the employer train the employee to do things the way they want them done?
- Does the employer evaluate the quality of the employee's work, discipline or terminate, etc?
- Is there a contract for services with a defined beginning and ending of services based on the task being completed?
- Does the employee have a significant investment in order to obtain work (equipment, advertising)?
- Method of payment- hourly or flat fee (flat fee for entire job is more indicative of the independent contractor).
- Financial Control- does the employee have a realization of profit/loss?



The independent contractor definition would fit a (home health) nurse, therapist, plumber

For SOWEGA COA's program purpose, a service provider that potentially fits the independent contractor definition would be the Chore/Yard Work provider who operated as a business- The employer would have minimal behavioral control, provides the service on a verbal contract to mow & trim the lawn 2x month on a schedule he determines, is available to the general public to sell his service to whoever he decides, has a significant investment in his mower and trimming equipment, charges a flat fee, and has the potential for profit and loss. Other possibilities would be the licensed in-home services agencies who provide aides to give personal care, respite and homemaker services. Many individuals who do housecleaning would not be independent contractors unless they are operating as a business (such as *Merry Maids*) and meet the criteria listed above.



(Based on information from Susan A. Flanagan, MPH)



Procedures for Hiring Independent Contractors as Service Providers

1. The caregiver chooses the services for which he/she wishes to receive FCP reimbursement from the array of services offered by the program, and the Care Manager addresses the choice(s) on the Care Plan.
2. The caregiver selects the independent contractor to provide the service, either from the List of Providers supplied by the Care Manager, or from other personal knowledge or resources, and provides the required information to the Care Manager, who then mails the potential provider the appropriate paperwork and provides any assistance needed to complete the hiring process.
3. If the provider is not on the List of Providers, the Provider Agreement is completed and received by the Care Manager who signs it and returns copies to the Provider and the caregiver with a begin date.



West Georgia Care Link Program
*** A division of West Georgia Health System**
Title: Monthly reports for Demo grant

Policy: Demo monthly reports

Updated: 020503

Policy: Three reports are submitted each month to the Southern Crescent Area Agency on Aging; Service spreadsheet, Monthly Financial Report and the Narrative report.

Procedure:

Spreadsheet

Each client served is entered onto the monthly spreadsheet.

The type service and the cost is entered.

The report will total the amount of service year to date.

Financial Report

The total voucher service amount is entered on the monthly financial report.

Each line item of the budget is completed.

Narrative

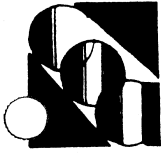
A monthly narrative report is submitted based upon the following report form.

All information is submitted by the 6th of each month to ensure timely reimbursement.

Demo Monthly report 020503

Appendix Two

Sample Forms



SOWEGA Council on Aging, Inc.
Area Agency on Aging

308 Flint Avenue
Albany, Georgia 31701
(229) 432-1124
FAX (229) 483-0995

...**'A NON-PROFIT AGENCY SERVING SOUTHWEST GEORGIA SENIOR CITIZENS'...**...

_____, 2001

Dear _____:

The SOWEGA Council on Aging is in the start up phase of a new program: **The Family Caregiver Program**. The concept driving this program is three-fold:

- 1- The client is the Family Caregiver;
- 2- Providing increased support for the Caregiver to reduce stress related to caregiving;
- 3- Allowing broader choices of services and in selection of providers.

Family Caregivers will be allowed to purchase services and/or items needed to give good care to their relative (carereceiver). They will receive vouchers to give their providers, who will then submit the vouchers (and any accompanying receipts, timesheet, etc.) on a monthly basis to the **SOWEGA Council on Aging** for payment.

Enclosed is a **PROVIDER AGREEMENT**. In order for you to be included on our list of providers, you will need to sign and return the agreement no later than _____.

If you have any questions, please feel free to call me at **229-432-1124**.

Sincerely yours,

Nancy Harper
Family Caregiver Program Coordinator

The Legacy Link, Inc.

GATEWAY SCREENING PROCEDURE FOR THE LEGACY EXPRESS PROGRAM

1. Legacy Express is a government funded program. All programs that receive government funding must have their clients screened through the state wide Gateway Project. This is done through a telephone call. The Gateway screeners in this area call from The Legacy Link Area Agency on Aging in Gainesville, Ga.
2. The Gateway screeners gather the same information on all clients referred to them. This information is used to identify all programs for which a client may be eligible.
3. The first item of information needed is the client's social security number. The client's social security number is required to enter the client into the state wide computer data base. The screening cannot be completed without the social security number.
4. The following information is also gathered:
 - Name, address, phone number and directions to the home
 - Emergency contact
 - Doctor's name, address and phone number
 - Client's health problems
 - Financial information-client's monthly income and resources. This information is used to determine client's eligibility for all other programs besides the one for which he/she is applying. Client may decline to give this information if client does not want to be considered for other programs.
 - Information about client's abilities and disabilities related to activities of daily living.
5. When the telephone screening is completed, the client will be informed of all programs for which they are eligible. They will be given the opportunity to be referred for assessment to the programs of their choice.

Area Agency on Aging

P.O. Box 2534 • 508 Oak Street, Suite 1 • Gainesville, Georgia 30503
770-538-2650 • fax 770-538-2660

The Legacy Link, Inc.

**Legacy
Express**

CLIENT REFERRAL FORM

Social Security # _____ Date of Referral _____

Client's name _____ County of residence _____

Address _____ City/State _____ Zip _____

Telephone () _____ Date of Birth _____ Age _____ Male _____ Female _____

Marital Status _____ Lives alone? Yes _____ No _____ If client does not live alone, name of person living with _____

Relationship to client _____ Phone Number _____

Total Monthly Income \$ _____ Source of Income _____

Client's Total Resources (Cash, Checking, Savings, C.D.'s) \$ _____

Medicare # _____ Medicaid # _____

Referral Source _____ Relationship to client _____

Telephone () _____ Is Client aware of this referral? Yes _____ No _____

Contact Person _____ Relationship to Client _____

Address _____ Telephone () _____

Major Health Problems _____

Physician _____ Telephone () _____

Address _____

What Services are needed? _____

Is client now receiving services from other sources? Yes _____ No _____

If Yes, what are the services _____

Agency(s) name _____

Has client indicated an interest in receiving CCSP services? Yes _____ No _____

Is client interested in other resources? Yes _____ No _____

Directions to Client's home _____

Add to CCSP waiting list? _____ HDM waiting list? _____ HMK waiting list? _____

Area Agency on Aging

P.O. Box 2534 • 508 Oak Street, Suite 1 • Gainesville, Georgia 30503

Referral to FAMILY CAREGIVER PROGRAM

Date _____ Staff Person Referring _____

Person calling (if not Caregiver) _____

Circle relationship of caller: FAMILY FRIEND PROFESSIONAL FROM _____

Phone # _____

Caregiver Name _____ DOB _____

Carereceiver Name _____ DOB _____

Relationship between CG & CR _____

Street _____

Address _____ Phone _____

_____ County _____

Does CG work? No Yes Work # _____

Secondary CG to contact if unable to reach CG: _____

Phone # _____

Describe what Carereceiver's condition is: _____

Describe Caregiver's ability to cope: _____

Caregiver request for assistance: () Financial help with _____

() Need Respite(sitter/companion) () Need help with Personal Care () Household chores

() Chores (yardwork) () Other services _____

() Emotional support () Education about Caregiving, etc.

Screened for other services? If "YES", indicate which ones and waiting list status: _____

Check applicable Waiting List and give DON: () CCSP () SOURCE () Homemaker

() HDM's () ACTO () ACTO In Home Respite DON # _____

3/14/03

Caregiver Intake Form



NAME: _____

Client#: _____

Address: _____

Phone: _____

Best Time to Call: _____

Caring For: _____

Your Primary Doctor

Name: _____

Address: _____

Phone: _____

Health Insurance: _____

Major Medical Problems: _____

Current Medications: _____

Date of Birth: _____ Gender M / F: _____

Marital Status: S M D W

Ethnic Background: _____ White(not of Hispanic origin)

_____ Asian or Pacific Islander _____ Hispanic

_____ Black (not Hispanic origin) _____ Other: _____

_____ American Indian/Alaskan

Most Fluent Language: _____

Employment Status:

_____ Full-time _____ Part-time (hours/week: _____)

_____ Fully retired _____ Homemaker

_____ Unemployed _____ Other: _____

Education:

_____ Never attended school _____ 8th Grade or less

_____ Attended High School _____ Vocational Training

_____ High School Graduate

_____ Attended College (did not graduate)

_____ College Graduate

_____ some Graduate work _____ Doctorate

Household Income:

_____ under \$5,000 _____ \$ 5,001-10,000

_____ \$10,001-15,000 _____ \$15,001-20,000

_____ \$20,001-30,000 _____ \$30,001-40,000

_____ \$40,001-50,000 _____ over \$50,000

Persons Living in Household:

Spouse: _____ Yes _____ No

How many parents/parents-in-laws? _____

How many children (under 18)? _____

How many adult children (18 and over)? _____

How many grandchildren? _____

How many sisters/brothers? _____

How many other relatives? _____

How many other people? _____

Whose Household?

_____ Yours _____ Older Adults

_____ Other: _____

If not living with care receiver, how many minutes to their home? _____

Other Services Currently Receiving:

_____ legal services _____ dental care

_____ transportation services _____ homemaker services

_____ caregiver support group _____ home health services

_____ paid in-home respite _____ adult day care center

_____ psychological counseling _____ case management

_____ overnight respite in your home

_____ group meals/home delivered meals

_____ volunteer in-home respite e.g. senior companion

_____ respite in a nursing home, adult foster home, or

_____ someone else's home

_____ other: _____

Do you provide most of the care: _____ Yes _____ No

Amount of time providing care: _____ 24 hours/day (live-in)

_____ portion of each day (_____ hours) _____ telephone only

_____ few days/week (_____ days)

_____ Other: _____

When did you start providing most of the care?

Month _____ Year _____

Who else, if anyone, assists in the care?

_____ spouse _____ son _____ daughter

_____ other: _____

Caregiver Voucher Program Application

Client's Name: _____ Social Security Number: ____ - ____ - ____

Address: _____

City: _____ State: _____ Zip: _____ County: _____

Home Phone: _____ Work Phone: _____

Relationship to Dementia Patient: _____

Dementia Patient's Name: _____ Social Security Number: ____ - ____ - ____

Sex: _____ Date of Birth: _____ Race: _____

Emergency Contact: _____ Phone: _____

Address: _____

Physician: _____ Phone: _____

Referred to Program by: _____

List below all members living in your household (excluding yourself):

Name	Age	Relationship	Employer/Occupation
------	-----	--------------	---------------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

1) What is the type of service you are requesting? _____

2) How often is the service needed? _____

Verification of Income for Caregiver Voucher Program

Client's Name: _____

Client's Address: _____

Dementia Patient's Name: _____

Dementia Patient's Address: _____

Home No: _____ Work No: _____

Client's SSN: _____ Dementia Patient's SSN: _____

Include the income of the entire household in which you (caregiver) are living.

Please list NET income.

Social Security	\$	
Supplemental Security Income	\$	
Retirement Income	\$	
Employment Income	\$	
Property Producing Income	\$	\$
TOTAL	\$	\$

Unreimbursed Medical expenses for your dementia patient may be deducted. Medical expense includes hospital bills, nursing home bills, medication, licensed nursing care, and other qualified medical expenditures not covered by insurance or Medicaid/Medicare.

Average Monthly Medical Expenses: \$ _____

Calculation of monthly income to be applied to fee scale for respite vouchers:

TOTAL INCOME & ASSETS: \$ _____

LESS: Medical Expenses: \$ _____

ADJUSTED INCOME: \$ _____



Date: _____

CAREGIVER VOUCHER PROGRAM
PHYSICIAN'S STATEMENT

Primary Caregiver: _____

Patient: _____

Address: _____

City: _____ State: _____ ZIP: _____

Birthdate: _____ Telephone: _____

Physician: _____

Specialty: _____ Telephone: _____

Address: _____

City: _____ State: _____ ZIP: _____

In order to qualify for the Caregiver Voucher Program, a diagnosis of Alzheimer's disease or a related dementia is required.

To be completed by Physician:

DIAGNOSIS: _____ When Diagnosis first made: _____

Any additional comments: _____

Physician Signature: _____

Return completed form to the address listed below.
Georgia Chapter Alzheimer's Association Augusta Regional Office
1899 Central Avenue - Augusta, GA 30904

FAMILY CAREGIVER PROGRAM SCREENING TOOL

Screening Date _____ Screened by _____

Caregiver Name _____ SS# _____
Last First Middle Initial

Address _____ GA _____
Street City State & Zip County

Relationship to Carereceiver: _____ Live in same household? Yes No

DOB & Age of Caregiver ____ / ____ / 19 = _____ Phone # _____

CG Employment status: Full time _____ Part-time _____ Unemployed _____ Other _____

Carereceiver Name _____ SS# _____
Last First Middle Initial

DOB ____ / ____ / 19 Age _____ Receiving Services from other agencies: Yes No

If 'Yes' - name service and agency providing service/assistance:

Help requested by Caregiver from Family Caregiver Program:

Health Status of Caregiver:

Carereceiver's health problems / diagnoses

Caregiver needs:

___ Financial need for assistance purchasing

___ Emotional need: Caregiver expresses: _____

Stress level: _____ mild _____ moderate _____ extreme

___ Feels Depressed, sad, hopeless

___ Educational / skills building need: Caregiver requests to learn

___ Need for direct service linkage to Community Resources for

Carereceiver needs for assistance: (at least 2 ADL's)

Nutritional needs ~ Needs special diet:

___ Diabetic

___ Low Salt

___ NAS

___ Low/No Fat

Special preparation:

___ chopped

___ pureed

___ Unable to take food by mouth _____ Peg tube

Demo Grant Program : *Is Caregiver willing to provide feedback via surveys ?* Yes No

 Needs to be referred for other HCBS service:

Intent to Place in a Nursing Home?

**In the past 4 months have you inquired about or gotten information about placing your relative in a nursing home?*
Y N

**Do you think you will move your relative into a nursing home or another institution for long term placement given his/ her present condition?* Definitely not Probably not Probably will Definitely will

**Do you think you will move your relative into a nursing home or another institution for long-term placement if his/ her present health condition gets worse?*

Comments:

Care Receiver Information

- 1- Care Receiver Name _____
- 2- Soc. Sec. Number _____
- 3- Address _____

- 4- Date of Birth _____
- 5- Gender _____
- 6- Race: *circle one below*
Asian/pacific islander Other
Black(not Hispanic) Unknown
Hispanic White
Native American
- 7- Relationship to Caregiver: *circle one below*
Child Other family member
Friend Parent
Grandchild Sibling
Neighbor Spouse
- 8- Caregiver Eligibility: *circle one below*
Care Receiver-Disabled Person (age 18 or under or age 60 or older)
Care Receiver-Minor Grandchild (age 18 or under)
Care Receiver-Person 60 or older
- 9- Number of IADLs and ADLs
IADLs _____
ADLs _____
- 10- Phone _____

Client Rights and Responsibilities

Client: _____ Social Security #: _____ - _____ - _____

Dementia Patient: _____ Phone #: (____) _____ - _____

As a Client, you have the following rights:

- To be treated with respect and maintain one's dignity and individuality.
- To voice grievances and complaints regarding treatment or care without fear of retaliation, discrimination, coercion, or reprisal.
- To choose who will provide your services and direct your care.
- To direct the development of the plan of care and be informed of it's content.
- To be informed of any personal responsibility for costs of services exceeding the voucher payment limits.
- To receive services on a schedule negotiated by the Client and the provider in a dependable manner and to be notified in a timely way of any temporary changes in the agreed schedule.
- To confidential treatment of all information, including information in your record.
- To have your property and residence treated with respect.
- To appeal any adverse action or decision affecting the receipt of services except when the action is a result of the lack of funding of the Caregiver Voucher Program.

As a Client, you have the following responsibilities:

- To notify the Georgia Chapter Alzheimer's Association Augusta Regional Office and any service provider of changes in your circumstances (or the dementia patient's) such as major health changes, hospitalization, placement in a facility, change of address or phone number, etc. in a timely manner.
- To treat providers, whether from an agency or other resources pre approved, in a courteous and respectful manner.
- To cooperate with and respect the rights of helpers providing services.
- To be as accurate as possible when providing health related and other information required in assisting you.
- To make choices and decisions regarding the care of the dementia patient.
- To utilize resources and opportunities to learn and grow, and be rejuvenated as a caregiver such as mentoring, support groups, educational materials and seminars.
- To maintain a safe home environment.

I acknowledge that I have reviewed this information and I understand my rights and responsibilities.

Signed: _____
(Client Signature)

Date: _____

Signed: _____
(Alzheimer's Association Staff Member Signature)

Date: _____

INSTRUCTIONS FOR PROVIDER/EMPLOYEE PACKET

- 1- Complete the INS-9 *Employment Eligibility Verification* form with your employee by following instructions provided.
- 2- Have the Provider/Employee fill out the *Provider Agreement*, and both you as the caregiver/Employer and the Employee sign it at where indicated at the bottom.
- 3- If there are any questions or difficulties with the process, call your Family caregiver Program Care Manager for assistance at 229-432-1124.
- 4- Keep the completed INS-9 form for your records and mail the *Provider Agreement* in the self-addressed stamped envelope provided to:
Family caregiver Program
SOWEGA Council on Aging
1105 Palmyra Road
Albany, GA 31701

Self Directed Care Guidebook
Georgia Division of Aging Services

FAMILY CAREGIVER PARTICIPATION AGREEMENT

Caregiver

Care Receiver

I certify that I am related to the Care Receiver and reside in the same home where I am the primary person providing or directing his/her care.

I certify that all information provided to Sowega Council on Aging staff is correct to the best of my knowledge.

I certify that I have provided a complete list of all members of the household, and understand that no one who resides in the household may receive Family Caregiver Program funds for providing services. I further understand that violation of this rule is grounds for termination from this program.

I certify that I have never been identified as the perpetrator in a substantiated case of abuse, neglect, exploitation or abandonment of a care dependent person, or convicted of a violent crime.

I pledge to notify the Care manager of changes in circumstances (major health changes, hospitalization, admission to a facility, change of address, change of phone number, etc.) of either the Care receiver or myself.

I am willing to abide by the guidelines of the Family Caregiver Program including making choices of providers and resources, completing monthly forms and submitting them for reimbursement.

I understand that the maximum amount of financial reimbursement in one year will vary depending on available funding; no more than \$1,000 may be paid to a single provider in one **calendar** quarter. **In order to receive payment, the services or items to be reimbursed by the Sowega COA must be pre-approved by the Care manager.**

I understand that I will be given forms to complete and return to the Care manager by the 5th of the month for the previous month's approved expenses.

I have been informed of my right to appeal any adverse actions with which I do not agree, and of my rights and responsibilities as a client in the Family Caregiver Program.

I understand that the Sowega Council on Aging Family Caregiver Program is a pilot program and that I may be requested to participate in interviews and/or surveys to measure client satisfaction and effectiveness of the program. I also understand that if I choose not to respond it will not affect my eligibility for the program and its benefits.

Signed _____ Date _____
Caregiver Signature

Signed _____ Date _____
Care manager Signature

7/3/2002

Self Directed Care Guidebook
Georgia Division of Aging Services

Participation Agreement

Client: _____ Social Security #: _____ - _____ - _____

Dementia Patient: _____ Phone #: () _____ - _____

1. I certify that I am related to the dementia patient and reside in the same home where I am the primary person providing or directing his/her care.
2. I certify that all information provided to the Georgia Chapter Alzheimer's Association staff is correct to the best of my knowledge.
3. I certify that I have provided a complete list of all members of the household, and understand that no one who resides in the household may receive voucher payment for providing services. I further understand that violation of this rule is grounds for termination from this program.
4. I pledge to notify the Georgia Chapter Alzheimer's Association of changes in circumstances (major health changes, hospitalization, admission to a facility, change of address, change of phone number, etc.) of either the dementia patient or myself.
5. I am willing to abide by the guidelines of the Caregiver Voucher Program including making choices of providers and resources, completing monthly forms and following the voucher payment procedures.
6. I understand that the maximum amount of voucher payments in one year is \$1,200; no more than \$1,000 may be spent in one quarter (any consecutive 3 month period), and in order to receive payment the services must be pre-approved by the Georgia Chapter Alzheimer's Association.
7. I understand that I will be given vouchers to use for payment of providers of services. It will be my responsibility to keep them safe, and if the vouchers should be lost, the replacement of them is at the discretion of the Georgia Chapter Alzheimer's Association.
8. I have been informed of my rights and responsibilities as a client in the Caregiver Voucher Program.
9. I understand that the Caregiver Voucher Program is a pilot program for the Georgia Chapter Alzheimer's Association and CSRA Area Agency on Aging and agree to participate in interviews and surveys to measure client satisfaction and effectiveness of the program.

Signed: _____
(Client Signature)

Date: _____

Signed: _____
(Alzheimer's Association Staff Member Signature)

Date: _____

FAMILY CAREGIVER PROGRAM
Release of Information

___ I give permission for pertinent information gathered in the assessment and reassessment for the Family caregiver Program to be given to providers of services and/or goods only as needed to carry out the Care Plan and implement services of the program for the benefit of myself, as caregiver, and my care receiver. This information may include medical data, address, phone, Social Security and Medicare/Medicaid numbers, family supports and how to reach them.

___ This Release of Information must be renewed at least annually.

Caregiver Signature

Date

Caremanager Signature

Date

10/23/2001

FAMILY CAREGIVER PROGRAM
Release of Information

___ I give permission for pertinent information gathered in the assessment and reassessment for the Family caregiver Program to be given to providers of services and/or goods only as needed to carry out the Care Plan and implement services of the program for the benefit of myself, as caregiver, and my Care receiver. This information may include medical data, address, phone, Social Security and Medicare/Medicaid numbers, family supports and how to reach them.

___ This Release of Information must be renewed at least annually.

Caregiver Signature

Date

Care manager Signature

Date

10/23/2002

Self Directed Care Guidebook
Georgia Division of Aging Services

State of Georgia,

County of _____

Release of Liability

By being chosen to participate in the Family Caregiver program offered by Concerted Services, Inc in cooperation with Heart of Georgia Altamaha Area Agency on Aging and funded by the Division of Aging, Georgia Department of Human Resources, and by considering the financial benefit by participating in this program, I hereby voluntarily release and forever discharge the Georgia Department of Human Resources, its employees, agents and contractors, including the Heart of Georgia Altamaha Area Agency on Aging and Concerted Services, Inc., from any and all liability, claims, demands, actions or causes of action which are in any way related to the program or my family's participation in the program.

I have been advised to make myself aware of the abilities, character, and suitability of each person I may employ, and that I have done so. Accordingly, I further agree to indemnify and hold the Georgia Department of Human Resources, its employees, agents and contractors harmless from any and all costs or damages, including attorney fees, incurred in connection with such participation.

This _____ day of _____, 200_____.

Caregiver Signature

Witnessed by:

Signature Page

I, _____, acknowledge that I have received and reviewed the information listed below. I also acknowledge I understand my rights and responsibilities as a participant in the Voucher Program.

____ Client Rights & Responsibilities

____ Participation Agreement

____ Care Plan

____ Approved List for Voucher Payment

____ Legal Release

____ Release of Information

____ Letter from Maria Greene, Director of Division of Aging Services

Caregiver Signature

Date

Care Coordinator Signature

Date

FAMILY CAREGIVER CAREPLAN

Caregiver Name: _____ Care Plan Date: _____

Problem/Need	Goal	Service/Approach	Provider	Phone #

(Add completion date of service in Goal block.)

Caregiver _____ Amended Date _____ Amended Date _____

Care Manager _____ 6 Month Review Date _____



CAREGIVER SERVICE PLAN

NAME: _____ CLIENT # _____

DATE: _____ FOR: _____ CLIENT # _____

SERVICE PLAN # _____ MEETING PLACE: _____ Client's Home
Office/Other _____
Telephone _____

PRIMARY CONCERNS IDENTIFIED:

RECOMMENDED INFORMAL (VOLUNTEER) SERVICES/ACTIVITIES:

RECOMMENDED FORMAL (PAID OR AGENCY) SERVICES/ACTIVITIES:

RECOMMENDED INFORMATION, PRODUCTS, GADGETS, LITERATURE, AND OTHER SUGGESTIONS:

Approved List for Voucher Payment

Caregiver: _____

Care Receiver: _____

Approved Consumable Supplies

Date Approved

Approved Home Modifications

Date Approved

Approved Services

Date Approved

Personal Care for the Care Receiver
Respite
Lawn Care
Hair Care
Homemaker Aid

Approved Transportation Services

Date Approved

SOWEGA Council on Aging

Area Agency on Aging

"Your Gateway to Community Services"

August 19, 2002

[REDACTED]
[REDACTED]
Americus, GA 31709

Dear Ms. [REDACTED]:

Mrs. [REDACTED] has requested that you be a provider of Respite Care Services for which she will receive reimbursement through the **Family Caregiver Program** according to the program guidelines. Enclosed you will find a **Provider Agreement** form for you to complete and return to me as soon as possible. The begin date for your services to be reimbursed will start after the Provider Agreement is signed and received in my office.

Each time you provide service you will be asked to record your time on a Time Sheet which is used to verify the number of hours of service given each month. You will be asked to sign it at the end of the month, and [REDACTED] will send me the Time Sheet in order to receive reimbursement. She will be responsible to pay you as the two of you have agreed.

If there are any questions, do not hesitate to call and I will be glad to help.

Sincerely yours,

Nancy Harper
Family Caregiver Program Coordinator

1105 Palmyra Road
Albany, Georgia 31701

(229)432-1124
FAX (229)483-0995

SOWEGA Council on Aging

Area Agency on Aging

"Your Gateway to Community Services"

August 1, 2002

[REDACTED]
[REDACTED]
Albany, GA 31705

Dear Ms. [REDACTED]:

Thank you for agreeing to be a Respite Care provider for Mrs. [REDACTED] under the Family Caregiver Program. I am returning a copy of the Provider Agreement signed by both you and me which is approved **effective 7/29/02**.

As Family Caregiver Program Coordinator, I will act as a casemanager and facilitator, and will be available to assist the Caregiver with the hiring process if help is requested. The Caregiver, Mrs. [REDACTED], is the one who will make decisions about the amount of service she wants or needs and will arrange services with you directly. She will request that you help keep the Time Sheet and sign to show your agreement with what it indicates at the end of the month before she sends the form in for reimbursement.

Please don't hesitate to call with any questions or concerns you may have.

Sincerely yours,

Nancy Harper
Family Caregiver Program Coordinator

CC: Joan Burns

July 23, 2002

1105 Palmyra Road
Albany, Georgia 31701

(229)432-1124
FAX (229)483-0995

SOWEGA COA FAMILY CAREGIVER PROGRAM

PROVIDER AGREEMENT

*****Please print***

Name _____ SS# _____

Address _____
Street City State & Zip

Home phone # _____ Cell or Message # _____

Providing the following service(s) for _____, caregiver:

In-Home Respite Care @ \$ _____ per hour

Homemaker Service @ \$ _____ per hour

Personal Care (including Haircuts in the home) @ \$ _____ per hour or \$ _____ per service

Chore/Yard work @ \$ _____ per hour or \$ _____ per service

Transportation @ \$ _____ per hour or \$ _____ per trip

Home Modification (labor) @ \$ _____ per hour or \$ _____ per job

Please read the following statements and check the corresponding box to indicate that you understand and agree:

- I have provided the verification necessary for the caregiver to complete the INS-9 *Employment Eligibility Verification* form required by law of all employees.
- No FICA or other taxes will be withheld from my pay. The caregiver may choose to file a W-2 with the IRS, but is not required to do so as long as my wages are less than \$1,300 / year.
- I understand that there are no Workman's Compensation or Unemployment Compensation benefits related to this employment.
- As the employee of the caregiver, my work schedule and duties will be determined by the caregiver.

***Self Directed Care Guidebook
Georgia Division of Aging Services***



- ☐ I understand that the Caregiver is responsible to pay my wages and is reimbursed for that expense through the Family Caregiver Program.
- ☐ I certify that I have never been convicted of a crime or determined to be a perpetrator of abuse, neglect or abandonment of a child or adult. (If unable to certify, write explanation on back of form.)

Signature of Employee/ Provider _____ Date _____

Signature of caregiver _____ Date _____

Signature of Care Manager _____

Date Received by Care Manager _____ Service Begin Date _____

10/31/02



Self Directed Care Guidebook
Georgia Division of Aging Services

**SOWEGA COUNCIL ON AGING FAMILY CAREGIVER PROGRAM
PROVIDER AGREEMENT**



Provider Name: _____

(Contact person or
Individual Provider)

Business Name: _____

(If applicable)

Address: _____

Phone #: _____

() - _____

1~ I, _____, (on behalf of _____),
Name of Individual or Contact person "Self" or Business Name

agree to accept vouchers from Authorized Family Caregivers through the Family Caregiver Program of SOWEGA Council on Aging in payment for the following goods or services (PLEASE INCLUDE RATE PER HOUR, UNIT, OR OTHER MEASURE OF PAYMENT FOR SERVICES SUCH AS RESPIRE, PERSONAL CARE, HOMEMAKER, LAWN CARE, HAIR CUTTING, TRANSPORTATION.):

2~ I further agree to submit the vouchers to the Family Caregiver Program at the address below* on a monthly basis for payment.
Vouchers must be received no later than the 5th of the month after service was given for timely reimbursement for the previous month's expenses. I understand that payment of vouchers received after the 5th of the month may be delayed until the following month.
Vouchers submitted in excess of 90 days beyond the end of the service month will not be paid.

Signature of Provider _____ Date _____
or Representative

Received by : _____ Date _____
Family Caregiver Program Coordinator

***Mail vouchers to:** Family Caregiver Program
SOWEGA Council on Aging
308 Flint Avenue
Albany, GA 31701

10/23/2001

Client: _____

**GEORGIA CHAPTER ALZHEIMER'S ASSOCIATION
VOUCHER PROGRAM
FAMILY AND FRIEND AGREEMENT FORM**

Name: _____ Social Security Number: _____
(Individual providing support for client.)

Telephone #: _____ Alternate # _____

Physical Address: _____

Mailing Address: _____

1~ I, _____, agree to accept vouchers from authorized family caregivers through the Voucher program of the Georgia Chapter Alzheimer's Association in payment for the following goods or services.

Rate: _____ per unit _____
(a unit is per hour, day or other measure of payment for services)

Job Duties to include but not limited to:

2~ I further agree to submit the vouchers to the Georgia Chapter Alzheimer's Association at the address below* on a monthly basis for payment. **Vouchers must be received no later than the 3rd of the month after service was given for timely reimbursement for the previous month's expenses. I understand that payment of vouchers received after the 3rd may be delayed until the following month. Vouchers submitted in excess of 90 days beyond the end of the service month will not be paid.**

Signature: _____ Date: _____

*** Mail vouchers to:
Voucher Program
Georgia Chapter Alzheimer's Association
1899 Central Avenue
Augusta, GA 30904**



SOWEGA COA Family Caregiver Program
Caregiver Contingency Plan

Caregiver Name _____

Carereceiver Name _____

If I am unable to care for _____ due to my own illness or disability, the following plan should be implemented on my behalf. The person(s) listed below are prepared to act on instructions and / or plans I have made for the care of my _____.

This is not a power of attorney but a contingency plan.

Signed _____

Relationship _____
(Specify if designated as POA)

Date _____

Designated Representative(s):

Relationship and phone number

Full Legal Name Of Caregiver

Full Legal Name Of Care Receiver

SS# _____ SS# _____

Medicare # _____ Medicare # _____

Medicaid # _____ Medicaid # _____

Address of Legal Residence: _____
Address of Legal Residence: _____

Family Doctor: _____ Phone # _____

Other Doctors: _____ Phone # _____

In case placement of _____
is necessary, I / we prefer the following facilities:

Personal Care Home

Application on file (yes or no)

1 - _____ Y N

2 - _____ Y N

Nursing Facility

Application on file (yes or no)

1 - _____ Y N

2 - _____ Y N

Listed below and on the back of this page are all close family and friends to be notified
of a change of residence, or other circumstance I may describe:

Name, address, relationship and when to notify:



Location of Important Documents:

Power of Attorney _____

Living Will _____

Will or Trust _____

Birth certificate _____

Marriage certificate _____

Divorce certificate _____

Citizenship certificate _____

Education records _____

Military records _____

Religious Affiliation:

Clergy



Name _____

Address _____

Phone _____

OTHER INFORMATION:



FINANCIAL RECORD PAGE
(Information would be needed for placement in PCH or NF)

SOURCES OF INCOME

Carereceiver

Spouse/Caregiver

Social Security _____	_____
Pension _____	_____
Wages _____	_____
Interest _____	_____
Dividends _____	_____
Distributions _____	_____
Rental income _____	_____

ASSETS LIST

PROPERTY - - describe type, location, indicate family residence with "P", and give value -

INVESTMENTS - Stocks, bonds, mutual funds, IRA'S, cd'S, ETC. identify the investment, location of documents or account, applicable account or other numbers and the value of each.

BANK ACCOUNTS

Checking Account – Bank or Credit Union name, address and phone #

Account # _____

Second Account # _____

Savings Account # - _____ Bank or Credit Union name, address and phone #

Second Account #- _____ Bank or Credit Union name, address and phone #

Safety Deposit Box(es)

(Give location, number, and who has access with phone #)

1 - _____

2 - _____

3 - _____

List of Regular Bills and Payments

Mortgage Holder: _____

Payment due date: _____ Amount: \$ _____

Bills to be paid:

To Whom: _____ Due Date: _____

Credit cards and charge account names and numbers:

List location of valuables (jewelry, antiques, etc.)

Attach copy of most recent income tax returns (federal and state) and property tax bills/receipts.

(1/3/03)

Employment Eligibility Verification

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 - Employee. All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record:** 1) document title; 2) issuing authority; 3) document number; 4) expiration date, if any; and 5) the date employment begins. Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/ reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.

- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:
 - examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
 - record the document title, document number and expiration date (if any) in Block C, and
 - complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the INS Handbook for Employers, (Form M-274). You may obtain the handbook at your local INS office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Naturalization Service, the Department of Labor and the Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to the Immigration and Naturalization Service, HQPDI, 425 I Street, N.W., Room 4034, Washington, DC 20536. OMB No. 1115-0136.

**EMPLOYERS MUST RETAIN COMPLETED FORM I-9
PLEASE DO NOT MAIL COMPLETED FORM I-9 TO INS**

Form I-9 (Rev. 11-21-91)N

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ____/____/____ (Alien # or Admission #) _____	
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		____/____/____		____/____/____
Document #: _____				
Expiration Date (if any): ____/____/____				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	
		Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____ Document #: _____ Expiration Date (if any): ____/____/____	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)

SOWEGA COA FAMILY CAREGIVER PROGRAM PROVIDER TIME SHEET


 Month/Year _____ Caregiver Name _____

Please fill in the day date and number of hours of service provided on the blank calendar below.

Both the Provider of the service and Caregiver must sign below where indicated by *. This form must be returned to Sowega Council on Aging by the 5th of the month after service is given. (For example- services given in June are sent in by July 5th.) Only one service and one provider per time sheet. Use multiple sheets if more than one service &/or provider.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Check which service this time sheet is recording and fill in the cost per unit of service:

___ Respite @ \$ _____ /hr ___ Haircut in home @ \$ _____
 ___ Personal Care @ \$ _____ /hr ___ Lawn Care @ \$ _____ /hr or flat fee \$ _____
 ___ Other _____ @ \$ _____

Name of Provider _____

My signature indicates that the information on this form is correct to the best of my knowledge.

*Provider Signature _____

*Caregiver Signature _____

10/23/2001

SOWEGA COA FAMILY CAREGIVER PROGRAM

Voucher for Services or Approved Purchases



####

\$5.00 VOUCHER

Caregiver Name _____ Date of Service _____
Or Purchase

Carereceiver Name _____

Service Rendered _____ Provider Name _____

Number of hours/units _____ At \$ _____ Per _____ = \$ _____

+ Purchased Items Total = \$ _____ = \$ _____ Total Reimbursement

Credit (unused balance) = \$ _____

White ~ Provider

Yellow ~ SOWEGA COA

Pink ~ Caregiver



SOWEGA COA FAMILY CAREGIVER PROGRAM

Voucher for Services or Approved Purchases

####

\$10.00 VOUCHER

Caregiver Name _____ Date of Service _____
Or Purchase

Carereceiver Name _____

Service Rendered _____ Provider Name _____

Number of hours/units _____ At \$ _____ Per _____ = \$ _____

+ Purchased Items Total = \$ _____ = \$ _____ Total Reimbursement

Credit (unused balance) = \$ _____

White ~ Provider

Yellow ~ SOWEGA COA

Pink ~ Caregiver



**SOWEGA COA Family Caregiver Program
Ledger Sheet**

AOA DEMO GRANT Year 2- 1/03 - 9/03		CG NAME:				
Services Allotment = \$900						
	Services Reimbursed	Services Funds Applied to Supplies Reimbursed	Supplemental Grant Reimbursed	Total Spent to Date	Unspent Service Balance	Supplemental Grant = \$500
Month						Total Unspent Balance to Date
January						
February						
March						
April						
May						
June						
July						
August						
September						

Appendix Three

Client Assessment Forms

**SOWEGA COA FAMILY CAREGIVER PROGRAM
Assessment Form**

DATE COMPLETED _____ **Assessed by** _____

CAREGIVER NAME _____
Last First Middle Initial

ADDRESS _____
Street City State Zip +4

****Mailing address if different** _____

PHONE# _____ **COUNTY** _____

Social Security # _____ - _____ - _____ **DOB** _____ **SEX: M F** **VETERAN? Yes No**
(Optional) **Caregiver Marital Status =** _____

Medicare # _____ - _____ - _____ **A & B? Y N**

Other Health Insurance? _____

Medicaid # _____ **Source(s) of Income** _____

RELATIONSHIP TO CARERECEIVER _____

CARERECEIVER NAME _____
Last First Middle Initial

Social Security # _____ - _____ - _____ **DOB** _____ **SEX: M F** **VETERAN? Yes No**
(Optional) **Carereceiver Marital Status =** _____

Medicare # _____ - _____ - _____ **A & B? Y N**

Other Health Insurance? _____

Medicaid # _____ **Source(s) of Income** _____

LIST ANY OTHERS LIVING IN THE HOUSEHOLD:

Name _____ **Relationship** _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CAREGIVER HEALTH STATUS:

HEALTH PROBLEMS/DIAGNOSES

MEDICATIONS TAKEN

CG's Physician: _____ Phone# _____

****CG Rate Overall Health-** ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Very Poor

CAREGIVER LIMITATIONS? _____

Description of Caregiving Environment: _____

ANY SERVICES OR AGENCIES CURRENTLY HELPING FAMILY ~ _____

****EMERGENCY CONTACT: Name:** _____

Address: _____

Home Phone _____ **Work#** _____ **Cell#** _____

SECONDARY HELPERS & PHONE #'S ~ _____

MEDICAL DIAGNOSIS

PRESCRIPTION AND OTC MEDS, DOSAGE,ROUTE

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

PRIMARY PHYSICIAN: _____ Phone# _____

ORIENTATION: _____

AMBULATION: _____

ADAPTIVE EQUIPMENT/ASSISTIVE DEVICES CARERECEIVER HAS/USES:_____

03/03/03

Name: _____

Date: _____

Personal Items

Client has advanced medical directives in place
 Yes ☐
 No ☐

Referral Items

Lived in nursing home at anytime in past 5 years
 Yes ☐
 No ☐
 Moved to current residence within the past 2 years
 Yes ☐
 No ☐

Cognitive Patterns

Memory
 Memory OK ☐
 Memory Problem ☐
 Cognitive Skills for Daily Decision-Making
 Independent ☐
 Modified Independence ☐
 Moderately Impaired ☐
 Severely Impaired ☐
 Sudden change in mental function
 No ☐
 Yes ☐
 Agitated to extent safety is endangered
 No ☐
 Yes ☐

Communication/Hearing Patterns

Hearing
 Hears Adequately ☐
 Minimal Difficulty ☐
 Hears in Special Situations Only ☐
 Highly Impaired ☐
 Making Self Understood
 Understood ☐
 Usually Understood ☐
 Sometimes Understood ☐
 Rarely/Never Understood ☐
 Ability to Understand Others
 Understands ☐
 Usually Understands ☐
 Sometimes Understands ☐
 Rarely/Never Understands ☐

Vision Patterns

Vision
 Adequate ☐
 Impaired ☐
 Moderately Impaired ☐
 Highly Impaired ☐
 Severely Impaired ☐
 Visual Limitation/Difficulties
 No ☐
 Yes ☐
 Vision Decline
 No ☐
 Yes ☐

Indicators of depression/Anxiety

A feeling of sadness or being depressed
 Not exhibited in last 30 days ☐
 Exhibited up to five days a week ☐
 Exhibited daily or almost daily ☐
 Persistent anger with self or others
 Not exhibited in last 30 days ☐
 Exhibited up to five days a week ☐
 Exhibited daily or almost daily ☐
 Expressions of unrealistic fears
 Not exhibited in last 30 days ☐
 Exhibited up to five days a week ☐
 Exhibited daily or almost daily ☐
 Repetitive health complaints
 Not exhibited in last 30 days ☐
 Exhibited up to five days a week ☐
 Exhibited daily or almost daily ☐
 Repetitive anxious complaints or concerns
 Not exhibited in last 30 days ☐
 Exhibited up to five days a week ☐
 Exhibited daily or almost daily ☐
 Sad, pained, worried facial expressions
 Not exhibited in last 30 days ☐
 Exhibited up to five days a week ☐
 Exhibited daily or almost daily ☐
 Recurrent crying, tearfulness
 Not exhibited in last 30 days ☐
 Exhibited up to five days a week ☐
 Exhibited daily or almost daily ☐
 Withdrawal from activities of interest
 Not exhibited in last 30 days ☐
 Exhibited up to five days a week ☐
 Exhibited daily or almost daily ☐
 Reduced social interaction
 Not exhibited in last 30 days ☐
 Exhibited up to five days a week ☐
 Exhibited daily or almost daily ☐

Name: _____

Date: _____

Behavioral Symptoms

Wandering

- Did not occur in last seven days ☐
- Occurred, easily altered ☐
- Occurred, not easily altered ☐

Verbally abusive behavioral symptoms

- Did not occur in last seven days ☐
- Occurred, easily altered ☐
- Occurred, not easily altered ☐

Physically abusive behavioral symptoms

- Did not occur in last seven days ☐
- Occurred, easily altered ☐
- Occurred, not easily altered ☐

Socially inappropriate/disruptive behavior

- Did not occur in last seven days ☐
- Occurred, easily altered ☐
- Occurred, not easily altered ☐

Aggressive resistance of care

- Did not occur in last seven days ☐
- Occurred, easily altered ☐
- Occurred, not easily altered ☐

Changes in behavior symptoms

- No change in behavioral symptoms ☐
- Yes ☐

Involvement

Client is at ease with others

- At ease ☐
- Not at ease ☐

Openly expresses conflict or anger

- No ☐
- Yes ☐

Change in social activities

Decline in participation in social activities

- No decline ☐
- Decline, client not distressed ☐
- Decline, client distressed ☐

Isolation

Length of time client is alone during the day

- Never or hardly ever ☐
- About one hour ☐
- Long periods of time ☐
- All of the time ☐

Client indicates that he/she feels lonely

- No ☐
- Yes ☐

Primary Helper

Lives with client

- Yes ☐
- No ☐
- No such helper (skip other items) ☐

Relationship to client

- Child or child-in-law ☐
- Spouse ☐
- Other relative ☐
- Friend/neighbor ☐

Provides advice or emotional support

- Yes ☐
- No ☐

Provides IADL Care

- Yes ☐
- No ☐

Provides ADL Care

- Yes ☐
- No ☐

Willing to increase emotional support

- More than 2 hours ☐
- 1-2 hours per day ☐
- No ☐

Willing to increase IADL care

- More than 2 hours ☐
- 1-2 hours per day ☐
- No ☐

Willing to increase ADL Care

- More than 2 hours ☐
- 1-2 hours per day ☐
- No ☐

Name: _____

Date: _____

Secondary Helper

Lives with client

Yes ☐No ☐No such helper (skip other items) ☐

Relationship to client

Child or child-in-law ☐Spouse ☐Other relative ☐Friend/neighbor ☐

Provides advice or emotional support

Yes ☐No ☐

Provides IADL care

Yes ☐No ☐

Provides ADL Care

Yes ☐No ☐

Willing to increase emotional support

More than 2 hours ☐1-2 hours per day ☐No ☐

Willing to increase IADL care

More than 2 hours ☐1-2 hours per day ☐No ☐

Willing to increase ADL care

More than 2 hours ☐1-2 hours per day ☐No ☐**Caregiver Status**

A caregiver is unable to continue in caring activities

Yes ☐

Primary caregiver is not satisfied with support

Yes ☐

Primary CG expresses distress/anger/depression

Yes ☐

NONE OF ABOVE

Yes ☐**Meal Preparation**

Self Performance

Independent - did on own ☐Some Help - help some of the time ☐Full Help - performed with help all of the time ☐By Others - performed by others ☐Activity did not occur ☐

Difficulty

No Difficulty ☐Some Difficulty-needs some help,slow/fatigues ☐Great Difficulty-little/no involvement is possible ☐

Unmet Need

Need is met ☐Need is met most of the time ☐Need is not met most of the time ☐Need is seldom or never met ☐**Laundry**

Self Performance

Performs all of the activity ☐Performs most of the activity ☐Cannot perform most of the activity ☐Cannot perform the activity ☐

Unmet Need

Need is met ☐Need is met most of the time ☐Need is not met most of the time ☐Need is seldom or never met ☐**Ordinary Housework**

Self Performance

Independent - did on own ☐Some Help - help some of the time ☐Full Help - performed with help all of the time ☐By Others - performed by others ☐Activity did not occur ☐

Difficulty

No Difficulty ☐Some Difficulty-needs some help,slow/fatigues ☐Great Difficulty-little or no involvement possible ☐

Unmet Need

Need is met ☐Need is met most of the time ☐Need is not met most of the time ☐Need is seldom or never met ☐**Managing Finance**

Self Performance

Independent - did on own ☐Some Help - help some of the time ☐Full Help - performed with help all of the time ☐By Others - performed by others ☐Activity did not occur ☐

Difficulty

No Difficulty ☐Some Difficulty-needs some help,slow/fatigues ☐Great Difficulty-little or no involvement possible ☐

Unmet Need

Need is met ☐Need is met most of the time ☐Need is not met most of the time ☐Need is seldom or never met ☐**Managing Medications**

Self Performance

Independent - did on own ☐Some Help - help some of the time ☐Full Help - performed with help all of the time ☐By Others - performed by others ☐Activity did not occur ☐

Difficulty

No Difficulty ☐Some Difficulty-needs some help,slow/fatigues ☐Great Difficulty-little or no involvement possible ☐

Name: _____

Date: _____

Phone Use

Self Performance

- Independent - did on own ☐
- Some Help - help some of the time ☐
- Full Help - performed with help all of the time ☐
- By Others - performed by others ☐
- Activity did not occur ☐

Difficulty

- No Difficulty ☐
- Some Difficulty-needs some help,slow/ fatigues ☐
- Great Difficulty-little or no involvement possible ☐

Unmet Need

- Need is met ☐
- Need is met most of the time ☐
- Need is not met most of the time ☐
- Need is seldom or never met ☐

Shopping

Self Performance

- Independent - did on own ☐
- Some Help - help some of the time ☐
- Full Help - performed with help all of the time ☐
- By Others - performed by others ☐
- Activity did not occur ☐

Difficulty

- No Difficulty ☐
- Some Difficulty-needs some help,slow/ fatigues ☐
- Great Difficulty-little or no involvement possible ☐

Transportation

Self Performance

- Independent - did on own ☐
- Some Help - help some of the time ☐
- Full Help - performed with help all of the time ☐
- By Others - performed by others ☐
- Activity did not occur ☐

Difficulty

- No Difficulty ☐
- Some Difficulty-needs some help,slow/ fatigues ☐
- Great Difficulty- little or no involvement possible ☐

Unmet Need

- Need is met ☐
- Need is met most of the time ☐
- Need is not met most of the time ☐
- Need is seldom or never met ☐

Mobility in Bed

Self Performance

- Independent ☐
- Supervision ☐
- Limited Assistance ☐
- Extensive Assistance ☐
- Total Dependence ☐
- Activity did not occur ☐

Transfer

Self Performance

- Independent ☐
- Supervision ☐
- Limited Assistance ☐
- Extensive Assistance ☐
- Total Dependence ☐
- Activity did not occur ☐

Unmet Need for Care

- Need is met ☐
- Need is met most of the time ☐
- Need is not met most of the time ☐
- Need is seldom or never met ☐

Locomotion in Home

Self Performance

- Independent ☐
- Supervision ☐
- Limited Assistance ☐
- Extensive Assistance ☐
- Total Dependence ☐
- Activity did not occur ☐

Dressing

Self Performance

- Independent ☐
- Supervision ☐
- Limited Assistance ☐
- Extensive Assistance ☐
- Total Dependence ☐
- Activity did not occur ☐

Unmet Need for Care

- Need is met ☐
- Need is met most of the time ☐
- Need is not met most of the time ☐
- Need is seldom or never met ☐

Eating

Self Performance

- Independent ☐
- Supervision ☐
- Limited Assistance ☐
- Extensive Assistance ☐
- Total Dependence ☐
- Activity did not occur ☐

Unmet Need for Care

- Need is met ☐
- Need is met most of the time ☐
- Need is not met most of the time ☐
- Need is seldom or never met ☐

Name: _____

Date: _____

Toilet Use

Self Performance

Independent ☐

Supervision ☐

Limited Assistance ☐

Extensive Assistance ☐

Total Dependence ☐

Activity did not occur ☐

Unmet Need for Care

Need is met ☐

Need is met most of the time ☐

Need is not met most of the time ☐

Need is seldom or never met ☐

Personal Hygiene

Self Performance

Independent ☐

Supervision ☐

Limited Assistance ☐

Extensive Assistance ☐

Total Dependence ☐

Activity did not occur ☐

Unmet Need for Care

Need is met ☐

Need is met most of the time ☐

Need is not met most of the time ☐

Need is seldom or never met ☐

Bathing

Self Performance

Independent - did on own ☐

Supervision - oversight help only ☐

Received Assistance in Transfer Only ☐

Received Assistance in Part of Bathing Only ☐

Total Dependence ☐

Activity Did Not Occur ☐

Unmet Need for Care

Need is met ☐

Need is met most of the time ☐

Need is not met most of the time ☐

Need is seldom or never met ☐

Routine Health

Self Performance

Performs all of the activity ☐

Performs most of the activity ☐

Cannot perform most of the activity ☐

Cannot perform the activity ☐

Unmet Need

Need is met ☐

Need is met most of the time ☐

Need is not met most of the time ☐

Need is seldom or never met ☐

Special Health

Self Performance

Performs all of the activity ☐

Performs most of the activity ☐

Cannot perform most of the activity ☐

Cannot perform the activity ☐

Unmet Need

Need is met ☐

Need is met most of the time ☐

Need is not met most of the time ☐

Need is seldom or never met ☐

Being Alone

Self Performance

Performs all of the activity ☐

Performs most of the activity ☐

Cannot perform most of the activity ☐

Cannot perform the activity ☐

Unmet Need

Need is met ☐

Need is met most of the time ☐

Need is not met most of the time ☐

Need is seldom or never met ☐

Primary Modes of Locomotion

Indoors

No assistive device ☐

Cane ☐

Walker/crutch ☐

Scooter (e.g. Amigo) ☐

Wheelchair ☐

Activity did not occur ☐

Outdoors

No assistive device ☐

Cane ☐

Walker/crutch ☐

Scooter (e.g. Amigo) ☐

Wheelchair ☐

Activity did not occur ☐

Stair Climbing

How well Client went up and down stairs

Up and down stairs without help ☐

Up and down stairs with help ☐

Not go up and down stairs-could without help ☐

Not go up and down stairs-could do with help ☐

Not go up and down stairs-no capacity ☐

Unknown-assessor unable to judge capacity ☐

Stamina

Days client went out of house

Every day ☐

2-6 days a week ☐

1 day a week ☐

No days ☐

Hours of Physical Activities (last 7 days)

Two or more hours ☐

Less than two hours ☐

Name: _____

Date: _____

Functional Potential

Client believes he/she capable of more

Yes

Caregiver believes client capable of more

Yes

Improved health status expected

Yes

NONE OF ABOVE

Yes

Bladder Continence

Control of urinary bladder function

Continent

Usually Continent

Occasionally Incontinent

Frequently Incontinent

Incontinent

Bladder Devices

Use of pads or briefs to protect against wetness

Yes

Use of an indwelling catheter

Yes

NONE OF ABOVE

Yes

Bowel Incontinence

Control of bowel movement

Continent

Usually Continent

Occasionally Incontinent

Frequently Incontinent

Incontinent

Disease Diagnosis

Cerebrovascular accident (stroke)

Not Present

Present-not monitored/treated by nurse

Present-monitored/treated by nurse

Congestive Heart Failure

Not Present

Present-not monitored/treated by nurse

Present-monitored/treated by nurse

Coronary heart failure

Not Present

Present-not monitored/treated by nurse

Present-monitored/treated by nurse

Hypertension

Not Present

Present-not monitored/treated by nurse

Present-monitored/treated by nurse

Irregularity irregular pulse

Not Present

Present-not monitored/treated by nurse

Present-monitored/treated by nurse

Peripheral vascular disease

Not Present

Present-not monitored/treated by nurse

Present-monitored/treated by nurse

Alzheimer's

Not Present

Present-not monitored/treated by nurse

Present-monitored/treated by nurse

Dementia other than Alzheimer's disease

Not Present

Present-not monitored/treated by nurse

Present-monitored/treated by nurse

Head trauma

Not Present

Present-not treated/monitored by nurse

Present-monitored/treated by nurse

Multiple sclerosis

Not Present

Present-not monitored/treated by nurse

Present-monitored/treated by nurse

Parkinsonism

Not Present

Present-not monitored/treated by nurse

Present-monitored/treated by nurse

Arthritis

Not Present

Present-not monitored/treated by nurse

Present-treated/monitored by nurse

Hip Fracture

Not Present

Present-not monitored/treated by nurse

Present-treated/monitored by nurse

Other fractures (e.g., wrist, vertebral)

Not Present

Present-not monitored/treated by nurse

Name: _____

Date: _____

Present-monitored/treated by nurse ☐
 Osteoporosis
 Not Present ☐
 Present-not monitored/treated by nurse ☐
 Present-monitored/treated by nurse ☐
 Cataract
 Not Present ☐
 Present-not monitored/treated by nurse ☐
 Present-monitored/treated by nurse ☐
 Glaucoma
 Not Present ☐
 Present-not monitored/treated by nurse ☐
 Present-monitored/treated by nurse ☐
 Any psychiatric diagnosis
 Not Present ☐
 Present-not monitored/treated by nurse ☐
 Present-monitored/treated by nurse ☐
 HIV infection
 Not Present ☐
 Present-not monitored/treated by nurse ☐
 Present-monitored/treated by nurse ☐
 Pneumonia
 Not Present ☐
 Present-not monitored/treated by nurse ☐
 Present-monitored/treated by nurse ☐
 Tuberculosis
 Not Present ☐
 Present-not monitored/treated by nurse ☐
 Present-monitored/treated by nurse ☐
 Urinary tract infection (in last 30 days)
 Not Present ☐
 Present-not monitored/treated by nurse ☐
 Present-monitored/treated by nurse ☐
 Cancer (in past 5 yrs) not including skin cancer
 Not Present ☐
 Present-not monitored/treated by nurse ☐
 Present-monitored/treated by nurse ☐
 Diabetes
 Not Present ☐
 Present-not monitored/treated by nurse ☐
 Present-monitored/treated by nurse ☐
 Emphysema/COP/Asthma
 Not Present ☐
 Present-not monitored/treated by nurse ☐
 Present-monitored/treated by nurse ☐
 Renal failure
 Not Present ☐
 Present-not monitored/treated by nurse ☐
 Present-monitored/treated by nurse ☐
 Thyroid disease (hyper or hypo)
 Not Present ☐
 Present-not monitored/treated by nurse ☐
 Present-monitored/treated by nurse ☐

Other Current/Detailed Diagnosis

Other disease #1 ☐
 Record under comments ☐
 Other disease #2 ☐
 Record under comments ☐
 Other disease #3 ☐
 Record under comments ☐
 Other disease #4 ☐
 Record under comments ☐

Preventative Health

Blood Pressure Measured in past 2 years ☐
 Yes ☐
 Received Influenza vaccination in past 2 years ☐
 Yes ☐
 If female, had breast exam or mammography ☐
 Yes ☐
 NONE OF ABOVE ☐
 Yes ☐

Problem/Conditions - 2 of last 7 days

Diarrhea ☐
 Yes ☐
 Difficulty urinating, urinating 3+ times/night ☐
 Yes ☐
 Fever ☐
 Yes ☐
 Loss of appetite ☐
 Yes ☐
 Vomiting ☐
 Yes ☐
 NONE OF ABOVE ☐
 Yes ☐

Problem/Conditions in Last Week

Change in sputum production ☐
 Yes ☐
 Chest pain at exertion or pain/pressure at rest ☐
 Yes ☐
 Constipation in 4 of last 7 days ☐
 Yes ☐
 Dizziness or lightheadedness ☐
 Yes ☐
 Edema ☐
 Yes ☐
 Shortness of breath ☐
 Yes ☐
 Delusions ☐
 Yes ☐
 Hallucinations ☐
 Yes ☐
 NONE OF ABOVE ☐
 Yes ☐

Name: _____

Date: _____

Pain

Frequently complains or show evidence of pain

No Pain (skip to item K4e; Pain controlled by med) ☐

Pain less than daily ☐

Pain daily ☐

Pain is unusually intense

Yes ☐

No ☐

Pain intensity disrupts usual activities

Yes ☐

No ☐

Character of pain

No Pain ☐

Localized-single site ☐

Multiple sites ☐

Pain controlled by medication

No Pain ☐

Medication offered no control ☐

Pain is partially/fully controlled by medication ☐

Falls Frequently

Number of times fell in last 180 days

0 ☐

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

6 ☐

7 ☐

8 ☐

9 or more ☐

Danger of fall

Unsteady gait

Yes ☐

No ☐

Limits going outside due to fear of falling

Yes ☐

No ☐

Life Style (Drinking and Smoking)

Felt the need/was told to cut down on drinking

Yes ☐

No ☐

Had to have a drink first thing in morning

Yes ☐

No ☐

Number of days client had one or more drinks

0 ☐

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

6 ☐

7 ☐

Number of drinks consumed per day

0 ☐

1 ☐

2 ☐

3 ☐

4 ☐

5 ☐

6 ☐

7 ☐

8 ☐

9 or more ☐

Smoked or chewed tobacco daily

Yes ☐

No ☐

Health status indicators

Client feels he/she has poor health (when asked)

Yes ☐

Has conditions/problems that make them unstable

Yes ☐

Has had a flare-up or recurrent or chronic problem

Yes ☐

Treatments changed due to new acute episode

Yes ☐

Prognosis of less than 6 months to live

Yes ☐

NONE OF ABOVE

Yes ☐

Other status indicators

Fearful of family member or caregiver

Yes ☐

Unusually poor hygiene

Yes ☐

Unexplained injuries, broken bones, or burns

Yes ☐

Neglected, abused or mistreated

Yes ☐

Physically restrained

Yes ☐

NONE OF ABOVE

Yes ☐

Name: _____

Date: _____

Wound/Ulcer Care

Days rec'd Antibiotics, systemic or topical

0
1
2
3
4
5
6
7

Days rec'd Dressing

0
1
2
3
4
5
6
7

Days rec'd Pressure reduction,relieving devices

0
1
2
3
4
5
6
7

Days rec'd Nutrition or hydration

0
1
2
3
4
5
6
7

Days rec'd Turning/repositioning

0
1
2
3
4
5
6
7

Days rec'd Debridement

0
1
2
3
4
5
6
7

Days rec'd Surgical wound care

0
1
2
3
4
5
6
7

Foot problems

Corns,calluses,structural problems,infections,fungi

Yes

Open lesions on the foot

Yes

Foot not inspected in 90 days by client or others

Yes

NONE OF ABOVE

Yes

Home Environment

Lighting in evening

Yes

Flooring and carpeting

Yes

Bathroom and toiletroom

Yes

Kitchen

Yes

Heating and cooling

Yes

Personal safety

Yes

Access to home

Yes

Access to rooms in house

Yes

NONE OF ABOVE

Yes

Living Arrangement

Client now lives with other persons

Yes

No

Believes client would be better in new environment

No

Client only

Caregiver only

Client and caregiver

Name: _____

Date: _____

Treatments

Alcohol/drug treatment program
 Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

Blood transfusions
 Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

Chemotherapy
 Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

Cardiac rehabilitation
 Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

Continuous positive airway pressure (CPAP)
 Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

Dialysis-peritoneal (CAPD)
 Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

Dialysis-renal
 Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

Holter monitor
 Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

IV infusion - central
 Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

IV infusion - peripheral
 Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

Medication by injection
 Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

*

Ostomy care

Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

Oxygen therapy - intermittent
 Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

Oxygen therapy- continuous (concentrator)
 Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

Oxygen therapy -continuous (other)
 Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

Radiation therapy
 Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

Respiratory therapy
 Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

Tracheostomy care
 Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

Ventilator
 Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

Page 11 of 13

Name: _____

Date: _____

Therapies**Exercise therapy**

Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

Occupational therapy

Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

Physical therapy

Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

Respiratory therapy (including suctioning, IPPB)

Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

Programs**Day center**

Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

Day hospital

Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

Hospice care

Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

Physician or clinic visit

Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

Respite care

Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

Special procedures done in home**Daily nurse monitoring (e.g., EKG, urinary output)**

Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

Nurse monitoring less than daily

Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

Medical alert bracelet or electronic security alert

Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

Skin treatment

Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

Special diet

Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

Other

Not applicable _____
 Scheduled, full adherence as prescribed _____
 Scheduled, partial adherence _____
 Scheduled, not received _____

Management of equipment**Oxygen**

Not used _____
 Managed on own _____
 Managed on own if laid out/with reminders _____
 Partially performed by others _____
 Fully performed by others _____

IV

Not used _____
 Managed on own _____
 Managed on own if laid out/with reminders _____
 Partially performed by others _____
 Fully performed by others _____

Catheter

Not used _____
 Managed on own _____
 Managed on own if laid out/with reminders _____
 Partially performed by others _____
 Fully performed by others _____

Name: _____

Date: _____

Visits

Number of times admitted to hospital

0

1

2

3

4

5

6

7

8

9 or more

Number of emergency room visits

0

1

2

3

4

5

6

7

8

9 or more

Emergency care

0

1

2

3

4

5

6

7

8

9 or more

Treatment goals

Any treatment goals that have been met

Yes

No

Change in care needs

Self sufficiency has change significantly

No change

Improved - receives fewer supports

Deteriorated - receives more support

Trade offs

Client made financial trade-offs

Yes

No

Number of medications

Record the number of different medications

0

1

2

3

4

5

6

7

8

9

Psychotropic medication

Antipsychotic

Yes

No

Antianxiety

Yes

No

Antidepressant

Yes

No

Hypnotic

Yes

No

Medical oversight

Physician reviewed medications as a whole

Discussed with one MD (or no medications taken)

No single MD reviewed all medications

Compliance with medications

Compliant all or most of the time with medications

Always compliant

Compliant 80% of time and more

Compliant less than 80% of time

No medications prescribed

OPTIONAL SPMSQ

The Short Portable Mental Status Questionnaire is intended to serve as a screen to help identify those persons whose cognitive status should be further evaluated. The SPMSQ should be used: whenever there is any question about a person's cognitive functioning; when a caregiver will be making non-trivial care decisions; and carereceiver/caregivers who are not regularly observed (e.g., those who live alone) should be screened. If you decide to skip the SPMSQ at this point, consider returning to it near the end of the assessment.

Instructions for scoring SPMSQ questions as "correct" or "incorrect".

1. Date today: Score correct only when the exact month, day and year are given correctly.
3. Name of this place: Score correct if any correct description of the location is given: "My home," accurate name of town, city or name of residence, hospital, or institution (if subject is institutionalized) are all acceptable.
4. If none, see 4a.

Telephone number: Score correct when the correct number can be verified or when subject can repeat the same number at another point in questions.
5. Age: Score correct when stated age corresponds to date of birth.
6. Birthdate: Score correct only when exact month, date and year are all given.
7. Current President: Only last name of President is required.
8. President before him: Only last name of previous President required.
9. Mother's maiden name: Does not need to be verified. Score correct if last name other than subject's last name is given.
10. Subtract 3 from 20: The entire series must be performed correctly in order to be scored correct. Any error in series or unwillingness to attempt series is scored as incorrect.

NOTE: Ask Carereceiver/Caregiver what is highest grade completed in school.

SPMSQ SCORING, ADJUSTMENT FACTORS

- a. Subtract 1 from the total number of errors (opposite page) if person has completed an 8th grade education or less. Record result in ADJUSTED SCORE.
- b. Add 1 to total number of errors (opposite page) if person has had education beyond high school. Record result in ADJUSTED SCORE.

Meaning of SPMSQ Scores

- 0 – 2 errors = intact intellectual functioning
3 – 4 errors = mild intellectual impairment
5 – 7 errors = moderate intellectual impairment
8 – 10 errors = severe intellectual impairment

Please note: This scoring is provided as a guideline for the assessor's use. However, the SPMSQ should not be used as the sole basis in making a judgment about the person's cognitive functioning.

Revised 11/97

js/familycaregiver/SPMSQ

Montgomery-Borgotta Caregiver Burden Assessment

Caregiver _____

Assessment Date _____

Question	A lot less	A little less	The same	A little more	A lot more
1- Since you began caregiving, do you have a lot less, a little less, the same, a little more, or a lot more <i>time for yourself</i> ?					
2- Since you began caregiving, do you have a lot less, a little less, the same, a little more, or a lot more stress <i>in your relationship with your (relative)</i> ?					
3- Since you began caregiving, do you have a lot less, a little less, the same, a little more, or a lot more <i>personal privacy</i> ?					
4- Since you began caregiving, do you have a lot less, a little less, the same, a little more, or a lot more <i>attempts by your (relative) to manipulate you</i> ?					
5- Since you began caregiving, do you have a lot less, a little less, the same, a little more, or a lot more <i>time to spend in recreational activities</i> ?					
6- Since you began caregiving, do you have a lot less, a little less, the same, a little more, or a lot more <i>unreasonable requests made of you by your relative</i> ?					
7- Since you began caregiving, do you have a lot less, a little less, the same, a little more, or a lot more <i>tension in your life</i> ?					
8- Since you began caregiving, do you have a lot less, a little less, the same, a little more, or a lot more <i>vacation activities and trips</i> ?					
9- Since you began caregiving, do you have a lot less, a little less, the same, a little more, or a lot more <i>nervousness and depression concerning your relationship with your (relative)</i> ?					
10- Since you began caregiving, do you have a lot less, a little less, the same, a little more, or a lot more <i>feelings that you are being taken advantage of by your (relative)</i> ?					
11- Since you began caregiving, do you have a lot less, a little less, the same, a little more, or a lot more <i>time to do your own work and daily chores</i> ?					
12- Since you began caregiving, do you have a lot less, a little less, the same, a little more, or a lot more <i>demands made by your (relative) that are over and above what she/he needs</i> ?					
13- Since you began caregiving, do you have a lot less, a little less, the same, a little more, or a lot more <i>anxiety about things in general</i> ?					
14- Since you began caregiving, do you have a lot less, a little less, the same, a little more, or a lot more <i>time for friends and other relations</i> ?					

Georgia Division of Aging Services
Montgomery-Borgatta Scoring Sheet

SCORING SHEET FOR MONTGOMERY-BORGATTA BURDEN SCALE	I	II	III	IV	V	Objective Burden Score	Demand Burden Score	Stress Burden Score
Question- Since you began caregiving, how has assisting or having contact with him/her affected the following aspects of your life? Do you have a lot less, a little less, a little more, or a lot more....	A lot less	A little less	The same	A little more	A lot more			
1. ...time to yourself?	5	4	3	2	1			
2. ...stress in your relationship with your relative?	1	2	3	4	5			
3. ...personal privacy?	5	4	3	2	1			
4. ...attempts by your relative to manipulate you?	1	2	3	4	5			
5. ...time to spend in recreational activities?	5	4	3	2	1			
6. ...unreasonable requests made of you by your relative?	1	2	3	4	5			
7. ...tension in your life?	1	2	3	4	5			
8. ...vacation activities and trips?	5	4	3	2	1			
9. ...nervousness and depression concerning your relationship with your relative?	1	2	3	4	5			
10. ...feelings that you are being taken advantage of by your relative?	1	2	3	4	5			
11. ...time to do your own work and daily chores?	5	4	3	2	1			
12. ...demands made by your relative that are over and above what she/he needs?	1	2	3	4	5			
13. ...anxiety about things?	1	2	3	4	5			
14. ...time for friends and other relatives?	5	4	3	2	1			
Total Scores by Burden Category (Manual entries)						0	0	0
Total Scores by Burden Category (Excel auto complete)								
Manual Instructions - Circle only one score from columns I-V, then enter the number selected in the appropriate Objective, Demand or Stress Burden column. Add all the numbers in this column to obtain the Total Scores by Burden Category. Excel Spreadsheet Instructions - If completing on Excel Spreadsheet, select the score from columns I-V, then enter the number selected in the appropriate Burden Score Column; the spreadsheet will automatically calculate the Total Scores by Burden Category								

Date: _____
Name of Caregiver: _____
Staff who completed assessment: _____

Georgia Division of Aging Services
Montgomery-Borgotta Caregiver Assessment Burden

15. What is the caregiver's employment status?	Check One			
Works Full-time				
Works Part-time				
Retired but works part time				
Fully Retired				
Homemaker				
Unemployed				
Other				
16. During the past week, about how many hours did the Caregiver help the Care Receiver with round to the nearest hour)	# of hours per week			
a. Eating, bathing, dressing or helping with toilet functions?				
b. Meal preparation, laundry or light housework?				
c. Providing transportation to appointments and/or shopping?				
d. Legal matters, banking or money matters?				
17. How do you rate your overall health at the present time?	Check one			
Very good				
Good				
Fair				
Poor				
Very Poor				
NOTE: This question is for Caregivers of persons with Alzheimer's Disease or other dementias.				
18. In the past week, on how many days did you (the caregiver) personally have to deal with following behavior of the care receiver?	0 (no) days	1-2 days	3-4 days	5/more days
a. Keep you up at night				
b. Repeat questions/stories				
c. Try to dress the wrong way				
d. Have a bowel or bladder "accident"				
e. Hide belongings and forget about them				
f. Cry easily				
g. Act depressed or downhearted				
h. Cling to or follow you around				
i. Become restless or agitated				
j. Become irritable or angry				
k. Swear or use foul language				
l. Become suspicious or believe someone is going to harm (him/her)				
m. Threaten people				
n. Show sexual behavior or interest in wrong time/place				
o. Wander				

Date: _____
 Name of Caregiver: _____
 Staff who completed assessment: _____

GEORGIA DIVISION OF AGING SERVICES
USING AND INTERPRETING THE
MONTGOMERY-BORGATTA CAREGIVER BURDEN SCALE

Objective Burden- The extent of disruptions or changes in various aspects of the caregiver's life and household, measured by events, happenings and activities—time related.	Demand Burden- Attitudes toward or emotional reaction to the caregiving experience, measured by feelings, attitudes, and emotions.	Stress Burden- The introduction of stress into the relationship with the dependent relative, marked by tension, nervousness, anxiety and depression in the caregiver.
Range 6-30 in review of scores from some programs. 30% of caregivers scored 26 to 27, and 16% scored 28 to 30. Scores above 26 could be viewed as quite high.	Range 4-20 in review of scores from some programs. 30% of caregivers scored 12-14, and 16% scored 14-16. Scores above 13 could be viewed as quite high.	Range 4-20 in review of scores from some programs. 30% of caregivers scored 15-17, and 16% scored 17-19. Scores above 15 could be viewed as quite high.
Potential Interventions and Outcomes: <i>Personal care aide</i> , which could reduce time spent with bathing, dressing, etc.	Potential Interventions and Outcomes: <i>Support Groups</i> , which can help spousal caregivers with a) changes in marital role b) encourage seeking and using of supports, and c) cope with feelings such as grief and guilt d) take care of self.	Potential Interventions and Outcomes: <i>If depression is suspected, administer CES-D if the Stress Burden score is high.</i> This could be done by a care coordinator after initial intake, screening, and assessment are completed. Make referral as warranted. <i>Support Groups</i> , which can help children a) redefine relationships b) extend support of network, and c) extend knowledge of community services
<i>Transportation, Escort</i> , so family member does not always have to be present and assist.	<i>Education</i> , which can help spousal caregivers with: a) coping skills, b) behavior management, and 3) reframe situation. For children, it can help with: a) disease process b) community based services, and 3) legal/financial information	<i>Education</i> , for spousal caregivers, which helps them: a) move through the caregiving career by shifting identify from spouse to caregiver b) teach caregivers new strategies for dealing with changes in behavior of care receiver.
<i>In-Home Respite care</i> , enabling caregiver a break from the 24 hour a day caregiving responsibility (Most used by spousal caregivers). Note: Day care may not be deemed as saving time for a caregiver who has to get the care receiver prepared to go, and provide round trip transportation.	<i>Counseling</i> , which: a) helps C/G to understand & deal with changes in relationship with C/R b) helps C/G to deal with feelings about the changes (guilt, anger, grief, and find new sources of affirmation c) helps C/G to adjust to the change to a new identity	<i>Care Management</i> , including improved access to services/ information. Assistance with advance directives can reduce anxiety about final arrangements.
<i>Housing Modifications, low technology assistive devices</i> , enabling care receiver to perform tasks more independently.	<i>Day Care</i> , best for clients with limited disabilities, low ADLs, non-aggressive, no problem behaviors. Preferred by working caregivers when hours match schedule and available daily.	<i>Counseling</i> , which a) helps caregivers stretch their identity to include care tasks (assimilate) b) helps children deal with loss of parent as parent.

West Georgia Streams of Service
HOME SAFETY ASSESSMENT

Name: _____ Phone: _____
 Address: _____ Assessment by: _____
 County: _____ Emergency contact or responsible party: _____

Check if corrections SAFE?

Kitchen	Needed	Yes	No
fire extinguisher			
stove area			
lighting			
electrical cords			
smoke alarm			
items within easy reach			

Bathroom	Needed	Yes	No
bathtub/shower			
non-skid mat			
tub chair			
grab bars			
hand held shower head			
toilet			
elevated seat			
sink			
electrical appliances			
floor			
non-skid rug			
electrical cords			
in good condition			
lighting			
medication storage			
outdated			
disorderly			
night light			
latch door knob/lever handle			

Living Room	Needed	Yes	No
electrical cords			
telephone cord			
non-skid rug			
floor in good condition			
clear pathway			
lighting			
smoke alarm			
carbon monoxide monitor			
free standing heaters			

4/9/2003

home safety assessment.xls

1

Bedroom	Needed	Yes	No
smoke alarm			
non-skid rug			
clear pathway			
floor in good condition			
electrical cords			
telephone cords			
telephone within reach			
lighting			
lamp within reach			
electric blanket/heating pad			
night light			

Storage Areas	Needed	Yes	No
closets			
items with easy reach			
garage			
combustible materials			
basement			
stairs			
railing			
lighting pathways			
non-skid rugs			

Entrance	Needed	Yes	No
dead-bolt			
peep hole			
door handle lever type			
handicap ramp			
stairs			
railing			
porch			
walkway			
well lit			
lighting			
motion sensitive			

Back/Side Door	Needed	Yes	No
lighting			
dead-bolt			
walkway			
stairs			

Windows	Needed	Yes	No
locks			
screens			
glass (Intact?)			
curtains/blinds			
weather stripping present			
functional			

4/9/2003

home safety assessment.xls

2

General	Needed	Yes	No
emergency numbers			
flashlight			
by bedside			
functional			
first aid kit			
hazardous materials stored properly			
emergency escape plan (verbalized?)			
walker/cane/wheel chair			
smoking			
chimney (functional and safe)			
heat source			
pet(s)			
air conditioning			
fans			
life line			
disaster supplies			
battery operated radio			
exposed pipers			
floor in good condition			

Comments:

Disability or Mobility problems _____
 Is client home owner? Yes or No. If no, who is the land lord and how can they be reached?
 Name: _____ phone: _____
 Address: _____

Client Signature: _____ Date: _____

Work order description	Supplies/tool	cost estimate	actual cost

Assigned Team Captain: _____
 Number of volunteers requested: _____
 Special skills required for project: _____
 Special tools required to complete project: _____

**SOWEGA COA FAMILY CAREGIVER PROGRAM
HOME SAFETY SURVEY**

CaregiverName _____

Date: _____

Exterior / Entrance / Walkways:

- ☐ Sidewalks free of obstacles, cracks, uneven areas.
- ☐ Ramp available (if applicable) built to ADA specs for length-to-rise ratio, w/ bumper & hand rails, & non-slip surface
- ☐ Stairs are safely spaced and surface intact, with stable handrail - # of stairs _____
- ☐ Adequate lighting on steps & walkways
- ☐ Shrubs and bushes trimmed to discourage crime
- ☐ Porch floor safe and able to support load

Bathrooms:

- ☐ Floor intact, non-slip surface
- ☐ Walls free of water damage
- ☐ Plumbing is free of leaks
- ☐ Handicapped height toilet needed?
- ☐ Adaptive toileting equipment needed?
- ☐ Tub accessible:
 - ☐ needs tub transfer bench
 - ☐ needs handheld shower
 - ☐ needs bath mat
- ☐ Shower accessible:
 - ☐ needs shower chair
 - ☐ needs handheld shower
 - ☐ needs bath mat

Fire prevention:

- ☐ Electrical cords in walkways
- ☐ Evidence of overloaded wall plugs
- ☐ Accumulated paper, trash or other combustibles
- ☐ Open heaters or fireplaces without screen
- ☐ Working smoke alarms - # in use _____
needed _____
- ☐ Carbon monoxide detector
- ☐ Fire extinguisher in home (ABC type, charged)

General Safety:

- ☐ Halls and walkways free from clutter or obstacles, area rugs don't slip
- ☐ Doors & halls wide enough for w/c or walker
- ☐ Furniture meets needs of both CG & CR
If not- what needed _____
- ☐ Has appropriate working phone(s)
Portable phone? _____
- ☐ Living areas well lighted
- ☐ Medications stored properly, in labeled bottles
- ☐ Heating system works well
- ☐ Method of cooling: __central AC __window
__fan(s) none__
- ☐ Kitchen appliances (stove, refrigerator, microwave oven) work well and are safe

Comments, needed modifications, etc. _____

9/12/03

FAMILY CAREGIVER PROGRAM DON FUNCTIONAL ASSESSMENT

Carereceiver Name _____ Date _____

ACTIVITIES OF DAILY LIVING (ADL's):

Eating

Self Performance

- Independent ☒
- Supervision ☐
- Limited Assistance ☒
- Extensive Assistance ☒
- Total Dependence ☒
- Activity did not occur ☐

Unmet Need for Care

- Need is met ☐
- Need is met most of the time ☐
- Need is not met most of the time ☒
- Need is seldom or never met ☒

Comments

Bathing

Self Performance

- Independent - did on own ☐
- Supervision - oversight help only ☐
- Received Assistance in Transfer Only ☐
- Received Assistance in Part of Bathing Only ☒
- Total Dependence ☒
- Activity Did Not Occur ☐

Unmet Need for Care

- Need is met ☐
- Need is met most of the time ☐
- Need is not met most of the time ☒
- Need is seldom or never met ☒

Personal Hygiene

Self Performance

- Independent ☐
- Supervision ☐
- Limited Assistance ☐
- Extensive Assistance ☒
- Total Dependence ☒
- Activity did not occur ☐

Unmet Need for Care

- Need is met ☐
- Need is met most of the time ☐
- Need is not met most of the time ☒
- Need is seldom or never met ☒

Dressing

Self Performance

- Independent ☐
- Supervision ☐
- Limited Assistance ☐
- Extensive Assistance ☒
- Total Dependence ☒
- Activity did not occur ☐

Unmet Need for Care

- Need is met ☐
- Need is met most of the time ☐
- Need is not met most of the time ☒
- Need is seldom or never met ☒

P. 1

FAMILY CAREGIVER PROGRAM DON FUNCTIONAL ASSESSMENT

Carereceiver Name _____ Date _____

ACTIVITIES OF DAILY LIVING (ADL's) continued:

		Comments
Transfer		
Self Performance		
Independent	<input checked="" type="checkbox"/>	
Supervision	<input type="checkbox"/>	
Limited Assistance	<input type="checkbox"/>	
Extensive Assistance	<input type="checkbox"/>	
Total Dependence	<input type="checkbox"/>	
Activity did not occur	<input type="checkbox"/>	
Unmet Need for Care		
Need is met	<input type="checkbox"/>	
Need is met most of the time	<input type="checkbox"/>	
Need is not met most of the time	<input type="checkbox"/>	
Need is seldom or never met	<input type="checkbox"/>	
Toilet Use		
Self Performance		
Independent	<input checked="" type="checkbox"/>	
Supervision	<input type="checkbox"/>	
Limited Assistance	<input type="checkbox"/>	
Extensive Assistance	<input type="checkbox"/>	
Total Dependence	<input type="checkbox"/>	
Activity did not occur	<input type="checkbox"/>	
Unmet Need for Care		
Need is met	<input type="checkbox"/>	
Need is met most of the time	<input type="checkbox"/>	
Need is not met most of the time	<input type="checkbox"/>	
Need is seldom or never met	<input type="checkbox"/>	

#ADL's = _____

Level of Impairment Score = _____

Unmet Need for Care Score = _____

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL's):

Managing Finance		
Self Performance		
Independent - did on own	<input checked="" type="checkbox"/>	
Some Help - help some of the time	<input type="checkbox"/>	
Full Help - performed with help all of the time	<input type="checkbox"/>	
By Others - performed by others	<input type="checkbox"/>	
Activity did not occur	<input type="checkbox"/>	
Difficulty		
No Difficulty	<input type="checkbox"/>	
Some Difficulty-needs some help,slow/fatigues	<input type="checkbox"/>	
Great Difficulty-little or no involvement possible	<input type="checkbox"/>	
Unmet Need		
Need is met	<input type="checkbox"/>	
Need is met most of the time	<input type="checkbox"/>	
Need is not met most of the time	<input type="checkbox"/>	
Need is seldom or never met	<input type="checkbox"/>	

P. 2

FAMILY CAREGIVER PROGRAM DON FUNCTIONAL ASSESSMENT

Carereceiver Name _____ Date _____

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL's) continued:

		Comments
Phone Use		
Self Performance		
Independent - did on own	<input type="checkbox"/>	_____
Some Help - help some of the time	<input type="checkbox"/>	_____
Full Help - performed with help all of the time	<input type="checkbox"/>	_____
By Others - performed by others	<input type="checkbox"/>	_____
Activity did not occur	<input type="checkbox"/>	_____
Unmet Need		
Need is met	<input type="checkbox"/>	_____
Need is met most of the time	<input type="checkbox"/>	_____
Need is not met most of the time	<input type="checkbox"/>	_____
Need is seldom or never met	<input type="checkbox"/>	_____
Meal Preparation		
Self Performance		
Independent - did on own	<input type="checkbox"/>	_____
Some Help - help some of the time	<input type="checkbox"/>	_____
Full Help - performed with help all of the time	<input type="checkbox"/>	_____
By Others - performed by others	<input type="checkbox"/>	_____
Activity did not occur	<input type="checkbox"/>	_____
Unmet Need		
Need is met	<input type="checkbox"/>	_____
Need is met most of the time	<input type="checkbox"/>	_____
Need is not met most of the time	<input type="checkbox"/>	_____
Need is seldom or never met	<input type="checkbox"/>	_____
Laundry		
Self Performance		
Performs all of the activity	<input type="checkbox"/>	_____
Performs most of the activity	<input type="checkbox"/>	_____
Cannot perform most of the activity	<input type="checkbox"/>	_____
Cannot perform the activity	<input type="checkbox"/>	_____
Unmet Need		
Need is met	<input type="checkbox"/>	_____
Need is met most of the time	<input type="checkbox"/>	_____
Need is not met most of the time	<input type="checkbox"/>	_____
Need is seldom or never met	<input type="checkbox"/>	_____
Ordinary Housework		
Self Performance		
Independent - did on own	<input type="checkbox"/>	_____
Some Help - help some of the time	<input type="checkbox"/>	_____
Full Help - performed with help all of the time	<input type="checkbox"/>	_____
By Others - performed by others	<input type="checkbox"/>	_____
Activity did not occur	<input type="checkbox"/>	_____
Unmet Need		
Need is met	<input type="checkbox"/>	_____
Need is met most of the time	<input type="checkbox"/>	_____
Need is not met most of the time	<input type="checkbox"/>	_____
Need is seldom or never met	<input type="checkbox"/>	_____

P. 3

FAMILY CAREGIVER PROGRAM DON FUNCTIONAL ASSESSMENT

Carereceiver Name _____ Date _____

INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL's) continued:

Stamina

Days client went out of house

Every day ☐ 0
2-6 days a week ☐ 1
1 day a week ☐ 2
No days ☐ 3

Hours of Physical Activities (last 7 days)

Two or more hours ☐ 3
Less than two hours ☐ 3

Routine Health

Self Performance

Performs all of the activity ☐ 0
Performs most of the activity ☐ 1
Cannot perform most of the activity ☐ 2
Cannot perform the activity ☐ 3

Unmet Need

Need is met ☐ 0
Need is met most of the time ☐ 1
Need is not met most of the time ☐ 2
Need is seldom or never met ☐ 3

Special Health

Self Performance

Performs all of the activity ☐ 0
Performs most of the activity ☐ 1
Cannot perform most of the activity ☐ 2
Cannot perform the activity ☐ 3

Unmet Need

Need is met ☐ 0
Need is met most of the time ☐ 1
Need is not met most of the time ☐ 2
Need is seldom or never met ☐ 3

Being Alone

Self Performance

Performs all of the activity ☐ 0
Performs most of the activity ☐ 1
Cannot perform most of the activity ☐ 2
Cannot perform the activity ☐ 3

Unmet Need

Need is met ☐ 0
Need is met most of the time ☐ 1
Need is not met most of the time ☐ 2
Need is seldom or never met ☐ 3

#IADL's = _____

Level of Impairment Score = _____

ADL Score + _____

Subtotal _____

Unmet Need for Care Score = _____

ADL Score + _____

+ Subtotal _____ =

Grand Total = _____

Outdoors

No assistive device ☐
Cane ☐
Walker/crutch ☐
Scooter (e.g. Amigo) ☐
Wheelchair ☐
Activity did not occur ☐

Stair Climbing

How well Client went up and down stairs

Up and down stairs without help ☐
Up and down stairs with help ☐
Not go up and down stairs-could without help ☐
Not go up and down stairs-could do with help ☐
Not go up and down stairs-no capacity ☐
Unknown-assessor unable to judge capacity ☐

Managing Medications

Self Performance

Independent - did on own ☐
Some Help - help some of the time ☐
Full Help - performed with help all of the time ☐
By Others - performed by others ☐
Activity did not occur ☐

Appendix Four

Demonstration Project Caregiver Evaluation

Assessing Georgia's Self-Directed Care Program

Molly Perkins, Michael Lepore,
Ramani Sambhara, Keisha Jackson,
& Mary Ball
Gerontology Institute



Method of Evaluation

- Telephone interviews with 128 self-directed caregivers
- A modified version of the Caregiver Support and Satisfaction Survey
- The survey instrument included 6 additional questions that specifically addressed services received through the self-directed care program

Survey Questions

- Demographic information
- Kinds of assistance provided by caregiver
- Types of services received

Survey Questions

- Positive and negative effects of caregiving
- Satisfaction with services
- Information needed by caregivers

Analysis #1

- Compared with responses from POMP caregivers (n=1,301) who received services through the traditional service delivery system

POMP SAMPLE

- Florida
- Illinois
- Indiana
- New York
- North Carolina
- Georgia (n=372)

Analysis #2

- Compared with responses from a subset of POMP caregivers in Georgia (n=372) who received services through the traditional service delivery system

FINDINGS:

Research Question #1

Are there important differences between caregivers enrolled in Georgia's Self-Directed Care Program and those caregivers in the POMP sample?

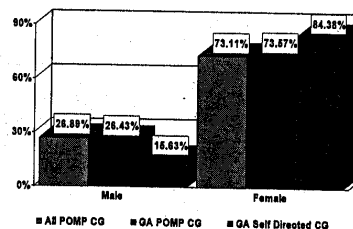
Self-Directed Caregivers are Similar to POMP Caregivers With Regard to:



- Age
- Marital Status
- Work Status
- Gender

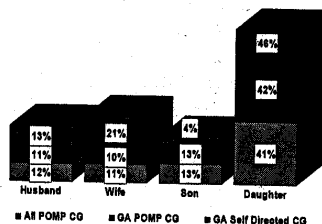
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, p. 11-12 and p. 28-29.

Gender



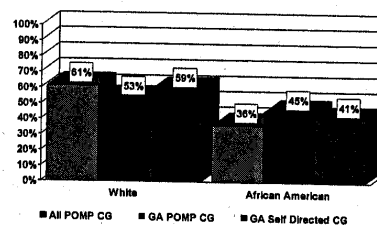
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, pp. 11 and 28. Differences in data are not significant.

Kin Relationship



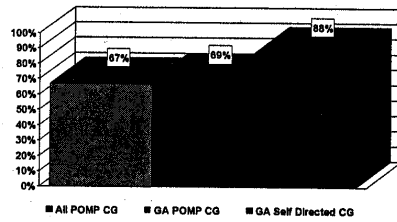
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, pp. 11 and 28. Differences in data are not significant.

Race



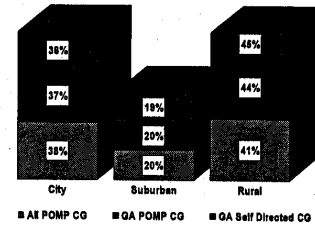
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, pp. 11 and 28. Differences in data are not significant.

Live with Care Receiver



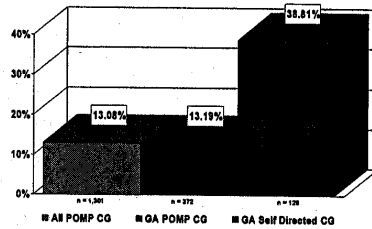
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, pp. 11 and 28
*Differences in data are not significant

Home Location



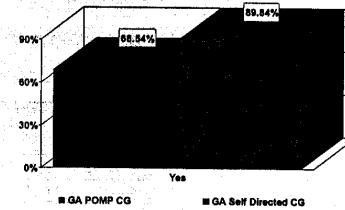
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, pp. 11 and 28
*Differences in data are not significant

Burden: Proportion Providing All Care



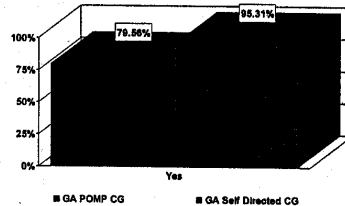
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, pp. 12 and 28

Type of Care Provided: Help with ADLs



Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, p. 30

Type of Care Provided: Help with Finances



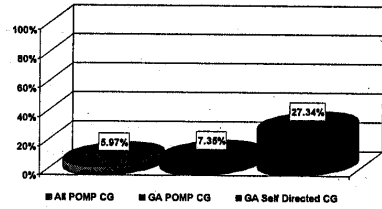
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, p. 30

FINDINGS:

Research Question #2

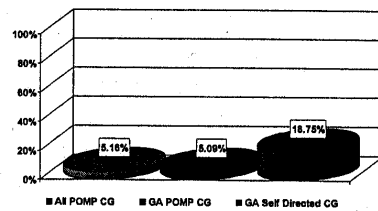
Do caregivers participating in self-directed care programs choose a different mix of services than those clients served with traditional services?

**Comparison of Service Usage:
Adult Day Respite**



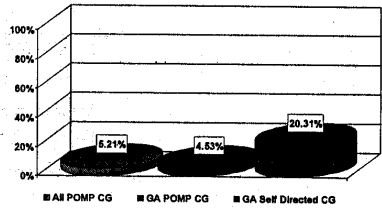
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, pp. 14 and 31

**Comparison of Service Usage:
Individual Caregiver Counseling**



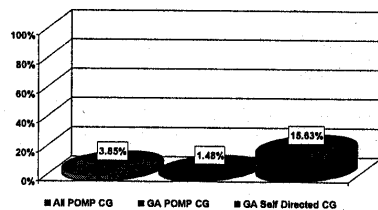
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, pp. 18 and 32

**Comparison of Service Usage:
Caregiver Training or Education**



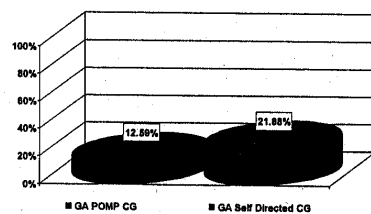
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, pp. 16 and 32

**Comparison of Service Usage:
Caregiver Support Groups**



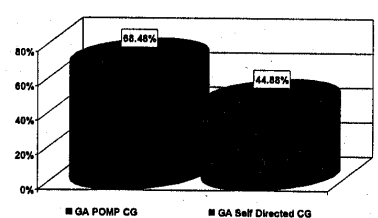
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, pp. 18 and 32

**Comparison of Service Usage:
Assistance with Access to Services**

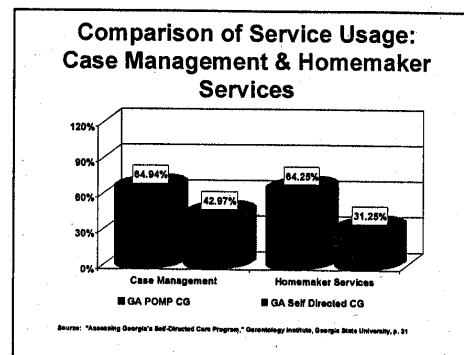
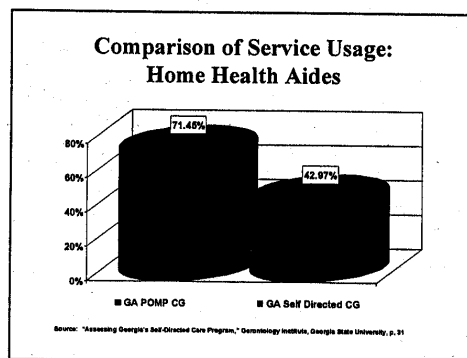


Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, p. 32

**Comparison of Service Usage:
In-Home Respite Care**

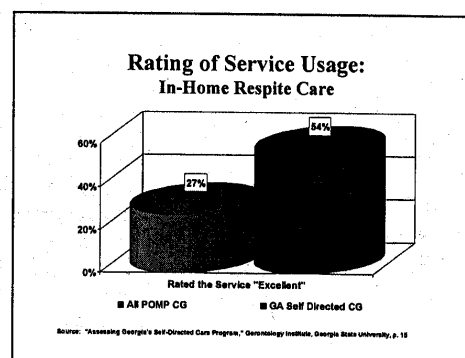


Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, p. 31



**FINDINGS:
Research Question #3**

Are self-directed caregivers more satisfied than caregivers who receive services through traditional methods?



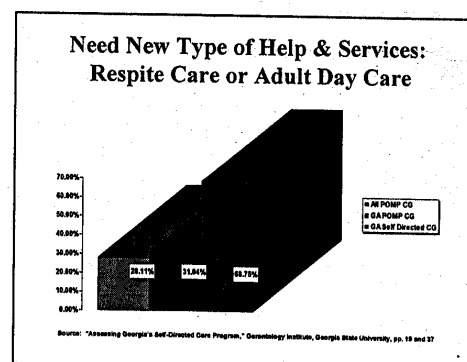
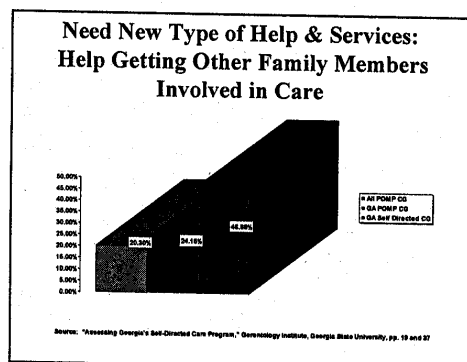
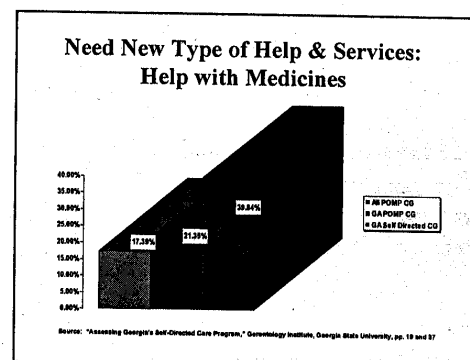
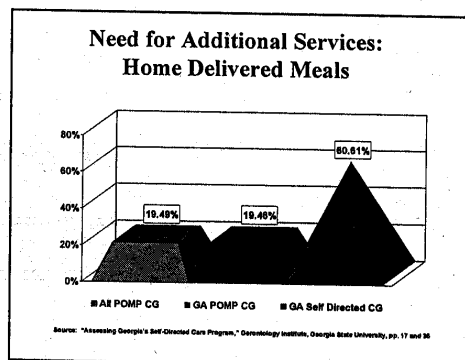
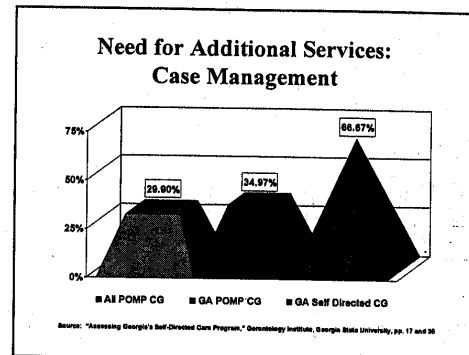
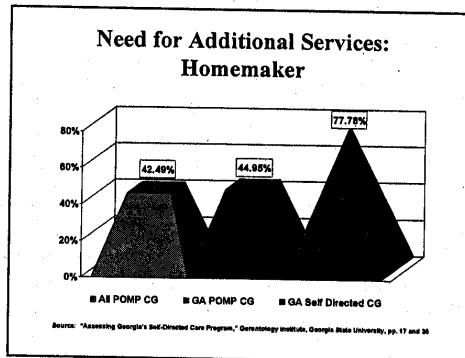
**Rating of Service Usage as "Excellent"
GA Self-Directed CG vs GA POMP CG**

- Compared to Georgia POMP caregivers, self-directed caregivers more often rated the following services as "excellent:"
 - Case Management (54% vs. 29%)
 - In-Home Respite (54% vs. 24%)
 - Transportation Services (53% vs. 15%)
 - Caregiver Support Groups (53% vs. 6%)
 - Homemaker Services (46% vs. 18%)

Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, p. 33

**FINDINGS:
Research Question #4**

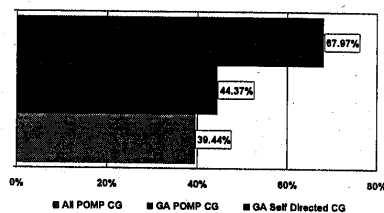
Do self-directed caregivers indicate the need for as many additional services as POMP caregivers?



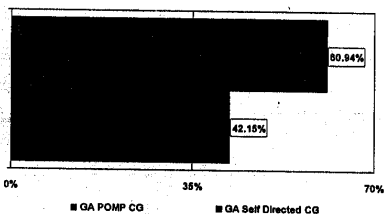
FINDINGS: Research Question #5

Do self-directed caregivers indicate the need for as much additional information regarding programs and services as POMP caregivers?

Need New Type of Information: Someone to Talk to / Counseling Services / Support Group



Need New Type of Information: Understanding How to Pay for a NH, ADC or Other Service



FINDINGS: Research Question #6

Are self-directed caregivers more positive about aspects of caregiving than those caregivers served by the traditional system?

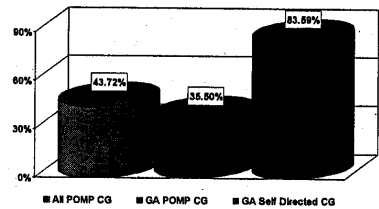
Hypothesis

Because self-directed caregivers have more control over their lives, they will be more positive about the "positive aspects of caregiving" questions in the survey.

5 Typical Rewards of Caregiving Tapped by the Survey

- 1) Provides companionship
- 2) Provides a sense of accomplishment
- 3) Satisfaction of caring for someone who cared for you
- 4) Helps the family
- 5) The care receiver appreciates the care

Positive Aspects of Caregiving: "Other" Positive Benefits



Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, pp. 33 and 41

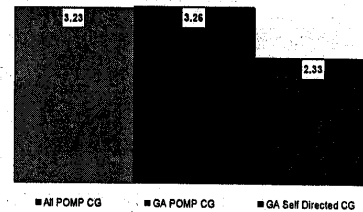
"Other" Positive Rewards

- "Doing the right thing"
- Teaching values to children
- Having no regrets/no guilt
- Expectation of spiritual reward
- Preventing nursing home placement

FINDINGS: Research Question #7

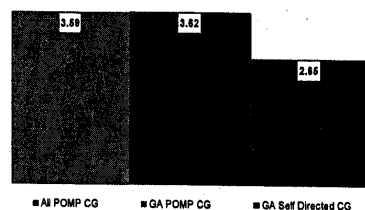
Are there differences in the negative aspects of caregiving for these comparison groups?

Negative Aspect of Caregiving: Limits Personal Time



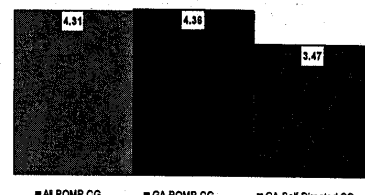
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, pp. 34 and 42

Negative Aspect of Caregiving: Limits Time for Other Family Members



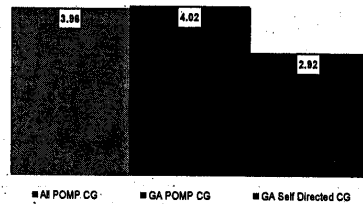
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, pp. 34 and 42

Negative Aspect of Caregiving: Negatively Affects Family Relationships



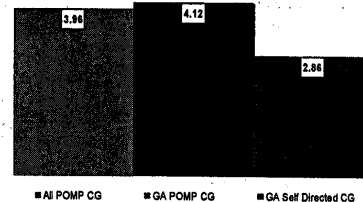
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, pp. 34 and 42

Negative Aspect of Caregiving: Interferes with Privacy



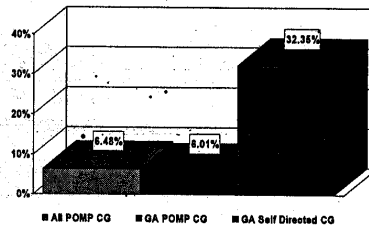
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, pp. 34 and 41

Negative Aspect of Caregiving: Creates Problems in Social Life



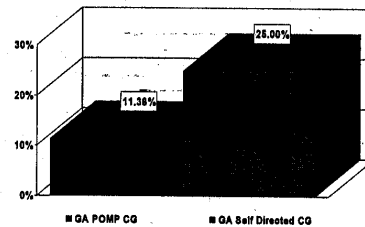
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, pp. 34 and 41

Negative Aspect of Caregiving: Quite Frequently Interferes with Work



Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, pp. 34 and 41

Negative Aspect of Caregiving: Quite Frequently Creates Stress

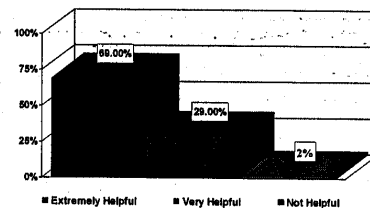


Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, p. 42

FINDINGS:

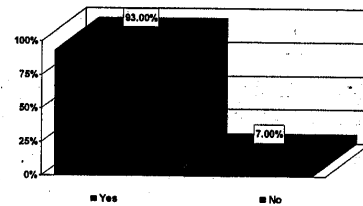
Additional questions that specifically addressed services received through Georgia's Self-Directed Care Program

Rating Voucher / Reimbursement Service



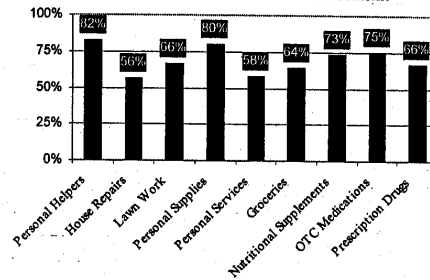
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, p. 30

Can You Use More Vouchers/Reimbursements?



Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, p. 30

What Would You Do With More Reimbursement?



**72%
Used
Vouchers/Reimbursements to
Hire a Worker
Of Those,
81%
Preferred to Use a Person They
Knew, as Opposed to an Agency**

Key Findings

- GA self-directed caregivers provide a higher percentage of all the care
- GA self-directed caregivers quite frequently feel burdened in several areas:
 - Limits personal time/privacy
 - Limits time for other family members
 - Negatively affects family relationships
 - Creates problems in social life
 - Interferes with work

Key Findings

- GA self-directed caregivers need more:
 - Homemaker and case management services
 - Home delivered meals
 - Help with medicines
 - Help getting other family members involved
 - Respite care or adult daycare
 - Someone to talk to/counseling services/support group

Key Findings

- Most GA self-directed caregivers rate reimbursement/vouchers as "extremely helpful"
- Most say they can use more reimbursement/vouchers
- Most would use additional reimbursement/vouchers to hire personal helpers and obtain personal supplies
- Most prefer to hire someone they know

CAREGIVER SUPPORT AND SATISFACTION SURVEY
Georgia Demonstration Grant Version

30 September 2002

Hello [CAREGIVER'S NAME]. My name is [INTERVIEWER'S NAME] of the [AGENCY'S NAME]. We are conducting a survey for the Georgia Division of Aging Services to find out how we can help meet the needs of caregivers and seniors being served by [AGENCY'S NAME].

Before we begin, we want to make sure we are talking with the right person. The Division of Aging Services thinks highly of unpaid caregivers. Unpaid caregivers are family, friends and neighbors who help elderly persons or those with disabilities so they may live in their homes and not in an institution.

We got your name from [AGENCY'S NAME]. Your name is listed as someone who currently provides care for [CLIENT'S NAME]. Are you the primary caregiver for [CLIENT'S NAME]?

(IF NO) Who is the primary caregiver for [CLIENT'S NAME]?

(Get information, thank the respondent and terminate the interview.)

Caregiver name: _____

Can I please have [CAREGIVER'S NAME]'s telephone number? [] [] [] - [] [] [] - [] [] [] []

(IF YES) I would like to ask you some questions about your caregiving activities.

The Division of Aging Services sent a letter describing this survey to your house recently. Do you remember seeing the letter?

1 YES

2 NO

8 DON'T KNOW (VOLUNTEERED)

As the letter explained, we will only summarize information from everyone we interview. Your name will not be connected with your answers to my questions. The Division of Aging Services will use the summary of caregivers' answers for planning improved services to Georgia's seniors and their caregivers.

I'd like you to know that by law all information will be kept confidential. We will only summarize information from everyone we interview. Your name will not be connected with your answers to my questions. The Division of Aging Services will use the summary of caregivers' answers for planning improved services to Georgia's seniors and their caregivers. Participation is voluntary and you can skip any question in the interview. In no way will any services you or [CLIENT'S NAME] receive be affected by your answers. Also, if you have any concerns about your rights as a participant in this survey, I will be happy to give you the name and number of someone you can contact at the end of the survey.

1 CONTINUE IF R DOES NOT OBJECT

2 R OBJECTS

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Caregiver ID: _____

Date: _____

Enrolment date: _____

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This survey typically takes 20 to 25 minutes. You may be more comfortable answering these questions if you are NOT currently in the presence of the person you are caring for. Please note, this interview may be monitored by my supervisor to insure that I am conducting it properly.

(IF NO) What is another time that is better for you?

(Get time and phone number where they can be reached. Terminate interview.)

Day: _____ Time: ____:____ AM PM Date: __/__/__

Telephone number? [] [] [] - [] [] [] - [] [] [] []

(IF YES) Now, let's begin the caregiver survey.

RECORD TIME INTERVIEW STARTED: _____ AM PM

1) What is your relationship to [CLIENT'S NAME]? Are you his or her ...

☐ A. Husband

☐ B. Wife

☐ C. Son

☐ D. Daughter

☐ E. Father

☐ F. Mother

☐ G. Brother

☐ H. Sister

☐ I. Other relative **(SPECIFY)** _____

☐ J. Friend or neighbor

☐ K. Other **(SPECIFY)** _____

2A) Do you live in the same house with [CLIENT'S NAME]? ☐ Yes ☐ No

2B) **(IF NO)** How far away do you live?

☐ Less than 20 minutes away1

☐ Between 20 and 60 minutes away2

☐ Between 1 and 2 hours away3

☐ More than two hours away4

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Caregiver ID: _____

Date: _____

Enrolment date: _____

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First, I will ask you some questions about the services that you or [CLIENT'S NAME] are receiving. We are interested in your experiences with the services during the last 6 months.

Interviewer: Complete each row for each service type, before moving onto next row. Place a CHECKMARK in the appropriate box.

First ask if either the caregiver or the client received the indicated service.

If they answer YES, then ask Part B, "Who receives this service?" (CG = Caregiver)

Follow with Part C, a rating of each service.

Then ask Part D, "Do you need more of this service than you are now receiving?"

Do this for each service type.

A. Do you or [CLIENT'S NAME] receive the following service?	B. Who receives this service?			C. How would you rate the quality of this service?					D. Do you need more of this service?							
	Y	N	DK	Client	CG	Both	Excellent	Very Good	Good	Fair	Poor	DK	Y	N	DK	
3) In-home Respite Care services																
4) Adult day Respite Care services																
5) Respite Care (Short-term stay in long term care facilities)																
6) Adult Daycare (Center-provided daycare)																
7) Case Management																
8) Homemaking Service																
9) Home Health Aide																
10) Home Delivered Meals																
11) Grocery Service																
12) Chore Service																
13) Transportation Service (includes Assisted Transportation)																
14) Information about services																
15) Assistance with access to services																
16) Individual Caregiver Counseling																
17) Caregiver Training or Education																
18) Caregiver Support Groups																
19) Other services (not listed above)																
(SPECIFY)																

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ADDED QUESTION 1: We understand that you or [CLIENT'S NAME] also receive vouchers or reimbursements with which you may purchase things or hire helpers. Is this correct?

- ☐ Yes
- ☐ No
- ☐ Don't Know

[If "Yes"]: Would you please rate this service. Would you say it has been . . .

[If "No", skip to Question 20]

- ☐ Extremely helpful
- ☐ Very helpful
- ☐ Helpful
- ☐ Not helpful
- ☐ More trouble than it is worth

Could you use more vouchers or reimbursements?

- ☐ Yes
- ☐ No
- ☐ Uncertain

[If "No", skip to Added Question 2]

If you had more vouchers or reimbursements, what would you use them for?

- ☐ Paying personal helpers
- ☐ Paying for house repairs
- ☐ Paying for lawn work
- ☐ Buying personal supplies (such as diapers, skin care products)
- ☐ Paying for personal services (such as haircuts)
- ☐ Buying groceries
- ☐ Buying nutritional supplements (such as Ensure)
- ☐ Buying over-the-counter medicines
- ☐ Buying prescription drugs
- ☐ Other: *(Write verbatim)*

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ADDED QUESTION 2:

Have you used your vouchers or reimbursements to hire a worker to come in to help you?

- ☐ Yes
☐ No

[IF "Yes"] Do you prefer to hire someone you know, or do you prefer to call an agency?"

- ☐ Hire someone I know
☐ Call an agency

20) In addition to the kinds or amounts of services that you and/or [CLIENT'S NAME] are now receiving, what additional or new kinds of help would be valuable to you as a caregiver? *(Read list and check all that apply.)* How about...

- ☐ A. Help with housekeeping
- ☐ B. Help with shopping
- ☐ C. Help with transportation, getting places
- ☐ D. Help with making meals
- ☐ E. Help with bathing, dressing, grooming, toileting, feeding, other personal care
- ☐ F. Help with medicines (administering, side effects, etc.)
- ☐ G. Help with getting other family members involved in caring for [CLIENT'S NAME]
- ☐ H. Financial support, tax break, stipend, government subsidy
- ☐ I. Respite care or adult daycare for [CLIENT'S NAME]
- ☐ J. Money management assistance or financial advice
- ☐ K. Other (*SPECIFY*) _____
- ☐ L. None

21) In addition to the kinds or amounts of information that you already have, what additional or new kinds of information would be valuable to you as a caregiver? *(Read list and check all that apply.)* How about...

- ☐ A. A help line (or central place to call to find out what kind of help is available/where to get it)
- ☐ B. Someone to talk to/counseling services/support group
- ☐ C. Information about [CLIENTS' NAME]'s condition or disability
- ☐ D. Information about changes in laws that might affect your situation
- ☐ E. Help in understanding how to select a nursing home/group home/other care facility
- ☐ F. Help in understanding how to pay for nursing homes, adult day care, or other services
- ☐ G. Help in dealing with agencies (bureaucracies) to get services
- ☐ H. Other (*SPECIFY*) _____
- ☐ I. None

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Now, I'd like to ask you some overall questions about these services that you or [CLIENT'S NAME] are receiving from [AGENCY'S NAME] and/or other agencies.

22) Overall, how satisfied are you with the services that you and/or [CLIENT'S NAME] receives?
Would you say...

- ☐ Very satisfied1
- ☐ Somewhat satisfied2
- ☐ Somewhat dissatisfied.....3
- ☐ Very dissatisfied.....4

23) To what extent do the services that you and/or [CLIENT'S NAME] receive help you to be a better caregiver? Would you say ...

- ☐ They help a lot.....1
- ☐ They help a little2
- ☐ They don't help.....3
- ☐ They make things worse.....4

24) Have the services enabled you to provide care for [CLIENT'S NAME] for a longer time than would have been possible without these services?

Would you say ...

- ☐ Yes, definitely1
- ☐ Yes, I think so2
- ☐ No, I don't think so3
- ☐ No, definitely not4

25) How have the services that you and/or [CLIENT'S NAME] received affected you and your caregiving tasks? (*Write response verbatim.*)

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Next, we are interested in your experiences as a caregiver for [CLIENT'S NAME].

26) I'm going to read you several activities that some people need help with. Please tell me if you have helped [CLIENT'S NAME] with any of these in the past month: (*Check all that apply.*) Have you...

- ☐ A. Helped him/her dress, eat, bathe, or get to the bathroom?
- ☐ B. Helped with medical needs such as taking medicine or changing bandages?
- ☐ C. Helped him/her keep track of bills, checks, or other financial matters?
- ☐ D. Helped by preparing meals, doing laundry, or cleaning the house?
- ☐ E. Helped by taking him/her shopping or to the doctor's office?

27A) Do any agencies, family members or friends help you get time off or relief from the responsibility of caring for [CLIENT'S NAME]?

- ☐ Yes ☐ No (*Skip to Q. 28*)

27B) About how many times per month does someone else take over for you?

27C) Each time someone else takes over for you, about how many hours do they usually stay?

27D) Is this enough relief for you? ☐ Yes (*Skip to Q. 28*)
☐ No

27E) How much more time off or relief do you need? hrs/week

28) How many other family members or friends provide unpaid care for [CLIENT'S NAME]?
(*If zero, skip to Q. 30.*)

29) Thinking about all the family members or friends who provide unpaid care for [CLIENT'S NAME], what proportion of the care do **you** provide? Would you say . . .

- ☐ A little1
- ☐ More than a little (but less than one-half)2
- ☐ About half3
- ☐ More than one-half (but not nearly all)4
- ☐ Nearly all5
- ☐ All6

30) On a typical 24-hour **week day**, how many hours do you provide care for [CLIENT'S NAME] in person? [*IF NEEDED: Weekdays are Monday through Friday*] hrs/day

31) On a typical 24-hour **weekend day**, how many hours do you provide care for [CLIENT'S NAME] in person? [*IF NEEDED: Weekend days are Saturday and Sunday*] hrs/day

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32) What is your current employment status?

- ☐ A. Working full time (Skip to Q. 34)
- ☐ B. Working part time (Skip to Q. 34)
- ☐ C. Retired
- ☐ D. Not working

33) Were you working when you started providing care for [CLIENT'S NAME]?

- ☐ Yes
- ☐ No (Skip to Q. 35)

34) Because of providing care for [CLIENT'S NAME], have you:

(Read list and check all that apply.)

- ☐ A. Stopped working
- ☐ B. Retired early
- ☐ C. Taken a less demanding job
- ☐ D. Changed from full time to part-time work
- ☐ E. Reduced your official working hours
- ☐ F. Lost some of your employment fringe benefits
- ☐ G. Had time conflicts between working and caregiving
- ☐ H. Used your vacation time to provide care
- ☐ I. Taken a leave of absence to provide care
- ☐ J. Lost a promotion
- ☐ K. Taken off work early or got in to work late to provide care for [CLIENT'S NAME]

IF TOOK OFF EARLY OR GOT IN LATE:

How many hours of work did you miss last month? _____

- ☐ L. Other (SPECIFY) _____
- ☐ M. None of the above

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Please tell me how frequently each of the following happens: *(Circle the response)*

	Always or Nearly Always	Quite Fre- quently	Some- times	Rarely	Never	N/A
35) How often does being a caregiver for [CLIENT'S NAME] provide companionship for you? Would you say ... <i>(Read list, except for N/A)</i>	1	2	3	4	5	9
36) How often does being a caregiver provide you with a sense of accomplishment?	1	2	3	4	5	9
37) How often does providing care for [CLIENT'S NAME] give you the satisfaction of caring for someone who cared for you?	1	2	3	4	5	9
38) As a caregiver, how often do you feel that you are helping your family by caring for [CLIENT'S NAME]? Would you say ... <i>(Read list, except for N/A)</i>	1	2	3	4	5	9
39) How often do you feel that [CLIENT'S NAME] appreciates the care that you are providing for them?	1	2	3	4	5	9

40A) Does providing care for [CLIENT'S NAME] have any other positive benefits or rewards for you?

☐ Yes ☐ No

40B) *(IF YES)* Please describe: *(Write response verbatim.)*

41) In your experience as a caregiver, what would you say is the most positive aspect of caregiving? *(Read list. Check only one.)* How about...

- ☐ A. Companionship
- ☐ B. A sense of accomplishment
- ☐ C. Caring for someone
- ☐ D. Helping your family
- ☐ E. Being appreciated
- ☐ F. Other *(SPECIFY)* _____
- ☐ G. None

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Please tell me how frequently each of the following happens:

	Always or Nearly Always	Quite Fre- quently	Some- times	Rarely	Never	N/A
42) How often does providing care for [CLIENT'S NAME] create a financial burden for you? Would you say ... <i>(Read list, except for N/A)</i>	1	2	3	4	5	9
43) How often does caregiving leave you with not enough time for yourself?	1	2	3	4	5	9
44) How often does caregiving leave you with not enough time for [the rest of your family/your family]?	1	2	3	4	5	9
45) <i>(ASK ONLY IF RESPONDENT IS WORKING)</i> How often does caring for [CLIENT'S NAME] interfere with your work?	1	2	3	4	5	9
46) How often does caring for [CLIENT'S NAME] affect your relationships with [the rest of your family/your family] in a negative way? Would you say ... <i>(Read list, except for N/A)</i>	1	2	3	4	5	9
47) How often does caregiving interfere with your personal needs for privacy?	1	2	3	4	5	9
48) How often does caregiving create problems in your social life?	1	2	3	4	5	9
49) How often does caregiving create stress for you?	1	2	3	4	5	9

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50A) Have your caregiving activities created or worsened any health problems for you?

☐ Yes ☐ No

50B) (IF YES) Please describe: (*Write response verbatim.*)

51) A. Does providing care for [CLIENT'S NAME] have any other negative effects or burdens for you?

☐ Yes ☐ No

B. (IF YES) Please describe: (*Write response verbatim.*)

52) Which of the following has been the biggest difficulty you have faced in caring for [CLIENT'S NAME]? (*Read list. Check only one.*) How about...

- ☐ A. The financial burden
- ☐ B. Not enough time for yourself
- ☐ C. Not enough time for your family
- ☐ D. Interferes with your work
- ☐ E. Affects your family relationships
- ☐ F. Interferes with your privacy
- ☐ G. Conflicts with your social life
- ☐ H. Creates stress
- ☐ I. Other (*SPECIFY*) _____
- ☐ J. None

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Next, I would like to ask you some background questions.

53) How long have you been caring for [CLIENT'S NAME]? Mos. Yrs.

54) What is the age of [CLIENT'S NAME]? yrs.

55) (*Don't ask if obvious, just check off.*) What is the gender of [CLIENT'S NAME]?

☐ Male ☐ Female

56) What is your age? yrs.

57) (*Don't ask if obvious, just check off*) What is your gender?

☐ Male ☐ Female

58) A. Do you have any kind of physical condition or disability that affects the kind of care that you can provide to [CLIENT'S NAME]?

☐ Yes ☐ No

B. (*IF YES*) What is that condition/problem/disability? (*Write response verbatim.*)

59) Are you of Hispanic origin?

☐ Yes ☐ No

60) What is your race? (*Check all that apply.*)

- ☐ A. White or Caucasian
- ☐ B. Black or African American
- ☐ C. Asian
- ☐ D. American Indian or Alaska Native
- ☐ E. Native Hawaiian or Other Pacific Islander
- ☐ F. Other _____

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61) What is your marital status?

- ☐ A. Now married
- ☐ B. Widowed
- ☐ C. Divorced
- ☐ D. Separated
- ☐ E. Never married

62) What is your highest educational level?

- ☐ Less than High School Diploma1
- ☐ High School Diploma2
- ☐ Some College, including Associate Degree3
- ☐ Bachelor's Degree4
- ☐ Some Post-graduate work or Advanced Degree5

63) What was the total combined income for all persons in **your household** during the past 12 months, including income from jobs, Social Security, retirement income, public assistance, and all other sources?

- ☐ Less than \$5,000
- ☐ \$5,001 - \$8,500
- ☐ \$8,501 - \$10,700
- ☐ \$10,701 - \$13,850
- ☐ \$13,851 - \$18,250
- ☐ \$18,251 - \$25,000
- ☐ \$25,001 - \$35,000
- ☐ \$35,000 - \$50,000
- ☐ \$50,001 or more

64) Where is your home located?

- ☐ A. In a City
- ☐ B. In a Suburban area
- ☐ C. In a Rural area

65) (**OPTIONAL**) What is your home zip code?

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66A) Which of the following describes your living arrangements? (*Check all that apply*)

- ☐ A. Living Alone
- ☐ B. Living with Spouse
- ☐ C. Living with Children
- ☐ D. Living with Parent(s)
- ☐ E. Living with others

66B) (*UNLESS LIVING ALONE, ASK:*) How many family members are living in your household, including yourself? (number)

67A) Are there any other persons for whom you provide care, such as children, parents, etc.?

- ☐ Yes ☐ No (*Proceed to end of questionnaire*)

67B) (*IF YES*) Who are those people? (*Check all that apply*)

- ☐ A. Husband or wife
- ☐ B. Son(s) or daughter(s)
- ☐ C. Father or mother
- ☐ D. Brother(s) or sister(s)
- ☐ E. Grandson(s) or granddaughter(s)
- ☐ F. Other relative(s)
- ☐ G. Friend(s) or neighbor(s)
- ☐ H. Other (*SPECIFY*): _____

(*Write total number of other persons cared for, or, if not obvious, ask:*)

67C) How many persons total are you caring for, not counting [CLIENT'S NAME]?
 (number)

Thank you very much for your time. Your responses have been very helpful to us. [*OPTIONAL:*
We know that this can be a very emotional topic to discuss.]

Would you like us to send you information on services available to caregivers?
(*IF YES: Get name and address for sending information.*)

(*Interviewer: Get information on caregivers requiring assistance. Pass the names on to your supervisor.*)

RECORD TIME INTERVIEW ENDED: _____ AM PM

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Appendix Five

Helpful Program Hints

Helpful Hints

The five demonstration project staffs felt strongly that you should have further benefit of their experience and trials and successes. So, the following section is devoted to providing answers to some of the more thorny and/or common questions and issues with which, we believe, you will be confronted. This is certainly not an exclusive list but should serve as a supplement to information contained in the Guidebook.

- **What do you do if caregivers, hired by the family, do not want to give a Social Security number for employment records?**

Caregivers must comply with program policies and procedures. All caregivers are fully informed about IRS regulations for hiring employees who work in the home. Therefore, when caregivers refuse to comply with the requirement for a Social Security number and other data, they may use other program services without this requirement or are dismissed from the program.

- **What happens if an active client goes into a nursing home?**

When the care receiver is placed in a nursing home, a determination is made as to the duration of the placement. If the placement is permanent, the case is closed at the end of the calendar month. Any outstanding reimbursements are made at that time. If the placement is deemed temporary, the case is either held open for 30 days or is considered on hold until the care receiver returns home or permanently placed.

- **What do you do if the client moves to another county, perhaps one that is adjacent or contiguous to yours?**

The client will be served as long as they are in the service area. If they move to another service area, the Area Agency on Aging in that area will be contacted to identify available services.

- **What do you do if the client needs help with a relative from out of state?**

The Area Agency on Aging will be contacted for assistance. Both the caregiver and the care receiver must reside in the same household for some programs.

- **What happens if both husband and wife need to enroll in self-directed care?**

The Area Agency on Aging would work with one or more family members, e.g. an adult child, to be the caregiver. Caregivers and care receivers must reside in the same house. The Self-Directed Care Program is designed to assist caregivers; therefore, one allotment of funds is given regardless of number of care receivers in the household.

- **How do you handle the hoarding of vouchers or funding and the client not spending vouchers in timely fashion?**

Clients are given the freedom to spend as needed. However, when the agency notices that funds are not being used, the client is contacted to develop a spending plan for the balance of the fiscal year. The agency is in monthly contact with clients, either through the care manager or other methods of communication. Most spending is discussed and monitored in this manner so that hoarding does not occur.

- **What happens if the individuals hired by family do not meet your employee standards?**

Providers are not employees of the agency; therefore, the standards of care are determined by the employer/family. The agency can provide advice and guidance on hiring and firing issues; however, rules and standards of the agency do not apply to this situation.

- **How will our agency handle the issues of independent contractor vs. employee?**

Each caregiver receives written information with the definitions and guidelines for employee and independent contractor. If the provider is an independent contractor and on the agency's pre-approved list given to caregivers, caregivers must provide the agency with a copy of their license (if provider is required by the state to be licensed) and proof of insurance. If the caregiver hires an independent contractor, each is encouraged to check out the license and insurance.

Appendix Six

Glossary of Terms

Glossary of Terms

ADL (Activities of Daily Living)- includes tasks such as feeding, dressing, bathing, moving from a chair (transferring), toileting, and walking

Adult Day Care- a facility designed to care for older and disabled adults during the day only. Usually adult day cares is used while caregivers work or are attending to tasks outside the home.

Area Agency on Aging- The Area Agencies on Aging (AAA) receive money from both state and federal government for services to older adults in their areas. In many instances, local community agencies receive this funding and provide the services.

Assistive devices- Non-disposable personal devices used to assist the care receiver, or the caregiver on the care receiver's behalf, to carry out an activity of daily living, which results in reducing the caregiver's burden.

Calendar quarter- Three-month segments that are defined by the IRS as: January through March; April through June; July through September; and October through December.

Care manager- one who works with individual clients to provide a comprehensive overview and needs assessment and develops a plan of care

Care receiver- A functionally dependent person age 60 or older requiring frequent or continuous care and/or supervision who is being cared for by a relative who lives in the same residence.

Consumable supplies- Items needed on an ongoing basis to provide care to the care receiver (ex. Incontinency supplies, nutritional supplements).

Continuous supervision- Uninterrupted care which allows for brief periods when the care receiver may be left alone, if appropriate and consistent with the level of need.

DHR (Department of Human Resources)- DHR provides funding, services and/or oversight for all human services, physical and mental health, aging services, children's health, and disability programs.

Direct Service- Service provided in the home by a hired care provider.

DME (Durable Medical Equipment)- equipment such as hospital beds, bedside commodes, walkers

Educational Need- Demonstrated deficit of information and/or knowledge by the caregiver regarding matters related to the condition and best methods of providing care to the care receiver, and resources available to assist them.

Self Directed Care Guidebook
Georgia Division of Aging Services

Emotional Need- The caregiver's exhibited results of the stress related to providing care in the home, which require relief.

Employee- one who works at the direction of another (usually an employer) and for whom taxes are withheld and paid by the employer

Family Caregiver- The one identified relative who has assumed the primary responsibility for the provision of care needed to maintain the physical and / or mental well-being of a functionally dependent care receiver, who lives in the same residence with the individual on a continuous basis, and does not receive compensation for the care provided.

Financial Need- The demonstration of expenses related to providing care for the care receiver that is not covered by programs or benefits already received.

Functionally Dependent- Requiring enough assistance with one or more activities of daily living to be determined through the assessment process to require continuous care or supervision. Limitations contributing to functional dependency may include chronic medical conditions, physical and/or cognitive impairments.

Home care- includes an array of services from personal care to chore services for a client

Home health- nursing care, personal care and rehabilitation in the home and paid by Medicare

Home Modifications- Reasonable, low-cost modifications to the residence for the purpose of reducing caregiver burden, including minor repairs that are necessary for the health and/or safety of the caregiver and care receiver.

Household- Persons who live at, occupy, reside at the same residence (house, apartment, mobile home, single room or group of rooms occupied as separate living quarters).

IADL- Instrumental Activities of Daily Living include paying bills, using the telephone, shopping, food preparation, housekeeping, laundry, responsibility for own medications

Independent Contractors- Individuals who work without direction and provide their own tools, uniforms and direction. All taxes are paid by the independent contractor.

Linkage- Connection by means of providing information and/or assistance with obtaining a service or benefit from a previously unused provider, agency, government program, or other community organization.

NAA- National Association of Area Agencies on Aging. Every area of the State and of the country is served by Area Agencies on Aging, who in turn are a part of this national organization.

Nutritional supplements- ensure like products that provide a concentration of vitamins, minerals and nutrients; used for persons at nutritional risk, losing weight without reason, and/or to prepare one for surgery or chemotherapy.

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Personal Care- bathing, dressing, grooming, dental care

Provider- one who provides any type care to an older adult. Traditional providers include services such as meals on wheels and nursing care. Non traditional providers are home repair services, hairdressers, etc.

Reimbursement- Repayment of funds advanced by the caregiver to purchase consumable supplies approved by the Care Manager to be repaid by the SOWEGA COA to the caregiver.

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

Respite- The service provided by a companion-sitter to relieve the caregiver for a period of time.

Services- Tasks, done by someone other than the caregiver, that assist in the caregiving process and reduce the caregiver's burden. They may be accomplished by either paid or volunteer helpers.

Skills Building- Teaching hands on methods of providing care to improve the person's ability to care for the care receiver. Teaching methods of coping and managing symptoms and behaviors related to the care receiver's diagnosis.

*Self Directed Care Guidebook
Georgia Division of Aging Services*

Appendix Seven

Additional Resources

Additional Resources

The following list was gathered by Program Directors and staff. Each website and publication proved to be helpful in the evolution of programs and services. We hope these resources, along with our Guidebook, will provide valuable assistance to you.

Administration on Aging	www.aoa.dhhs.gov www.aoa.gov/eldfam/For_Caregivers
Rosalynn Carter Institute	www.rci.gsw.edu
Family Caregiver Alliance	www.caregiver.org
National Family Caregivers Association	www.nfcacares.org
National Alliance for Caregiving	www.caregiving.org
The Caregivers Marketplace	www.caregiversmarketplace.org
Alzwell (Caregiver Support Site)	www.alzwell.org
American Association of Retired Persons	www.aarp.org
Homecare On-line (National Association for Home Care)	www.nahc.org
Healthfinder (U.S. Health and Human Services)	www.healthfinder.gov
OncoLink (Cancer Information)	www.oncolink.upenn.edu
National Parkinson's Foundation	www.parkinson.org
Centers for Medicare and Medicaid Services	http://cms.hhs.gov
National Resource Center on Supportive Housing and Home Modification	www.homemods.org
Lighthouse International (Vision Services)	www.lighthouse.org
National Stroke Association	www.stroke.org

Medline Plus, Caregiver Section	www.nlm.nih.gov
The Institute for Self Directed Care	www.voice4patients.com
Report on Self Directed Care	http://aspe.os.dhhs.gov/daltacp/reports
<i>Independent Choices: A National Symposium of Consumer Direction and Self-Determination for Elderly and Persons with Disabilities</i>	
The Caregiver Media Group	www.caregiver.com
Today's Caregiver magazine	
The Caregivers Advisory Panel	www.caregiversadvisorypanel.com
Carethere.com	www.carethere.com
Children of Aging Parents	www.cap4caregivers.org
Web of Care	www.webofcare.com
Well Spouse Foundation	www.wellspouse.org
Senior Navigator	www.seniornavigator.com

Appendix Eight

Sample Voucher Materials

SAMPLE VOUCHER

THE LEGACY LINK
Legacy Express
Voucher for Services

Date of Service _____ Caregiver _____

Client _____

Service Provider _____ Service Rendered _____

Number of hours/units _____ at (rate) _____ per _____ = _____ Total

Other Charges _____ Total _____ Credit

Ten-Dollar (\$10.00) Voucher

EXPIRES 6-30-2000

White—Provider

Yellow—Legacy

Pink—Caregiver

Voucher Payment

Family Caregivers will choose resources and providers either from their own formal or informal support networks as long as the provider does not live in the same household as the Care receiver. The Caregiver may also choose from a list provided by the Care Coordinator. All providers must agree to complete required forms and accept vouchers from Caregivers. They must agree to the system of presenting the vouchers to Concerted Services, Inc. for payment. Vouchers totaling up to \$600 every six months or \$1200/year will be issued to the Caregiver. In accordance with IRS guidelines, the Caregiver may not spend/exceed \$1000 in a calendar quarter. A Calendar Quarter is a 3-month segment defined by the IRS as January through March; April through June; July through September; and October through December.

A book of vouchers will be provided. Each booklet is worth \$300 in denominations of \$5, \$10, and \$20 values. Each booklet is printed in triplicate form. Once a service is provided, the Caregiver will complete a voucher, retaining one copy for his/her records, and give the other two copies to the provider. The provider will sign, retain one copy for him/herself and submit one copy to Concerted Services, Inc. for payment. When using the voucher to purchase approved supplies, the Caregiver will complete the voucher and submit it directly to Concerted Services, Inc. along with the signed, original receipt. The provider and Caregiver will be required to provide other documentation of services or items purchased such as time sheets, itemized bills, and original receipts for payment to be processed.

An expiration date will appear on each voucher, which does not extend past the budget year when the voucher was issued. Funds designated but not spent by a Caregiver may not be carried over to the next budget year.

Voucher #	Date Assigned to Caregiver

ITEMIZED LIST OF APPROVED PURCHASES FOR VOUCHER PAYMENT

Month/Year June 2002Caregiver Name Y. Wynn J. HUNTER

Please fill in the requested information about items purchased with the voucher and attach the original invoice or original receipt with the list. This applies to consumable supplies. If you bought more than one of an item, you can state it as "Box of 30 Depends/Walmart/\$8.95". Please sign all receipts or invoices.

Please mail this form and original receipts on or before the end of the month so it will be received in the office no later than the 5th of the month for processing.

Any invoices not received by October 15, 2002 will not be reimbursed.

Mail to: Concerted Services, Inc., P.O. Box 1965, Waycross, GA 31502 Attention: Linda Rogers

Item Purchased	Store of Purchase	W ⁹ AT	Total Cost	W ⁹ AT
Depends	Walmart	11.38	\$ 12.18	
Depends	Walmart	11.38	12.18	
Wipes		3.27	3.50	
Chewable Multi-Vitamins		3.28	3.51	
Facial Cream		5.97	6.39	
Suppositories		3.38	3.62	
Underpads		5.27	5.64	
Underpads		5.27	5.64	
Underpads		5.27	5.64	
Underpads		5.27	5.64	
Depends		11.38	12.18	
Depends		11.38	12.18	
Grand Total				

\$ 88.80

Make check out to: Y. Wynn J. HUNTER
(Name)

Sumner City, GA 31549
(Address)

My signature indicates that the information on this form is correct to the best of my knowledge.

Caregiver Signature: Y. Wynn J. HUNTER

Date Submitted: 7/15/02

FALL PREVENTION/HOME SAFETY ASSESSMENT

Voucher for Home Repairs

000009

Date Issued _____ Approved By: _____

Client Name: _____

Address: _____

Phone Number: _____ Assessment Done by: _____

Voucher Amount: \$ _____ Dollars

Purchaser Name: _____ Relationship to Client _____

Purchaser Address: _____

Purchaser Home Phone Number: _____ Work Phone Number: _____

This voucher is redeemable for Home Repair supplies/services only. Purchases by voucher are not to be considered a cash transaction. The client will forfeit any unused balance at the time the voucher is used.

Description of Approved Home Safety Improvement Project: _____

Business Where Items Purchased: _____

Total Amount of Purchase: \$ _____

ATTENTION STORE MANAGER/SERVICE PROVIDER: Please attach an itemized list of purchases/services that were made. Tape a list of purchases made to top of this page. Fold the white copy of the voucher and return in attached envelope. No postage is necessary. Store/service provider keeps the yellow copy for your records, customer retains the pink copy. For faster reimbursements, this form and the itemized list may be faxed to: 706-845-3346. Thank you for assisting in making this client's home a safer place for them to live.

Care Link Americorp Program Manager
District Four Health Services Chronic Disease Prevention Coordinator
Southern Crescent Area Agency on Aging

White - Provider Yellow - Care Link Pink - Caregiver

Documents required by CSI from Caregivers for Payment:

- Copies of Vouchers submitted to Providers
- Provider Time Sheet (if applicable)
- Itemized List of Approved Purchases (if applicable)
- Original Receipts for purchases/services

Appendix Nine

Sample Job Descriptions

POSITION TITLE: ELDERLY SERVICES COORDINATOR (CCSP)
DEPARTMENT: ELDERLY SERVICES
SUPERVISOR: ELDERLY SERVICES DIRECTOR

QUALIFICATIONS:

EDUCATION: ACCEPTABLE COMBINATION OF EDUCATION AND EXPERIENCE.

KNOWLEDGE, SKILLS, ABILITIES: MUST HAVE GOOD ORGANIZATIONAL SKILLS, BE ABLE TO WORK WITH MINIMUM SUPERVISION AND HAVE GOOD COMMUNICATION SKILLS.

JOB SUMMARY:

ASSISTING DIRECTOR IN THE DAY TO DAY PROGRAMMATIC FUNCTIONS OF THE AGENCY'S ELDERLY PROGRAMS WHICH INCLUDE: COMMUNITY CARE SERVICES PROGRAM AND THE FAMILY CAREGIVER PROGRAM.

SPECIFIC RESPONSIBILITIES:

1. PREPARING REQUISITIONS FOR PROGRAM EXPENDITURES, CHECKING FOR ERRORS, AND ASSURING THAT BUDGETS ARE NOT OVERSPENT.
2. RUNS AN AIMS TICKLER MONTHLY TO ASSURE CCSP REASSESSMENTS HAVE BEEN SUBMITTED TIMELY.
3. MONITORS REASSESSMENTS, INITIAL REGISTRATIONS AND SAFS FOR PROPER COMPLETION.
4. ASSURES INITIAL ASSESSMENTS, REASSESSMENTS AND SAFS ARE ENTERED INTO AIMS TIMELY.
5. ASSISTS IN MONITORING CCSP CLIENT RECORDS.
6. MAINTAINS CLIENT FILES WITH REGARDS TO EXPENDITURES FOR THE FAMILY CAREGIVER PROGRAM.
7. MAILES COPY OF CLIENT EXPENDITURES MONTHLY TO CAREGIVERS.
8. ASSIST AND PROVIDES APPROPRIATE PROGRAM REPORTS AS DIRECTED.
9. SUPERVISES CCSP DATA ENTRY CLERK.
10. ATTENDS AND PARTICIPATES IN VARIOUS MEETINGS, WORKSHOPS, TRAINING, SEMINARS, AND OTHER ACTIVITIES AS DIRECTED.

ELDERLY SERVICES COORDINATOR (CCSP)
PAGE 2

11. MUST HAVE AND MAINTAIN PRIVATE AUTOMOBILE WITH PROPER LIABILITY INSURANCE AND VALID GEORGIA DRIVERS LICENSE.
12. ENSURES COMPLIANCE WITH ALL STATE AND FEDERAL LAWS
13. THESE DUTIES ARE NOT ALL-INCLUSIVE AND THE EMPLOYEE WILL ALSO PERFORM OTHER RELATED DUTIES AS ASSIGNED BY THE DEPARTMENT HEAD OR OTHER MANAGEMENT.

REVISED 4/11/03

JOB DESCRIPTIONS

TITLE: Family Caregiver Program Coordinator

GENERAL DESCRIPTION OF POSITION:

The employee in this position is responsible for the development and implementation of the Family Caregiver Programs under Title III-E and the AOA Demonstration Grant. Acts under the direction of the Executive Director.

JOB DUTIES:

A. Administrative:

1. Develop and revise as appropriate the Policies and Procedures for the Family Caregiver programs in Southwest Georgia. Design and update forms, Handbook, and other local paper processes used in the programs as needed, providing copies to other AAA's and Division of Aging staff as requested.
2. Interviews, hires, and supervises Care Manager(s) for the Family Caregiver Program.
3. Provides training and mentoring to new Care Manager(s).
4. Assigns cases for screening, assessment and ongoing Care Management.
5. Approves requests for leave, time sheets, expenses and request vouchers.
6. Works with Rosalynn Carter Institute Care-Net Project to reach identified goals.
7. Serves on committees to provide informational presentations for family and professional caregivers such as the Interfaith Caregiver Conference, etc.
8. Gives informational talks about the Family Caregiver Program and the Council on Aging Services to civic groups and other community groups as requested.

B. Programmatic:

1. Serves as Care Manager to Caregiver Clients in the Demonstration Grant Family Caregiver Program including:
 - *Screening Referrals of Caregivers for Family Caregiver Programs.
 - *Making home visits to conduct assessments of the Caregiver and Carereceiver and signing them up for the program.
 - *Setting up the charts and following up with appropriate activities.
 - *Signing up Caregiver's choice of individual providers as needed.
 - *Processing Time Sheets and Approved Items for Voucher payment and / or Reimbursement and authorizing check requests for payment to Provider or reimbursement of Caregiver.

*Follows up with Caregiver by phone monthly and by home visit for reassessment in 6 months after assessment, and reassess annually thereafter, visiting on as-needed basis in between assessments.

*Produce monthly reports as required and forward to appropriate agency and /or Division of Aging staff.

2. Organize and facilitate Family Caregiver Support Groups.

3. Provide information, referral and linkage to needed services for Caregivers and Carereceivers.

C. Other:

1. Acts as SOWEGA COA Liaison to the Rosalynn Carter Institute AOA CARE-NET Project.

2. Performs other duties as assigned.

3. Attends training and other meetings as requested and / or required.

POSITION QUALIFICATIONS:

Knowledge: of Family Caregiver program design and content, and ability to utilize the computer;
of administrative practices and procedures and experience in supervision of agency personnel;
of community and expanded resources.

Ability: to plan, organize and direct the work of others;
to communicate effectively through written and oral communications;
to plan, organize and present educational seminars and forums;
to organize and facilitate support groups.

Education and Experience: Graduation with a four-year degree from an accredited college or university and five years of full-time employment in social work, at least two of which were related to service to the elderly or their caregivers.

**Care Link
Policy & Procedures**

Updated June 26, 2002

Care Link Nurse Manager

Responsible to: Vice President West Georgia Health System

Care Link Purpose:

Care Link is a community service program, which provides home visits of 1-4 hours a day for as many days as a particular client needs assistance. The desired result is the improved health status of the client.

Position Summary:

The Care Link Nurse Manager is a registered nurse who is responsible for the management of the Care Link Program, according to the policies of West Georgia Health System. The program also must be in accordance with the guidelines of the grant requirements including the AmeriCorps grant proposal, as written and approved funding by the National and Community Services corporation and the Georgia commission for National and Community Services. Primary responsibilities are improving health and quality of life for the program clients and maintaining an educated and informed team of in home service members/staff.

Educational Requirements:

B.S.N. preferred. A registered nurse with a bachelor's degree in a human service field or business administration training and management experience considered. Five years experience in nursing management or home health admissions or management and/or case management experience and training.

Physical and Mental Abilities, Qualities, & Skills

Must be able to work 40 hours a week from 8-5, 75% of the time and occasionally weekends, and evenings. (5-10% of the time.) Weekend duty for special events only. Walking, driving, stooping, bending, some lifting required 50% of the time, and the ability to perform in the home in substandard conditions and to maneuver in tight spaces. Normal vision and hearing are essential. A professional appearance and demeanor are important to present a positive image and role model. Effective communication skills, in understandable and correct English are essential. Business writing and editing skills are necessary. This position requires flexibility, teamwork, ability to work with people of all ages and socioeconomic situations. She or he exhibits maturity and positive and caring attitude.

Exposure Level:

Risk Level II

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1

Competencies:

The Nurse Manager should be open to all opportunities to improve the lives of the clients and to lead a cohesive and diverse team of AmeriCorps members/staff. Proven management skills. The Nurse Manager must be able to demonstrate consistent achievement of the following performance standards.

Performance Standards:

The employee must be able to demonstrate consistent achievement of the following performance standards and perform any other reasonable assignment made by the supervisor.

- I. Interpersonal: Meet professional development requirements.
- II. Intellectual: Complies with WGHS policies and procedures and Commission and grant requirements
- III. Technical: Supports Performance Improvement and regulatory activities.
- IV. Moral: Demonstrates sound, ethical Nursing and business practice

PERFORMANCE STANDARDS AND CRITERIA;**I. Interpersonal (Standards of Excellence)**

- Demonstrates regard for the dignity and respect of all clients, family members, visitors, community contacts, staff and members as defined in the philosophy of WGHS
- Displays a caring and courteous attitude and represents the program in a positive manner to all persons
- Read all communications from the Commission and all printed regulations, handbooks, and guidelines and responds appropriately
- Attends special training or assigns staff members to attend
- Works to form an advisory council of citizens, clients, members, business, community, and civic leaders, and other concerned citizens to include members of service organizations
- Meet with the council on a quarterly basis, to report progress and request help with information dissemination and projects to assist clients
- Attend educational services programs relating to the geriatric and non-compliant patient and all programs presented which impact the services of the members/staff.
- Encourage members/staff to attend programs according to the needs of their clients or their personal needs. Keep educational records
- Attend commission training events. Encourage members/staff to attend training as program activities and client responsibilities allows
- Supervise members and staff, identify problems and implements solutions

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2

- Supports an environment that encourages team work, growth, self confidence, and open communication with all staff and members.
- Develop team leaders among members
- Encourages independent research by members
- Ensures that all member development objectives are accomplished
- Ensures that members/CNA staff are doing their duties according to the care plan
- Participates in appropriate community programs and organizations
- Adheres to departmental and WGHS dress codes 100% of the time
- Maintains proper attendance in accordance with WGHS policy. More than six occurrences of absence in a year are considered excessive
- Promotes positive Team building and esprit de corps
- Serves as a positive role model
- Develop financial policies with the program financial officer
- Develops in coordination with staff, regulatory, commission and funding sources appropriate policies and procedures, annually revising and updating. Oversees their implementation.

II. Intellectual: Complies with WGHS policies and procedures and Commission and grant requirements

- Prepares an orientation program
- Develops a relationship of respect, rapport and accountability with the members/staff
- Provides orientation for members, Nurse assessor and other staff
- Presents in service training to the group once a month. Arrange speakers from the community, commission, and the Health system, according to need. Members/staff with special skills are encouraged to assist with in service training.
- Oversees management of funds according to the grant budgets and budget narrative
- Accepts request for services from approved referral sources
- Review request and decides which potential clients will be assessed for service according to priority guidelines
- Review the client assessments performed by the nurse assessor
- Reviews the plan of care for each client. Utilizes innovative methods to help the members/staff carry out the care plan.
- Assigns a member/staff to the client
- Monitors care and condition by reviewing daily narratives and following up where needed
- Receives reports from the nurse assessor regarding contacts involving clients
- Participates in on sight visits of members/staff at clients' homes and documents member evaluations
- Attend WGHS Manager meetings per supervisor request
- Ensures that all reports are completed on time and submitted to the Vice President and Commission and other funding sources prior to deadlines
- Develops goals and objectives per grant requirements

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3

- Compilation of materials and preparation of evaluation reports for the commission and administration and additional funding sources.
- Preparation of grant renewal

III. Technical: Supports Performance Improvement and regulatory activities.

- Conducts a marketing and recruitment campaign
- Interviews and selects AmeriCorps members/staff
- Ensures that required in service is attended by staff and members, and member development objectives for training accomplished
- Maintains all personnel records
- Maintains records of hours of service per member
- Is responsible for supervising the proper maintenance of all records
- Assures that all duties are performed according to grant requirements
- Seeks future funding support to continue and enhance program objectives
- Maintains safe driving practice and current driving license
- Reviews and monitors client billing process
- Maintains current knowledge of grant requirements and implements changes in program as required
- Conduct employee evaluations in a timely and positive manner and regularly counsels employees
- Reviews all member and clients' evaluations completed by the Nurse Assessor
- Utilizes proper body mechanics during job performance
- Holds weekly member and staff meetings
- Meets with program financial manager quarterly and as needed

IV. Moral: Demonstrates sound, ethical Nursing and business practice

- Attend seminars to enhance leadership skills and enhance professional growth
- Demonstrates sound, ethical business practice
- Serves on organization and interdepartmental PI teams as needed
- Participates in the development and implementation of a PI plan for the Care Link program
- Provides documented data to WGHS and the Commission regarding PI
- Reports to work on time in accordance with WGHS policy, more than 10 occasions of tardiness in a year are considered excessive
- Participates in the development of educational programs which enhance the members competency, leadership and professional behavior

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4

JOB DESCRIPTION

TITLE: Family Caregiver Program Care Manager

GENERAL DESCRIPTION OF POSITION:

The employee in this position will carry out care management activities under the supervision of the Family Caregiver Program Coordinator and other appropriate staff.

POSITION QUALIFICATIONS:

Education and Experience: Bachelor's Degree from an accredited college or university with a Bachelor in Social Work or a related field, including a minimum of 12 hours in the humanities and 2 years of experience working with older adults preferred.
(Life experience, volunteer experience, or internship may be considered in place of work experience if appropriate.)

Knowledge & Ability: Requires computer skills sufficient to process paperwork efficiently.
Requires general knowledge of resources for seniors and caregivers and willingness to expand knowledge base.
Requires good problem solving skills and communication techniques.

JOB DUTIES:

A. Care Management:

1. Serves as Care Manager to Caregiver Clients in the Title III-E Family Caregiver Program including:
 - *Screening Referrals of Caregivers for Family Caregiver Programs.
 - *Making home visits to conduct assessments of the Caregiver and Carereceiver, and signing them up for the program.
 - *Setting up charts and following up with appropriate activities.
 - *Signing up Caregiver's choice of individual providers as needed.
 - *Processing Time Sheets and Approved Items for Reimbursement monthly.
 - *Produce monthly reports as required in a timely manner.
 - *Follows up with Caregivers by phone at least once a month, and by home visit for Care Plan Review 6 months after initial assessment. (Annual reassessment and 6-month reviews, with home visits on as-needed basis are the ongoing contact pattern.)

2. Provide information, referral and linkage to needed services for Caregivers and Carereceivers.
3. Assist with Family Caregiver Support Groups.

B. Other:

1. Attends training and other meetings as requested and / or required.
2. Performs other duties as assigned.

Revised 4/11/03 NEH

**Care Link
Policy and Procedure**

Job Description
September 3, 2003

Care Link Care Coordinator

Responsible to: Care Link Manager

CareLink Purpose:

Care Link is a community service program which provides care Management services for the frail elderly and disabled citizens. The desired result is the improved health status of the client. The Care Link services are supported through a number of different grants.

Position Summary:

The Care Link Care Coordinator is a registered nurse who is responsible for the nursing assessment of the Care Link clients, according to the policies of West Georgia Health System, and the guidelines set fourth in the Care Link Policy and Procedure notebook. The Nurse Assessor is the liaison between the client and the resources of Care Link and other community agencies. S/He is the representative of the program within the community and is charged with decisions affecting the admission and continuing care of the client.

The Care Link Care Coordinator will be responsible for the recruitment, orientation, and training of the Care Link AmeriCorps members. The Care Coordinator is responsible for the daily supervision and scheduling of the members.

Educational Requirements:

Registered nurse, B.S.N. preferred. At least five years experience in home health admissions or home health nursing and/or case management experience and training.

Physical & Mental abilities, qualities, and skills:

Must be able to work 40 hours a week 8-5, 95% of the time and occasionally evenings and weekends 5-10% of the time. Weekend duties for special events only. Walking, driving, stooping, bending, some lifting required 75% of the time, and the ability to perform in the home in substandard conditions and to maneuver in tight spaces. Normal vision and hearing are essential. A professional appearance and demeanor are important to present a positive image and role model. Effective communication skills, in understandable and correct English are essential. Professional writing and charting skills are necessary. This position requires flexibility, team work, and ability to work with people of all ages and socioeconomic situations. S/He exhibits maturity and a positive and caring attitude. The nurse assessor should be open to all opportunities to improve the lives of the clients and to be a part of a cohesive and diverse team. S/He is willing to attend continuing education and to maintain skills.

Equipment Used:

Laptop computer, blood pressure cuff & stethoscope, tympanic thermometer, computer printer, multiline phone, Fax machine, photo copier.

Filename NA_Job.wpdJune26,2002

Exposure Level: Risk Level II

Competencies:

The employee must be able to demonstrate consistent achievement in age specific, technical, interpersonal intellectual, and moral competencies and to perform any other reasonable assignments made by the manager.

Performance Standards:

The employee must be able to demonstrate consistent achievement of the following performance standards and perform any other reasonable assignment made by the program manager.

- I. Interpersonal: Meets professional development requirements.
- II. Intellectual: Complies with WGHS policies and procedures and Commission and grant requirements.
- III. Technical: Supports Performance Improvement and regulatory activities.
- IV. Moral: Demonstrates sound, ethical Nursing and business practice

PERFORMANCE STANDARDS AND CRITERIA;

I. Interpersonal: Meet professional development requirements.

- Develops a relationship of respect, rapport, and accountability with the members/CNA staff.
- Takes advantage of opportunities to teach members/CNA staff skills related to their specific clients and within the scope of their job descriptions.
- Reports or calls attention to unusual and especially good "stories" for inclusion in the Quarterly Reports to the grantors.
- Reports member or system problems to the manager.
- Discusses patient care with members, preferably in the home. Utilizes this time as a teaching opportunity for the client and member.
- Attend special meetings as requested by the manager.
- Is familiar with the service goals and objectives as set forth in the Grants.
- Is Knowledgeable of the Member Handbooks and the Policy and Procedure established for the program.
- Demonstrates understanding of physical, emotional, cultural, religious and psycho social needs of clients across the life span.
- Serves as a positive role model for staff and members
- Interacts with clients and families in a compassionate and humanistic manner
- Collaborates with other health team personnel in providing care
- Displays a caring and courteous attitude and represents the program in a positive manner to all persons.

Filename CC_Job.wpd

2

- Uses interpersonal relationship skills advocated by the nursing standards
- Promotes and contributes positively to intra-departmental and inter-departmental relationships with no more than two complaints in a 6 month period
- Attends 90% of staff and member weekly meetings and communicates with staff and members as needed to discuss problems, solutions, and suggestions for improvement with the department

II. Intellectual: Complies with WGHS policies and procedures and Commission and grant requirements

- Coordinates and assist with member orientation
- Develops a plan of care for each client. Utilizes innovative methods to help the members to carry out the care plan.
- Attend educational services programs relating to the geriatric and noncompliant patient and all programs presented which impact the services of the AmeriCorps members.
- Attend training when requested.
- Maintains competency of nursing skills
- Demonstrates sound, ethical nursing practice
- Develops annual goals for professional growth based on identified strengths and weakness
- Meet universal infection control procedures, fire Safety, and Hazardous waste, communication and age specific care requirements annually
- Maintain CPR
- Visit homes of clients when members are present when possible. Reports on findings.
- Prepares member schedules and reviews time sheets weekly.
- Ensures members personnel files are complete and according to grant requirements
- Performs 3 month and 6 month and annual evaluations for each member
- Performs client reassessments at 3 months, annually and as clients condition changes

III. Technical: Supports Performance Improvement and regulatory activities.

- Presents training to the group when requested and attends corporation-sponsored group training when scheduled.
- Completes the Nursing Assessment Form supplied by the program.
- Completes the Care Plan for each client accepted on the service.
- Is responsible for supervising the proper maintenance and distribution of client records.

Filename CCJob.wpd

- Utilizes proper body mechanics during job performance
- Knowledgeable of use of office equipment, multiline phone, computer, printers, Fax and copier
- Reviews the narratives prepared by the Members each week. Uses the information to make decisions regarding the need for further assistance, reevaluation or reporting.
- Assist Program Manager with interview and selection of members
- Conducts weekly member meetings
- Keeps Web Based Reporting System Documents up to date such as time, enrollments and end of term.

IV. Moral: Demonstrates sound, ethical Nursing and business practice

- Maintains the confidentiality of client and department/program information with no infractions
- Maintains proper attendance in accordance with WGHS policy more than six absences in a year are considered excessive
- Reports to work on time in accordance with WGHS policy, more than 10 occasions of tardiness in a year is considered excessive
- Actively involved in Care Link PI program
- Serves on organizational and interdepartmental PI teams as needed
- Demonstrate efficient time management and decision making skills
- Adheres to departmental and WGHS dress code 100% of the time

POSITION TITLE: CARE COORDINATOR
DEPARTMENT: ELDERLY SERVICES
SUPERVISOR: ALTAMAHA AREA CCSP DIRECTOR

QUALIFICATIONS:

EDUCATION: A BACHELOR DEGREE IN THE APPROPRIATE FIELD.

EXPERIENCE: TWO YEARS OR RELATED EXPERIENCE.

KNOWLEDGE, SKILLS, ABILITIES: MUST HAVE GOOD ORGANIZATIONAL SKILLS, BE ABLE TO WORK WITH MINIMUM SUPERVISION AND HAVE GOOD COMMUNICATION SKILLS.

JOB SUMMARY:

RESPONSIBLE FOR MANAGEMENT AND SUPERVISION OF THE HEALTH CARE PLAN FOR ASSIGNED CLIENTS ACCORDING TO THE CONDITIONS OF THE COMMUNITY CARE GRANT AS OUTLINED IN THE CASE MANAGEMENT MANUAL.

SPECIFIC RESPONSIBILITIES:

1. RESPONSIBLE FOR DEVELOPING A COMPREHENSIVE HEALTH CARE PLAN FOR ASSIGNED CLIENTS IN CONSULTATION WITH THE CLIENT, CLIENT'S FAMILY, AND THE ASSESSMENT TEAM.
2. RESPONSIBLE FOR BROKERING THE HEALTH CARE PLAN TO THE APPROPRIATE SERVICE PROVIDER.
3. PROVIDE FOLLOW UP ACTIVITIES TO INSURE THAT THE SERVICE PROVIDER IS PROVIDING ORDERED SERVICES TO CLIENTS.
4. RESPONSIBLE FOR REQUIRED REPORTS TO SUPERVISORS AND MANAGEMENT, AND FOR MAINTAINING PROPER FILES AND RECORDS OF ASSIGNED CLIENTS AND PROGRAM ACTIVITIES.
5. RESPONSIBLE FOR ENSURING COMPLIANCE WITH ALL PROGRAM GRANT OR CONTRACT REQUIREMENTS AND PROCEDURES INCLUDING COMPLIANCE WITH STATE AND FEDERAL LAWS.
6. RESPONSIBLE FOR PROPER INTERFACING WITH THE APPROPRIATE COMMITTEES, COUNSELS, BOARDS, SUBCONTRACTORS, SERVICE PROVIDERS AND OTHERS HAVING CONTRACTS, COMMITMENTS, AGREEMENTS, OR OTHER OBLIGATIONS WITH COMMUNITY CARE PROGRAM.

CARE COORDINATOR
PAGE 2

7. CONFORMING TO AGENCY ADMINISTRATIVE PROCEDURES, INCLUDING PERSONNEL AND FISCAL POLICIES AS WELL AS ADMINISTRATIVE DIRECTIVES.
8. COORDINATION WITH ORGANIZATIONS, GROUPS AND INDIVIDUALS HAVING COMMON GOALS AND OBJECTIVES.
9. THESE DUTIES ARE NOT ALL-INCLUSIVE AND THE EMPLOYEE WILL ALSO PERFORM OTHER RELATED DUTIES AS ASSIGNED BY THE DEPARTMENT HEAD OR OTHER MANAGEMENT.

POSITION TITLE: REGISTERED NURSE
DEPARTMENT: ELDERLY SERVICES
SUPERVISOR: COMMUNITY CARE HEART OF GA DIRECTOR

QUALIFICATIONS:

EDUCATION: A BACHELOR DEGREE IN THE APPROPRIATE FIELD.

EXPERIENCE: TWO YEARS OR AS A LICENSED REGISTERED PROFESSIONAL NURSE AT A LEVEL EQUIVALENT TO SENIOR NURSE IN ONE OF THE FOLLOWING AREAS: GERIATRIC NURSING, COMMUNITY HEALTH, LONG TERM CAR, OR CHRONIC DISEASES OF ADULTS. (COMPLETION OF A COURSE OF STUDY EQUIVALENT TO A MASTER'S DEGREE IN NURSING OF COMMUNITY HEALTH MAY SUBSTITUTE FOR ONE YEAR OF EXPERIENCE).

KNOWLEDGE, SKILLS, ABILITIES: MUST HAVE GOOD ORGANIZATIONAL SKILLS, BE ABLE TO WORK WITH MINIMUM SUPERVISION AND HAVE GOOD COMMUNICATION SKILLS.

JOB SUMMARY:

UNDER DIRECTION, PERFORMS WORK OF CONSIDERABLE DIFFICULTY IN THE PROFESSIONAL ASSESSMENT AND DETERMINATION OF A LEVEL OF CARE AND APPROPRIATENESS FOR COMMUNITY-BASED SERVICES FOR MEDICAID RECIPIENTS OR POTENTIAL MEDICAL ASSISTANCE ONLY CLIENTS.

SPECIFIC RESPONSIBILITIES:

1. RECEIVES AND SCREENS BOTH EMERGENCY AND NON-EMERGENCY REFERRALS.
2. DOCUMENTS ALL POTENTIAL REFERRALS ON SCREENING/ASSESSMENT INSTRUMENT.
3. REVIEWS INITIAL FINANCIAL, MEDICAL, AND SOCIAL INFORMATION OF POTENTIAL CLIENT AS PRESENTED BY REFERRAL SOURCE.
4. VERIFIES MEDICAID ELIGIBILITY AND/OR SCREENS FOR POTENTIAL 180 DAY ELIGIBILITY FOR MANDATORY ASSESSMENT USING A STANDARDIZED GUIDELINE FOR 180 DAY MEDICAID POTENTIAL ELIGIBILITY.
5. EXPLAINS THOROUGHLY THE SCOPE AND PURPOSE OF CCSP.
6. IDENTIFIES CLIENT'S NEEDS AND DESIRED SERVICES AS STATED BY REFERRAL SOURCE.

REGISTER NURSE
PAGE 2

7. DETERMINES THAT CLIENT IS INELIGIBLE OR INAPPROPRIATE FOR A LEVEL OF CARE AND CCSP PLACEMENT AND REFERS CLIENT TO THE CASE WORKER.
8. DETERMINES THAT CLIENT IS ELIGIBLE AND APPROPRIATE FOR LEVEL OF CARE AND CCSP PLACEMENT PRIORITIZE ASSESSMENT.
9. SCHEDULES APPOINTMENTS FOR FACE-TO-FACE INTERVIEW WITH PROSPECTIVE CLIENT AT CLIENT'S RESIDENCE, HOSPITAL, LONG-TERM CARE FACILITY OR OTHER APPROPRIATE SITE AS INDICATED.
10. CONDUCTS COMPREHENSIVE INTERVIEW WITH CLIENT AND/OR REPRESENTATIVE USING STANDARDIZED LEVEL OF CAR AND CCSP PLACEMENT INSTRUMENT THAT ALLOWS FOR COMPILATION OF PERTINENT SOCIAL INFORMATION, FUNCTIONAL STATUS, PHYSICAL, MENTAL, NUTRITIONAL STATUS, ADEQUACY/INADEQUACY OF SUPPORT SYSTEM, AND PHYSICAL ENVIRONMENT AS WELL AS THE CLIENT'S PREFERENCE FOR COMMUNITY-BASED OR INSTITUTIONAL SERVICES.
11. EXPLAINS TO CLIENT AND/OR REPRESENTATIVE ALL ASPECT OF THE PROGRAM AND OBTAINS CLIENT SIGNATURE ON ALL NECESSARY FORMS.
12. ANALYZES AND INTERPRETS ALL MEDICAL, SOCIAL INFORMATION AS COMPILED, AND OBTAINS ADDITIONAL INFORMATION AS NEEDED; E.G. CONSULTATION WITH PHYSICIAN AND OTHER PROFESSIONALS.
13. USES A COMPREHENSIVE APPROACH, TO DISCUSS AND CLARIFY CLIENT'S NEEDS IN AN INTERDISCIPLINARY TEAM MEETING.
14. DETERMINES WITH CARE WORKER APPROPRIATE SERVICE AND SERVICE SETTING NECESSARY TO MAINTAIN OR IMPROVE THE HEALTH/FUNCTIONAL STATUS OF CLIENTS.
15. DEVELOPS WITH THE CARE WORKER AN INITIAL CARE PLAN. WHEN APPROPRIATE, WILL COLLABORATE WITH CASE MANAGER IN DEVELOPING THE PLAN.
16. RECORDS DISPOSITION OF CASE WHEN NOTIFIED OF CLIENT DECISION BY CASE MANAGER AND NOTIFIES REFERRAL SOURCE OF SAME.
17. COMPLETES A REASSESSMENT ON CLIENTS FOLLOWING THE APPROPRIATE GUIDELINES.

REGISTERED NURSE
PAGE 3

18. PROVIDES SUPPORT TO THE AGENCY AND AREA AGENCY ON AGING IN A N
ASSIGNED GEOGRAPHICAL AREA TO EDUCATE THE GENERAL PUBLIC,
HEALTH AND SOCIAL SERVICE AGENCIES, PHYSICIANS AND OTHER HEALTH
PROFESSIONALS, NURSING HOSPITALS, HEALTH PROVIDERS, CHURCH AND
CIVIC GROUPS, ETC.....REGARDING THE SERVICES AVAILABLE, AND
ESTABLISH CREDIBILITY WITHIN THE COMMUNITY.
19. ATTENDS MEETINGS AND TRAINING AS REQUIRED.
20. KEEPS SUPERVISOR INFORMED OF CCSP PROGRESS AND PROBLEMS.
21. ENSURES COMPLIANCE WITH ALL STATE AND FEDERAL LAWS.
22. THESE DUTIES ARE NOT ALL-INCLUSIVE AND THE EMPLOYEE WILL ALSO
PERFORM OTHER RELATED DUTIES AS ASSIGNED BY THE DEPARTMENT
HEAD OR OTHER MANAGEMENT.

Appendix Ten

Self Directed Care Program Caregiver Handbook Information

Demonstration Project Contact Information

Acknowledgements

Please note: The components from caregiver handbooks are gathered from each of the Projects. Handbooks were similar, yet different as they were designed to meet the needs of the service area and caregivers.

The Table of Contents is intended to show the topics contained in one project's handbook. Your handbook will be specific to your self-directed care program.

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Glossary of Terms

Word	Meaning
Accessibility Aids	Items such as grab bars, rails, and safety locking systems for cabinets and doors
Adult Day Care	Daytime programs that provide watchful oversight of your loved one along with scheduled activities, recreation, meals, and exercise in a centralized location.
Care Manager	The person employed by Legacy Express to help you identify / find the care services you need and provide support
Caregiver	The person who provides care for an older, frail individual in his/her home
Home Care	Paid care provided in the home by a person designated as a provider. These services might include personal care such as bathing, dressing, assistance with meals, and mobility.
Home Delivered Meals	Meals provided by Senior Centers. Both hot and frozen meals are delivered to homebound older, frail individuals by a corps of volunteers and staff.
Home Modification	Services providing wheelchair ramps, widening of doorways and making bathrooms and kitchens handicap accessible. Includes environmental changes necessary to increase safety levels
Homemaker Services	Services designed to assist the caregiver or older adult in order for them to remain at home for as long as possible. These services might include light housekeeping, meal preparation, grocery shopping, and assistance with paying bills.
Provider	The person or organization that provides the care services you need.
Respite Care	Services that are designed to provide help, in or out of the home, with non-skilled activities of daily living when the caregiver needs a break.
Skilled Nursing Care	Nursing tasks such as drawing blood or catheter care that are provided by Home Health Agencies.
Voucher	A coupon with a designated dollar amount for care services. It is found in a booklet given to you by the Care Manager.

Welcome to Legacy Express

Legacy Express is a program designed to help you as a family member or caregiver as you provide homecare for an elderly individual. It consists of a variety of services made available to you, the caregiver, to help you provide the best care you can. You will be helped to determine your own needs and informed about choices and services you might use. As a caregiver, you will be able to make choices that work best for you. You will receive a list of service providers who have been approved to participate in the program, and you will decide how and by whom your needs should be met and how to monitor the quality of services you use.

It is uncertain from one year to the next if the program will be funded and if so, for what amount. **There is a limited dollar amount available to you based on the amount of money we are allotted and your financial situation.**

Currently, there is no cost to you for the vouchers. You will be informed of the cost for services and if you like, you may make a contribution to the program. The lack of a contribution will not affect the services you receive. Any contributions made to the program will be used to improve and expand activities such as caregiver training, educational materials for caregivers, and support group activities.

General Information

Legacy Express offers support for a caregiver who is providing home care for an elderly individual. Therefore, services are not available to individuals who have been hospitalized or have been placed in an adult living facility. If the individual being cared for enters the hospital, the program can resume when they return home. If they enter a facility permanently, then all voucher services cease. Educational support services will still be available upon request.

Legacy Express is not a part of the Community Care Services Program (CCSP), Medicaid, or Medicare. None of these programs will be affected by Legacy Express. Because Legacy Express is a separate

program, it does not follow the same guidelines as these other programs, nor is it impacted by them.

Providers must agree to accept vouchers for payment BEFORE services are secured. Individuals and family members are not approved providers for homemaker, personal support (bathing), or respite workers. Legacy Express uses the approved list of CCSP providers. We want to ensure that the agencies we recommend have already been screened and will continue to be monitored.

This is a non-medical program. There are no medications involved, no meetings to attend and no physician involvement. An important part of the program is that the caregiver chooses services. The Care Manager is available for consultation and guidance, but he/she does not make the choices for the caregiver.

Program Description

Who is eligible?

A Family Caregiver must be an adult, 18 years or older, who is caring for a care-dependent older relative, age 60 or older, and who resides in the same household as the Carereceiver. The Caregiver must demonstrate a need for the assistance the program provides in at least two of the following areas:

- ◆ Financial Need
- ◆ Emotional Need
- ◆ Educational/Skill building need
- ◆ Need for direct service linkage to community resources

How can you apply for the program?

Initially, the Family Caregiver is referred to Gateway for evaluation to determine the most appropriate services that the Heart of Georgia Altamaha Area Agency on Aging can provide to assist you with the Care Receiver. Individuals meeting the criteria for the Family Caregiver Program are forwarded to the Program Coordinator. The Care Coordinator then contacts the Caregiver to arrange for a home visit. The Care Coordinator makes the home visit for the following purposes:

- ◆ Assess the need for assistance and current resources
- ◆ Advise the Caregiver of what is available
- ◆ Assist in making choices and developing a Care Plan
- ◆ Sign up the Family Caregiver for the program
- ◆ Explain the program procedures and forms
- ◆ Determine the need for additional information and links to other resources

How does the program work?

The Family Caregiver and Care Coordinator will work together to prioritize assistance based on your needs and the Care Receiver's needs. You will be encouraged to select providers and resources of your choice. We encourage you to hire family or friends to carry out approved services as long as they do not reside in the same household as you and the Care Receiver. The Care Coordinator will give you a list of providers to choose from whom have agreed to participate in the program.

Each Caregiver is allocated a maximum of \$1200 per year in vouchers. You may decide how to spend these funds within the guidelines of the program. Your Care Coordinator will review and approve the expenditures. All items will require approval prior to purchase in order to be reimbursed. Services available to be purchased include the following:

- ◆ Personal Care Aide
- ◆ Respite Care (In and Out of home)
- ◆ Homemaker Aide
- ◆ Licensed Barber/Beautician services
- ◆ Transportation services
- ◆ Minor yard care services
- ◆ Home Modification: ramps, grab bars, and hand rails.
- ◆ Consumable supplies: incontinence supplies, nutritional supplements, disposable gloves, colostomy supplies

In addition, we will provide information about Family Caregiver Support Groups, book and video lists, and other useful information to help you as a Caregiver. Your Care Coordinator will provide support and assist you in locating other sources of assistance. Your Care Coordinator will be also be available to provide assistance in tracking your allocated funds.

Overall Goal of the Program:

The overall goal of the program is to assist caregivers of persons with dementia in providing home-based care by giving them the freedom to choose programs and services that are personally designed to meet their needs. In this program, the caregiver is the client.

Summary of the Program:

- This program is a voucher program whereby caregivers of persons with dementia are given vouchers of no more than \$1000 per calendar quarter and up to \$1200 per year for the provision of services.
- Services include Adult Day Care, In-Home Respite and Material Aid.
- The Chapter maintains a list of providers within each service category who are available and willing to participate in the program. However, if there is an available provider that is not on the Chapter's list, the client maintains the freedom to contract with them as well so long as the payment for services rendered has been agreed upon by both the contractor (person providing the service) and the Georgia Chapter Alzheimer's Association.
- The program will also allow clients to hire relatives and friends to assist with the caregiving and provision of services so long as said relatives and friends reside outside the home of the caregiver and dementia patient. Payment for services rendered must be agreed upon by both the contractor (person providing the service) and the client. The contractor does not become an employee of the Georgia Chapter Alzheimer's Association.
- The client is responsible for the selection and arrangement of services to be provided. The Georgia Chapter Alzheimer's Association provides neither management nor direction of services received. Accordingly, the Georgia Chapter Alzheimer's Association cannot be held liable for the quality of the services provided.

Eligibility...

The person who is eligible for the Caregiver Voucher Program must meet the following requirements:

- Reside with the person who has dementia.
- Provide a diagnosis from the treating physician of probable Alzheimer's Disease or a related dementia.
- Complete all necessary paperwork to apply for the program, including the Application, Physician Statement and Release of Liability.
- Demonstrate a need for assistance by proving:
 - Financial Need
 - Emotional Need
- The client and/or the dementia patient must be age 60 or older.

The Caregiver Voucher Program is not a part of the Community Care Services Program (CCSP), Medicaid or Medicare. Being a client in these programs will not affect your participation in the Voucher Program.

How Does the Program Work?

The following provides an overview of how the Legacy Express Program will work for you:

1. The Care Manager for the program will meet with you to get basic information about you and the person you are caring for at home.
2. Together, you and the Care Manager will identify your concerns and needs for assistance in caring for your loved one. You, the Caregiver, then call the Provider and arrange for the desired service.
3. The Care Manager will give you a book of service vouchers with different dollar amounts. While there is no direct cost for the vouchers, we encourage contributions / donations to the program.
The lack of a contribution will not affect the services you receive. Any contributions made to the program will be used to improve and expand activities such as caregiver training, educational materials for you as a caregiver, and support groups.

At the end of each day that a service is received, you, the Caregiver, will complete the appropriate voucher for the cost of the service delivered that day. You keep the pink copy; the provider will keep the white and yellow copies and will submit one for payment. (See the sample voucher on page 36.)

4. You will be informed about choices and services you might use to help you as you care for your loved one. Enclosed in this packet is a list of service providers who have been approved to participate in the program. You will decide how and by whom your needs should be met and how to monitor the quality of services you use.
5. Services will be provided in exchange for service vouchers. Vouchers will be submitted at the time of service as payment. If the value of the vouchers exchanged for a service is more than the cost of the service, you will get "credit" for the unused part of the voucher. See the example in the box below.
6. The Care Manager will be available to answer your questions and concerns. He/She will make follow-up contacts with you as necessary.

For Example: Suppose you would like to use your vouchers to get two home-delivered meals. At \$6.58 each, your total cost would be \$13.16. If you used \$20.00 in vouchers to "pay" for your meals, you would have \$6.84 in "change." But since the voucher program cannot give change, you would get credit (not cash) for \$6.84, which you could then use later for future services. (The program would essentially "owe" you \$6.84, which you could "spend" whenever you needed additional services.) However, if you wanted to, you could "pay" for your meals with a \$10.00 voucher and \$3.16 in cash money; this would eliminate the issue of credit on the vouchers.

Buy: 2 home-delivered meals at \$6.58 each → \$13.16 Total Owed

Pay: Two ways to pay, using vouchers:

1. Use \$20.00 in vouchers and get \$6.84 credit, which can be used later for other services, or
2. Use \$10.00 voucher plus \$3.16 in cash money.

Any services by providers without the exchange of Legacy vouchers will be a contract between the provider and the individual. PACE, Inc., or Legacy Link will in no way be held responsible for services provided without a voucher.

Types of Services Available

Examples of Services that will be funded under this program are the following:

1. Adult Day Care
2. Home Delivered Meals
3. Home Modification and Accessibility Aids
 - a. Wheelchair ramp
 - b. Widening of doorways
 - c. Handicap accessible bathrooms
 - d. Handicap accessible kitchens
 - e. Environmental changes to increase safety levels
 - f. Accessibility Aids:
 - i. Grab Bars
 - ii. Rails
 - iii. Safety locking systems for cabinets and doors
4. Homemaker Services (Personal Care)
5. Lawn Services
6. Pharmacy Services
7. Respite Care (Relief for the caregiver and the older individual being cared for.)
8. Skilled Nursing Care (draw blood, catheter care, etc.)
9. Transportation

**GEORGIA CHAPTER ALZHEIMER'S ASSOCIATION VOUCHER PROGRAM
SAMPLE LIST OF SERVICES AND GOODS**

Goods and services are payable through the Voucher Program to reduce the burden and stress of caregiving for an Alzheimer's patient. They must be pre-approved by the Georgia Chapter Alzheimer's Association and not be duplicated by another program serving the caregiver or client. **In order for any expense to be reimbursed, the provider must agree in advance to accept the voucher and submit it monthly for payment by the Georgia Chapter Alzheimer's Association.**

- **Adult day care**
- **In-home respite care**
- **Caregiving provided by friend/family member (non-resident)**
- **Non-prescription pharmaceutical supplies such as:**
 1. **Incontinency Supplies** - any brands of adult diapers, pads or briefs (i.e., Depends, Attends); any brand of disposable bed pads (i.e., Chux); any brand baby wipes.
 2. **Nutritional Supplements** - Ensure, Glucerna, Boost, Carnation Instant Breakfast
 3. **Over-the-counter Pharmaceuticals** - aspirin, acetaminophen, ibuprofen, vitamins, stool softeners.
 4. **Paper Products** - facial tissues; paper towels.
 5. **Disposable gloves** - for infection control
 6. **Miscellaneous skin care products** - petroleum jelly, baby powder.

Pharmacy Providers

You may purchase supplies or consumable approved items at any store or pharmacy. Purchase the approved items and mail the itemized sales receipt to the Georgia Chapter Alzheimer's Association. Reimbursement will only be made with the correct documentation (i.e. original itemized sales receipt).

The items on the approved list are:

Depends
Attends
Disposable briefs
Disposable bed pads
Disposable gloves
Ensure
Glucerna
Boost
Stool Softeners
Vitamins
Aspirin

There may be other non-prescription items that may be purchased **with prior approval** of the Georgia Chapter Alzheimer's Association. Store brands or comparable cost-effective products are encouraged.

The Georgia Chapter Alzheimer's Association reserves the right to refuse reimbursement of those purchased items not deemed appropriate under the provisions and guidelines of the program.

Hints on Hiring Helpers

Hiring helpers for in-home care on your own is usually less expensive than using an agency due to their costs for doing business. However, there are some things to be aware of if hiring independently. As the actual employer, you will have to recruit, screen, hire, negotiate pay scale, and, if necessary, be prepared to fire a helper. If planning to proceed, here are some things to help you with the process.

Where to look for and how to find a helper:

- Qualified family members who live outside of the home
- Friends and neighbors may be interested or know someone qualified
- Local churches and pastors may know of an experienced and willing helper
- Newspaper classified ads

How to screen a prospect:

- Ask for references and check them thoroughly, speak to former employers and patients
- Verify the applicant's credentials (Any licenses or certificates they claim to have achieved.)
- Interview the applicant face-to-face, ask specific questions and state the job duties clearly.
- Check out how the applicant and your Care Receiver get along, is there a personality match or conflict.

Business matters to discuss:

- Agree on a rate of pay per hour or per job.
- Agree on a schedule when services are to be provided.
- Have an understanding that you will not withhold taxes or social security and that there is no workman's or unemployment compensation.

Contingency Plan:

- Plan on the unexpected by having a backup provider ready.

**Revisions of CSRA Policies and Procedures for the
AoA Demonstration Project in Self-Directed Care**
January 2003

ADDITION #1

The Georgia Chapter Alzheimer's Association Augusta Regional Office, must have the following information on file for all paid caregivers participating in the program through the "family-and-friends" option: a Social Security number; a completed worker eligibility verification form; and an up-to-date mailing address and phone number.

ADDITION #2

Clients who do not comply with the current written policies and procedures of this demonstration-grant program and any updated policies subsequently issued are subject to termination at the discretion of the Programs Director, Georgia Chapter Alzheimer's Association Augusta Regional Office.

###

Client Rights and Responsibilities

Client: _____ Social Security #: _____ - _____ - _____

Dementia Patient: _____ Phone #: () _____ - _____

As a Client, you have the following rights:

- To be treated with respect and maintain one's dignity and individuality.
- To voice grievances and complaints regarding treatment or care without fear of retaliation, discrimination, coercion, or reprisal.
- To choose who will provide your services and direct your care.
- To direct the development of the plan of care and be informed of its content.
- To be informed of any personal responsibility for costs of services exceeding the voucher payment limits.
- To receive services on a schedule negotiated by the Client and the provider in a dependable manner and to be notified in a timely way of any temporary changes in the agreed schedule.
- To confidential treatment of all information, including information in your record.
- To have your property and residence treated with respect.
- To appeal any adverse action or decision affecting the receipt of services except when the action is a result of the lack of funding of the Caregiver Voucher Program.

As a Client, you have the following responsibilities:

- To notify the Georgia Chapter Alzheimer's Association and any service provider of changes in your circumstances (or the dementia patient's) such as major health changes, hospitalization, placement in a facility, change of address or phone number, etc. in a timely manner.
- To treat providers, whether from an agency or other resources pre approved, in a courteous and respectful manner.
- To cooperate with and respect the rights of helpers providing services.
- To be as accurate as possible when providing health related and other information required in assisting you.
- To make choices and decisions regarding the care of the dementia patient.
- To utilize resources and opportunities to learn and grow, and be rejuvenated as a caregiver such as mentoring, support groups, educational materials and seminars.
- To maintain a safe home environment.

I acknowledge that I have reviewed this information and I understand my rights and responsibilities.

Signed: _____
(Client Signature)

Date: _____

Signed: _____
(Georgia Chapter Alzheimer's Association Staff Member Signature)

Date: _____

**GEORGIA CHAPTER ALZHEIMER'S ASSOCIATION VOUCHER PROGRAM
PROVIDER AGREEMENT**

Provider Name: _____

(Contact person or
Individual Provider)

Business Name: _____

(If applicable)

Address: _____

Phone #: _____

() _____ - _____

1~

I, _____, (on behalf of _____),
Name of Individual or Contact Person "Self" or Business Name

agree to accept vouchers from authorized family caregivers through the Voucher Program of the Georgia Chapter Alzheimer's Association in payment for the following goods or services (please include rate per hour, unit or other measure of payment for services, if applicable):

2~

I further agree to submit the vouchers to the Georgia Chapter Alzheimer's Association at the address below* on a monthly basis for payment.

Vouchers must be received no later than the 5th of the month after service was given for timely reimbursement for the previous month's expenses. I understand that payment of vouchers received after the 5th may be delayed until the following month. Vouchers submitted in excess of 90 days beyond the end of the service month will not be paid.

Signature of Provider
Or Representative _____

Date _____

Received by _____

Date _____

*Mail vouchers to:

Voucher Program
Georgia Chapter Alzheimer's Association
1899 Central Ave.
Augusta, GA 30904



**Georgia Chapter Alzheimer's Association
Caregiver Voucher Program
Release of Liability**

_____ understands that the role of
(Print name of agency)
the Caregiver Voucher Program is solely to provide financial assistance for caregivers
providing home-based care and that the Georgia Chapter Alzheimer's Association
provides neither management nor direction of any service(s) received. Accordingly, we
release the Georgia Chapter Alzheimer's Association and the National Alzheimer's
Association from any such liability regarding care provided. Furthermore, we agree to
provide appropriate verification of services for that which is provided.

Agency Representative Signature: _____

Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

SAMPLE



The Caregiver Voucher Program
Sponsored by
The Georgia Chapter Alzheimer's Association
Provider Time Sheet

Client Name: John Doe Provider Name: Jane Smith

Please place the date of each visit in the upper left hand section of each space on the calendar below.

Month: August 2002

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3 8 am-10 am
4	5	6 10 am-12 pm	7	8	9 1 pm-3 pm	10
11	12 8 am-10 am	13	14	15 12 pm-2 pm	16	17 3 pm-5 pm
18	19 9 am-11 am	20	21 4 pm-6 pm	22	23	24
25	26	27 2 pm-4 pm	28	29	30 7 am-9 am	31

Check the service you have received and record the cost per hour.

☐ Adult Day Care @ \$_____ per hour.

Total number of Hours: 20

☒ In-Home Respite @ \$ 5.50 per hour.

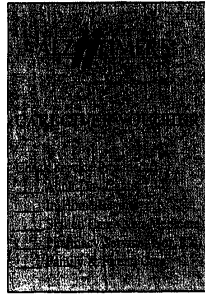
☐ Other: List _____

My signature indicates this information is correct to the best of my knowledge.

Provider Signature: Jane Smith

Client Signature: John Doe

SAMPLE



*Voucher is good for no more
than \$20. (Not redeemable for cash.)
Voucher is non-transferable.*

#: 1641

\$20.00 Value

Client

Client's SSN

Provider

Caregiver Signature

White Copy - Provider Yellow Copy - Augusta Chapter Alzheimer's Asso. Pink Copy - Client

Demonstration Project Contacts in Georgia

Georgia Project Coordinator:

Mr. Cliff Burt, M.P.A.
Caregiver Specialist
Georgia Division of Aging Services
Two Peachtree Street NW, Suite 9.398
Atlanta, Georgia 30303-3142
Ph (404) 657-5336
Fax: (404) 657-5285
Email: gecburt@dhr.state.ga.us

Consultant to Georgia Project for Legal and Tax Considerations:

Ms. Susan Flanagan, M.P.H., Principal
The Westchester Consulting Group
4000 Cathedral Ave., N.W.
Suite 225 B
Washington D.C. 20016
Ph (202) 337-0180
Fax (202) 337-4372
sflanagan@westchesterconsulting.com

Area Agency on Aging	AAA Director	Program Director	Self-Directed Care Program Provider	Email Address	Phone
Legacy Link, Inc.	Ms. Pat Freeman	Ms. Pat Fry	Legacy Link, Inc.	pcfry@dhr.state.ga.us	770-538-2650
Southwest Georgia Council on Aging, Inc.	Ms. Kay Hind	Ms. Nancy Harper	Southwest Georgia Council on Aging, Inc.	neharper@dhr.state.ga.us	229-432-1124
Central Savannah River Area Agency on Aging	Ms. Jeanette Cummings	Ms. Georgia Jopling	Augusta Alzheimer's Association	gjopling@dhr.state.ga.us	706-210-2000 Ext. 147
Heart of Georgia Alabama Area Agency on Aging	Ms. Gail Thompson	Ms. Melina Edmund	Concerted Services, Inc.	mcedmund@dhr.state.ga.us	912-367-3648
Southern Crescent Area Agency on Aging	Mr. Bobby Buchanan	Ms. Sally Richter	Carelink AmeriCorps	RichterS@WGHHS.org	706-675-6721 (So. Crescent AAA)

ACKNOWLEDGEMENTS

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The five Area Agencies on Aging (AAAs) and their subcontracting organizations participating in this project. The names of the AAAs and their directors and Program directors for this project are listed under Appendix K.

Ms. Sue Flanagan, Principal with the Westchester Consulting Group, Washington, D.C., for her technical assistance and counsel regarding the legal and financial considerations of self directed care.

Ms. Lucy Whelchel, Principal with Market Driven, Inc., Covington, Georgia, for facilitating meetings, arranging education/training sessions, and coordinating the writing and compilation of this guidebook.

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Mr. Jon Burkhardt and colleagues at Westat, Inc., Bethesda, Maryland, for tabulating the caregiver responses and providing technical assistance to the Division in comparing the results of the project with other groups of caregivers.