



# 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".

**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.

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### ***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.**

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### **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.

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## 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?*

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### 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.

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## ***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 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.



***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 own guidelines.

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 endorsed providers.

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.

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## ***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.**

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### ***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.

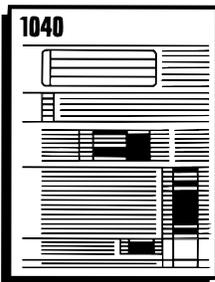
Another issue the demonstration project group faced early in the self-directed care process was the issue of hiring individuals to care for a person at home. Legally, as you can see in Section V of this Guidebook, persons providing non-skilled personal care and homemaker/chore services in the home are 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 account.

### ***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.

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## ***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](http://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 should be prepared for this.

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.

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## ***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 be a sizeable problem for many caregivers.

**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 J.

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

**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.

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.

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## ***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:

<b>CR, CG</b>	demographic information about the care receiver and caregiver;
<b>CR, CG</b>	caregiver and care receiver health information including name and contact information of physician(s), medical diagnoses and medications;
<b>CR, CG</b>	information on abilities, e.g. ambulation, self-care;
<b>CR, CG</b>	information on orientation and possible dementia;
<b>CR</b>	a functional assessment with Activities of Daily Living assessed;
<b>CR</b>	the results of a nutritional screening;
<b>CR</b>	the results of a mental status exam;
<b>CR or CG</b>	notation as to depression presence or lack thereof;
<b>CR, CG</b>	notes regarding observations and questions about home safety;
<b>CR, CG</b>	a description of the environment;
<b>CR, CG</b>	a citation of the need for certain services, the arrangements to initiate service(s);
<b>CR</b>	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);
<b>CR</b>	the client participation agreement;
<b>CR, CG</b>	a signed release of information form; and
<b>CR, CG</b>	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.**

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### ***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:

<b>Legacy Link, Inc.</b>	Ms. Pat Fry	Legacy Link, Inc.
<b>Southwest Georgia Council on Aging, Inc.</b>	Ms. Nancy Harper	Southwest Georgia Council on Aging, Inc.
<b>Central Savannah River Area Agency on Aging</b>	Ms. Georgia Jopling	Augusta Alzheimer's Association
<b>Heart of Georgia Altamaha Area Agency on Aging</b>	Ms. Melina Edmund	Concerted Services, Inc.
<b>Southern Crescent Area Agency on Aging</b>	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 Program.

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**

<b>Legacy Link, Inc.</b>	Personal Care (no Family or Friends), Disposable and Consumable Supplies	Vouchers
<b>Southwest Georgia Council on Aging, Inc.</b>	Personal Care including Friends and/or Family, Disposable and Consumable Supplies, Equipment such as adaptive devices	Voucher Only
<b>Central Savannah River Area Agency on Aging</b>	Adult Day Care, In-home Respite (including Family or Friends) and Consumable Supplies	Voucher Only
<b>Heart of Georgia Altamaha Area Agency on Aging</b>	Personal Care including Friends and Family, Disposable and Consumable Supplies	Voucher Only
<b>Southern Crescent Area Agency on Aging</b>	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**

Agency	Program Focus	Funding Mechanism
<b>Legacy Link, Inc.</b>	Personal Care Services (no Family or Friends), Disposable and Consumable Supplies	Voucher Only for all Services
<b>Southwest Georgia Council on Aging, Inc.</b>	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
<b>Central Savannah River Area Agency on Aging</b>	Adult Day Care, In-home Respite (Family and/or Friends), and Consumable Supplies	Voucher for Services Reimbursement for Products
<b>Heart of Georgia Altamaha Area Agency on Aging</b>	Personal Care including Friends and Family, Disposable and Consumable Supplies, Yard and Lawn Care	Reimbursement for Services
<b>Southern Crescent Area Agency on Aging</b>	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**

	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.	25		15%	38%	20%	6%	1%	19%	1%
Central 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**

	Unduplicated Clients Served	Services							
		Adult Day Care	Personal Care	Respite	Supplies Meds	Chore/Lawn	Repairs Home Mods	Transport	Other
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**

	Clients Served	Annual Expenditure	Average Monthly Expenditure	Clients Served	Annual Expenditure	Average Monthly Expenditure
<b>Legacy Link, Inc.</b>	27	\$1770.00	\$295.00	26	\$1885.00	\$209.00
<b>Southwest Georgia Council on Aging, Inc.</b>	25	\$2440.69	\$203.39	37	\$1668.68	\$139.06
<b>Central Savannah River Area Agency on Aging</b>	35	\$1200.00	\$145.03	35	\$1200.00	\$145.03
<b>Heart of Georgia Altamaha Area Agency on Aging</b>	47	\$1007.20	\$100.72	43	\$1324.97	\$147.22
<b>Southern Crescent Area Agency on Aging</b>	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, M.P.H.

### A. INTRODUCTION

The aging community has increasingly become interested in self-directed care as an option designed to maximize consumer choice and control over the services they receive and the individuals who provide them. A number of self-directed care projects across the country have focused primarily on persons with physical and developmental disabilities with Medicaid 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 state and local program agencies, providers, service recipients and their caregivers to meet these requirements. A challenge for state and local governments implementing consumer-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 caregivers while ensuring that federal, state and local employment taxes and insurances have been paid as required, if grant funds are used by caregivers to hire support workers directly.

## ***OVERVIEW OF THE PHILOSOPHIES OF CONSUMER-DIRECTION, SELF-DETERMINATION AND INTERMEDIARY SERVICE ORGANIZATIONS***

Increasingly, states are developing and implementing models of home and community-based services that are grounded in the principles of *consumer-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 support service programs using a consumer-directed or self-determination approach (Doty and Flanagan, 2002).

*Consumer 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 consumer 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 introduced into the service delivery system. Fourth, not only do consumer-directed service systems support the dignity of the people requiring the service, but they can be less costly when properly designed. Finally, consumer direction should be available to elders and persons with disabilities regardless of payer. Individuals tend to self-direct their home-based support services in consumer-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.

*Self-Determination* originated among advocates for the mentally retarded/developmentally disabled. It has long been associated with deinstitutionalization and emphasizes *person-centered planning*, *individual budgeting* and *participant-directed* supports. 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 consumer direction and self-determination are significant departures from the traditional agency-based support service delivery system.

It should be noted that the Centers for Medicare and Medicaid Services (CMS) prefer states to use the term *self-direction* when referring to consumer-directed and self-determination programs and services. However, when a person sees the terms, *consumer or participant direction*, *self-determination* and *self-direction*, they should know these terms represent similar philosophies.

**TABLE 6**

**TYPES OF INTERMEDIARY SERVICE ORGANIZATIONS (ISOs)**

			<b>ISO Responsibilities</b>
<b>Fiscal Conduit</b>	Government or Vendor	Individual or representative unless the person choose to use agency-based services.	Disburse public funds via cash or voucher payments to individuals/representatives and related duties (e.g., invoicing state, processing worker time sheets, preparing and distributing reports to State program agency and individual/representatives).
<b>Government Employer Agent</b>	State/County/Municipality (Section 3504 of the IRS Code and Rev. Proc. 80-4)	Individual or representative unless the person chooses to use agency-based services.	Per Section 3504 of the IRS Code and Rev. Proc. 80-4, acts as an <i>employer agent</i> for individuals/representatives for the limited purpose of withholding, filing and depositing federal employment taxes. May also invoice a state for public funds, manage payroll and distribute workers' payroll checks and pay other vendors as required. Some entities also broker worker's compensation and other insurances on behalf of individuals/representatives.
<b>Vendor Employer Agent</b>	Vendor (Section 3504 of the Code and Rev. Proc. 70-6)	Individual or representative unless the person chooses to use agency-based services.	Same tasks as performed by a Government Employer Agent as described above except that the vendor entity performs the employer agent functions in accordance with IRS Rev. Proc. 70-6.
<b>Agency with Choice</b>	Agency (e.g., CIL, AAA, Social Service or Home Health Agency)	Agency or its subcontracting agency	Invoice a state for public funds, process employment documents and criminal background checks on workers, manage all aspects of payroll for individuals/representatives. May also provide support services as described below, worker training, and performance monitoring.
<b>Supportive (including Support Brokers)</b>	Distinct vendor, individual, or provided through other ISO models	Individual/representative or agency	Provides an array of supportive services to individuals, representatives and, on a limited basis, to workers including: individual assessments, employer skills training, assistance with recruiting and hiring regular and relief workers, and developing and maintaining worker registries.
<b>Spectrum</b>	Agency (e.g., CIL, AAA, Home Health or Social Service Agency)	Individual/representative or agency	Provides all of the ISO (either 3401(d)(1) or 3504 Fiscal services) services under an umbrella CD-support service program either directly or through the use of subcontractors.

## ***B. INTERMEDIARY SERVICE ORGANIZATIONS***

As mentioned in the Introduction, with the increased choice and control that comes with consumer-directed support service programs comes responsibilities, many of which are imposed by federal and state 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 consumer-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.

One concept that has emerged from state program administrators' and service recipients' and caregivers' experience with consumer-directed support service programs and the need to treat support workers as employees rather than independent contractors is the *Intermediary Service Organization (ISO)*. ISOs can provide an array of fiscal and supportive/counseling services to public payers, individuals, and their representatives/caregivers and, to a limited extent, support workers, in order to facilitate the delivery of consumer-directed support services. Six ISO models have been identified by Flanagan and Green (1997) and Flanagan (2001):

1. Fiscal Conduit,
2. Government Fiscal Employer Agent (per Section 3504 of the IRS Code and IRS Revenue Procedure 80-4),
3. Vendor Fiscal Employer Agent (per Section 3504 of the IRS Code and IRS Revenue Procedure 70-6),
4. Supportive (e.g., Support Broker),
5. Agency with Choice, and
6. Spectrum ISO.

**NOTE:** Table 6 (previous page) includes a brief description of each ISO model. CMS has requested that states refer to Government and Vendor Fiscal Intermediaries as Fiscal Employer Agents and this is how they will be referred to in this paper.

### **C. Fiscal Conduit ISO**

Some individuals and representatives have reported that they wish to manage all of the employer-related tasks, including the payroll function for the home-based service workers they hire directly. In response to this request, some states have implemented Fiscal Conduit ISOs to accommodate this desire. The Fiscal Conduit ISO disburses the service recipient's benefit funds in cash or through the use of vouchers directly to him/her or his/her representative. 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. The majority of publicly-funded support service programs that use the Fiscal Conduit ISO model are state-funded since Medicaid funds may only be disbursed to Medicaid qualified providers without the receipt of an 1115 Medicaid Home and Community Based Service Demonstration Waiver. The Robert Wood Johnson Foundation's Cash and Counseling Demonstration and Evaluation Program, implemented in Arkansas, Florida and New Jersey, offers the Fiscal Conduit option and each state has an executed Medicaid 1115 Waiver. Each of these programs assess the individual's/caregiver's ability to perform the payroll related tasks initially and on an ongoing basis to ensure that each individual/caregiver is in compliance with federal, state and local employment tax and insurance rules and regulations.

### **Government and Vendor Fiscal Employer Agent ISOs**

Other individuals and caregivers have reported that they would like to obtain assistance with performing the payroll function (including withholding, reporting and paying federal and state income and employment taxes and insurances) for the home-based service workers they hire directly. Currently, a small number of states act as Government Fiscal Employer Agents in accordance with Section 3504 of the IRS Code and Revenue Procedure 80-4 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 Vendor Fiscal Employer Agent ISOs in accordance with Section 3504 of the IRS Code and IRS Revenue Procedure 70-6 to provides these functions.

Under these two Fiscal/Employer Agent ISO models, the government or vendor entity acts as an agent for the common law employer (individual/caregiver) under Section 3504 of the IRS code for the sole purpose of managing federal employment taxes without being considered the common law employer of the worker. They may also manage state and local employment taxes and insurances and prepare and distribute workers' payroll checks. They also may perform a number of other fiscal related tasks such as receiving and tracking individuals' budget funds, processing and paying service-related invoices, brokering and paying for workers' compensation and possibly health insurance and generating standard financial reports for individuals/caregivers and the state program and Medicaid agency.

Vendor Fiscal Employer Agent ISOs often have a contract with the state or local government program agency and a Medicaid provider agreement with the state Medicaid agency to receive public program funds and to manage the payroll (and sometimes bill paying) function on behalf of individual (service recipient)/caregivers. The ISO then executes an agreement with each individual/caregiver (an IRS Form 2678, *Appointment of Agent*) to be his/her agent for the purpose of withholding, reporting and paying federal

employment taxes. Often state unemployment insurance agencies require that Vendor Fiscal Employer Agents obtain a state power of attorney to perform the state unemployment tax functions. Georgia does not have this requirement.

Under the Vendor Fiscal Employer Agent ISO model, the individual/caregiver is the common law employer of the home-based service worker and is responsible for all employer-related tasks with the exception of withholding, reporting and paying federal, state and employment taxes and insurances and issuing payroll checks. This ISO model reinforces the philosophy of consumer-direction while shielding the state and vendor employer agent from erroneous claims that they are the common law employers of the support service worker.

Using the various Fiscal/Employer Agent ISO models can help state and local governments rectify the situation where support workers have been considered independent contractors. These models can also ensure that both the individual/caregiver and the support service worker are in compliance with federal, state and local employment tax and labor laws.

It should be noted that the IRS published draft Notice 2003-70 on October 3, 2003 pertaining to agents operating under Revenue Procedure 80-4. This draft Notice proposes to allow state and local governments to be the agent 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. There is a comment period for interested parties to submit comments through January 26, 2004. The proposed effective date of the Notice is no sooner than January 1, 2005. A copy of the Notice can be obtained at [www.irs.gov/pub/irs-drop/n-03-70.pdf](http://www.irs.gov/pub/irs-drop/n-03-70.pdf).

### **Agency with Choice ISO**

Under the Agency with Choice ISO model, there exists a dual employer arrangement. The agency is the common law employer while the individual/caregiver is the *managing employer*. As the managing employer, individuals and caregivers may (1) recruit and refer in their support workers to the agency for hire, (2) actively participate in the training of their support workers, (3) determine when and how the support worker tasks are to be performed, (4) supervise the day-to-day activities of the support worker and (5) discharge their support 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 ISO, its performance is very similar to a Vendor Fiscal Employer Agent ISO. One major pitfall of Agency with Choice ISOs is not applying consumer-direction appropriately, and thus operating as a traditional agency provider.

## Supports Brokerage

A Supports Brokerage or broker is a *personal agent* who works on behalf of the individual, the individual's caregiver or network of support and under the direction of the individual/caregiver. The supports broker should support the philosophy of consumer-direction and have the skills necessary to perform the tasks. However, they do not have to have specific degrees or certificates. The supports broker may also receive specific training to enhance his/her skills and knowledge of the consumer-directed support program in which he/she is participating. Supports brokers do not provide support service directly. Individuals/caregivers should be able to select their supports brokers.

Typical functions of a Supports Brokerage (broker) include:

- Developing person-centered plans,
- Assisting with the development and updating of individual budgets,
- Managing individual budgets,
- Assisting individuals/caregivers in securing needed services, and
- Monitoring service quality and individual/caregiver satisfaction with services.

## Spectrum ISO

The Spectrum ISO is an operational model. Under this model, an umbrella organization provides an array of Financial Management and Supports Brokerage services in a seamless and effective manner. A Spectrum ISO may provide some of the ISO services and contract for others.

This is a challenging model to implement because of its level of complexity and the concern that the organization not be perceived as the common law employer of support workers when they are not. This is why the Spectrum ISO may wish to contract for Agency with Choice ISO services rather than provide them directly.

## EMPLOYMENT STATUS AND ISSUES RELATED TO SUPPORT WORKERS

### Is the Support Worker an Employee or an Independent Contractor?

It should be made clear that the majority of support 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 worker is an independent contractor, then the agency would issue the worker an IRS Form 1099-MISC at the end of the year rather than an IRS Form W-2. If the 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 status of a worker for the purpose of state employment taxes and income tax withholding.

### **What are the Wage and Hour Rules Related to Support Workers?**

Under the federal Fair Labor Standards Act (FLSA), domestic service employees must receive at least the federal minimum wage (currently \$5.15/hour) 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.

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.

#### Federal Companion and Live-In Exemptions for Domestic Service Under FLSA

Currently, there are two exemptions to 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.

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. 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). Georgia recognizes both 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*

### **What are the Requirements Regarding Employment Eligibility Verification?**

When an individual with a disability or chronic condition or their caregiver hires a home-based service worker to work for him/her on a regular basis as an employee, the individual/caregiver and the home care worker must complete the Bureau of Citizenship and Immigration Services<sup>1</sup> (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. A copy of the INS Form I-9 may be found in the *BCIS Handbook for Employees* (Form M-274). Call the BCIS at (800)–870–3676 to obtain a copy of the *Handbook for Employees*.

### **What are the Requirements Regarding Workers Compensation Insurance?**

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<sup>1</sup> Please note that the US Immigration and Naturalization Services agency has recently changed its name to the Bureau of Citizenship and Immigration Services.

One way publicly-funded consumer-directed support service programs can reduce the risk of liability of workplace injury for themselves, and for service recipients and their caregivers who are common employers of their support 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 worker's compensation is usually the *exclusive remedy* against the employer for accidental injuries and occupational diseases falling within the coverage formula of the workers' compensation law.

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 or territory's law covers all forms of employment (U.S. Chamber of Commerce, 2002).

Three employment classes that often are 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.

In general, support workers (personal assistance services) are considered under the domestic service classification in many states. However, in the majority of states, the

final determination of whether a support worker (e.g., personal care assistant) is considered under domestic service is based on a claims appeal.

Some states allow household employers to purchase workers' compensation insurance through both standard workers' compensation policies, homeowners/tenants insurance policies or through Alternative Workers' Compensation Plans. The availability of these options varies by state.

### Georgia Worker's Compensation Law Related to Domestic Service

In Georgia, workers compensation 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 353 voluntary insurance carriers in the state. However, it was reported that insurance agents and voluntary insurance carriers may have little or no incentive to quote or sell workers' compensation 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). An employer must get four refusals (declination letters) from voluntary carriers and use an insurance agent to access the Assigned Risk Plan in Georgia. Effective April 1, 2001 (the most recent rates available at printing), minimum premium in the Assigned Risk Plan (the least amount an employer will pay in the State for workers' compensation insurance) for occasional domestic service workers is \$265 per year. The minimum premium in the Assigned Risk Plan for full-time domestic service workers is \$472 per year. Rates are determined on a per capita basis.

It was reported in the literature that in Georgia, employers, including household employers, could 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 POSSIBLE SCENARIOS REGARDING THE DISBURSEMENT OF AoA FUNDS?**

The amount of AoA funds received by an Area Agency on Aging (AAA) and the amount a caregiver receives can vary significantly. Large sums allocated for the purchase of a consumer-directed support worker may qualify to have federal, state, and local employment taxes and insurance withheld, where smaller amounts may not. It is important that the AAA interview the caregiver prior to the disbursement of grant funds to determine what supports the caregivers plans to purchase with the funds and document this and possibly have the caregiver sign the document.

Of particular importance related to caregivers hiring support workers directly is the wage thresholds for Medicare and Social Security (FICA) and Federal Unemployment Taxes (FUTA). In 2003, if a support worker is paid \$1,400 in a calendar year by one employer, then the employer must withhold, report and file FICA quarterly for him/herself and the employee. In addition, in 2003, if a caregiver pays out \$1,000 or more in wages for all of his/her workers in a calendar quarter in the current or previous year, then FUTA must be withheld, reported and paid (along with state unemployment taxes-SUTA). FUTA and SUTA payments are the sole responsibility of the employer.

*If a caregiver receives grant funds under the \$1,400 FICA wage threshold and the caregiver does not pay any worker \$1,400 or more in a calendar year and does not pay his/her support workers in total over the FUTA wage threshold, then payment of federal and state employment taxes in Georgia are not an issue.*

However, if a caregiver receives funds that exceed the FICA wage threshold and pays a support worker with these funds in excess of the FICA limit, then he or she will have to pay federal FICA for the worker. Similarly, if the caregiver receives funds that exceed the FUTA wage threshold and pays wages for all his/her support workers in excess of the FUTA wage threshold in a calendar quarter either in the current or the previous year, then FUTA (and subsequently SUTA) must be paid.

Theoretically, a caregiver may also receive AoA grant funds and combine them with other funding sources to hire support workers. If this occurs, the household employer must make sure to determine if his/her support workers exceed the FICA and FUTA wage thresholds. If this is the case, the caregiver must make sure FICA and FUTA (and SUTA) are paid for the applicable workers, even though AoA did not pay the total wages of the support workers. *An Area Agency on Aging should consider obtaining a signed statement from the caregiver (signed under pains and penalties of perjury).* It should state if the caregiver uses AoA funds to hire a support worker, in whole or part, and if wages exceed the FICA and FUTA wages thresholds, the caregiver will withhold, file and pay the federal and state employment taxes as required and in accordance with IRS rules and regulations or refund the grant funds to the AAA.

*It has been advised that AAAs not allow caregivers to co-mingle AoA funds with other funds for the purchase of support workers hired directly for support workers.* This is because caregivers may not always comply with federal and state employment tax requirements even though they sign a form saying they will. The AAA has no real assurance that the caregiver is acting in compliance with IRS and DoL rules and regulations and it is very labor intensive for the AAA to monitor caregiver performance in this area.

There are three possible scenarios/models for an agency, such as an Area Agency on Aging (AAA), to engage in the provision of consumer-directed personal care services. They are:

- As an Agency with Choice ISO (either themselves or through a subcontract with direct service agencies in the area)
- As a Vendor Fiscal Employer Agent ISO
- By reimbursing individuals and their families for services received after the individual or caregiver (as the common law employer) hires and pays the personal care worker (Reimbursement Method). Under this scenario, the AAA acts as a Fiscal Conduit ISO

### **Agency with Choice ISO**

As an Agency with Choice ISO, the AAA or an agency under contract to the AAA would be the common law employer of the individual's support workers but the individual /caregiver would be the *managing employer* of their support workers. This is considered a *dual employer* model. As the managing employer, the individual/caregiver would be responsible for:

- Recruiting/identifying his/her support worker and referring the worker to the agency for hire,
- Participating in the training of his/her support worker,
- Establishing his/her support worker's work schedule and the duties to be performed,
- Supervising his/her support worker's day to day activities, and
- Discharging his/her worker from their residence when necessary.

The AAA or the agency it contracts with is primarily responsible for processing payroll and for monitoring overall service quality and caregiver satisfaction. The AAA or the contracting agency can and should develop procedures for hiring, training and discharging individual/caregiver recruited support workers. These procedures should be similar to those that the agency would use to hire any person in that particular job category (e.g., there should be no "double" hiring standards). The AAA or contracting agency should establish

an individual/caregiver advisory group to monitor the Agency with Choice services and the agency's commitment to consumer-direction. The members should act as advisors when the agency develops their consumer-directed policies and procedures.

The Agency with Choice ISO model can provide a high degree of consumer direction for individuals and caregivers while reducing their employer-related duties. If implemented properly, this model can also limit the amount of liability the agency will face as a dual employer providing consumer-directed personal care services.

## **Vendor Fiscal/Employer Agent ISO**

### *Federal Tax Requirements*

As a Vendor Fiscal/Employer Agent, the AAA would set up the systems necessary under Section 3504 of the IRS code and IRS Revenue Procedure 70-6 to act as the agent of the individual/caregiver (who is the common law employer) for the purpose of managing federal and state employment taxes and issuing payroll checks. As the agent, the AAA must obtain an IRS Form 2678; *Appointment of Agent* for each individual/caregiver it represents as agent. These forms should be submitted to the IRS along with a request for authorization letter to receive approval from the IRS to be the agent for these caregivers. When the Vendor Fiscal Employer Agent no longer represents a caregiver, it must notify the IRS and "rescind" the Form 2678. The Agent also should obtain a completed and signed IRS Form 8821, Tax Information Authorization from each individual/caregiver it represents in order to obtain federal tax information (in particular, IRS Form 940 FUTA filings) on behalf of the individual/caregiver. This form must be renewed on a periodic basis and should be "rescinded" if the entity is no longer the Fiscal Employer Agent for the individual/caregiver.

The AAA must file an IRS Form SS-4; *Application for Employer Identification Number*, and get a separate FEIN for the sole purpose of filing federal tax forms. The agency must use the IRS Forms 940; *Employer's Annual Federal Unemployment (FUTA) Tax Return* and IRS Form 941; *Employer's Quarterly Federal Tax Return*. The IRS Form 941 must be filed in the aggregate for all individuals/caregivers it represents using the agent's FEIN. The IRS Form 940 must be filed individually for each individual/caregiver the agent represents using the individual's/caregiver's FEIN (to match the SUTA filings).

Federal income taxes for household employers only need to be withheld if it is mutually agreeable with the employer and the employee. However, it is recommended that the agent withhold, report and file federal income taxes on behalf of the worker so they are not surprised at the end of the year by how much tax they owe. Federal income taxes are reported on the IRS Form 941 along with FICA taxes.

The agent must file IRS forms W-2 for each employee and one aggregate IRS Form W-3 for all individuals/caregivers the agent represents per the instructions for agents in the 2003 IRS Forms W-2 and W-3 instructions.

## *State Tax Requirements*

### 1. State Agency Contact Information

A good contact number for the Georgia Department of Revenue, Division of Withholding is (404) 417-2311. A good web site is [www.gatax.org](http://www.gatax.org).

A good contact for the Georgia Department of Labor/state unemployment insurance is (404) 656-5590. A good resource for Georgia unemployment insurance is the Georgia Department of Labor's *The Employer's Handbook* (DOL –224 (R7/98)). A copy may be obtained off the Georgia DoL web site or by calling (404) 656-3131.

### 2. State Income Taxes

Georgia's state income tax requirement is the same as the federal government. If the employer chooses not to withhold federal income tax for his/her support worker, he/she is not obliged to withhold state income tax. However, if the employer withholds federal income tax he/she should withhold state income tax. It is highly recommended that state income tax be withheld for support workers.

If an individual/caregiver (as the common law employer) decides to withhold state income tax, 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 registration number, he/she will withhold, file and pay state income tax withholding for his/her worker(s) using the Forms G-7, *Quarterly or Monthly Return*.

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.

When an individual/caregiver stops employing support workers and withholding state income tax, it should contact the Department of Revenue and retire his/her Georgia Withholding Number.

### 3. State Unemployment Insurance

Each individual/caregiver who is a common law employer of a home-based 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 their FEIN when he/she receives it from IRS. *The employer should submit the Form DoL-4 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.*

DoL will then send the employer his/her state registration number and pre-printed Forms DoL –4, *Employer's Quarterly Tax and Wage Report* quarterly in order to file SUTA. If the

employer stops employing workers for a period of time, he/she can inactivate his/her state unemployment registration number by completing Item D on the Form DoL-4. However, if they wish to permanently retire their state unemployment registration number, he or she will need to obtain and submit the DoL Termination Form.

It should be noted that Georgia *does not* require that organizations that file taxes on behalf of household employers obtain a state power of attorney for purposes of managing state unemployment taxes on individuals' behalf.

Employers liable under the *GA Employment Security Law* are required to pay unemployment taxes to the state. The state taxable wage base is the first \$8,500 paid to an individual during the calendar year. Unemployment insurance is a tax paid by the employer without deduction from the wages of any employee. These taxes are deposited in the State 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 30 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.

When an employer pays total cash wages to his/her workers of \$1,000 in any calendar quarter (mirrors the federal rules described above), he/she must pay state unemployment taxes for his/her workers. An employer files and pays state unemployment taxes quarterly using the Form DoL -4 (R-9/97), *Employer's Quarterly Tax and Wage Report*.

#### *Other Activities of a Vendor Fiscal Employer Agent*

The Vendor Fiscal Employer Agent, may also:

- Process all federal and state employment and tax forms (including a worker application),
- Collect and process workers' time sheets,
- Process federal advanced earned income credits,
- Process any garnishments and levies placed on workers' pay,
- Maintain files for individuals/caregivers and their support workers,
- Assist individuals/caregivers with preparing the support workers' BCIS Forms I-9 to verify workers' citizen and alien status, and
- Generate standard reports for individuals/caregivers and the funding agency.

The Vendor Fiscal Employer Agent, may also want to assist individuals/caregivers in conducting criminal background checks of potential support workers, and provide individual/caregivers training regarding recruiting, managing and discharging support workers.

The Vendor Fiscal/Employer Agent, would charge a fee for the above-mentioned services which could be paid by the individual/caregiver or a funding agency.

The Vendor Fiscal Employer Agent model can provide individuals and families with a high level of consumer-direction while reducing some of the employer-related burden (particularly payroll) for the individual/caregiver without being considered the common law employer of the support workers.

### **Fiscal Conduit/Reimbursement Method**

The Reimbursement Method is sometimes used by Fiscal Conduit ISOs described earlier and in Table 1. Under this method, the AAA (agency) reimburses the individual/caregiver for support services that they have arranged for, received and paid for retrospectively. *This is very simple for the AAA but has significant consequences for the individual/caregiver.* First, if the individual/caregiver buys support services from an agency, the agency is the common law employer of the support workers. The caregiver just pays the service agency's invoice and submits it to the agency for reimbursement. The agency takes care of all the employment taxes for the support worker(s).

But, if the individual/caregiver is the common law employer of his/her/their support workers and hires them directly, they are the workers' employer and responsible for managing the employer-related responsibilities (e.g., managing payroll and employment taxes and insurances). Then it would submit the total costs of the support worker (wages, and required employment taxes and insurances) to the agency for reimbursement.

This approach could result in a cash-flow situation for individuals and their families that could limit access to consumer-directed support workers. It also represents a significant employer-related burden on the individual/caregiver.

The Fiscal Conduit/Reimbursement Method provides the individual/family with a high level of consumer-direction but does not provide any relief to the individual/family regarding the employer-related duties, particularly payroll. Administratively, its the easiest model for the agency to implement but does not enhance access to consumer-directed support services to individuals/caregivers or ensure the agency that AoA funds have been used properly (e.g., the proper federal and state employment taxes are being paid).

One thing an agency could do to assist individuals/caregivers with performing the employer-related functions and enhance individuals'/caregivers' compliance with federal and state employment tax and labor rules and regulations is by recruiting local payroll service and accountancy organizations to provide a number of services to individuals/caregivers at discounted rates.

First, these organizations could conduct “New Household Employer – How to Get Started” seminars on a regular, periodic basis. This seminar would show new household employers how to set up the payroll and tax payment process for their support workers. The organizations could be paid by the AAAs or by charging a registration fee to individuals/caregivers.

Second, find a local spot where these organizations could have “office hours” on a regular periodic basic to field questions from individuals/caregivers regarding the payroll and employment tax management process. The organizations could be paid a discounted by the AAA or donate the time as a community activity.

Finally, offer individuals/caregivers a payroll service for their support workers at less than standard rates.

It should be noted that under the Fiscal Conduit/Reimbursement Method, federal taxes will be filed based on the requirements for household employers included in IRS Publication 926, *Household Employer’s Tax Guide for Wages Paid in 2003*. FICA and federal income tax (if withheld, reported and paid) are filed using the IRS Schedule H with or without a Form 1040 by April 15<sup>th</sup> each year. All federal tax publications and forms may be obtained from the IRS web site at [www.irs.gov](http://www.irs.gov). State taxes would be filed as described for Fiscal Employer Agents earlier in this section.

# **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.

**Demo grant referral/assess 020503**

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.



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## Family Caregiver Program Process and Activities

### Screening

Initially, Family caregiver Program staff will screen potential caregivers for the program. If and when feasible, Gateway/I & 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.

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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

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

## 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 6<sup>th</sup> 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

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*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  8<sup>th</sup> 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	\$	\$
<b>TOTAL</b>	<b>\$</b>	<b>\$</b>

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/Employer 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 5<sup>th</sup> 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

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**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*

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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: \_\_\_\_\_

<i>Problem/Need</i>	<i>Goal</i>	<i>Service/Approach</i>	<i>Provider</i>	<i>Phone #</i>

(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




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# SOWEGA Council on Aging

Area Agency on Aging

"Your Gateway to Community Services"

August 19, 2002

██████████  
██████████  
Americus, GA 31709

Dear Ms. ██████████:

Mrs. ██████████ 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 ██████████ 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

██████████  
██  
Albany, GA 31705

Dear Ms. ██████:

Thank you for agreeing to be a Respite Care provider for Mrs. ██████ 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. ██████, 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 RESPITE, 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 5<sup>th</sup> 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 5<sup>th</sup> 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 3<sup>rd</sup> 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 3<sup>rd</sup> 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:

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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**

<u>Carereceiver</u>	<u>Spouse/Caregiver</u>
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 5<sup>th</sup> of the month after service is given. (For example- services given in June are sent in by July 5<sup>th</sup>.) 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						Supplemental Grant = \$500	
Month	Services Reimbursed	Services Funds Applied to Supplies Reimbursed	Supplemental Grant Reimbursed	Total Spent to Date	Unspent Service Balance	Unspent Sup. Grant Balance	Total Unspent Balance to Date
January							
February							
March							
April							
May							
June							
July							
August							
September							

## **Appendix Three**

### **Client Assessment Forms**



**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 ~** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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   
Irregularly 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

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

Vertical column of checkboxes for marking responses.

Vertical column of checkboxes for marking responses.

## 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 8<sup>th</sup> 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 \_\_\_\_\_

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

Georgia Division of Aging Services  
 Montgomery-Borgatta Scoring Sheet

<b>SCORING SHEET FOR MONTGOMERY-BORGATTA BURDEN SCALE</b>	I	II	III	IV	V	Objective Burden Score	Demand Burden Score	Stress Burden Score
<b>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....</b>		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)								
Total Scores by Burden Category (Excel auto complete)						0	0	0
<b>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</b>								

Date: \_\_\_\_\_  
 Name of Caregiver: \_\_\_\_\_  
 Staff who completed assessment: \_\_\_\_\_

Georgia Division of Aging Services  
Montgomery-Borgotta Caregiver Assessment Burden

<b>15. What is the caregiver's employment status?</b>	<b>Check One</b>				
Works Full-time					
Works Part-time					
Retired but works part time					
Fully Retired					
Homemaker					
Unemployed					
Other					
		<b># of hours per week</b>			
<b>16. During the past week, about how many hours did the Caregiver help the Care Receiver with round to the nearest hour)</b>					
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?					
<b>17. How do you rate your overall health at the present time?</b>		<b>Check one</b>			
Very good					
Good					
Fair					
Poor					
Very Poor					
<b>NOTE: This question is for Caregivers of persons with Alzheimer's Disease or other dementias.</b>					
<b>18. In the past week, on how many days did you (the caregiver) personally have to deal with following behavior of the care receiver?</b>		<b>0 (no) days</b>	<b>1-2 days</b>	<b>3-4 days</b>	<b>5/more days</b>
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

<p><b>Objective Burden-</b> The extent of disruptions or changes in various aspects of the caregiver's life and household, measured by events, happenings and activities—time related.</p>	<p><b>Demand Burden-</b> Attitudes toward or emotional reaction to the caregiving experience, measured by feelings, attitudes, and emotions.</p>	<p><b>Stress Burden-</b> The introduction of stress into the relationship with the dependent relative, marked by tension, nervousness, anxiety and depression in the caregiver.</p>
<p><b>Range</b> 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.</p>	<p><b>Range</b> 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.</p>	<p><b>Range</b> 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.</p>
<p><b>Potential Interventions and Outcomes:</b> <i>Personal care aide</i>, which could reduce time spent with bathing, dressing, etc.</p>	<p><b>Potential Interventions and Outcomes:</b> <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.</p>	<p><b>Potential Interventions and Outcomes:</b> <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</p>
<p><i>Transportation, Escort</i>, so family member does not always have to be present and assist.</p>	<p><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</p>	<p><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.</p>
<p><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.</p>	<p><i>Counseling</i>, which: a) helps C/G to understand &amp; 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</p>	<p><i>Care Management</i>, including improved access to services/ information. Assistance with advance directives can reduce anxiety about final arrangements.</p>
<p><i>Housing Modifications, low technology assistive devices</i>, enabling care receiver to perform tasks more independently.</p>	<p><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.</p>	<p><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.</p>

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
bathub/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

<b>Bedroom</b>	<b>Needed</b>	<b>Yes</b>	<b>No</b>
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			

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

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

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

<b>Windows</b>	<b>Needed</b>	<b>Yes</b>	<b>No</b>
locks			
screens			
glass (intact?)			
curtains/blinds			
weather stripping present			
functional			

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

Care receiver Name \_\_\_\_\_ Date \_\_\_\_\_

### ACTIVITIES OF DAILY LIVING (ADL's):

#### Eating

##### Self Performance

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

##### Comments

##### 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

#### 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

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## FAMILY CAREGIVER PROGRAM DON FUNCTIONAL ASSESSMENT

Carereceiver Name \_\_\_\_\_ Date \_\_\_\_\_

### ACTIVITIES OF DAILY LIVING (ADL's) continued:

	Comments
<b>Transfer</b>	
Self Performance	_____
Independent <input checked="" type="checkbox"/>	_____
Supervision <input type="checkbox"/>	_____
Limited Assistance <input type="checkbox"/>	_____
Extensive Assistance <input checked="" type="checkbox"/>	_____
Total Dependence <input checked="" 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 checked="" type="checkbox"/>	_____
Need is seldom or never met <input checked="" type="checkbox"/>	_____
<b>Toilet Use</b>	
Self Performance	_____
Independent <input checked="" type="checkbox"/>	_____
Supervision <input type="checkbox"/>	_____
Limited Assistance <input type="checkbox"/>	_____
Extensive Assistance <input checked="" type="checkbox"/>	_____
Total Dependence <input checked="" 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 checked="" type="checkbox"/>	_____
Need is seldom or never met <input checked="" type="checkbox"/>	_____

#ADL's = \_\_\_\_\_

Level of Impairment Score = \_\_\_\_\_

Unmet Need for Care Score = \_\_\_\_\_

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

<b>Managing Finance</b>	
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 checked="" type="checkbox"/>	_____
By Others - performed by others <input checked="" 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 checked="" type="checkbox"/>	_____
Need is met most of the time <input type="checkbox"/>	_____
Need is not met most of the time <input checked="" type="checkbox"/>	_____
Need is seldom or never met <input checked="" type="checkbox"/>	_____

P. 2

## FAMILY CAREGIVER PROGRAM DON FUNCTIONAL ASSESSMENT

Carereceiver Name \_\_\_\_\_ Date \_\_\_\_\_

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

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



## **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?

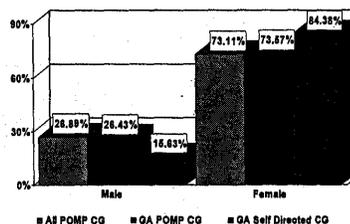
#### Self-Directed Caregivers are Similar to POMP Caregivers With Regard to:



- Age
- Marital Status
- Work Status
- Gender

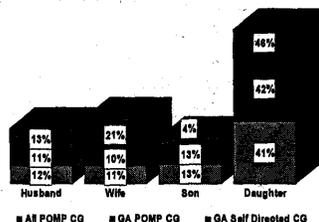
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, p. 11-12 and p. 28-29.

#### Gender



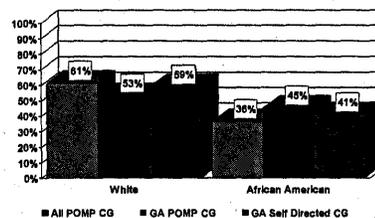
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, pp. 11 and 28. Differences in data are not significant.

#### Kin Relationship



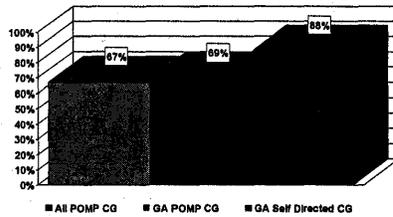
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, pp. 11 and 28. Differences in data are not significant.

#### Race



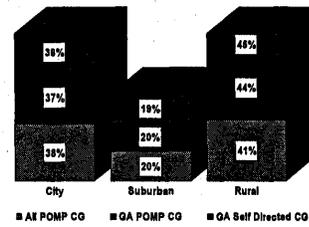
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, pp. 11 and 28. Differences in data are not significant.

### Live with Care Receiver



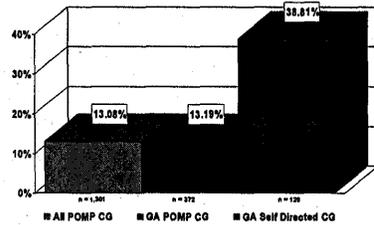
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, pp. 11 and 28  
Differences in care are not significant

### Home Location



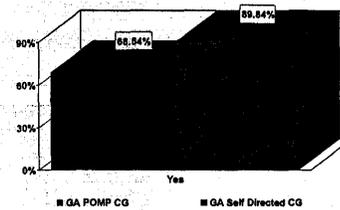
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, pp. 11 and 28  
Differences in care are not significant

### Burden: Proportion Providing All Care



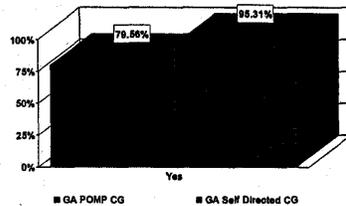
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, pp. 13 and 28

### 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



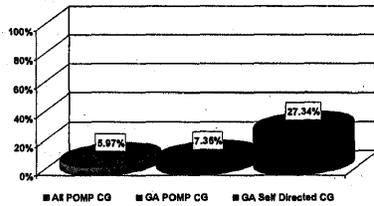
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, p. 30

### FINDINGS:

#### Research Question #2

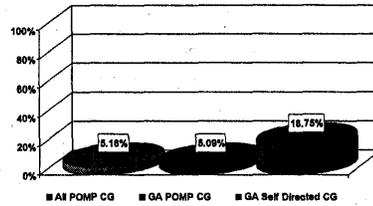
Do caregivers participating in self-directed care programs choose a different mix of services than those clients served with traditional services?

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



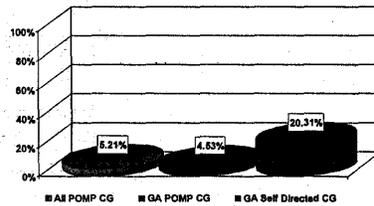
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, pp. 14 and 21

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



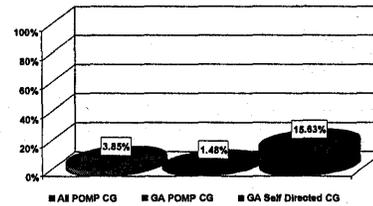
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, pp. 18 and 22

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



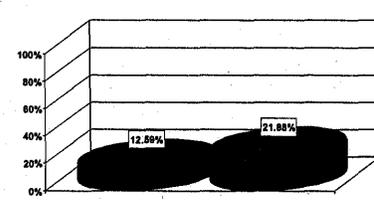
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, pp. 19 and 22

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



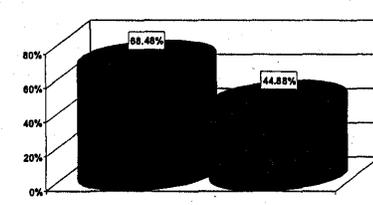
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, pp. 19 and 22

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

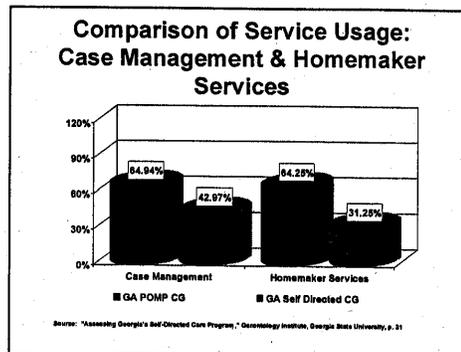
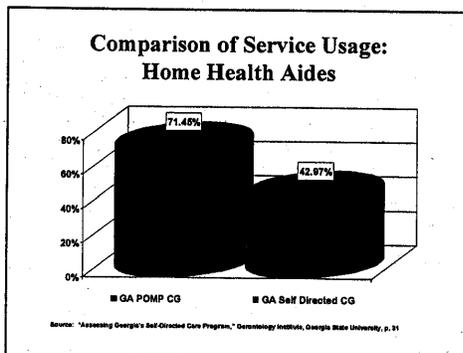


Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, p. 22

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

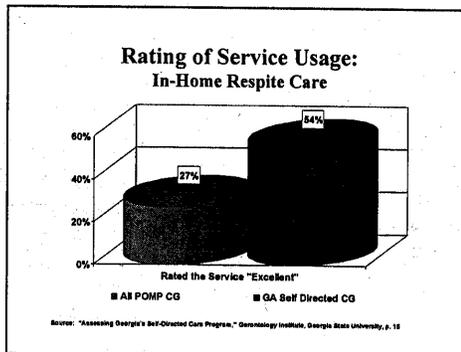


Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, p. 21



**FINDINGS:  
Research Question #3**

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



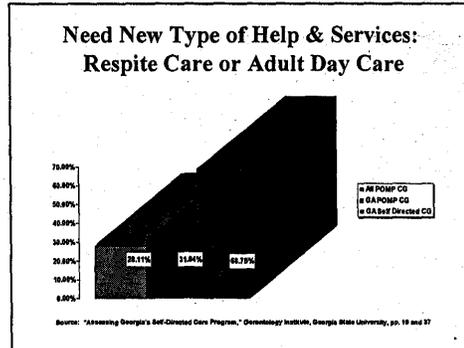
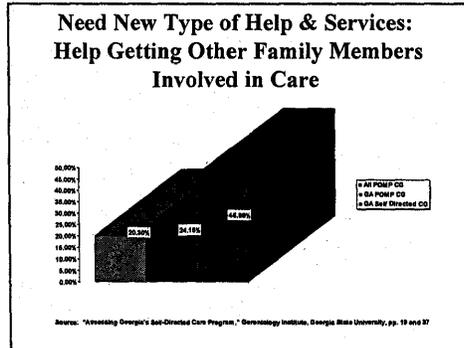
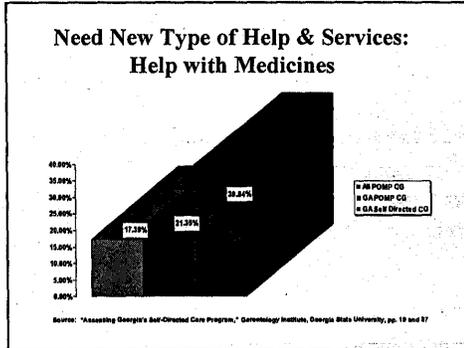
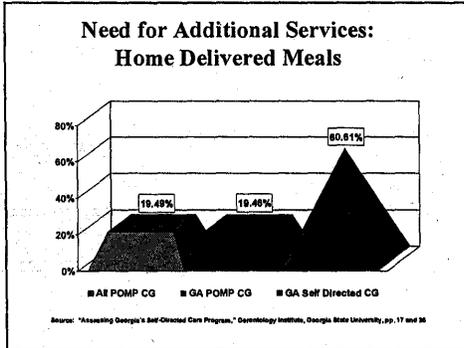
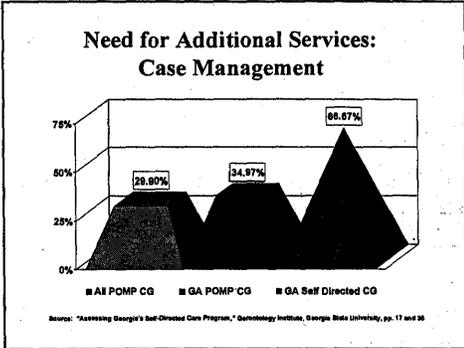
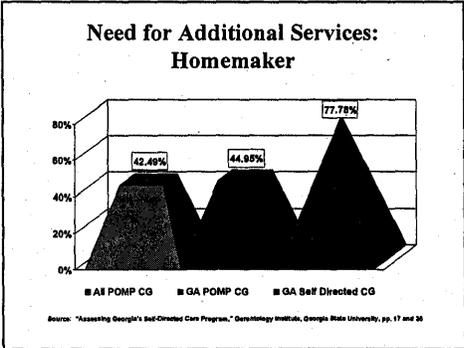
**Rating of Service Usage as "Excellent"  
GA Self-Directed CG vs GA POMP CG**

- 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

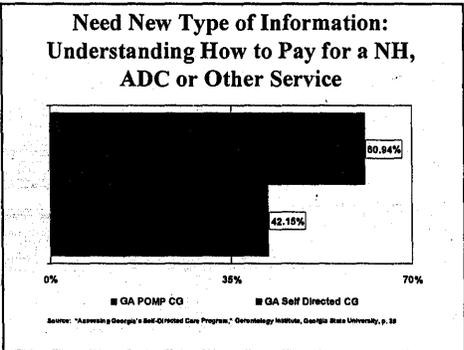
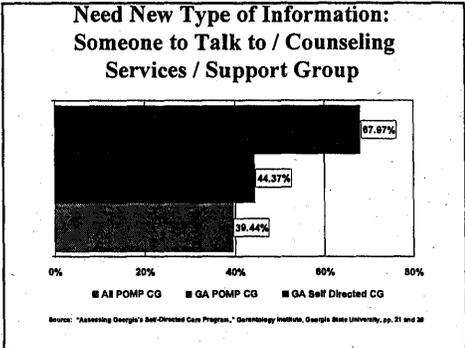
**FINDINGS:  
Research Question #4**

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?



**FINDINGS:**  
**Research Question #6**

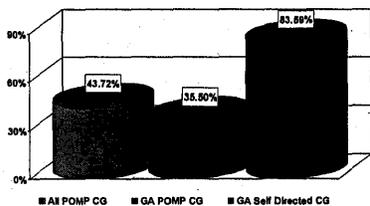
Are self-directed caregivers more positive about aspects of caregiving than those caregivers served by the traditional system?

**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. 23 and 41

**"Other" Positive Rewards**

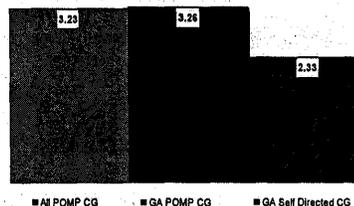
- "Doing the right thing"
- Teaching values to children
- Having no regrets/no guilt
- Expectation of spiritual reward
- Preventing nursing home placement

**FINDINGS:**

**Research Question #7**

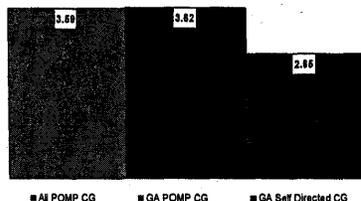
Are there differences in the negative aspects of caregiving for these comparison groups?

**Negative Aspect of Caregiving:  
Limits Personal Time**



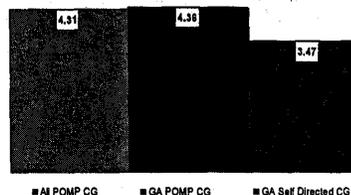
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, pp. 34 and 42

**Negative Aspect of Caregiving:  
Limits Time for Other  
Family Members**



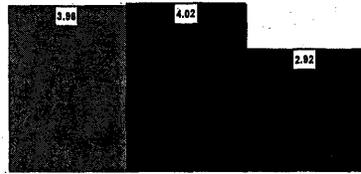
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, pp. 34 and 42

**Negative Aspect of Caregiving:  
Negatively Affects  
Family Relationships**



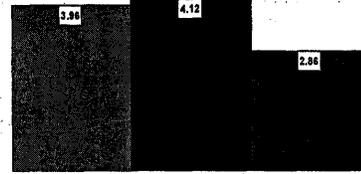
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, pp. 34 and 42

**Negative Aspect of Caregiving:  
Interferes with Privacy**



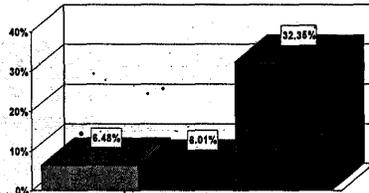
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, pp. 34 and 42

**Negative Aspect of Caregiving:  
Creates Problems in Social Life**



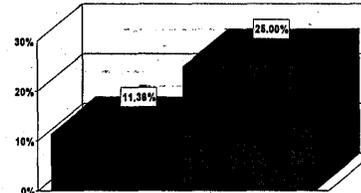
Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, pp. 34 and 42

**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 42

**Negative Aspect of Caregiving:  
Quite Frequently Creates Stress**

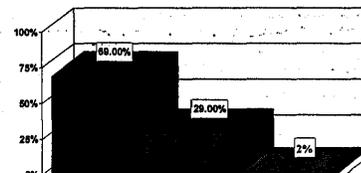


Source: "Assessing Georgia's Self-Directed Care Program," Gerontology Institute, Georgia State University, p. 42

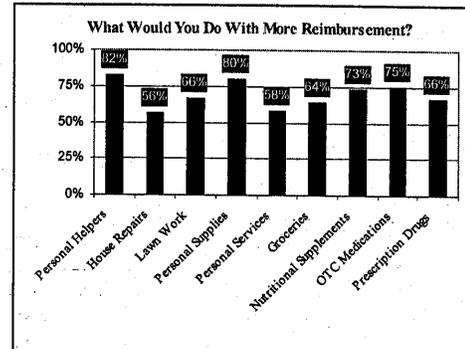
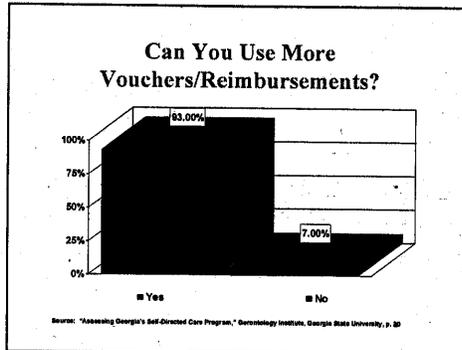
**FINDINGS:**

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



**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

Office Use Only:

1 of 14

Caregiver ID: \_\_\_\_\_

Date: \_\_\_\_\_

Enrolment date: \_\_\_\_\_

**CAREGIVER SUPPORT AND SATISFACTION SURVEY**  
**Georgia Demonstration Grant Version**  
 30 September 2002

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 ...
- |                                      |   |
|--------------------------------------|---|
| <input type="checkbox"/> A. Husband  | <input type="checkbox"/> G. Brother                               |
| <input type="checkbox"/> B. Wife     | <input type="checkbox"/> H. Sister                                |
| <input type="checkbox"/> C. Son      | <input type="checkbox"/> I. Other relative <b>(SPECIFY)</b> _____ |
| <input type="checkbox"/> D. Daughter | <input type="checkbox"/> J. Friend or neighbor                    |
| <input type="checkbox"/> E. Father   | <input type="checkbox"/> K. Other <b>(SPECIFY)</b> _____          |
| <input type="checkbox"/> F. Mother   |   |
- 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 away .....1
  - Between 20 and 60 minutes away .....2
  - Between 1 and 2 hours away .....3
  - More than two hours away .....4

Office Use Only:	2 of 14
Caregiver ID: _____	Date: _____
Enrolment date: _____	



**CAREGIVER SUPPORT AND SATISFACTION SURVEY**  
**Georgia Demonstration Grant Version**  
Version: 30 September 2002

**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)*

Office Use Only:

4 of 14

**CAREGIVER SUPPORT AND SATISFACTION SURVEY**  
**Georgia Demonstration Grant Version**  
Version: 30 September 2002

**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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**CAREGIVER SUPPORT AND SATISFACTION SURVEY**  
**Georgia Demonstration Grant Version**  
Version: 30 September 2002

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 satisfied .....1
- Somewhat satisfied .....2
- 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 little .....2
- 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, definitely .....1
- Yes, I think so .....2
- No, I don't think so .....3
- No, definitely not .....4

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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**CAREGIVER SUPPORT AND SATISFACTION SURVEY**  
**Georgia Demonstration Grant Version**  
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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 little .....1
- More than a little (but less than one-half) .....2
- About half .....3
- More than one-half (but not nearly all) .....4
- Nearly all .....5
- All .....6

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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**CAREGIVER SUPPORT AND SATISFACTION SURVEY**  
**Georgia Demonstration Grant Version**  
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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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**CAREGIVER SUPPORT AND SATISFACTION SURVEY**  
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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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**CAREGIVER SUPPORT AND SATISFACTION SURVEY**  
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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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**CAREGIVER SUPPORT AND SATISFACTION SURVEY**  
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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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**CAREGIVER SUPPORT AND SATISFACTION SURVEY**  
**Georgia Demonstration Grant Version**  
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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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**CAREGIVER SUPPORT AND SATISFACTION SURVEY**  
**Georgia Demonstration Grant Version**  
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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 Diploma .....1
- High School Diploma .....2
- Some College, including Associate Degree .....3
- Bachelor's Degree .....4
- Some Post-graduate work or Advanced Degree .....5

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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## CAREGIVER SUPPORT AND SATISFACTION SURVEY

### Georgia Demonstration Grant Version

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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).

*LADL-* 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.

*N4A-* 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.

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

*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	<a href="http://www.aoa.dhhs.gov">www.aoa.dhhs.gov</a> <a href="http://www.aoa.gov/eldfam/For_Caregivers">www.aoa.gov/eldfam/For_Caregivers</a>
Rosalynn Carter Institute	<a href="http://www.rci.gsw.edu">www.rci.gsw.edu</a>
Family Caregiver Alliance	<a href="http://www.caregiver.org">www.caregiver.org</a>
National Family Caregivers Association	<a href="http://www.nfcacares.org">www.nfcacares.org</a>
National Alliance for Caregiving	<a href="http://www.caregiving.org">www.caregiving.org</a>
The Caregivers Marketplace	<a href="http://www.caregiversmarketplace.org">www.caregiversmarketplace.org</a>
Alzwell (Caregiver Support Site)	<a href="http://www.alzwell.org">www.alzwell.org</a>
American Association of Retired Persons	<a href="http://www.aarp.org">www.aarp.org</a>
Homecare On-line (National Association for Home Care)	<a href="http://www.nahc.org">www.nahc.org</a>
Healthfinder (U.S. Health and Human Services)	<a href="http://www.healthfinder.gov">www.healthfinder.gov</a>
OncoLink (Cancer Information)	<a href="http://www.oncolink.upenn.edu">www.oncolink.upenn.edu</a>
National Parkinson's Foundation	<a href="http://www.parkinson.org">www.parkinson.org</a>
Centers for Medicare and Medicaid Services	<a href="http://cms.hhs.gov">http://cms.hhs.gov</a>
National Resource Center on Supportive Housing and Home Modification	<a href="http://www.homemods.org">www.homemods.org</a>
Lighthouse International (Vision Services)	<a href="http://www.lighthouse.org">www.lighthouse.org</a>
National Stroke Association	<a href="http://www.stroke.org">www.stroke.org</a>

Medline Plus, Caregiver Section [www.nlm.nih.gov](http://www.nlm.nih.gov)

The Institute for Self Directed Care [www.voice4patients.com](http://www.voice4patients.com)

Report on Self Directed Care <http://aspe.os.dhhs.gov/daltacp/reports>  
***Independent Choices: A National Symposium of Consumer Direction and Self-Determination for Elderly and Persons with Disabilities***

The Caregiver Media Group [www.caregiver.com](http://www.caregiver.com)  
**Today's Caregiver** magazine

The Caregivers Advisory Panel [www.caregiversadvisorypanel.com](http://www.caregiversadvisorypanel.com)

Carethere.com [www.carethere.com](http://www.carethere.com)

Children of Aging Parents [www.cap4caregivers.org](http://www.cap4caregivers.org)

Web of Care [www.webofcare.com](http://www.webofcare.com)

Well Spouse Foundation [www.wellspouse.org](http://www.wellspouse.org)

Senior Navigator [www.seniornavigator.com](http://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 2002 Caregiver Name William J. Rowling

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 5<sup>th</sup> 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/TAX	Total Cost	W/TAX
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 Cloths		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				

6/7/02  
6/15/02

\$ 88.80

Make check out to: William J. Rowling (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: \_\_\_\_\_

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

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**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

filename: Njob\_Disc June 2002

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

filename: Njob Disc. June2002

- 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.

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**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.

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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.

- 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

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**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

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**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

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**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 5<sup>th</sup> 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 5<sup>th</sup> 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 \_\_\_\_\_

\*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.

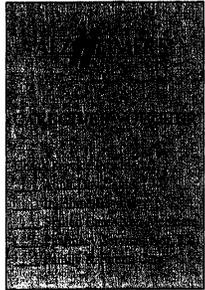
Adult Day Care @ \$ \_\_\_\_\_ per hour. Total number of Hours: 20  
 In-Home Respite @ \$ 5.50 per hour.  
 Other: List \_\_\_\_\_

\*\*\*\*\*

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: [gcburt@dhr.state.ga.us](mailto:gcburt@dhr.state.ga.us)

**Consultant to Georgia Project for Legal and Tax Considerations:**

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 Washington D.C. 20016  
 Ph (202) 337-0180  
 Fax (202) 337-4372  
[sflanagan@westchesterconsulting.com](mailto: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.	<a href="mailto:pcfry@dhr.state.ga.us">pcfry@dhr.state.ga.us</a>	770-538-2650
Southwest Georgia Council on Aging, Inc.	Ms. Kay Hind	Ms. Nancy Harper	Southwest Georgia Council on Aging, Inc.	<a href="mailto:neharper@dhr.state.ga.us">neharper@dhr.state.ga.us</a>	229-432-1124
Central Savannah River Area Agency on Aging	Ms. Jeanette Cummings	Ms. Georgia Jopling	Augusta Alzheimer's Association	<a href="mailto:gjopling@dhr.state.ga.us">gjopling@dhr.state.ga.us</a>	706-210-2000 Ext. 147
Heart of Georgia Altamaha Area Agency on Aging	Ms. Gail Thompson	Ms. Melina Edmund	Concerted Services, Inc.	<a href="mailto:mcedmund@dhr.state.ga.us">mcedmund@dhr.state.ga.us</a>	912- 367-3648
Southern Crescent Area Agency on Aging	Mr. Bobby Buchanan	Ms. Sally Richter	Carelink AmeriCorps	<a href="mailto:RichterS@WGHS.org">RichterS@WGHS.org</a>	706-675-6721 (So. Crescent AAA)

## ACKNOWLEDGEMENTS

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