

WASHINGTON STATE
FAMILY CAREGIVER SUPPORT PROGRAM

CHAPTER 17
LONG TERM CARE MANUAL

Policies and Procedures
for Area Agencies on Aging

AGING AND LONG-TERM SUPPORT ADMINISTRATION

May 2015

**Washington State Family Caregiver Support Program (FCSP)
Policies and Procedures**

FCSP Introduction	3
FCSP Caregiver Eligibility	4
TCARE® Overview	5
Part 1: Gathering Demographic Information	6
Step I: Level of Support	6
Part 2: Screening	7
Step II: Level of Support	8
TCARE® Rescreening	9
Part 3: Assessment	10
Step III: Level of Support	11
TCARE® Strategies and Associated Services	12
Part 4: Consultation and Planning	14
Annual Reassessment	17
Respite Policies	17
Respite Care Services Washington Administrative Codes	18
Guidelines for Determining Financial Participation for Respite Care Services	19
Spectrum of Respite Care Services	21
Rates for Respite Provider Agencies	22
AAA FCSP Special Circumstances	24
Exceptions to Policies (ETPs)	24
Waiting List Criteria for Respite and Supplemental Services	25
Waiting List Criteria for Counseling Services	26
FCSP Frequently Asked Questions	26
TCARE® Application	28
Purpose Code Definitions	29
TCARE® Application Workarounds and Processes	31
TCARE® Reports and FCSP Reporting	32
Appendix A – Step I Level of Support	34
Appendix B – Step II Level of Support	35

Appendix C – Step III Level of Support.....	37
Appendix D - Service Names by Service Category	40
Appendix E - Flowchart for Rescreen and Reassessment Process	44
Appendix F - FCSP Core Services Definitions for Reporting.....	45
Appendix G- TCARE® Screener and Assessor Training	46
Appendix H - TCARE® Assessor Qualifications and Recertification.....	48

FAMILY CAREGIVER SUPPORT PROGRAM (FCSP) INTRODUCTION

Supporting unpaid family caregivers keeps Washington families together and means less people need expensive long-term care placement or services. If family caregivers become unavailable, it's likely that adults would need to access more costly in-home and residential services. These caregivers need support to help prolong their ongoing caregiving activities as well as ensure their own mental and physical health stays intact while coping with related challenges. Cutting edge research demonstrates that it is critical to understand how a caregiver is feeling about their role in order to better tailor the support to their individual needs.

The FCSP, established in 2000, is available in every county in WA and offers unpaid family caregivers tailored services and resources. There are two goals for the FCSP:

- To provide information and support to unpaid family or other unpaid caregivers (who are not involved with the Medicaid funded Long-Term Care service system), and
- To postpone or prevent the need for more expensive forms of care for adults (care receivers) needing ongoing care or supervision.

Aging and Long Term Support Administration (AL TSA) administers FCSP through funds primarily received from state and federal monies as well as other funding and unpaid supports.

Caregivers may receive one or more of the following services:

- Information about long-term care and caregiver support services
- Assistance in gaining access to supportive services
- Evidence-based assessment of caregivers' needs and care planning
- Caregiver support groups
- Caregiver training, consultation and education (increasing skill building and self-care)
- Counseling services to cope with challenges
- Respite care services (in and out-of home settings, e.g. Memory Care and Wellness Services) to provide breaks
- Supplemental Services such as a housework and errands type service, bath bars and incontinence supplies
- Health and wellness referrals to cope with depression and medical issues

In 2007, the legislature revised 74.41.050 RCW mandating development of an evidence-based tailored caregiver assessment and referral tool. There was also legislative intent to have greater consistency in both policy and services within the FCSP. The Tailored Caregiver Assessment and Referral (TCARE®) protocol was the model that best matched the legislative mandate and intent. The company that officially oversees the management of TCARE® is Tailored CARE® Enterprises, LLC.

Who is eligible to receive FCSP services?

Under the **State FCSP**, an eligible “family caregiver” is an individual who is a spouse, relative or friend who has primary responsibility for the care of an adult with a functional disability* and who does not receive financial compensation for the care provided. (RCW 74.41)

*The term functional disability refers to any reduction in the adult’s ability to perform essential activities of everyday life. These activities are necessary to maintain health, independence and quality in an adult’s life.

Under the **National FCSP (Title III E – Older Americans Act)**, an eligible “family caregiver” is an adult family member or other “informal” (unpaid) caregiver, age 18 and older, who is providing care to either an individual, 60 years of age and older or to an individual of any age with Alzheimer’s disease and related disorders.

What is considered financial compensation?

If an individual receives wages for the care they provide to the care receiver, these wages are considered financial compensation. However, if transportation or lodging/room & board is offered to a family member to make it possible for them to provide care, these types of costs are allowable and not considered as financial compensation.

How is the caregiver age requirement different from state to national FCSP?

The age of the caregiver is not specified under the statute for the State FCSP, whereas under the National FCSP the caregiver must be an adult, 18 and over, in order to be served.

What is the priority caregiver population for State FCSP? The state legislature’s priority population for the State FCSP (SFCSP) is unpaid family caregivers whose care receivers are not receiving Medicaid funded, Long-Term Care Services (e.g., COPES and Medicaid Personal Care). The SFCSP is viewed as a resource to help divert care receivers from the Medicaid long term care system by way of supporting the unpaid caregiver. When SFCSP support is requested for an unpaid family caregiver whose care receiver is getting a Medicaid funded long-term care service, an Exception to Policy (ETP) should be utilized to help determine what percentage of total caregivers are served in this category.

TCARE® OVERVIEW

[*return to top of document*](#)

Beginning July 2009, the TCARE® tool was implemented into the FCSP. The TCARE® process is based on the premise that providing the right service at the right time best supports those unpaid family caregivers who are burdened by their caregiving responsibilities. TCARE® includes screening, assessment, consultation and service planning elements that are designed to be utilized with the FCSP which is administered through the Area Agencies on Aging (AAA).

TCARE® is a theory-driven protocol designed to identify measures of caregiver burden and stress and produce recommended services and supports to address those stressors. The goals, strategies and services are determined based on the results of a screening and assessment using multidimensional measures of caregiver burdens and uplifts, depression scores, identity discrepancy as well as care receiver Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) scores. This protocol identifies and prioritizes services using a consultative planning process targeted to support the caregiver's abilities to provide care for the care receiver as well as to better care for themselves.

The TCARE® process:

- Validates the family caregivers' feelings and experiences along their journey
- Stimulates caregivers to reflect on their caregiving responsibilities through relevant and insightful questions
- Provides structure to the interview between the assessor and the caregiver
- Identifies a broad range of support services available through public and private funding that address the specific stressors and burdens of the caregiver

Parts of the TCARE® Protocol:

The first part in the TCARE® protocol is gathering and entering the demographic information into the system. When a family caregiver is identified as needing FCSP's Information and Assistance services, it is recommended that the caregiver be entered into the TCARE® system. Basic demographic information on the unpaid caregiver and care receiver allows for follow-up and provides the data required for state and federal reports.

The second part in the TCARE® protocol is the TCARE® Screening. Screening can be conducted in a variety of settings: in person, by telephone, or through a self-screen form called the Personal Caregiver Survey. The scores from the screening determine whether the caregiver should be referred on for the third part of the TCARE® protocol.

The third part in the TCARE® protocol is the TCARE® Assessment. The assessment includes all of the screening questions, as well as additional questions focused on both the caregiver's experience and the care receiver's situation. Some of the major areas covered in the assessment are: care receiver behaviors, memory issues, ADLs, IADLs, Cognitive Performance

questions and diagnoses/conditions. An Assessment and Care Plan must be completed within 30 calendar days of the screening.

The fourth part in the TCARE® protocol is the TCARE® Consultation and Care Plan development. The caregiver works with the TCARE® assessor to develop a plan of care based on targeting the most appropriate and timely services to address unmet needs.

TCARE® quantifies information received from the family caregiver and informs AL TSA, AAAs, their community partners, advocates and the legislature about the impact FCSP makes in the lives of caregivers. AL TSA and the Family Caregiver Support Policy Team are committed to revisiting the FCSP policies on a regular basis to make changes as needed.

PART 1: GATHERING DEMOGRAPHIC INFORMATION

The first part in the TCARE® protocol is gathering and entering the demographic information into the system. When a family caregiver is identified as needing FCSP's Information & Assistance services, it is recommended that the caregiver be entered into the TCARE® system. This will allow TCARE® to track the progress of the caregiver's journey.

[Refer to Appendix A for Step I Level of Support](#)

STEP I: LEVEL OF SUPPORT

[return to top of document](#)

- Step I is available to any unpaid caregiver. Caregivers who do not want to participate in the TCARE® screening and assessment processes are still eligible for Step I services.
- A caregiver may undergo a TCARE® Screen but might not reach a particular AAA's threshold for Step II services, in which case that screened caregiver would only be eligible for Step I levels of support.
- Available Resources: Information and referrals to family caregiver or community resources are provided at Step I.
- Up to \$250 (based upon local AAA discretion) of services or tangible support(s) which is a one-time only expense per caregiver which is intended to last for a short time period. Both the caregiver and care receiver's demographic information is required if the caregiver will receive any tangible services or supports paid by FCSP.
- The FCSP encourages family caregivers to seek local supports (e.g., e.g. available friends, family, faith communities) and other funding sources (e.g., Medicare, Apple Health, health and long-term care insurance, Veteran's benefits) in order to maximize state and federal program funds.
- The FCSP funds may be used for the copay of caregiver related services when another funding source is the primary payer and the caregiver can't afford to cover the copay for a service.
- The Step I/II Planning Screen in TCARE® can also be used to track benefits and referrals in addition to the GetCare.

Listed below are some examples of resources and services at Step I:

- Caregiver Information and Assistance
- AAA Caregiver Websites
- Caregiver Workshops and Training including Powerful Tools for Caregiving
- Caregiver Kits
- Support Groups
- Educational Consultation (e.g., a one-time dementia consultation)
- Conferences
- Equipment and Supplies (e.g., incontinent supplies)
- Excludes Mental Health Counseling and Respite Care Services or other ongoing services.

A Step I family caregiver who has not completed a TCARE® screen may receive resources or services under Step 1 up to the level of \$250, (unless your AAA utilizes a lower cap), in the first year only. For subsequent years, a TCARE® Screening will be necessary if they request additional paid services.

Background Information: WA State TCARE® data indicates that caregivers who screen and move onto Step II do far better than those who receive only Step I services. If a caregiver does not complete a TCARE® screen and remains at Step I, TCARE® is unable to determine that initial services were helpful.

One-time or a short-term, caregiver-related event under Step I

Under Step I: When an unpaid caregiver wishes to attend a one-day event (e.g. conference or training) and is unable to find support to provide supervision/care for their care receiver, the FCSP staff has the option of offering assistance within Step I. The cost of the training for the caregiver and the supervision/care needed for the care receiver together should not exceed \$250 annually.

Select “one-time only funding” for the one-day event, under the Purpose code in TCARE® Case Notes and describe the service provided.

PART 2: SCREENING

[*return to top of document*](#)

The second part in the TCARE® protocol includes a TCARE® Screening. Screening can be conducted in a variety of settings: in person, by telephone, or through a self-screen form, called the Personal Caregiver Survey.

The TCARE® Personal Caregiver Survey can be offered to any family caregiver either in hard-copy or at <http://www.alsa.dshs.wa.gov/Professional/TCARE®/> where a person can download a copy located under TCARE® Tools. This version of the screen does not include the scores/levels (e.g. high, medium, and low) of the six measures (e.g., depression, burdens, etc.). Any staff member who has completed the TCARE® Screening Training or TCARE® Certification may perform a TCARE® Screening. The TCARE® System allows FCSP-related staff to perform a

TCARE® Screening both on-line (connected to the network) or off-line (not connected to the network).

Before finalizing a TCARE® screen that has been sent in to the local FCSP office, it is recommended that a TCARE® Screener or Assessor contact the caregiver to discuss their answers with them and respond to any questions they may have had in filling out the survey. The process of contacting the caregiver and entering the screening scores in the TCARE® system must be completed within 10 business days.

When the TCARE® Screening process is complete, scores and ranges (low, medium and high) are determined for the caregiver's Identity Discrepancy, Burdens (Relationship, Objective, and Stress), Uplifts and Depression. These ranges are used to determine if the caregiver is referred for a full TCARE® Assessment.

STEP II: LEVEL OF SUPPORT

[return to top of document](#)

To determine eligibility for Step II services, consult your local AAA eligibility thresholds.

Available Resources: Based on local AAA discretion, up to \$500 in services and/or tangible good(s), such as equipment/supplies in a 12-month period are available for an individual caregiver. **(NOTE: verify with your AAA, the Step II annual cap.)** If the caregiver received Step I services within the last 12 months, the cost of Step I services must to be included in the Step II \$500 limit. If a caregiver meets Step III threshold levels (consult local AAA eligibility thresholds), the FCSP staff is encouraged to complete an assessment with the caregiver prior to authorizing services at the Step II cap in order for the caregiver to receive a more robust service package.

If a Step II caregiver is caring for two or more care receivers, the caregiver's service package cannot exceed a total of \$500.00 annually. And, if eligible, a caregiver should be encouraged to proceed to Step III to receive a possible more robust service package.

FCSP encourages family caregivers to seek local support (available friends, family, faith communities) and other funding sources (e.g., Medicare, Apple Health, health and long-term care insurance, Veteran's benefits) to supplement state and federal FCSP funding.

Ongoing services, such as Respite Care and a housework and errands type service, etc., are not allowable at Step II.

Listed below are some examples of possible service offerings at Step II:

- FCSP Counseling (up to \$500)
- Respite to attend short-term Caregiver Education or a Training series**
- Registration fees for Caregiver Education Events (travel & accommodation excluded)
- PERs (Personal Emergency Response systems) Equipment, installation and/or monthly service costs not to exceed Step II monetary limit

- Assistive Devices, Caregiving-related Supplies or Equipment

[Refer to Appendix B for Step II for Level of Support.](#)

[return to top of document](#)

FCSP Requirement: TCARE® Screeners and/or Assessors employed by a community FCSP TCARE® subcontractor through an AAA are required to inform caregivers of the relevant, available services in their community, including any FCSP services contracted by the local AAA. This is to ensure that caregivers have information to make well informed choices on services that best suit them.

**When an unpaid caregiver wishes to attend a short-term (e.g., six weeks) caregiver-related education, consultation or counseling series and is unable to find support to provide supervision/care for their care receiver, the FCSP staff has the option of offering assistance within Step II. The cost of the series for the caregiver and the supervision/care needed for the care receiver together should not exceed \$500 annually.

In order for the FCSP to identify either the one-day event under Step I, above, or the short-term series under Step II, above, screeners or other staff must:

1. Enter the demographic information on both the caregiver and care receiver into the Details Screens into TCARE® before authorizing services.
2. Complete a TCARE® screen for the caregiver requesting assistance.
3. Select the Purpose Code “one-time only funding” for the one-day event in TCARE® Case Notes and describe the service provided.
4. FCSP staff or a family caregiver may arrange with contracted licensed or certified, trained agency providers (e.g. home care, adult day services, and residential facilities) for the care needed by the care receiver in the caregiver’s absence.

REMINDER: If, in the course of completing the TCARE® Screen, a caregiver indicates in question 6 that the care receiver has memory loss or dementia, FCSP staff should offer referral information to a local Alzheimer’s resource (e.g., Alzheimer’s Association, Alzheimer’s Society).

TCARE® RESCREENING

A TCARE® rescreening can occur through a telephone or in-person interview or the Personal Caregiver Survey.

The following information relates to caregivers whose previous screen resulted in Step I or Step II eligibility and are due for a re-screening at six months.

For Caregivers at Step I or II

When caregivers are not requesting additional FCSP services, a rescreen (or the Personal Caregiver Survey) at the six-month follow-up should still be encouraged. The rescreening responses will enable the local and state FCSP staff to learn about the effectiveness of the program and caregivers will be able to see how they are doing as compared to prior screening (e.g., have different score ranges in areas such as burden, stress, depression, etc.). Those who choose not to be rescreened are to be encouraged to call back if their situation or needs change.

When caregivers wish to continue to receive FCSP short-term and limited services and have not reached the annual Step I or II financial cap, they can undergo a rescreen every six months.

If the caregiver's rescreen results in higher ranges, FCSP staff should consult the AAA's current eligibility threshold to see if the caregiver should be referred for a full TCARE® assessment.

PART 3: ASSESSMENT

[return to top of document](#)

The third part in the TCARE® protocol is the TCARE® Assessment. The assessment includes all of the screening questions, as well as additional questions focused on both the caregiver's experience and the care receiver's situation. Some of the major areas covered in the assessment are: care receiver behaviors, memory issues, Activities of Daily Living (ADL), Instrumental Activities of Daily Living (IADL), Cognitive Performance questions and diagnoses/conditions. An Assessment and a Care Plan must be completed within 30 calendar days of the screening.

All questions are required to be answered except for the caregiver's monthly income. The question about the care receiver's monthly income is required to determine the participation fee for respite care. The results of the algorithm identify specific goals and strategies linked to caregiver support and services appropriate to address the caregiver's specific stresses and burdens.

One face-to-face visit during the TCARE® assessment or consultation process is required before services can be authorized during the initial assessment/consultation process as well as during subsequent annual TCARE® reassessments/consultations. If the caregiver and care receiver reside together, at least one home visit must occur in the home with both caregiver and care receiver present. This home visit allows the assessor to evaluate the living situation and must be completed before the Care Plan is created. When caregiver and care receiver don't live together, a home visit in the care receiver's home is strongly encouraged, though not required. If a care receiver is unwilling to have a home visit take place, an ETP should be noted within the TCARE® system.

The TCARE® Assessment is available both as an on-line and off-line tool. A TCARE® Assessment must be completed by staff persons who are certified TCARE® Assessors.

It is recommended an AAA Master Trainer, FCSP Coordinator or Supervisor review three TCARE® caregiver cases (which includes entering demographics through the completion of care plan) and provide feedback to each newly certified TCARE® assessor within their first six months. After the first year, it is recommended that a minimum of two TCARE® caregiver cases be reviewed for each assessor in order to ensure program quality. Examples of some case review templates will be available on the ALISA TCARE® resource page.

STEP III: LEVEL OF SUPPORT

[*return to top of document*](#)

What is the current eligibility threshold for Step III for any new unpaid caregiver who enrolls in the FCSP?

- In order for a family caregiver to access the full TCARE® system (screening, assessment, consultation/care plan and services as recommended by the TCARE® algorithm) a family caregiver must have either:
 - One high score in any of the three burdens (relationship, objective, stress) or in depression or identity discrepancy; or
 - A total of three medium scores in the burden scales, depression or identity discrepancy as indicated in the TCARE® screen.
- Statewide eligibility thresholds may be changed in the future depending on available funding and/or demand.

NOTE: Please verify your AAA's threshold levels.

- If a AAA needs to vary its Step III eligibility criteria from that which is stated above, ALISA FCSP staff must be notified in writing of the reason for this change and approve it prior to the eligibility change being implemented.

As with Step II planning, FCSP encourages family caregivers to seek available supports (friends, family, faith communities) and other funding sources (e.g., Medicare, Apple Health, health and long-term care insurance, Veteran's benefits) to supplement state and federal FCSP funding.

If a caregiver's depression score is either medium or high, the Health Goal is to be addressed in the TCARE® Consultation.

The caregiver can remain active in the FCSP if their care receiver does not want to participate in the program. However, in order for the caregiver to receive respite care or other ongoing services, the care receiver needs to be willing to receive care from a respite provider agency that provides in- or out-of-home respite services.

To be eligible for Respite Services paid through FCSP, a caregiver must provide a minimum of 40 hours of care per week or live with the care receiver who needs ongoing help.

Available Resources: After completion of an assessment, a caregiver is eligible to receive services associated with the selected strategies identified in TCARE®.



TCARE® ON-LINE SYSTEM: For an assessment to be complete, FCSP staff needs to move the assessment from pending to complete status in order for the TCARE® algorithm to run. **REMINDER:** In the TCARE® application a screen must be moved from pending status to complete within 30 calendar days to avoid repeating the screening process with the caregiver. A copy and create function is built into the TCARE® system so that responses in the screening can be populated into a new assessment.

[Refer to Appendix C for Step III for Level of Support.](#)

TCARE® STRATEGIES AND ASSOCIATED SERVICES

[return to top of document](#)

This section illustrates the types of strategies utilized in TCARE® and examples of services that could be offered.

A	Strategies to change personal rules for care
B	Strategies to reduce or minimize workload
B1	Reduce care needs of care receiver
B2	Reduce difficulty of care and tasks
B3	Introduce alternate source for care to provide respite
C	Strategies to support positive self-appraisal (enhance or affirm current identity & behavior)
C1	Reject negative appraisal
C2	Reinforce positive aspects of identity
D	Strategies to reduce generalized stress
E	Strategies to improve overall health

Strategies A, C, and D (Defined above)

- Caregivers Workshop Series
- Powerful Tools for Caregivers
- Wellness Programs
- Caregiver Education
- Counseling*
- Legal, Financial, Health Care Planning

- Support Groups
- Caregiver Education

*Counseling within the FCSP is now defined as Individual or Family Counseling that can be provided by the following professionals who hold a current license with the Washington State's Department of Health:

- Psychiatrists
- Psychologists
- Psychiatric advanced registered nurse practitioners (ARNPs)
- Psychiatric mental health nurse practitioners-board certified (PMHNP-BCs)
- Mental health counselors
- Independent clinical social workers
- Advanced social workers
- Marriage and family therapists

Strategy B (Defined above)

- Equipment and Supplies, PERS (e.g., Assistive Technologies)
- Caregiver Education – Information and Skills (including evidence-based (EB) interventions, e.g., STAR-Caregivers (STAR-C), RDAD (Reducing Disability in Alzheimer's Disease), Home Care Aide Training
- Care Receiver Education – Improve Health, Strength and Self Care, including Evidence Based interventions (e.g., Chronic Disease Self-Management /Living Well classes, Diabetes Self -Management Program and Chronic Pain Self -Management Programs)
- Financial and Legal Planning, setting up Bill Pay process
- Transportation
- Home Delivered Meals/Grocery Deliveries
- Pharmacy Delivery
- Rehabilitation Services (e.g., OT/PT)

Higher care needs: In TCARE®, services that provide a break from caregiving are identified under the categories of Informal Help Network, In-Home Supports and Services (Personal Care), Adult Day Services, Overnight Respite Services.

Examples of Services:

- Adult Day Services - Adult Day Health, Dementia and Social Day Care
- Chore/Homemaker Services – e.g., housework and errands type service
- Personal Care or Home Health Services
- Out-of-Home and In-Home Respite

Strategy E

Example of Services:

- Mental and Physical Health Evaluation
- Alcohol and Drug Abuse Evaluation
- Wellness Services – Services to keep caregiver healthy that do not include those services related to emotional health. Emotional Health services belong in Strategies A, B, C and D.

Consider other sources of payment such as Medicare and/or Apple Health/Medicaid, health and long-term care insurance or Veteran’s benefits for payment towards caregiver/care receiver services.

[See Appendix D for Service Names by TCARE® Service Categories](#)

FCSP Requirement: TCARE® Assessors employed by a community FCSP TCARE® subcontractor through an AAA are required to inform caregivers of all the relevant, available services in their community, including all FCSP services contracted by the local AAA. This is to ensure that caregivers have sufficient information to make well informed choices on services that may best suit them.

PART 4: CONSULTATION AND PLANNING

[return to top of document](#)

The purpose of the consultation meeting is to review with the caregiver the outcome of the assessment and to review the services available through the community, private resources (e.g., long-term care insurance) or other public funding (e.g., Medicare, Veterans Administration) to assist the caregiver in relieving their stress and burden.

A consultation worksheet is developed by the TCARE® assessor after an assessment is completed and used to facilitate service planning between the assessor and the caregiver. The consultation with a caregiver helps to determine which services will comprise the final care plan and helps to explain the potential benefits of the services to the caregiver.

What is the timeframe for staff to complete a TCARE® care plan for a family caregiver?

FCSP staff have 30 calendar days from the time the TCARE® screening is completed (and entered into the TCARE® system) until a care plan must be completed.

To consider a Caregiver Care Plan completed, an Agreement Date must be entered into the TCARE® system as the system will not allow the care plan to be moved to complete without this date. The agreement date is defined as when the caregiver verbally agrees to the services outlined in the Care Plan.

Available Resources: After completion of an assessment, a caregiver is eligible to receive services associated with the selected strategies identified in TCARE®.



TCARE® ON-LINE SYSTEM: For an assessment to be complete, FCSP staff needs to move the assessment from pending to complete status in order for the TCARE® algorithm to run. **REMINDER:** In the TCARE® application a screen must be moved from pending status to complete within 30 calendar days to avoid repeating the screening process with the caregiver. A copy and create function is built into the TCARE® system so that responses in the screening can be populated into a new assessment.

Completion of Caregiver Care Plan

The Caregiver Care Plan is developed from the TCARE® Consultation Worksheet. The plan will include the agreed upon services and expected outcomes. Outcomes need to be measurable and specific. For example, instead of stating that a caregiver will learn how to transfer the care receiver from the bed to wheelchair, the assessor might include a statement in the Care Plan that says “Caregiver will have less back strain upon receiving instruction on safe transfer skills.” This will promote conversation at next rescreen.

The TCARE® Assessor will request the caregiver’s signature on the Caregiver Care Plan. The caregiver’s signature signifies acknowledgment of services and of receipt of the Caregiver Care Plan. Do not delay services if caregiver’s signature has not been obtained. The TCARE® Assessor signature is required to acknowledge the agreement between the two parties.

Rescreening For Caregivers at Step III

All caregivers who have completed a full assessment, and wish to continue to receive services must have a completed rescreen at least every **six** months (following the completed care plan) through a self-screen (Personal Caregiver Survey), telephone or in-person interview.

NOTE: Refer to [Appendix E](#) for a diagram of the Flowchart for FCSP TCARE® Rescreen and Reassessment Process.

At the rescreen, scores are to be compared with previous screen or assessment. It is important to note if the ranges of high or medium scores changed.

For current Step III caregivers, if new ranges are lower than last screening/assessment, the TCARE® assessor must confirm that services are still useful and that the caregiver wishes to continue them. If it is not time for an annual assessment, a reassessment is not required. An update to the Consultation/Plan Caregiver Plan is required.

Update Status, Used, and Useful boxes

[return to top of document](#)

- Offer previously declined services or new services to the caregiver and enter in the TCARE® computer application the updated estimated start and end dates.

- Create a new Care Plan. A verbal agreement is required to authorize and begin or continue services. The Care Plan must be sent to caregiver for signature, which acknowledges receipt of the agreed upon services.
- All TCARE® Care Plans are kept within the TCARE® system and there is an ongoing history for viewing and printing.

For current Step III caregivers, if the screen results in the same number of highs or mediums, but the highs or mediums are in different categories from the previous screen, consult the TCARE® Blue User Manual Decision Maps page to determine if the goal has changed. (A change in goal will not appear in the TCARE® system unless an assessment is conducted.)

If the goal has changed, a reassessment must be administered. This enables the algorithm to run, suggesting appropriate services.

If the goal has not changed:

- Update Consultation Worksheet, including new start and end dates for services that will be continued.
- Offer new services when appropriate.
- Complete the Service Plan tab for each service offered.
- Select “in plan” for those services that are to appear on the Consultation Worksheet.
- Update the action steps and outcome boxes to reflect changes on the care plan.

If the caregiver wishes to continue a current service that is not one of the service options generated by the new TCARE® algorithm and there is no goal change, update that service in the care plan.

- This service will become part of the new care plan being created.
- Conduct the consultation with caregiver to obtain agreement for new plan.
- Print and mail the new care plan to caregiver for signature.
- If no reassessment is conducted at this time, a face-to-face visit is not required.

For what time period can an ongoing service be authorized?

It is possible to authorize ongoing services (e.g. respite care, housework and errands) for up to one year. However, any ongoing service must be updated in the care plan at the time of a **six** month rescreening in order to confirm and document that the service is working for the caregiver. If a rescreen does not take place according to the schedule (must be completed by seven months), any ongoing service(s) must be terminated and the care plan updated. It is recommended that a letter also be sent to the caregiver informing them that, without participating in a rescreen, they will be terminated from the program. If they want to continue to receive services, they must either participate in a re-screening or will need to pay the provider agency privately for the service. If a caregiver is no longer eligible for the service (e.g.

change in TCARE® Goal where the service is not recommended and the caregiver has gotten worse instead of better with services connected to previous Goal), the service must be terminated and other available services offered.

ANNUAL REASSESSMENT

[return to top of document](#)

Caregivers who are at Step III and wish to continue services must receive an annual reassessment within 12 months of the most recent assessment regardless of the screening levels. At least one face-to-face visit must take place at some point during the reassessment or consultation process. As caregiving can change dramatically over time, it is important to see the caregiver and, if possible, the care receiver on at least on an annual basis. If a caregiver lives with the care receiver, an in-home in-person visit must take place before the new updated Care Plan is complete.

At the annual TCARE® reassessment, if a family caregiver is receiving respite care services and wants to continue to receive them and the TCARE® scores indicate that the caregiver has benefitted from the services, the TCARE® Assessor should determine if the family caregiver is still living with or providing 40 hours per week of care to the care receiver. If the family caregiver is providing less than 40 hours per week and it looks like the respite services are helping, the AAA, according to their own local policy, can decide whether or not to provide continued respite services. For example, the AAA may set the required number of unpaid caregiver hours at a lower lid; e.g., 25 hours a week, to still qualify the family caregiver for respite services. If a family caregiver still lives with the care receiver they would automatically still qualify for respite services depending on the outcome of the reassessment and if the TCARE® Assessor and family caregiver determine that respite services are still a benefit to the caregiver.

Refer to [Appendices G](#) - TCARE Screener and Assessor Training and [H](#) - TCARE® Assessor Qualifications and Recertification

RESPITE POLICIES

[return to top of document](#)

The purpose of respite care is to provide relief for families or other unpaid caregivers of adults (age 18 and over) who are living with functional disabilities. Where available, in-home and out-of-home respite care options can be provided on an hourly and/or daily basis, including 24-hour care for several consecutive days. Staff providing respite care services provide supervision, companionship and personal care services that are usually provided by the primary caregiver. Services appropriate to the needs of individuals with cognitive impairment are also provided. Medically-related services, such as administration of medication or injections, are provided by a licensed health practitioner.

Respite providers require a contract. Check with your AAA FCSP Coordinator for a list of your current contracted respite providers before authorizing respite services.

The Washington Administrative Codes (WACs) which direct respite care services are WAC 388-106-1200 through 1230 and included here:

RESPITE CARE SERVICES WACs (Washington Administrative Codes)

[return to top of document](#)

- [388-106-1200](#) What definitions apply to respite care services through the family caregiver support program?
- [388-106-1205](#) What are respite care services?
- [388-106-1210](#) Who is eligible to receive respite care services through the family caregiver support program?
- [388-106-1215](#) Who may provide respite care services through the family caregiver support program?
- [388-106-1220](#) How are respite care providers reimbursed for their services through the family caregiver support program?
- [388-106-1225](#) Are participants required to pay for the cost of their respite care services through the family caregiver support program?
- [388-106-1230](#) What determines emergent and non-emergent respite care services through the family caregiver support program?

AAA Respite Procedures

The AAAs must have written procedures for:

- Determining, with the caregiver and care receiver, the amount of respite care services authorized, when it will be provided, and the name of the respite agency provider. This information must be included in the caregiver's TCARE® Care Plan;
- Arranging for one-time or ongoing respite care with the agency provider and providing them with the TCARE® Respite Information form;
- Maintaining contact with caregivers to determine further needs and/or changes to the respite care plan;
- Providing a substitute respite care worker if the scheduled worker has to cancel;
- Attempting to provide respite care when a caregiver has an emergency; and
- Monitoring the respite care provider and assessing provider performance to ensure all regulations are followed, including training of staff.

NOTE: FCSP-funded respite services shall be terminated upon notification of a care receiver participating in COPES or Medicaid Personal Care, a Developmental Disabilities waiver, or living in an assisted living or nursing home facility.

GUIDELINES FOR DETERMINING FINANCIAL PARTICIPATION FOR RESPITE CARE SERVICES

[return to top of document](#)

The department requires eligible care receivers to pay part or all of the cost of respite care services based on their monthly income (above 40% of the State Median Income (SMI)). The FCSP staff will administer a sliding fee schedule, (same as the Sr. Citizens Services Act (SCSA) schedule) which is updated annually, to determine the share of the cost of these services. The related income question is asked in Question #25(a) in the TCARE® Assessment.

How is the participation fee determined?

- 1) There is no charge to the care receiver whose income is at or below 40% of the SMI, based on family size.
- 2) If the care receiver's gross income is above 40% of the SMI, then, utilizing the SCSA sliding fee scale, the TCARE® assessor will determine the percentage rate the participant is required to pay towards the cost of the respite care services; and
- 3) If the care receiver's gross income is 100% or more of the SMI, the participant must pay the full cost of the respite care services.
- 4) If the care receiver is experiencing extreme financial hardship (e.g., high medical expenses) and cannot pay for their share of the cost of the respite care services, the AAA's FCSP Coordinator or Supervisor may grant an ETP and then the Assessor must document this situation in the caregiver's TCARE® assessment case notes under the ETP purpose code. At the next reassessment the care receiver's income will be once again reviewed for financial participation if respite care services are continued.

How is income defined?

An updated general definition for income includes, but is not limited to, all the money received which the participant can use to meet his/her needs, such as cash, pension, wages, Social Security benefits, Veteran's benefits (e.g. , Aid and Attendance), dividends and interest paid on bank accounts.

The cost of respite care is determined by the numbers of hours or days of respite care service authorized and used, and the rate for the service.

Listed below are examples of how FCSP staff shall determine the care receiver's income:

- A.1 If the caregiver and eligible care receiver are married, all the monthly income received in either or both names shall be combined and one-half of the total shall be considered the participant's income. Refer to Column One on the SCSA sliding fee scale.
- A.2 If the caregiver and eligible care receiver are married to each other and there are dependent children in the home, all the monthly income received in either or both parents' names shall be combined and one-half of the total shall be considered the care

receiver's income. Refer to the fee scale column which represents the number of persons in the household less one (ex. for family of 4, use column 3).

Example: One spouse is the care receiver, the other is the caregiver, and they have two children under 18. The couple's combined monthly income is \$3,000. One-half the total is \$1,500. The monthly income for column 3 (total of persons in the household less one because the husband and wife are counted as one) on the fee schedule is less than 40% of the SMI, so the care receiver does not have to pay participation.

- A.3 In a case where both members of a married couple are respite care receivers and the unpaid caregiver is a friend or relative, all monthly income received in either or both names of the married couple shall be combined and then divided in half. Refer to Column One to determine what percentage of cost each spouse would pay.
- A.4 If the care receiver is single, and the caregiver is a friend or relative, the only monthly income counted toward participation would be that of the care receiver. Refer to Column One.
- A.5 In a case where there are two non-spousal, care receivers living in the same household and are cared for by a relative or friend, each care receiver's income will be considered separately when determining the percentage rate of participation amounts. The cost of the respite service will be pro-rated among the two care receivers. They will share in paying for a percentage of the service (if their income is above 40% of SMI).

Refer to the fee schedule, Column One for the appropriate percentage of cost each participant will pay.

<p>NOTE: Under no circumstances is the combined multiple care receivers' contributions to exceed the cost of the respite service.</p>
--

- A.6 In a case where the care receiver is the head of household and the caregiver is a relative or friend, only the monthly income received by the care receiver would be considered for financial participation. Refer to the fee schedule for the number of persons (care receivers and dependents) in the household.
- A.7 In the case of a care receiver who is a veteran receiving Veteran's Aid and Attendance benefits for their long term care needs, these benefits are recognized as income and therefore counted. It is important to keep in mind that the caregiver cannot be receiving pay through the VA program and also receive FCSP respite care. That caregiver would be considered a paid caregiver and therefore ineligible for FCSP funded-respite.

AAA Respite Billing Requirements:

1-The AAA's National Family Caregiver Support Program (NFSCP) funding for Respite Care Services is to be used **only** when the care receiver's income is at or below the 40% SMI or when participation is a financial hardship. All other respite care charges must be billed to the State funded FCSP.

For more information go to [MB# H12-056 – Procedure, August 9, 2012. Respite Care Services and Other Non-Core Personal Care Services Funding Source Billing Options Related to Participant Contributions](#)

2-As part of the monthly invoicing to ALTSA, the AAAs must report all funds received from respite care participants by the agencies collecting them. These funds shall only be used within the provider agencies for purposes of the Family Caregiver Support Program.

SPECTRUM OF RESPITE CARE SERVICES

[return to top of document](#)

What types of Respite Care providers are to be involved in FCSP?

Respite care services are to be contracted with the local AAA. The types of possible respite agency providers that can be contracted include available residential facilities: licensed boarding homes, adult family homes, assisted livings, nursing homes, along with adult day services, home care/home health agencies, and any other providers such as Senior Companion, Volunteer Services, etc. Provider agencies shall be monitored for compliance according to the ALTSA/AAA Policy and Procedures. Respite services may be also provided through an unpaid, network of family, friends and community members.

Family caregivers will be able to choose from available contracted agency providers in their service area. Special requests may be made for cultural, ethnic and language considerations. Caregivers may request a change in agency providers at any time. The array of respite care providers (volunteer and/or paid services) should cover all levels of care including:

- A. Companionship, supervision and meal preparation,
- B. Help with activities of daily living (e.g., personal care, lifting, turning, transferring, dressing, eating, walking, medication reminders, etc.),
- C. Tasks such as catheter care, injections, pressure ulcer care, that require licensed medical or health professionals for respite type care such as a Licensed Practical Nurse or Registered Nurse, and
- D. Out of home services: Adult day services where available (socialization, nursing services, rehabilitation, classes and many other activities) or short-term residential facility stays (nursing homes, assisted living, boarding homes and adult family homes).

There may be instances during a respite episode when transportation to a medical appointment or essential shopping* may be provided to the care receiver by the home care agency worker. (This would apply if the family caregiver would normally be providing transportation,

but is unavailable during this episode(s) because s/he is taking a respite break.) This service is allowable if the TCARE® Assessor communicates this need in a written form (this could be included in the caregiver's care plan, Respite Care Information Sheet or AAA/Respite Care Authorization form) to the home care agency ahead of time. The home care agency worker will use 1) public transportation (if appropriate) or 2) insured private vehicle, provided the home care agency worker has a valid driver's license/insurance coverage.

*The Medicaid agency home care rate already includes parity for transportation to medical appointments and essential shopping. Because respite care services utilize this same home care rate, it's reasonable to expect transportation to medical appointments or essential shopping can be included in the respite service package.

Transportation for essential shopping would also be permissible under FCSP Supplemental Services when a home care agency is contracted to do housework and errands type services if the TCARE® Assessor communicates this need in a written form and follows the same procedures for the home care agency worker as stated above.

The following WAC pertains to nursing facilities that provide respite care. [WAC 388-97-1880](#).

Respite Care Provider Staffing and Monitoring Standards Licensing and/or certification of any respite staff are the responsibility of the Home Care/Home Health agencies, Adult Day Services and Residential Services. Check with AAA contract staff on the required certification, licensing, training and background checks needed for all contract respite providers.

If a AAA is unable to provide the array of respite services as listed in this section A through D, above, the AAA must contact ALTSA Program Manager for technical assistance regarding adequate provider network.

The AAA must ensure they are utilizing the current respite provider rates and the Annual SMI Schedule (SCSA) to determine care receiver cost contribution/participation.

RATES FOR RESPITE PROVIDERS AGENCIES

[return to top of document](#)

Rates for In-Home Respite Service Providers

In-home respite care workers shall be paid according to the labor standards and applicable legislation (RCW 74.39A.310). Rates for Home Care Respite Provider Agencies are governed by the following legislation:

[RCW 74.39A.310](#) which requires that the contribution rate for caregiver compensation, paid leave, training and AWHI be paid by the department to home care agencies at the same rate as negotiated and funded in the Collective Bargaining Agreement (CBA) for Individual Providers (IPs) of home care services. This contribution rate is connected to the CBA and is communicated in an MB as changes occur.

Respite care services can contract with home care or home health agencies that employ Nursing Assistant Certified (NAC) staff at their established rate. Nurse delegated tasks are not included within the respite care services.

AAA staff will utilize the latest Management Bulletin on home care rates to determine applicable respite care rates.

Rates for Out-of-Home Respite Providers

Each AAA shall negotiate for an hourly and/or a daily rate with providers whenever possible.

- If an agency provider has only an hourly rate, this rate shall be paid for each hour of respite care used, including 24 consecutive hours of respite care.
- If an agency provider (such as an adult day or residential service) has only a daily rate, the rate shall be paid for 24 consecutive hours or less of respite care used.
- If an agency provider has both an hourly and daily rate, the AAA shall reimburse the provider whichever rate (hourly or daily rate) is lowest.

When a respite episode warrants an exceptional rate for a non-Medicaid funded, out-of-home provider, (e.g. only one facility is available in the area and requires a higher rate and is still more cost effective than some other type of facility), then the AAA may negotiate an exceptional rate and document it with the subcontractor's contract.

The department shall pay Medicaid facilities the Medicaid rate approved for that facility (e.g., nursing homes, etc.). It shall be unlawful for any facility which has a Medicaid contract with the department to charge any amounts in excess of the Medicaid rate for services covered, except for any supplementation permitted by the department pursuant to RCW 18.51.070. The participant shall pay for services not included in the Medicaid rate.

The agency provider shall not be paid for more service hours than authorized by the FCSP. Annually, ALTSA will notify AAAs of the current rates paid by the department to providers offering a same level of service by respite care providers.

How should respite care episodes be scheduled for emergent and non-emergent situations?

TCARE® Assessors shall encourage eligible caregivers to schedule episodes of respite care in advance.

Requests for respite care which are of an emergent nature shall have first priority. An example of such an emergent need for respite would be when the caregiver becomes ill or injured to the extent that the caregiver's ability to care for the care receiver is impaired. It is understood that emergencies may not be able to be resolved if respite resources (e.g. providers) are not available to meet a given caregiver's needs.

In-non emergent situations, respite care is available on a first-come first-served basis provided that sufficient financial resources are available to fill the requests each month. Respite care services are not part of an entitlement program. The amount of respite allotted is based on funding availability along with the needs of the particular caregiver and can vary from time to time. If respite care cannot be provided, refer to the waiting list criteria noted on page 28. If a cancellation occurs, respite care shall be made available to those on the waiting list according to the service priority categories.

AAA FCSP SPECIAL CIRCUMSTANCES

[return to top of document](#)

Caregivers in Crisis

AAA policies will determine how best to serve caregivers in crisis. A caregiver must be screened, assessed, and have a completed care plan within 30 calendar days following the crisis if ongoing services exceeding \$500 were authorized.

EXCEPTIONS TO POLICIES (ETP) AND DOCUMENTATION [return to top of document](#)

Each AAA must develop an ETP process to be followed when exceptional cases arise within FCSP and the TCARE® process. The process must include a written approval process between the assessor and their supervisor or the AAA FCSP program coordinator before authorizing the ETP. For tracking purposes, staff must enter the demographics on the caregiver and care receiver, use Case Notes and select “ETP-Exception to Policy” as the Purpose code. Staff shall discuss ETPs with a supervisor and/or the FCSP Program Coordinator. In addition, a short description of the exception and what action was taken to address the situation is needed in case notes. The date and name of authorizing party’s approval of the ETP (e.g., supervisor or FCSP Coordinator) must also be included in the case notes.

Examples of possible ETPs include:

- A caregiver who needs a certain service that is not included in the list of TCARE®’s 15 service categories in Step III and the service is approved by the AAA;
- A caregiver who is in a crisis can be served with Step II or III FCSP services without first going through a screening or assessment. A TCARE® screening and/or assessment/care plan must be completed within 30 calendar days if ongoing services are needed;
- A caregiver who needs some supplies or a piece of equipment within Step I (if a TCARE® screen has been completed) or II that exceeds the dollar amount;
- For a caregiver who has Limited English Proficiency (LEP) and is requesting services, supplies or equipment, FCSP screeners and TCARE® assessors are asked to conduct a TCARE® screening/assessment using interpreter services. If this is not feasible, follow the documentation procedures for an ETP;
- If the screener has a “gut feeling” that an existing caregiver who rescreens at less than the eligibility threshold is truly in need of a higher level of service such a Step II to Step III, discuss with supervisor or FCSP Program Coordinator.

- There may be those instances where a family caregiver who is struggling with the caregiving role provides unpaid care to an adult who is receiving Medicaid long term care services (e.g., COPES). An exception can be made if there are no other resources available to help caregiver. This individual can also be served without an ETP at Step I with resources like support group referrals, conferences etc. but if other needs occur (e.g. consultation, counseling) an ETP is needed. Respite care services are not permitted;
- In certain situations (e.g., ethnic/cultural communities), a primary caregiver may not be distinguishable from another family member/unpaid caregiver providing care to the same care receiver. In these circumstances, the total service package for these multiple caregivers should not exceed (in hours or funding) the AAA's limit for one caregiver.

WAITING LIST CRITERIA FOR RESPITE & SUPPLEMENTAL SERVICES

[return to top of document](#)

If an AAA needs to implement a waiting list for FCSP respite care, please use the criteria below. The criteria can also be used for other FCSP ongoing services, e.g., Housework and Errands. Only caregivers for respite care need to meet the criteria of either providing 40 hours per week of care or living with the care receiver.

The TCARE® ranges (low, medium, and high) will be used to prioritize caregivers on a waiting list. **Uplift scores do not count for any of the priorities.** Priority one is considered the highest priority.

Priority 1 – All 5 highs

Priority 2 – 4 highs in Depression, Objective, Stress, and Relationship burdens

Priority 3 – 4 highs; Objective burden must be either medium or high

Priority 4 – 3 highs and 2 mediums. One of the highs must include Depression; Objective burden must be either medium or high

Priority 5 – 3 highs and 1 medium. One of the highs must include Depression; Objective burden must be either medium or high

Priority 6 – 3 highs, no mediums. Highs must include Depression and Objective burdens.

Priority 7 – 2 highs to include Depression and Objective burden

Priority 8 – 2 highs. Objective burden must be either medium or high.

Priority 9 – 3 mediums. Objective burden must be one of the mediums.

The waiting lists are established for caregivers who are new to TCARE®/FCSP. There may be multiple caregivers on a waiting list who are in the same priority category. When an opening becomes available, the caregiver who has been on the list the longest will be served first.

WAITING LIST CRITERIA FOR COUNSELING SERVICES [return to top of document](#)

If a AAA needs to implement a waiting list for FCSP funded counseling* services, please use the criteria below. The TCARE® ranges (low, medium, and high) will be used to prioritize caregivers on a waiting list. Uplift scores do not count for any of the priorities. Priority one is considered the highest priority.

Priority 1 – All 5 highs

Priority 2 – 4 highs in Depression, Objective, Stress, and Relationship burdens

Priority 3 – 4 highs in Depression, Relationship, Stress, and Identity Discrepancy

Priority 4 – 3 highs and 2 mediums. Highs must include Depression and Relationship burden

Priority 5 – 3 highs and 1 medium. Highs must include Depression and Relationship burden

Priority 6 – 3 highs, no mediums. Highs must include Depression and Relationship burdens

Priority 7 – 2 highs to include Depression and Relationship burden

Priority 8 – 2 highs. One must include Relationship burden

The waiting lists are established only for caregivers who are new to TCARE®. There may be multiple caregivers on a waiting list who are in the same priority category. When an opening becomes available, the caregiver who has been on the list the longest will be served first.

FCSP FREQUENTLY ASKED QUESTIONS [return to top of document](#)

Are there restrictions on purchasing goods or services under the FCSP Steps I-III?

Yes, funding from the FCSP cannot be used to pay for rent, car repairs, computers, entertainment items, vacation expenses, major appliances, gift cards or utility bills. If staff are unsure of allowable items or services, contact ALTA FCSP Program Managers.

Can a caregiver receive FCSP services if the care receiver lives in an Assisted Living Facility, paid for privately?

The state and federal funding sources have different viewpoints on this question:

The State FCSP RCW 74.41, states that the program is to “encourage family and other nonpaid individuals to provide care for adults with functional disabilities at home, and thus offer a viable alternative to placement in a long-term care facility”.

For National FSCP (NFSCP), the Older Americans Act defines a caregiver as: An adult family member or another individual, who is an “informal” provider of in-home and community care to an older individual.

Based upon the different definitions, the state FCSP funding should be limited to family caregivers who care for adults at home, whereas the NFSCP can include caregivers whose loved ones live in an Assisted Living Facility. When applying the NFSCP funding, ALTA staff cautions

AAAs about using costly services for caregivers whose care receivers are living in long-term care facilities.

Can an AAA provide services to caregivers who live in WA State but care for family member living outside of the state?

AAAs can provide services to caregivers, on a case-by-case basis, as determined by the local FCSP policy.

How should caregiver and care receiver privacy and confidentiality be protected?

By its nature, the Family Caregiver Support Program involves collecting sensitive, private information from caregivers and care receivers. Such information must be treated with the utmost care. The Family Caregiver Support Program (which is a non-Medicare and non-Medicaid program), is not considered a Health Care Component under HIPAA and therefore is not subject to its rules, oversight and penalties. However, such information is still confidential and subject to RCW 42.56.590 and RCW 19.255.010 if a breach occurs. If the TCARE® Assessment and Care Plan involves the sharing of caregivers' responses of any health related information (e.g., results of the depression scale) AAAs shall get signed consent forms (the AAA can choose the DSHS 14-012 form or similar one) from the caregivers so they are aware that the FCSP staff may share the minimum necessary information with contracted partner programs in order to help provide effective caregiver services. The TCARE® database is controlled by DSHS, and is protected under strict security protocols and AAA security contract language. Only those staff with the proper security clearance and covered by confidentiality oaths have access to it.

For activities of daily living needs and health-related information on the care receivers that will be shared with providers (e.g., respite care providers), a signed consent form (the AAA can choose the DSHS 14-012 form or similar one) should also be utilized and signed by the care receiver or their designated representative.

What documentation is needed in the family caregiver file when purchases are made?

Staff that authorize services under the FCSP are responsible to ensure that, when purchasing goods/services or one-time set-up fees on behalf of an eligible family caregiver, documentation within a family caregiver file (e.g., copies of authorization and billing tracking documents) must include:

- A caregiver's name,
- A description of the goods and services including purchase price,
- Proof (can be verbal verification with caregiver) the goods were purchased, and
- Goods or services were received, the costs verified, and purchase is consistent with needs identified in the TCARE® care plan.
- No cash or gift cards may be offered to family caregivers.

It is important to also consult local AAA policies for additional documentation that may be required.

Can a care receiver receive general case management at the same time their family caregiver receives FCSP?

Yes and the FCSP staff should coordinate with the General Case Management staff to optimize service delivery and avoid duplication of efforts and resources.

Can a caregiver receive services through a kinship care program (Kinship Caregivers Support Program or Kinship Navigator Program), and simultaneously from the Family Caregiver Support Program?

Yes, as these programs serve different primary care receiver populations (adults versus children), the needs of the caregiver can vary based on their role. The FCSP staff should coordinate with the kinship care staff to optimize service delivery.

TCARE® APPLICATION

[return to top of document](#)

How does one change the Caregiver Status?

In the TCARE® system you can change Caregiver Status from Active to Inactive and back again. The TCARE® system records the date, time, user and reason for inactivation or reactivation when the caregiver's status changes.

What is the process for Family Caregiver TCARE® Inactivation?

It is important for FCSP staff to accurately mark the reason for an inactivation of a family caregiver from the TCARE® system. This information is used to help determine the outcome of the caregiver's participation in the FCSP.

A single response option can be selected from the Caregiver Status Inactivation drop down menu. Listed below are the response options:

- Caregiver (CG) current needs addressed
- CG Death
- CG Health Issues
- CG no longer available
- CG Change
- CG receiving wages (for caregiving)
- CG did not meet eligibility level
- Care Receiver (CR) Death
- CR on Medicaid LTC Services
- CR Placed in any LTC facility
- Declined Screening/Assessment
- Duplicate
- Lost contact
- Moved out of state

- Other
- Refused service
- No activity in nine months (Display only. System generated for automated inactivation)

What if there has not been any TCARE® activity for a caregiver in many months?

The TCARE® online system will automatically inactivate a family caregiver if there has been no activity within a nine-month period. This means that if there have been no screenings, assessments, care plans (or updates) or case notes provided in the caregiver's file, the caregiver will move to inactive status. This action is least desirable; when the system inactivates a family caregiver, it is not possible to get outcome information to understand what is happening with the family caregiver or their care receiver.

For staff to change status from Active to Inactive, all incomplete or pending Screenings and Assessments must be completed or deleted. Once caregiver is Inactive, all information in their folder will be read-only.

If caregiver wants to stay connected to FCSP through Step 1, staff should not inactivate this individual in the TCARE® system. Contact with these caregivers, at least every six months, will inform staff of caregiver's desire for more or less involvement with the FCSP. Either create or update the Step I TCARE® Application Planning Screen.

What are the TCARE® Purpose codes to use in the case notes?

PURPOSE CODE DEFINITIONS

[return to top of document](#)

Advocacy: Use to document advocacy activities on behalf of client.

Assessment: Use to document when the purpose of the contact is to complete the initial assessment.

Caregiver Care Plan Signature Date: Use to document the receipt of the signed Care Plan signature page from the caregiver.

Case Closed: Use to document that you have inactivated the caregiver in the TCARE® tool.

Clerical: Use to document any clerical function such as payment authorization, mailing of forms, or scheduling appointments.

Collateral contact: Use to document contact made to gain or share information with a collateral contact, such as medical provider, service provider, family members, mental health provider, etc.

Consultation: Use to document the discussion you had with the caregiver about the screen scores, strategies and support services that may reduce burden, and services that the caregiver believes will be beneficial.

Dementia Consultation: Use to document implementation of a structured intervention designed to help family caregivers who are caring for someone with Alzheimer's disease or a related dementia to resolve dementia-specific challenges. Would include STAR-C, Skills2Care, and Reducing Disability in Alzheimer's disease (RDAD).

External Consultation: Use to document discussions with individuals outside your organization.

ETP (Exception to Policy): Use to document the Program Manager's approval of an ETP.

Follow-Up: Use to document calls to providers or the caregiver verifying that services have been started or that equipment that has been purchased is working effectively.

Information: Use to document the gathering of information for the caregiver or others.

Intake: Demographics: Use when initially gathering demographic information from the caregiver for level 1&2. There are times when intake: demographics info is gathered on someone who is not screened at that time and who, when screening occurs, is a level 3.

Internal Consultation: Use to document discussions with individuals inside your organization. Ex: staffing with your Supervisor, Program Manager, or to consult with your AAA consulting nurse.

Medicaid LTC Services Pending: Use to document when caregiver's care receiver has submitted a Medicaid LTC request/application for services to Home & Community Services and is awaiting a final determination.

One-time only funding: This choice is used to indicate that the contact is related to a request for a one-time payment and that there may or may not be a TCARE® Screening or Assessment for this caregiver's case.

Plan Agreement/Changes: Use to document verbal approval of the Care Plan.

Planning: Use when discussing services and options before care plan is finalized.

Provider Issues: Use to document issues with the provider. (Ex: notification that a Respite provider cannot be found for the schedule requested, caregiver would like to switch providers, etc.).

Referrals Made: Use to document referrals to providers, Nurse Consult, etc.

Re-Screening: Use to document the 6 month re-screen.

Reassessment: Use to document assessments completed annually. (If completing an initial assessment select Assessment for purpose code)

Screening: Use to document an initial screen.

Schedule change: Use to document a change in the agency provider schedule.

Other: Use to document activity that does not fit under the other purpose codes.

TCARE® Application Workarounds and Processes [return to top of document](#)

How does one complete cases involving one caregiver caring for 2 care receivers that come into the system at the same time?

An assessment needs to be completed for each dyad relationship: You will create only one caregiver in TCARE®. A separate assessment will be conducted for each dyad: caregiver (CG) and associated care receiver (CR) 1 and CG with associated CR 2. Keep both of the assessments in pending status until you are ready to move one or the other to complete status.

To get two Care Plans, (e.g., one caregiver Care Plan associated with care receiver #1), the assessor needs to first ensure that the appropriate care receiver (CR #1) is chosen from the care receiver drop down menu on the care receiver screen.

For the assessment associated to the CG and CR #1, you need to first move this pending assessment in the tree to complete and then work it through the consultation and care plan process.

Leave the CG/CR #2 assessment in pending status until you have completed all the steps for developing a care plan for CG and CR # 1.

DO NOT move the assessment between CG and CR #2 to complete before finishing the consultation and care plan on CG and CR #1.

Once you have worked all the way through the process so that the care plan for CR #1 is complete, the Assessor would then do the same process with CG and CR #2. Now that CR #1 process is complete, you can move the pending assessment for care receiver #2 to complete and continue the process for CR #2, consultation through care plan.

If you do not follow the steps above, it will result in creating the care plan associated with the last assessment that was moved to complete.

You can choose which services are most appropriate on the consultation for that particular dyad instead of doubling up on the same service units for each CG/CG (e.g. mental health counseling, Powerful Tools for Caregiving) would only need to be on one care plan as it would benefit the caregiver in both instances. Another example would be if the CG has a higher relationship burden score associated with CR#1 than with CR#2, counseling would be most appropriate in the care plan related to CR#1. This should only appear on the care plan of the CR #1.

Once you have the two care plans (for CR #1 and CR #2), you will not be able to combine the two care plans into one single care plan.

How does one complete a Case involving ONE care receiver and more than one caregiver?

In those instances where there is more than one caregiver, the Assessor must complete an assessment for each caregiver/care receiver dyad. NOTE: Keep in mind RCW FCSP language 74.41 focuses on primary family caregivers. Under the FCSP RCW 74.41 (5) "Unpaid caregiver" means a spouse, relative, or friend who has primary responsibility for the care of an adult with a functional disability and who does not receive financial compensation for the care.

In these instances where there is no primary caregiver, each caregiver may feel differently about their role as it relates to providing care for the care receiver. Assessors can distribute services (e.g.; respite care, etc.) between the multiple caregivers, not to exceed total number of hours authorized by AAA policy per caregiver. The assessor can designate a variety of services for each caregiver, or when appropriate, offer similar services to each (attend trainings, Powerful Tools for Caregiving, etc.). They should reference in the Additional Notes section at the end of the care plan that another caregiver is also providing care to the same care receiver.

How can an assessor create a Health Goal if the option does not appear in the Goal dropdown after the TCARE® algorithm has run? Instructions for Work Around are:

The Health Goal only comes up in TCARE® if the caregiver scores medium or high in depression. There may be times when an assessor determines that a health-related service would be beneficial, despite a low depression score. The TCARE® main service categories (1-14) found in the TCARE® User Manual contain "z" subcategories labeled "Other" under the Guide for Selecting Support Services. The z subcategory can be used to add health-related services. Then note this in Case Notes using the purpose code "Other."

TCARE® REPORTS AND FCSP REPORTING

[return to top of document](#)

A number of TCARE® Management Reports are available to AAAs on the ADSA Reporting web page, <http://adsareporting.dshs.wa.gov/>. These reports include:

- TCARE® 1503 – Active Caregiver Summary
- TCARE® 1504 – Care Plan Service Summary
- TCARE® 1505 – Worker Activity AAA
- TCARE® 1506 – Worker Caseload Tickler
- TCARE® 1063 – Inactive Caregivers by AAA

AL TSA recommends that FCSP Coordinators/Supervisors review this report regularly to gather information on caregiver case status.

AAAs are to provide quarterly FCSP reports to ALTSA FCSP Program Manager until the CLC-Get Care system takes over this function. Currently, the reports are due six (6) weeks after the end of each quarter. The units of service and unduplicated caregiver count are required for each of the core FCSP services. Detailed demographic information on caregivers who are entered into the TCARE® system will be obtained from the TCARE® system by ALTSA staff for both state and federal reports.

[See Appendix F for FCSP Core Service Definitions for reporting](#)

Changes have been made to several definitions of FCSP core services. These changes include:

- **Access Assistance – Intake** includes Intake (e.g. demographics inputted into TCARE® (Step I))

- **Counseling** – is now defined as Individual or Family Counseling that can be provided by professionals who hold a current license with the Washington State’s Department of Health:
 - Psychiatrists
 - Psychologists
 - Psychiatric advanced registered nurse practitioners (ARNPs)
 - Psychiatric mental health nurse practitioners-board certified (PMHNP-BCs)
 - Mental health counselors
 - Independent clinical social workers
 - Advanced social workers
 - Marriage and family therapists

- **Training/Consultation** – is defined as: one to one consultation or group training, through a single event or series to help caregivers with coping and/or to build caregiving skills or provide the care receiver with training. Examples include a six-week Powerful Tools for Caregiving series, caregiver conferences, caregiver consultation or hands-on training, Enhanced Dementia Options Counseling and evidence-based STAR-C and RDAD models.

Step I Level of Support	Step II Level of Support	Step III Level of Support
TCARE® demographics required	TCARE® screening required	TCARE® assessment, consultation, care plan required

1

Part 1 : TCARE® Demographics

Reminder–Caregivers must be:

Unpaid and providing care to an adult age 18 or over

18

Part 1 : TCARE® Demographics

Caregivers may receive:

- Information and brief assistance.
- FCSP support groups and trainings.
- One consultation. Consultant should encourage caregiver to do TCARE® screening if he/she wants more service.

Caregivers may NOT receive:

- Respite (except in emergencies)
- Mental health counseling
- Supplemental services; e.g. housework/errands

19

Part 1 : TCARE® Demographics

Benefits:

- Begins building trust/rapport
- Accommodates caregivers with simple requests
- Encourages referrals
- Opportunity to assess caregiver “readiness”
- Educate caregivers about next step: Screening

20

APPENDIX B - STEP II LEVEL OF SUPPORT

[return to top of document](#)

Step I Level of Support	Step II Level of Support	Step III Level of Support
TCARE demographics required	TCARE screening required	TCARE assessment, consultation, care plan required

24

Part 2: TCARE® Screening

Completed TCARE® Screening or Personal Caregiver Survey required

- ▶ Must be in the electronic TCARE® system, not just paper version.

23

Part 2: TCARE Screening

Caregivers may receive:

- Information and brief assistance.
- FCSP support groups and trainings.
- Several consultations/mental health sessions.
- Supplemental services of up to **\$500*** per year.

Caregivers may NOT receive:

- Respite, other ongoing services; e.g. housework and errands

* Rates may vary by AAAs

24

Part 2: TCARE Screening

Benefits:

- Screening tool can be accessed in different formats and settings
- Easy to score manually or through TCARE® IT system.
- Training is brief and accessible to screeners

25

Part 2: TCARE Screening

Limitations:

- Screening does not allow access to supplemental funds of more than \$500 per year*
- Respite care/other ongoing services not included
- The algorithm that recommends services is not available in the screening – caregivers do not get the benefit of a full TCARE assessment and care plan.

* AAAs may have lower rates established.

26

Step I Level of Support	Step II Level of Support	Step III Level of Support
TCARE demographics required	TCARE screening required	TCARE assessment, consultation, care plan required

27

Part 3 : TCARE Assessment & Care Plan

Caregiver must have:

- A TCARE Screening that results in...
- **One high score** in Relationship, Objective, Stress burdens, Identity Discrepancy or Depression
- OR**
- **Three medium scores** in Relationship, Objective, Stress burdens, Identity Discrepancy or Depression

28

Part 3: TCARE Assessment & Care Plan

Caregiver may receive:

- One or more services offered by the FCSP or other local resources including respite care, mental health counseling, training, etc.
- Use TCARE care plan to determine most appropriate services.

30

Part 3: TCARE Assessment & Care Plan

Benefits:

- Informs consultation/care planning process
- Helps to develop a plan of services tailored to caregiver's specific needs
- Helps AAAs service gaps in local communities

31

Part 3: TCARE Assessment & Care Plan Procedures

- ▶ Conduct a TCARE assessment
 - Either in person or by phone
 - ▶ Complete a TCARE Consultation Worksheet
 - Either in person or by phone
 - ▶ Complete a TCARE Care Plan
 - Either in person or by phone
 -
- Either the assessment or consultation must be face-to-face in a location convenient for the caregiver (often their home).**

32

Part 3: TCARE Assessment & Care Plan Procedures

- Caregiver Care Plan (continued)
 - Get verbal agreement
 - Mail it to the caregiver
- ▶ Verbal agreement required to begin FCSP services
- ▶ Caregiver signature encouraged

AND...

33

Are there restrictions for purchasing goods or services under FCSP?

Supplemental service funds from FCSP **cannot** be used to pay for:

- ✓ rent,
- ✓ car repairs,
- ✓ utility bills,
- ✓ major appliances,
- ✓ vacation expenses,
- ✓ entertainment items,
- ✓ gift cards



When in doubt, think of expenses directly related to caregiving services/supplies (RCW 74.41).

5/21/2015

37

What is timeframe for staff to complete a TCARE® care plan with family caregiver?

- ▶ FCSP staff have 30 days from time TCARE® screening is completed (and entered into TCARE® system) until caregiver care plan must be completed.
- ▶ To complete care plan, Agreement Date must be entered into TCARE® system.
- ▶ Agreement Date = when caregiver verbally agrees to services outlined in plan.



4/30/2015

36

A resource question is required as part of the TCARE® Assessment.

Question #25(b) is related to care receiver's resources!

- Assessors must ask question(s) about available **financial resources** (e.g.: bank / savings accounts, CDs, trusts & annuities, stocks/bonds, property other than residence) belonging to Care Receiver.
- The answer **does not** affect the family caregiver's eligibility for FCSP services. Only monthly income is considered for respite care sliding fee scale.



34

Service Names by Service Category

Category	Service Type Not included in Selection/ Display of Service Name INFORMATION ONLY	Service Name
(0) Other (This service category can only be selected through the Health Goal. It only appears as a subcategory within service category 1-14.)	a) Comfort Therapies(under Health Goal Other), z) Other	Massage
(1) Adult Day Service (Experience time away from care responsibilities)	a) Health model, b) Social model, c) Dementia model, z) Other	Adult Day Care-dementia model Adult Day Health-dementia model Adult Day Health Services Adult Day Care
(2) Assistive technologies (Promote safety and functional abilities of care receiver)	a) Emergency response system (medical alert, in home monitoring), b) Home modifications (e.g. ramps, walk in showers, grab-bars), c) Home safety features (e.g. lighting, locks, exit door alarms), d) Assistive devices and care supplies (e.g. low beds, mobility devices, commodes, protective garments), z) Other	Electronic locator bracelet Durable Medical Equipment Home Safety Evaluation Occupational Therapist Evaluation Adaptive Equipment Personal Emergency Response System Care Supplies Physical Therapy Evaluation
(3) Counseling (Develop new perspective and practice skills with feedback)	a) Alternative ways to express anger and frustration, b) Increase level of mastery or confidence, c) Caregiver journey/identity change, d) Develop new way of viewing current situation (Cognitive Reframing), e) Coping Skills, f) Family communication and relationships, g) Understanding and coping with guilt, h) Self-care techniques, i) Stress management techniques, j) Understanding loss and grief, k) Valuing positive aspects of caregiving, l) Problem solving skills, z) Other	Individual counseling Caregiver Counseling
(4.1) Education for caregiver to obtain information about services and assist with planning for the future	a) Available support services and how to obtain them, b) Disease and disease processes (provide basis for accurate assessment of care needs), c) End-of-life planning, decision and care, d) Legal, financial and/or health care planning, e) Safe-guarding care receiver in his/her home (e.g. wander alert services, personal/home safety tips), f) Selecting a	Online Caregiver resources Caregiver Advocate Family Caregiver Specialist Dementia Consultation Caregiver Consultation Family Caregiver Training/Education Long Term Care Planning Veteran's Benefits Consultation Caregiver Conference

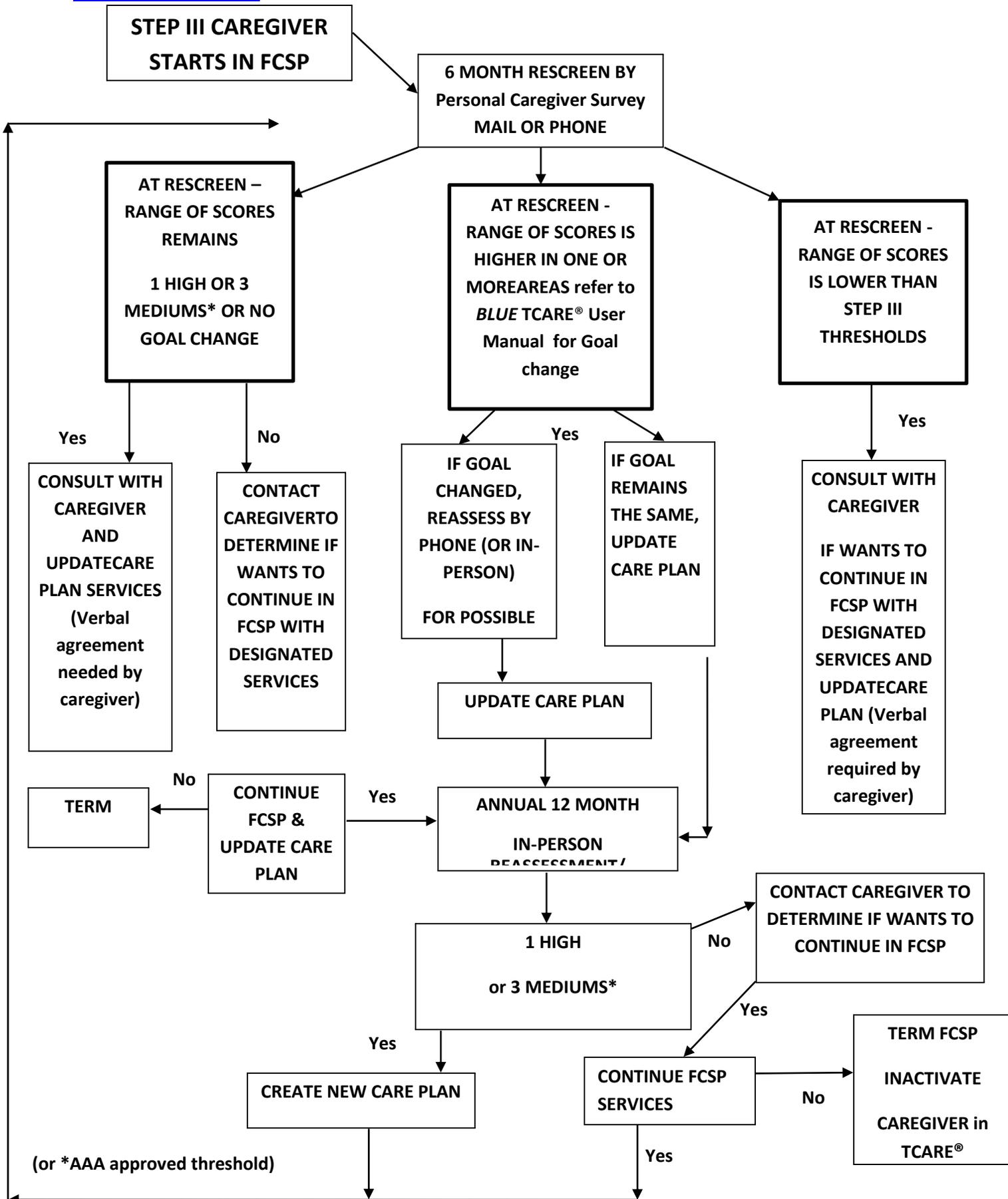
Category	Service Type Not included in Selection/ Display of Service Name INFORMATION ONLY	Service Name
	suitable living environment, z) Other	
(4.2) Education for caregiver focused on psycho-social issues and coping skills	a) Alternative ways to express anger and frustration, b) Increase level of mastery or confidence, c) Caregiver journey/identity change, d) Develop new way of viewing current situation (Cognitive Reframing), e) Coping Skills, f) Family communication and relationships, g) Understanding and coping with guilt, h) Self-care techniques, i) Stress management techniques, j) Understanding loss and grief, k) Valuing positive aspects of caregiving, l) Problem solving skills, z) Other	Early Memory Loss Support Group Caregiver Consultation Family Caregiver Training Alzheimer's Support Group Powerful Tools For Caregivers Caregiver Conference
(4.3) Education to build caregiving skills (e.g. direct care and communication)	a) Direct care skills (e.g. bathing, dressing, transfer), b) How to ask for help from informal sources (e.g. family, friends, neighbors), c) Skills to communicate with care receiver, d) Skills to communicate with service providers, e) Skills for responding to mood and behavior changes, z) Other	Caregiver Consultation Family Caregiver Training Caregiver Training Caregiver Conference Dietician Consultation
(5) Education for care receiver (Facilitate self-care and/or reduce need for assistance)	a) Improve physical strength, coordination or mobility, b) Skills to increase self-care and independence, c) Reduce expectations for care, z) Other	Falls Prevention Workshop Chronic Disease Self-Management Program Medication Management
(6) Financial and/or Legal Services and Protection (Obtain assistance or counsel)	a) Automatic bill pay (e.g. utility, rent, mortgage), b) Financial assistance or voucher programs (e.g. prescriptions, care supplies, services, housing), c) Legal Services (e.g. estate planning, legal counsel, elder law attorneys), d) Consumer advocacy and protection services (e.g. adult protective services), e) Benefit entitlement programs and/or health insurance plans (e.g. Medicaid, Medicare, LTC Insurance), z) Other	Estate planning/Elder Law Services Benefits Check-up Elder Law Attorney VA Aid and Attendance Advance Medical Directive Information Packet Estate Planning Protective Payee Services
(7) Informal Help Network (Enlist or increase current amount of help)	a) Family and friends (includes family meetings), b) Religious affiliation groups, c) Ethnic/Cultural social club, d) Civic or fraternal organization (e.g. Rotary Club, Lions Club, Jaycees), e) Student group/organizations (e.g. high schools,	Faith based community Religious community In-home respite care (unpaid) Meal Sites Family support Help from Friends

Category	Service Type Not included in Selection/ Display of Service Name INFORMATION ONLY	Service Name
	universities, fraternities), z) Other	Home maintenance/Yard Work Volunteer/Community Service
(8) In-home Supports and Services (Reduce responsibility or workload)	a) Chore/Homemaker services, b) Home delivery of meals/groceries, c) Home health care (e.g. nursing, care attendants), d) Personal care, e) Pharmacy delivery, f) Sitter/Companion services, g) Volunteer/Friendly visitor services, z) Other	Housework and Errands In-home Personal Care In-home respite care (paid) Grocery Delivery Service Meals-On-Wheels Bath Aide Home Delivered Meals Volunteer Chore Services Caregiver (private pay)
(9) Living Environments (Introduce alternate source of 24-hour supervision/care)	a) Assisted living or other community based setting b) Nursing home c) Home of another family member or friend z) Other	
(10) Overnight Respite Services (Experience time away from care responsibilities)	a) Facility-based respite, b) Home-based respite, c) Home of another family member or friend, z) Other	Overnight In home Respite Overnight in home of friend/family Overnight Facility-Based Respite
(11) Palliative and/or Hospice Care (End-of-life supports and services)	a) Facility-based hospice, b) Home-based hospice, c) Palliative care consultation/ services, z) Other	Palliative care Hospice Services
(12) Rehabilitation Services (Identify and promote functional abilities of care receiver)	a) Occupational Therapy, b) Physical Therapy, c) Speech Therapy, d) Respiratory Therapy, z) Other	Occupational Therapist Consultation Physical Therapy Consultation
(13) Support Groups (Expand and sustain networks of support)	a) Condition or disease focused (including early stage groups for care receiver), b) Emotional support/release, c) Friendship/Peer support, d) Skill development, z) Other	Family Caregiver Support Group Support Group for Adult Children Early Memory Loss Support Group Alzheimer's Support Group Online Support Group Disease-based Support Group
(14) Transportation (Introduce alternate source of transportation)	a) Transport Service, b) Volunteer/Escort Service, c) Voucher Programs, z) Other	Dial-A-Ride Transportation (Paratransit Service) Medical Transportation Specialized Transit
(15) Medical or Behavioral Health Services	a) Alcohol and other drug abuse (AODA) evaluation, b) Medical evaluation, c) Mental health evaluation, d) Wellness programs, z) Other	Chronic Disease Self-Management Program Massage Depression screening/Medical evaluation Stress reduction class Fall Prevention Workshop Maintain regular medical appointments

Category	Service Type Not included in Selection/ Display of Service Name INFORMATION ONLY	Service Name
		Mental Health evaluation Exercise Program Medication Management

APPENDIX E- FLOWCHART FOR RESCREEN & REASSESSMENT PROCESS

[return to top of document](#)



APPENDIX F – FCSP CORE SERVICES DEFINITIONS FOR REPORTING

[return to top of document](#)

Family Caregiver Support Program Core Services	Service Definitions
1. Information Services	Specific outreach to caregivers, advocates and community at large regarding caregiver information/resources. These activities directed to large audiences of current or potential caregivers such as disseminating publications, conducting media campaigns, and other similar activities.
a. <i>Group Presentations</i>	
b. <i>Dissemination of Publications</i>	
c. <i>Publicity/Media campaigns</i>	
2. Access Assistance-Intake	Includes activities: caregiver demographics/ intake, screening, assessment, consultation and care planning in the TCARE® (Tailored Caregiver Assessment and Referral) system, as well as other times when a caregiver contacts a FCSP staff member for assistance. Captures caregivers who are at FCSP Step I, II and III.
3. Counseling	Counseling for an individual caregiver or family by a mental health licensed practitioner.
4. Training/ Consultation	One to one or group, single event or series to help caregivers with coping and/or to build caregiving skills or provide the care receiver with training. Examples include six-week Powerful Tools for Caregiving series, caregiver conferences, caregiver consultation or hands-on training, STAR-C, RDAD, and Enhanced Dementia Options Counseling.
5. Support Groups	Caregiver or condition/disease specific focused groups.
6. Respite	In-home care, adult day services, overnight in nursing homes, etc.
7. Supplemental Services	Examples include; assistive devices, care supplies, home safety features, transportation, home modifications, medical or behavioral services, housekeeping and errands, etc.

APPENDIX G– TCARE® SCREENER and ASSESSOR TRAINING

[return to top of document](#)

SCREENER TRAINING

To be eligible to conduct a TCARE® screening, FCSP staff must complete the following (not in any given order):

- Screener webinar, (See ALTSA intranet TCARE® online resource page site: <http://adsaweb.dshs.wa.gov/TCARE®> for calendar of scheduled trainings);
- On-line TCARE® computer application training up through Section 4: Screening;
- Review this FCSP policy document; and
- View the DVD of Dr. Rhonda Montgomery's TCARE® Theory DVD, (a copy has been provided to each AAA).

All of these training components must be completed before the AAA notifies ALTSA FCSP TCARE® staff of the name and contact information for the potential TCARE® Screener. Once ALTSA is notified, the Screener will then be granted security access to the TCARE® application system. NOTE: A TCARE® Screener does not require certification in order to conduct screenings.

TCARE® ASSESSOR TRAINING

A TCARE® Assessor must participate in TCARE® training in order to be certified by Tailored Care, Inc., to use the licensed TCARE® Assessment Tool. There are two versions of the training.

A. Traditional TCARE® Two Day Training

The training consists of two days of formal instruction by no less than two Certified TCARE® Master Trainers. The two-day session covers a series of PowerPoints that provide an overview of family caregiver stress and burdens and detailed instruction on the TCARE® Assessment process and tool. On day two of the training, trainees participate in class/group work that affords them the opportunity to put into practice what was presented in day one of instruction. Following the two-day training session, each trainee must complete two case assignments and submit them to their session's Master Trainers. The case assignments are reviewed by the Master Trainers to ensure the trainee has a working knowledge of the process and all of the elements of the assessment, consultation and care plan. Following each case assignment, participants must attend two webinars. The purpose of these webinars is to review the TCARE® tool and process and provide feedback on their case assignments. Upon successful completion of the Assessor training, the trainee is eligible to take the TCARE® Certification examination that is self-administered and scored by Tailored Care, Inc. Trainees must score 90% or better to be certified.

B. TCARE® eLearning Version

Tailored Care Enterprises is now offering a blended training curriculum format. Instead of the current two-day in-person training format, trainees are provided access to an eLearning site two to three weeks prior to one-day in-person training. Trainees are responsible for:

viewing ten video presentations about the TCARE® program and implementation; completing short quizzes after each presentation, enabling the trainer to determine if the trainee is understanding the information presented; and completing one short activity. The eLearning portion takes approximately eight hours to complete and is available to the trainee 24 hours a day, seven days a week. During the one-day in-person training, trainees are provided manuals and are given the opportunity to practice the process twice using a TCARE® case study example and one of their own case studies. Trainees must then complete one case study assignment, one review webinar, and the TCARE® Certification exam. For the blended training format, only one trainer is required for every eight trainees with a minimum requirement of two trainees per training. This training option may be available based on the assessor trainee and/or Master Trainer's circumstances. There is an additional fee for this eLearning training and AL TSA will pay for individual assessors for the initial training cost. AAAs will be responsible if training needs to be repeated.

Besides the education and experience piece, all assessors must complete a minimum of five assessments in a year and participate in one, two-hour webinar to maintain certification as a TCARE® Assessor. The time period for when the 5 assessments are to be completed starts October 1st of each year and coincides with AL TSA's annual contract renewal date with Tailored Care, Inc.

It is recommended an AAA Master Trainer, FCSP Coordinator or Supervisor review three TCARE® caregiver cases (which includes entering demographics through the completion of care plan) and provide feedback to each newly certified TCARE® assessor within their first six months. After the first year, it is recommended that a minimum of two TCARE® caregiver cases be reviewed for each assessor in order to ensure program quality. Examples of some case review templates will be available on the AL TSA TCARE® resource page.

APPENDIX H- TCARE® ASSESSOR QUALIFICATIONS AND RECERTIFICATION

[return to top of document](#)

TCARE® ASSESSOR QUALIFICATIONS

Staff administering the full TCARE® assessment/consultation and service planning must meet the minimum qualifications of an AAA Case Manager. These qualifications include the following minimum education and experience requirements:

1. A Master's degree in behavioral or health sciences and one year of paid on-the-job social service experience; or
2. A Bachelor's degree in behavioral or health sciences and two years of paid on-the-job social service experience; or
3. A Bachelor's degree and four years of paid on-the-job social service experience.

If a FCSP assessor staff does not meet these minimum requirements, a waiver in form of a letter needs to be submitted to ALTSA FCSP Program

RECERTIFICATION OF TCARE® ASSESSORS

[return to top of document](#)

Beginning October of each year, TCARE® Assessors must complete a minimum of five (5) or more assessments/care plans per year. This is stipulated in the ALTSA/DSHS contract with Tailored Care®, Inc. This does not apply to assessors who were certified mid-year.

Who keeps track of the five required assessments/care plans per year for each TCARE® Assessor?

Each AAA FCSP Coordinator must check the TCARE® Assessor's care plan activity annually to confirm that each Assessor has completed a minimum of five Assessment/Care Plans annually. Each AAA's FCSP Coordinator needs to submit to ALTSA FCSP Program Manager yearly, the names and email addresses of Assessors who did not meet the five assessments/care plan minimum and need to be re-certified. AAAs may devise their own system for tracking this information. It must include: Name of assessors, phone number and email address, their assigned offices, certification date, number of assessments/care plans completed within the prior year.

What steps are needed to be recertified?

The Tailored Care, Inc., staff will contact assessors to schedule and conduct a two-hour refresher webinar and will provide three to four possible dates and times to accomplish this activity. Once assessors complete the refresher webinar, they will immediately have access to take the on-line re-certification exam. The exam is similar to the current Assessor initial certification exam. Assessors will have two weeks to complete the exam.

How quickly can a TCARE® Assessor be recertified?

The recertification process takes no more than one month to complete. The timing depends on the individual assessor's availability to participate in webinar and complete their recertification.