

Family Caregiver Support Program Policy and Procedure Manual

Policies and procedures for Area Agency on Aging staff working in the TCARE Screening and Assessment tool. The TCARE tool is imbedded in the GetCare system.

Ask the Expert

If you have questions or need clarification about the content in this chapter, please contact:

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FCSP and TCARE information and training resources

CLC/GetCare

<https://www.waclc.org/consite/index.php>

TCARE Training

<https://certification.tailoredcare.com/login/index.php>

TCARE

<https://www.tailoredcare.com/>

Aging and Long-Term Care Administration TCARE and FCSP Information

<http://intra.alsa.dshs.wa.gov/TCARE/>

Health Care Authority MAC/TSOA Information

<https://www.hca.wa.gov/health-care-services-supports/program-administration/tailored-supports-older-adults-tsoa-0>

FAMILY CAREGIVER SUPPORT PROGRAM (FCSP) BACKGROUND

Supporting unpaid family caregivers keeps Washington families together and means less people will need to access more costly in-home and residential services. These unpaid family 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. Research suggests that it is helpful to understand how a caregiver is feeling about their role in order to tailor the support to their individual needs.

The Family Caregiver Support Program (FCSP), established in 2000, is available in every county in Washington 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 (whose care receivers 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.

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 (TCARE[®]Incorporated). Find more information regarding TCARE at <https://www.tailoredcare.com>

Beginning July 2009, the Washington TCARE application provided the TCARE[®] tool for 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, designed to be utilized with the FCSP and 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 person centered 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 certified TCARE assessor is tasked with helping caregivers build insight into their caregiving journey so they can use information and skills provided to prepare them for future needs of their care receiver. Skilled and supported caregivers are more likely to navigate a caregiving journey with better physical and mental health.

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.

FCSP CAREGIVER ELIGIBILITY

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Who is eligible to receive FCSP services?

Under the **Washington 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](#))

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.

*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.

Can caregivers who live outside of Washington participate in FCSP?

Please refer to local AAA policy.

It is not a state requirement that caregivers live in the state of Washington. Caregivers must be caring for a care receiver who lives in Washington.

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 (FCSP funding rules) to national (NFCSP funding rules)?

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

What is the priority caregiver population for State FCSP? [return to top of document](#)

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., CFC/COPEs, Medicaid Personal Care or MAC/TSOA). 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 track total caregivers served whose care receivers use Medicaid services.

What is the current eligibility threshold for Step 3 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 local AAA eligibility policy.

FCSP PROCESSES

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At all levels of planning for caregiver services, FCSP encourages family caregivers to seek available low cost and no cost 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.

TCARE Assessor Wisdom: Many caregivers will need more than one contact before agreeing to engage in the TCARE process. Taking time to building a trusting relationship with the caregiver is very important to the process. When the screener/case manager/Family Caregiver Specialist takes time to develop a trusting relationship with the caregiver, the caregiver will be more willing to share information about sensitive subjects like depression and feelings of guilt. That trust will go a long way in helping the caregiver develop insight into their caregiving experience.

GATHERING DEMOGRAPHIC INFORMATION STEP 1

TCARE SCREEN STEP 2

Step 1 level of services in the FCSP protocol is gathering and entering the demographic information into the GetCare system. (See OAAPS minimum data set for guidance on required demographic elements.)

When a family caregiver is identified as needing FCSP's Information & Assistance services, the caregiver and care receiver should be entered into the GetCare system. Washington needs the data about the people we serve for planning, reporting and requesting additional state and federal funding. Use progress notes in GetCare to document one time only funding.

TCARE SCREEN STEP 2

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Step 2 level of services begins with the TCARE® Screen. The screen provides a triaging tool compiling questions answered by the unpaid caregiver to assess risk factors for burnout from caregiving task(s). TCARE® screenings can be conducted in a variety of settings: in person, by telephone, or through a self-screen form, called the Family Caregiver Survey. The scores from the TCARE® screen determine unpaid caregiver eligibility for Step 3 Level Benefits.

What screen scores make a caregiver eligible for an assessment (Step 3)?

When using the screen for purposes of assessment eligibility, a caregiver must have a score of **One High or Three Mediums** in any of the following burdens to advance to an assessment (step 3).

1 high score in any of the following:	OR	3 medium scores in any of the following:
Stress burden		Stress burden
Relationship burden		Relationship burden
Objective burden		Objective burden
Depression		Depression
Identity Discrepancy		Identity Discrepancy

Before finalizing a TCARE® Caregiver Personal Survey that has been sent to the local AAA/contractor's office, it is best practice that a TCARE® Screener or Assessor contact the caregiver to discuss their answers and respond to any questions they may have had in filling out the survey. This is especially true for caregivers who speak English as a second language, or don't speak English. The process of contacting the caregiver and entering the screening scores in the GetCare system must be completed within 10 business days.

TCARE® ASSESSMENT STEP 3

The full TCARE® Assessment process includes all of the screening questions, as well as assessment questions focused on both the caregiver’s experience regarding the kinds and amount of care tasks they provide for the care receiver and the care receiver’s health condition. Some of the major areas covered in the assessment: care receiver behaviors, memory issues, Activities of Daily Living (ADL), Instrumental Activities of Daily Living (IADL), cognitive performance questions and diagnoses/conditions.

TCARE CARE PLANNING

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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.

NOTE: If a care receiver is unwilling to have a home visit take place, consult with your supervisor and enter a progress note in GetCare.

STEP 3: Eligibility

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Verify FCSP Caregiver eligibility with your local AAA.

- 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: If a AAA needs to vary its Step 3 eligibility criteria from that which is stated above, ALTSA FCSP staff must be notified in writing of the reason for this change and approve it prior to the eligibility change being implemented.

TCARE Assessor Wisdom: Some AAAs complete an assessment even if a caregiver doesn't qualify for an assessment. These AAAs believe that an assessment is an opportunity for caregivers to take a look at their journey. If they don't have the score levels to make them eligible by state standards, the AAA doesn't have to choose to support them with respite or other expensive services. Or AAAs can use an ETP if the assessor believes the care giver will benefit from respite. The thinking behind this is that many cgs won't understand that they are a caregiver until they answer those questions. The conversations and insight that comes with a TCARE assessment can help the assessor build a trusting relationship. Over time, the caregiver may feel more comfortable in sharing.

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.

FCSP Policy Reminder: To be eligible for Respite Services paid through FCSP, a caregiver must provide a minimum of 40 hours of care per week (including supervision) or live with the care receiver who needs ongoing help. See WAC 388-106-1210

Available Resources: After completion of an assessment, a caregiver is eligible to receive services associated with the TCARE algorithm selected strategies identified in TCARE® and/or any service the caregiver desires as long as it is available at the local AAA.

FCSP Policy Reminder: 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.

CONSULTATION/CAREPLAN DRAFT

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After an assessment is completed, the TCARE® assessor consults with the caregiver to facilitate service planning. 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. It is important that the caregiver understand why the assessor is recommending the services. Helping the caregiver see WHY certain services are being recommended is important and will assist the caregiver to make decisions about what services they will accept.

A draft version of the care plan is developed by the TCARE® assessor after a TCARE assessment is completed. The consultation with a caregiver is a person-centered conversation, that reflects

- The information the caregiver gave during the assessment
- The caregiver's beliefs, preferences and wishes
- The goals, strategies and the algorithm chose to determine which services will be recommended in the draft care plan.
- Only the services accepted by the caregiver will be included on the final care plan.

TCARE Assessor Wisdom: During consultation, it is best practice to talk about wellness and the importance of finding time for respite and relaxation. Including a wellness activity in the care plan will help to remind the caregiver of the importance in managing their own mental and physical health.

Health Goal

It is important to talk with caregivers about a health goal regardless of depression score. Health Goal is to be addressed during the TCARE® Consultation process. Our data reports at least 40% of caregivers in Washington have some signs of clinical depression. Caregiver stresses and burdens, including depression can affect both mental and physical health in caregivers.

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

FCSP Policy Reminder: TCARE® Assessment process within CLC/GetCare: For an assessment to be complete, FCSP staff needs to move the assessment from draft to locked status and send the assessment to TCARE Inc. for the TCARE® algorithm to run. In the TCARE® assessment process within GetCare a screen must be moved from draft to locked within 30 calendar days to avoid repeating the screening process with the caregiver. A copy to review function is built into the GetCare/TCARE® system so that responses in the screening can be populated into a new assessment.

The Final Caregiver Care Plan is developed from the draft version of the Caregiver Care Plan. 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 report having less back strain upon receiving instruction on safe transfer skills.” This will promote conversation at next rescreen.

Since the family caregiver is the client for the TCARE assessment process and care plan, the TCARE® Assessor will request the caregiver’s signature on the Caregiver’s 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. The care receiver’s signature is not required in FCSP, only the verbal approval.

Available Resources: After completion of an assessment, a caregiver is eligible to receive services associated with strategies identified in TCARE®. **See strategies and services in the appendices at the end of the chapter.**

Follow-up and TCARE® Rescreening

Step	Rescreen every 6 months	Next Steps	Assessment
<p>Caregivers at Step 1 Up to \$250. One time funding. If caregivers require further services, a screen will need to be completed.</p>	<p>Best Practice - Follow up with phone call to caregiver to ask if other services are needed.</p>	<p>Discuss benefits of TCARE screen and assessment with caregiver. Encourage screen (caregiver personal survey)</p>	

CHAPTER 17 FAMILY CAREGIVER SUPPORT PROGRAM

Policy and Procedure for Area Agencies on Aging

AL TSA Long-Term Care Manual

<p>Caregivers at Step 2 Up to \$500 annually.</p>	<p>Send Family Caregiver Survey and response card to caregiver and follow up with a call to answer questions (best practice), or complete over the phone</p>	<p>If screen scores meet assessment eligibility talk with caregiver about benefits of assessment and care plan</p>	<p>Complete Assessment if caregiver is eligible.</p>
<p>Caregivers at Step 3 Full range of services depending on AAA contracted services, policy, community resources and offerings.</p>	<p>Send Family Caregiver Survey and response card to caregiver and follow up with a call to answer questions (best practice), or complete over the phone.</p> <p>If caregiver or care receiver have a significant change in health or disability, complete full assessment process (screen, assessment consultation and care plan)</p>	<p>If there are no changes, document in progress notes.</p> <p>If scores are higher because of a significant change, or if caregiver requests a new assessment, complete a new assessment process.</p>	<p>Annual Reassessment: Complete full assessment (screen, assessment, consultation and care plan)</p>

For Caregivers at Step 1 or Step 2

When caregivers are not requesting additional FCSP services, a rescreen (or the Family 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 1 or Step 2 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.

Rescreening for caregivers at step 3

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** through a self-screen (Family Caregiver Survey), telephone or in-person interview. It is recommended to contact caregiver

and talk through Family Caregiver Survey over the phone to ensure the caregiver fully understood questions if they filled out family caregiver survey alone. This is especially important if the caregiver doesn't speak English or speaks English as a second language.

At time of rescreen, the assessor should consult with the caregiver to determine if the services are still helpful and desired. If so, then the assessor will make a case note and continue to include the service in the care plan. In the case of scores worsening, that is very common as most care receiver's conditions are progressive as the caregiver's stresses may be increasing. There may be cases where, without FCSP intervention, the caregiver's stresses would be even higher; so while there is an increase in scores, it is likely that stresses would be even higher without intervention, or the care receiver would have likely been placed in a Long Term Care setting.

If there is a significant change in the health or abilities of the caregiver or care receiver, or if the caregiver asks for a reassessment, a reassessment should be completed.

If no significant change assessment is needed, write a progress note and continue services as needed until annual reassessment.

What is the procedure for the Sixth Month Screen?

PROCESS

1. Create a new screen in GetCare **OR** Copy to Review the most current sixth month screen in GetCare.
2. If there are no changes, write a progress note reporting no changes needed.
3. Screens need to be completed every 6 months (by last day of the seventh month)

If a caregiver has had a significant change in their level of caregiving, or requests to have a new assessment, a new assessment must be conducted and a new care plan must be created that reflects the changing needs of the caregiver.

Annual Reassessment

Caregivers who are at Step 3 and wish to continue services must receive an annual reassessment within 13 months of the most recent assessment regardless of the screening levels. At least one home 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 the care receiver on an annual basis.

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 (40 hours includes supervision). 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 to reduce or provide continued respite services. For example, the AAA may set the required number of unpaid caregiver hours at a lower level, 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 Appendix I - TCARE Screener and Assessor Training](#)

[Appendix J - TCARE® Assessor Qualifications and Recertification](#)

Caregivers Caring for Multiple Care Receivers

When a caregiver cares for more than one care receiver, the TCARE Assessor will complete separate assessment processes regarding each care receiver. The reason is that the caregiver may have different tasks they do for each care receiver, the caregiver may feel different stresses and burdens for each care receiver and may benefit from different services regarding each care receiver. For example, a caregiver may feel the need to attend a support group because of the stresses they feel about caring for their care receiver who has Multiple Sclerosis but feels the need for respite services due to caring for someone with Alzheimer's disease.

Check local AAA policy for providing services to caregivers who have multiple care receivers.

If a Step 2 caregiver is caring for two or more care receivers, the caregiver's service package should not exceed a total of \$500.00 annually. And, if eligible, a caregiver should be encouraged to proceed to Step 3 to receive a possibly more robust service package.

RESPIRE POLICIES

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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) that direct respite care services are WAC 388-106-1200 through 1230 and included in **Appendix K** of this Policy and Procedure Manual.

AAA Respite Procedures

The AAAs must have a written procedure 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.

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

Guidelines For Determining Financial Participation For Respite Care Services

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 the sliding fee scale (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 #22 in the TCARE® Assessment.

NOTE: Remember to 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 respite care and other caregiver/care receiver services.

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 GetCare Progress notes. At the next reassessment, the care receiver's income will be reviewed for financial participation if respite care services are continued.

How is income defined?

A 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, dividends.

The cost of respite care is determined by the number 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 to each other, 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 current (annual) 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 SCSA 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 (not married to caregiver), and the caregiver is a friend or relative, the only monthly income counted toward participation would be that of the care receiver. The only monthly income counted toward participation would be that of the care receiver. Follow the SCSA sliding fee scale by counting the people who are supported by the single care receiver's income to determine the participation amount. The unmarried care receiver is considered head of their own household, even if they live with another relative/caregiver.
- 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)
- A.6 Refer to the fee schedule, Column One for the appropriate percentage of cost each participant will pay.

NOTE: Under no circumstances is the combined multiple care receivers' participation to exceed the cost of the respite service.

- A.7 Refer to local AAA policy. 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 may be recognized as income and therefore counted. There are many different Aid and Attendance and caregiver programs in the VA with differing rules. 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.

Spectrum of Respite Care Services

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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 AL TSA, 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

What types of Respite Care providers can be used 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 living, nursing facilities, 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 AL TSA/AAA Policy and Procedures. Respite services may also be 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

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 an AAA is unable to provide the array of respite services as listed in this section A through D, above, the AAA must contact AL TSA 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, 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, AL TSA 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 funding 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 21. 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

Local AAA policy will determine how best to serve caregivers in crisis. A caregiver should 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

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 progress notes in GetCare to document an exception to policy (ETP). 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 progress 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 progress notes.

Examples of ETPs:

- A caregiver who is in a crisis can be served with Step 2 or 3 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 1 (if a TCARE® screen has been completed) or Step 2 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 2 or Step 3, discuss with supervisor.
- 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., CFC/COPES). An exception can be made if there are no other resources available to help the caregiver. This individual can also be served without an ETP at Step 1 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., culturally diverse 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 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

Are there restrictions on purchasing goods or services under the FCSP Steps 1-3?

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 AL TSA 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 FCSP (NFCSP), 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 who’s loved ones live in an Assisted Living Facility. When applying the NFSCP funding, AL TSA 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 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, is considered a Health Care Component under HIPAA and therefore is subject to its rules, oversight and penalties. Screen and assessment information is 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 GetCare database is protected under strict security protocols and AAA security contract language. Only those staff with the proper security clearance and documented confidentially training are eligible to access the system.

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 Mentor Tip: If caregiver wants to stay connected to FCSP through Step 1, contact with these caregivers, at least every six months is a good way to determine caregiver's desire for more or less involvement with the FCSP.

Can an Area Agency on Aging change eligibility criteria?

If an Area Agency on Aging must change eligibility criteria, email a summary of plan to the AL TSA Family Caregiver Support Program Manager.

TCARE/GETCARE

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For questions and more in depth tutorials about using TCARE or GetCare, refer to the Help Library in the CLC/GetCare system.

What is the process for FCSP *Inactivation*?

To disenroll (inactivate) a FCSP caregiver in GetCare:

- All incomplete or draft Screenings and Assessments must be completed and locked or struck out for each caregiver.
- To “inactivate” the caregiver and care receiver in GetCare, they must be disenrolled from the system by end dating the service enrollment in the enrollment section and selecting disenrollment reason.
- Write a progress note, reporting the reason for disenrollment.

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

If there have been no screenings, assessments, care plans or progress notes provided in the caregiver's file for the last year, the caregiver should be disenrolled from services. Check with local AAA policy.

FCSP REPORTS IN ADSA REPORTING (LEGACY) [return to top of document](#)

Several TCARE® Management Reports are available to AAAs on the ADSA Reporting web page, <https://adsareporting.dshs.wa.gov/LoginNew.aspx>

These reports are relevant only as historical data. On September 17, 2020, TCARE was integrated into the GetCare system. All assessments and data from September 18 and beyond will be found in GetCare.

TCARE Reports in ADSA Reporting 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

If staff need to access the ADSA Reporting system, contact the FCSP/TCARE Program Manager at AL TSA.

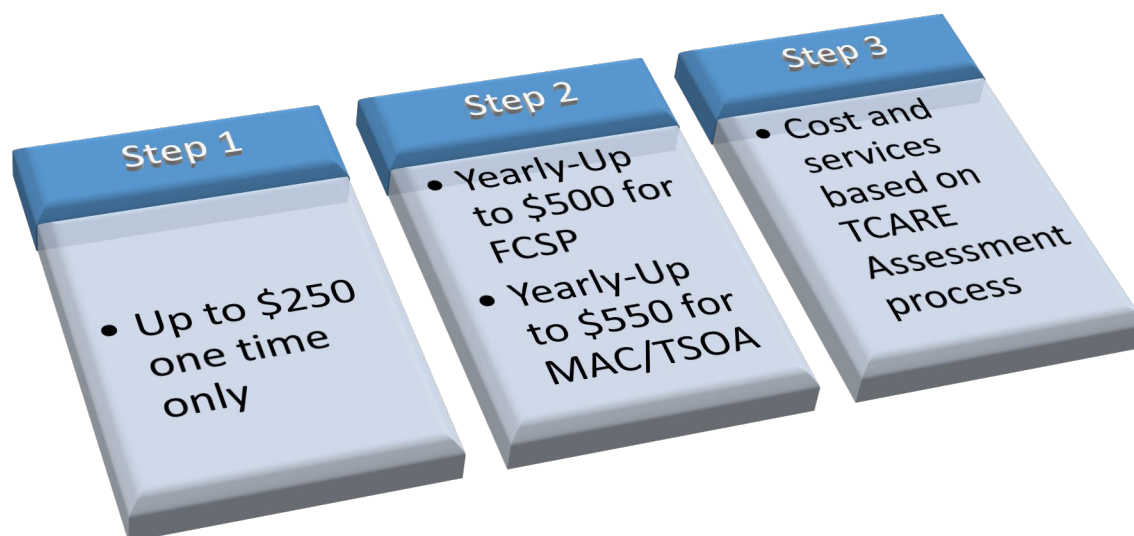
FCSP REPORTS IN GETCARE

GetCare has a TCARE Manager Tool that keeps track of TCARE screens and Assessments by case manager similar to ADSA Reporting. See the TCARE Manager under the CLC Set button in the top blue ribbon in the CLC/GetCare system.

APPENDICES

APPENDIX A – STEP LEVELS OF SUPPORT*

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*Note: Refer to your AAA for local policy regarding funding caps.

STEP 1 LEVEL OF SUPPORT

Step 1 Demographics

- Caregiver demographics must be entered into GetCare
- Caregiver may receive up to \$250 of services or consumables (supplies) one time only
- Begins building rapport and a trusting relationship with caregiver.
- Check in with caregiver within three months to educate about benefits of TCARE screen and possible assessment.
- May not receive Respite services or other ongoing services like housework and errands without a AAA approved Exception to Policy(ETP).

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STEP 2 LEVEL OF SUPPORT

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STEP 2 TCARE Screen

- Trained TCARE Screener completes a TCARE Screen with caregiver over the phone or in person.

If a Personal Caregiver Survey is sent to the caregiver, it is best practice to contact the caregiver to guide them through the questions especially when the TCARE Screen is translated into a language other than English.

- Screen must be entered into the GetCare system within 10 days of receiving Personal Caregiver Survey in the mail or email.
- As long as a new screen is completed every 6 months, caregiver may receive up to \$500 worth of services or consumables (supplies) per year.
- May not receive Respite services or other ongoing services like housework and errands without a AAA approved Exception to Policy(ETP).

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Washington State Department of Social and Health Services

STEP 3 LEVEL OF SUPPORT [return to top of document](#)

STEP 3 TCARE Assessment

- Eligibility – One high or three medium scores in the 5 domains (identity discrepancy, depression, objective burden, relationship burden, stress burden). Check with your supervisor or AAA leadership for eligibility requirements for your local AAA.
- Caregivers receive one or more services offered by AAA. Check with your supervisor or AAA leadership for list of contracted services and other supports in your community.
- Use TCARE Assessment algorithm developed goals and strategies AND the wishes of the caregiver to determine services and supports that will be offered to caregiver.
- Consult with the caregiver by having a person centered conversation with caregiver and outline WHY you recommend the services to the caregiver. Talk about how the services and supports may reduce the stresses of caregiving.
- An in person visit is required in most cases either during the assessment or the consultation.
- Form a care plan with ONLY the services and supports the caregiver agreed to during the consultation meeting.
- Get verbal agreement from the caregiver (FCSP) or verbal agreement from the care receiver for (MAC/TSOA) as the start services date. Send out paper form of care plan with signature page for signature.

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Washington State Department of Social and Health Services

APPENDIX B: SERVICE NAMES BY SERVICE CATEGORY [return to top of document](#)

Service Category	Service Type Not included in Selection/ Display of Service Name INFORMATION ONLY	Service Name
(0) Other This service category functions as an option for services that do not fit in other service categories.	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

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Service Category	Service Type Not included in Selection/ Display of Service Name INFORMATION ONLY	Service Name
(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 suitable living environment, z) Other	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
(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,	Early Memory Loss Support Group Caregiver Consultation Family Caregiver Training Alzheimer's Support Group Powerful Tools For Caregivers Caregiver Conference

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Service Category	Service Type Not included in Selection/ Display of Service Name INFORMATION ONLY	Service Name
	i) Stress management techniques, j) Understanding loss and grief, k) Valuing positive aspects of caregiving, l) Problem solving skills, z) Other	
(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, universities, fraternities), z) Other	Faith based community Religious community In-home respite care (unpaid) Meal Sites Family support Help from Friends Home maintenance/Yard Work Volunteer/Community Service

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Service Category	Service Type Not included in Selection/ Display of Service Name INFORMATION ONLY	Service Name
(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

APPENDIX C: 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
	Reduce difficulty of care and tasks
	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
	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 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

APPENDIX D: RESTRICTIONS FOR PURCHASING GOODS AND SERVICES

Restrictions for purchasing goods or services under FCSP

- **FCSP supplemental service funding CAN NOT be used to pay for:**
- **Rent**
- **Care repairs**
- **Utility bills**
- **Major appliances**
- **Vacations expenses**
- **Entertainment items**
- **Gift cards**

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

APPENDIX E: FCSP CORE SERVICES DEFINITIONS FOR OAAPS REPORTING

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(Washington transitioned to OAAPS OCTOBER 1, 2021)

<p>OAAPS FAMILY CAREGIVER SUPPORT PROGRAM CORE SERVICES</p>	<p>OAAPS SERVICE DEFINITIONS</p>
<p>Information Services (Outreach) Non-Registered Service OAAPS Unit/Bar Code: 1 Activity/.79.51 Information Services (Outreach Activities)</p>	<p>Information Services OAAPS Definition: Access Assistance—Case Management—A public and media activity that conveys information to unpaid caregivers about available services, including in-person interactive presentation, booths/exhibits, or radio, TV, or Web Site Events.</p>
<p>Access Assistance-Information and Assistance Non-Registered Service OAAPS Unit/Bar Code: 1 Contact/.79.2a.2 Access Assistance—Information and Assistance</p>	<p>A service that provides the individuals with current information on opportunities and services available to the individuals within their communities.</p>
<p>Access Assistance – Care Coordination Registered Service OAAPS Unit/Bar Code: 1 Hour/.79.2a.1 Access Assistance— (Screens, Assessments/Coordination of services)</p>	<p>A service provided to an unpaid caregiver, at the direction of the unpaid caregiver, by an individual who is trained or experienced in the coordination skills that are required to deliver services and supports.</p>

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<p>Support Services</p> <p>Counseling -- Registered Service Training-- Registered Service Support Groups – Non-registered Service or Registered Service</p> <p>OAAPS Unit/Bar Code: 1 Hour/.79.5c Support Services (Counseling, Support Groups & Trainings)</p>	<p>Counseling—A service designed to support unpaid caregivers and assist them in decision-making and problem solving. This service must be provided by a qualified counselor and includes individual and group sessions</p> <p>Training—A service that provides unpaid caregivers with instruction to improve knowledge and performance of specific skills relating to caregiving. These specific skills may include, but are not limited to, activities related to health, nutrition, and financial management; providing personal care; and communicating with health care providers and other family members.</p> <p>Support Groups -- (nonregistered or registered) —A service led by an individual who meets state/territory policy requirements to facilitate caregiver discussion of their experiences and concerns and develop a mutual support system.</p>
<p>Respite</p> <p>Registered Service</p> <p>OAAPS Unit/Bar Code: 1 Hour/.79.5d.3 Respite Services—Overnight & .79.5d.4 Respite Services—Other</p>	<p>Respite Care—A services which offers temporary, substitute supports or living arrangements for care recipients. It provides a brief period of relief for the unpaid caregiver.</p> <p>There are four types of respite:</p> <ol style="list-style-type: none"> 1. In-Home Respite 2. Out-of-Home Respite (Day) 3. Out-of-Home Respite (Overnight) 4. Other
<p>Supplemental Services</p> <p>Registered Service</p> <p>OAAPS Unit/Bar Code: 1 Unit/.79.4.a Supplemental Services—Assistive Technology/DME/PERS, .79.4.b Supplemental Services—Consumable Supplies, .79.4.c Supplemental Services--Home Modifications/Repairs, .79.4.d Supplemental Services—Legal/Financial Consultation, .79.4.e Supplemental Services—Homemaker/Chore/Personal Care, .79.4.f Supplemental Services—Transportation, .79.4.g Supplemental Services—Nutrition Services, .79.4.h Supplemental Services--Other</p>	<p>Goods and services provided on a limited basis to complement the care provided by unpaid caregivers</p> <ul style="list-style-type: none"> • Assistive Technology/Durable Medical Equipment/Emergency Response • Consumable Supplies • Home Modifications/Repairs • Legal and/or Financial Consultation • Homemaker/Chore/Personal Care • Transportation • Nutrition Services • Other

APPENDIX F: TCARE® SCREENER and ASSESSOR TRAINING and ASSESSOR MONITOR

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TCARE Screener Training

TCARE Screener Training is completed by self-study in the form of power point slides. The Power Point slide deck can be found in the GetCare Help Library under Caregiver Programs.

TCARE® Assessor Online Training

A TCARE® Assessor must complete TCARE® Inc online Assessor training and be certified by Tailored Care Inc. before using the TCARE® Assessment Tool in GetCare.

Training Process

AAA Supervisor will enter an Issue Manager Request in GetCare with the following information:

- Name of assessor trainee
- Phone number
- Email address
- AAA and office or network agency
- All other information GetCare needs for access to MAC/TSOA, etc.

Next Steps

1. AL TSA FCSP/TCARE Program Manager will provide access to GetCare with requested role permissions.
2. AL TSA FCSP/TCARE Program Manager will contact TCARE Inc to register assessor trainee.
3. TCARE Inc will email training process to trainee and provide link to training. Use Google Chrome, Firefox, Safari or Microsoft Edge to access TCARE Inc. Training site.

NOTE: Assessor trainees cannot use the TCARE assessment in GetCare until they have completed the TCARE Assessor exam and have a training certificate from TCARE Inc.

Our TCARE Assessor Trainees will use the Washington Assessor Training section of TCARE Inc Training.

Trainee will:

- View all courses
- Take all quizzes
- Complete Walk Throughs and Case Studies
- Complete Hands-on Exercises
- Pass TCARE Assessor Final Exam

4. Supervisor will assign an experienced, knowledgeable TCARE assessor to mentor new assessor.
5. Assessor Trainee will assess a caregiver and complete the entire TCARE process; TCARE screen, TCARE assessment, consultation and care plan with assistance as needed from mentor.
6. AAA will train new TCARE Assessor about local policy, MTD, FCSP, GetCare depending on staff position.

NOTE: Many TCARE Assessor Trainees report that having a mentor while they are working through their first assessment processes is very helpful in learning to become an accomplished Assessor.

Monitoring/Quality Assurance

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

APPENDIX G: TCARE® ASSESSOR QUALIFICATIONS AND RECERTIFICATION

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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.

NOTE: If a staff member does not meet these minimum requirements, a waiver in form of a letter must be submitted to AL TSA FCSP/TCARE Program Manager that includes an explanation of the qualifications, experience and reasons for recommendation of the staff

Recertification of TCARE® Assessors

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If a TCARE assessor has a lapse of more than a year in using the TCARE assessment process, the assessor will visit the TCARE Inc Training site to refresh their knowledge of the philosophy and process of TCARE and complete other updates in training determined by their AAA. If assessor doesn't have access to the TCARE Inc training site, contact the FCSP/TCARE Program manager at AL TSA.

APPENDIX H: WACS AND RCWS

FCSP Related WACs (Washington Administrative Codes) and RCWs (Revised Code of Washington)

The following rules apply to clients receiving services in Family Caregiver Support Program. HCS works in partnership with Area Agencies on Aging to provide quality service delivery in all counties.

RCW	
Section 74.41.010	Legislative Findings
RCW 74.41.020	Intent
RCW 74.41.030	Definitions
RCW 74.41.040	Administration – Rules - Program Standards
RCW 74.41.050	Family Caregiver Long-term Care Information and support services—Respite Services, evaluation of need, caregiver abilities
RCW 74.41.060	Respite Care Program - Criteria
RCW 74.41.070	Family caregiver long-term care information and support services - data
RCW 74.41.080	Health care practitioners and families not impaired
RCW 74.41.090	Construction—chapter applicable to state registered domestic partnerships --2009
RCW 74.41.900	
WAC	
WAC 388-106-1110	Am I eligible for SCSA-funded services at no cost?
WAC 388-106-1115	What income and resources are exempt when determining eligibility?
WAC 388-106-1120	What if I am not eligible to receive SCSA-funded services at no cost?
WAC 388-106-1200	What definitions apply to respite care services through the family caregiver support program?
WAC 388-106-1205	What are respite care services?
WAC 388-106-1210	Who is eligible to receive respite care services through the family caregiver support program?
WAC 388-106-1215	Who may provide respite care services through the family caregiver support program?

Respite Care Services WACs (Washington Administrative Codes) And RCWs (Revised Code Of Washington)

RCW	
Section 74.41.010	Legislative Findings
RCW 74.41.020	Intent

CHAPTER 17 FAMILY CAREGIVER SUPPORT PROGRAM

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RCW 74.41.030	Definitions
RCW 74.41.040	Administration – Rules - Program Standards
RCW 74.41.050	Family Caregiver Long-term Care Information and support services—Respite Services, evaluation of need, caregiver abilities
RCW 74.41.060	Respite Care Program - Criteria
RCW 74.41.070	Family caregiver long-term care information and support services - data
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RCW 74.41.090	Construction—chapter applicable to state registered domestic partnerships --2009
RCW 74.41.900	
WAC	
WAC 388-106-1110	Am I eligible for SCSA-funded services at no cost?
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WAC 388-106-1200	What definitions apply to respite care services through the family caregiver support program?
WAC 388-106-1205	What are respite care services?
WAC 388-106-1210	Who is eligible to receive respite care services through the family caregiver support program?
WAC 388-106-1215	
WAC 388-106-1220	How are respite care providers reimbursed for their services through the family caregiver support program?
WAC 388-106-1225	Are participants required to pay for the cost of their respite care services through the family caregiver support program?
WAC 388-106-1230	What determines emergent and non-emergent respite care services through the family caregiver support program?

APPENDIX I: COMMONLY USED ACRONYMS and ABBREVIATIONS

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AAA	Area Agency on Aging
ADL	Activities of Daily Living
IADL	Instrumental Activities of Daily Living
AL TSA	Aging and Long-Term Support Administration
CFC/COPE S	Community Living Connections/Community Options <u>Program Entry System</u>
CMS	Centers for Medicare and Medicaid
<u>ETP</u>	<u>Exception to Policy</u>
<u>ETR</u>	<u>Exception to Rule</u>
FCSP	Family Caregiver Support Program
HCS	Home and Community Services
IADL	Instrumental Activities of Daily Living
NFCSP	National Family Caregiver Support Program
MAC/TSOA	Medicaid Alternative Care/Tailored Supports for Older Adults
OAA	Older Americans Act
<u>RCW</u>	<u>Revised Code of Washington</u>
SCSA	Senior Citizens Services Act
SFCSP	State Family Caregiver Support Program
SMI	State Median Income
TCARE	Tailored Caregiver Assessment and Referral
WAC	<u>Washington Administrative Code</u>

CHAPTER 17 FAMILY CAREGIVER SUPPORT PROGRAM

Policy and Procedure for Area Agencies on Aging

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Chapter 17a: Revision History

DATE	MADE BY	CHANGE(S)	MB #
12/31/2019	Dana Allard-Webb	Moved to new template	N/A
5/11/2021	Dana Allard-Webb	Changes due to GetCare/TCARE Integration Changes for 6-month screen policy TCARE Screener and Assessor Training TCARE Assessor Recertification	H21-050
2/28/2022	Dana Allard-Webb	Removed NAPIS language Changed TCARE Assessor and Screener training process	H22-