
Caregiver Assessment Tool Form Instructions

Introduction

The Caregiver Assessment Tool (CAT) is the assessment tool for the Caregiver Support Program (CSP) and its purpose is to gather information about the Caregiver and the caregiving relationship. The information obtained in the CAT is used to identify the Caregiver's supports, strengths, preferences and desired outcomes to aid in the development of a care plan that meets the Caregiver's needs in their caregiving role.

The CAT contains an algorithm that will calculate a Caregiver Assessment Score (CAS). The CAS is used to determine priority of service for a Caregiver and their placement on a wait list, if necessary. It is imperative ALL questions in the CAT be answered to ensure a correct CAS is calculated. Care Managers, Supervisors, and other appropriate staff must ensure that they use their individually assigned user ID's and passwords when logging into SAMS. The electronic signature in SAMS will indicate that the data recorded is complete and accurate. The electronic signature replaces the need for hard copy signatures.

In order to fully assess the Primary Caregiver and the caregiving relationship, the assessment must take place in the caregiving environment. The Caregiver and Care Receiver must both be present during the completion of the CAT; however, it is understood that the Caregiver may not be totally candid in the presence of the Care Receiver as some information may be sensitive and inappropriate for the Care Receiver to hear. In those circumstances, it is acceptable for the Caregiver to be interviewed in a room separate from the Care Receiver.

Questions with an asterisk (*) indicate that question captures information that is required for the National Aging Program Information System (NAPIS) reporting, which PDA uses for Federal reporting purposes.

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1. INTRODUCTION

1.A. CAREGIVER'S IDENTIFICATION
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Question 1: Date of the face-to-face interview for the Caregiver Assessment Tool:

Using the MM/DD/YYYY format, document the date of the face-to-face interview with the Primary Caregiver and Care Receiver.

Question 2: Caregiver's Last Name:

Document the last name of the Caregiver as it appears on their legal identification.

Question 3: Caregiver's First Name:

Document the first name of the Caregiver as it appears on their legal identification.

***Question 4: Caregiver's Date of Birth (DOB):**

Using the MM/DD/YYYY format, document the Caregiver's date of birth.

***Question 5: Caregiver's Gender:**

Document if the Caregiver is male or female.

***Question 6: Caregiver's Ethnicity:**

Document the Caregiver's ethnicity as described by the individual. Select only one response.

***Question 7: Caregiver's Race:**

Document the Caregiver's race as described by the individual. Select all that apply.

Question 8: Caregiver's Social Security Number (SSN):

Document the Caregiver's SSN, if applicable.

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***Question 9: Is the Caregiver's annual income less than 200% of the current Federal Poverty Income Guidelines (FPIG)?**

This question applies to the Caregiver only. The information shall be obtained by asking the Caregiver to self-report their gross annual income and verify whether the total amount is at or less than 200% of the Federal Poverty Income Guidelines (FPIG) using the CSP Reimbursement Chart (Appendix F.2 of CSP Chapter).

Select Don't Know (if information not available), No or Yes.

1.B. ASSESSMENT INFORMATION

Question 1: PSA Number Conducting Assessment:

Document the Agency Planning and Service Area (PSA) number.

Question 2: Indicate type of Caregiver Assessment:

Document the type of assessment completed, either Initial Assessment or Reassessment. Select only one response.

Reassessment of the Caregiver must be completed at six-month intervals.

Question 3: Document the name and relationship of other individuals who participated in the assessment.:

Document all individuals other than the Caregiver who are present and participate in the assessment.

1.C. CAREGIVERS DEMOGRAPHICS

***Question 1: Does the Caregiver require communication assistance?**

Select No or Yes. If no, skip to 1.C.3.

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Question 2: What type of communication assistance is required? (Document Details in Notes):

Document the type of assistance the Caregiver requires for communication.

If the Caregiver requires a sign language interpreter, document the type of sign language used in the Notes section.

Use the Notes section to clarify the type of language assistance, such as mechanical assistance (e.g. letter board).

***Question 3: What is the Caregiver's PRIMARY language?**

Document the primary language understood and used by the Caregiver. If not listed, select *Other* and document the primary language in the Notes section.

Question 4: What is the Caregiver's employment status?

Document the Caregiver's employment status.

Question 5a: Is the individual a Veteran?

Document the Caregiver's Veteran's status.

Question 5b: Is the individual the spouse/widow or dependent child of a Veteran?

Document the Caregiver's response.

Question 5c: Is the individual receiving Veteran's benefits?

Document the Caregiver's response.

Question 6: What is the relationship of the Caregiver to the Care Receiver?

Document the relationship of the Caregiver to the Care Receiver. Select only one response.

Refer to Chapter VI: Caregiver Support Program and Appendix A.1.

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1.D. CAREGIVER'S RESIDENTIAL ADDRESS INFORMATION

Question 1: Is the Caregiver's postal/ mailing address exactly the same as the residential address?

Select No or Yes. Select one response. If No, complete Sections 1.D. and 1.E. If Yes, complete only Section 1.D.

Question 2a: Residential County:

Select the name of the County the Caregiver resides in.

Question 2b: Residential Street Address:

Document the Street Address where the Caregiver resides.

Question 2c: Residential Address Second Line (Apt or Room #, Building or Complex Name, etc.):

Document the apartment number or room number and the name of the building or complex, if applicable, where the Caregiver resides. Ex: Apt #3 Independence Court

***Question 2d: Residential Municipality – REQUIRED (Usually a Township or Borough where the Caregiver pays taxes or votes):**

Document the Township or Borough where the Caregiver pays taxes or votes. To look up the municipality go to <http://munstats.pa.gov/Public/FindMunicipality.aspx>

Question 2e: Residential City/Town:

Document the City/Town where the Caregiver resides.

Question 2f: Residential State (2 character limit):

Document the State where the Caregiver resides.

Question 2g: Residential Zip Code:

Document the Zip Code where the Caregiver resides.

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Question 3a: Primary Phone Number:

Document the Caregiver's PRIMARY phone number.

Question 3b: Mobile Phone Number:

Document the Caregiver's mobile phone number, if applicable.

Question 3c: Other phone number (Enter additional number where Caregiver can be reached, if applicable):

Document any other phone number where the Caregiver may be reached.

Question 3d: Email Address:

Document the Caregiver's email address, if applicable.

***Question 4: What was the outcome when the Caregiver was offered a voter registration form? REQUIRED:**

Select the appropriate response.

1.E. CAREGIVER'S POSTAL/MAILING ADDRESS INFORMATION
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Question 1a: Postal Street Address:

Document the address where the Caregiver receives mail.

Question 1b: Postal Address Line 2 (optional):

Document additional mailing address information, if necessary, for the Caregiver.

Question 1c: Postal City/Town:

Document the City or Town where mail the Caregiver receives mail.

Question 1d: Postal State (2-character limit):

Document the state where the Caregiver receives mail.

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Question 1e: Postal Zip Code:

Document the Zip Code where the Caregiver receives mail.

1.F. CAREGIVER'S EMERGENCY CONTACT

Question 1: Name of Emergency Contact:

Document the name of the emergency contact for the Caregiver.

Question 2: Relationship of Emergency Contact:

Document the relationship of the emergency contact to the Caregiver.

Question 3: Telephone number of Emergency Contact:

Document the telephone number of the emergency contact for the Caregiver.

Question 4: Work Telephone Number of Emergency Contact:

Document the work telephone number of the emergency contact for the Caregiver.

2. CAREGIVER EXPENDITURES

2.A. REPORTED EXPENDITURES OF CAREGIVER
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The Primary Caregiver must be expending their own funds to pay for services and/or supplies related to the care of the Care Receiver. Caregivers should offer the opportunity to receive reimbursement for all allowable expenses, including home modifications and assistive devices, if eligible.

Question 1a: Do you currently pay for services to provide care to the Care Receiver?

Select No or Yes.

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Question 1b: Document the type of service and estimated monthly cost.:

Document any services the Caregiver pays for care of the Care Receiver and the estimated monthly cost. Services may include, but are not limited to, respite, adult day services, personal care, and/or Personal Emergency Response Systems (PERS).

Question 2a: Do you currently pay for supplies that directly relate to providing care to the Care Receiver?

Select No or Yes.

Question 2b: Document the supplies purchased and estimated monthly cost.:

Document any expendable, disposable or consumable supplies the Caregiver pays for that are needed to provide care for the Care Receiver on an on-going basis, which are not otherwise covered by insurance or other third party payer. Supplies may include, but are not limited to incontinence care supplies, therapeutic creams/ointments and wound care supplies.

Question 3: Do you feel that you may need to purchase any Assistive Devices/Technology which directly relates to providing care to the Care Receiver?

Select No or Yes. If Yes, document in the Notes any assistive devices or technologies the Caregiver feels may provide relief or assist the Caregiver with fulfilling caregiving duties.

Question 4: Do you feel that you may need to purchase any Home Modifications which directly relate to providing care to the Care Receiver?

Select No or Yes. If Yes, document in the Notes any home modifications the Caregiver feels may improve Caregiver/Care Receiver safety, increase functionality, improve accessibility, and assist with the provision of care to the Care Receiver in the home. Home modifications may include a wheelchair ramp, stair lift, walk-in shower.

3. CARE RECEIVER'S INFORMATION

3.A. CARE RECEIVER'S IDENTITY

A CAT represents ONE Caregiver and ONE adult Care Receiver. If a Caregiver is providing care for a second Adult Care Receiver, recognized by the AAA as a Care

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Receiver in the Caregiver Support Program, a separate CAT must be completed for that caregiving relationship.

Only Caregivers who are Grandparents or Older Relative Caregivers of Children may have multiple Child Care Receivers on one CAT.

Question 1a: Care Receiver's Last Name (Adult or Child):

Document the Care Receiver's last name.

Question 1b: Care Receiver's First Name (Adult or Child):

Document the Care Receiver's first name.

Question 1c: Care Receiver's Date of Birth (Adult or Child):

Document the Care Receiver's date of birth.

The Care Manager must continue to monitor the date of birth for Care Receivers who are children. When there is only one child as a Care Receiver in CSP, once that child reaches age 18, the Caregiver is no longer eligible for the CSP. If the Caregiver cares for more than one child, once a child reaches age 18, a reassessment must be completed and the child who reached age 18 must be removed from the CAT.

Question 1d: Care Receiver's Gender:

Document if the Care Receiver is male or female.

Question 1e: Is the Care Receiver disabled as defined for Federal Caregiver Support Program?

Select the appropriate response.

Per the Older Americans Act, the term "disability" means (except when such term is used in the phrase "severe disability", "developmental disabilities", "physical or mental disability", "physical and mental disabilities", or "physical disabilities") a disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that results in substantial functional limitations in 1 or more of the following areas of major life activity: (A) self-care, (B) receptive and expressive language, (C) learning, (D) mobility, (E) self-direction, (F) capacity for independent living, (G) economic self-sufficiency, (H) cognitive functioning, and (I) emotional adjustment.

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If unable to determine the Care Receiver's disability status, select "Unknown".

Question 1f: What is the legal status of the CG/CR relationship (Adult or Child):

Select the legal status of the Caregiver/Care Receiver relationship.

<u>None:</u>	No legal status
<u>Guardianship:</u>	A Guardianship is formed when a court appoints an adult as guardian, of an incapacitated adult or of a minor child, giving the guardian the authority and the duty to take care of the incapacitated person or child, a court order is required.
<u>Legal Custody:</u>	Legal custody is a court ordered right to make major decisions on behalf of the child, including, but not limited to, medical, religious and educational decisions.
<u>Physical Custody:</u>	Physical custody is the actual physical possession and control of a child and pertains to the Caregiver with whom the child resides.
<u>Power of Attorney (POA):</u>	Power of Attorney or POA is a legal written document authorizing another person or persons to act for you, as your <i>Agent or Attorney-in- Fact</i> utilized by a Caregiver designated and legally appointed to represent the Care Receiver.
<u>Other:</u>	Legal status not identified in previous selections. Specify in Notes.
<u>Unknown:</u>	Unknown legal status.

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3.B. CARE RECEIVERS IDENTITY(S) when Multiple Child Care Receivers (For Grandparents/ Older Relative Caregivers of Children Only)

Question 1a: Child Care Receiver #2 Last Name:

Document the Care Receiver's last name.

Question 1b: Child Care Receiver #2 First Name:

Document the Care Receiver's first name.

Question 1c: Child Care Receiver #2 Date of Birth:

Document the Care Receiver's date of birth.

Question 1d: Child Care Receiver #2 Gender:

Document if the Child Care Receiver is male or female.

Question 1e: What is the legal status of the #2 Child CG/CR relationship?

Select the legal status of the Caregiver/Care Receiver relationship.

Question 2a: Child Care Receiver #3 Last Name:

Document the Care Receiver's last name.

Question 2b: Child Care Receiver #3 First Name:

Document the Care Receiver's first name.

Question 2c: Child Care Receiver #3 Date of Birth:

Document the Care Receiver's date of birth.

Question 2d: Child Care Receiver #3 Gender:

Document if the Child Care Receiver is male or female.

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Question 2e: What is the legal status of the #3 Child CG/CR relationship?

Select the legal status of the Caregiver/Care Receiver relationship.

Question 3: Additional Child Care Receiver(s) information or notes:

Document any additional children who are Care Receivers – Last name, first name, DOB, legal relationship.

3.C. CARE RECEIVER'S HOUSEHOLD COMPOSITION

Question 1: What is the Care Receiver's PERMANENT living arrangement?

Select the Care Receiver's permanent living arrangement.

Question 2: Document the name, age and relationship of each individual who resides in the Care Receiver's household.:

Document the name, age and relationship of each individual in the Care Receiver's household.

Question 3: What is the total number of individuals that reside in the Care Receiver's household?

Select the total number of individuals, including the Care Receiver, that reside in the Care Receiver's household. If greater than six individuals reside in the household, select "other" and document details in Notes.

4. CARE RECEIVER'S HOUSEHOLD FINANCIAL DATA
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4.A. CARE RECEIVER'S INCOME

Financial eligibility for the program is determined by calculating the total annual income of all individuals who reside in the Care Receiver's household **for the previous year**. The Caregiver Support Program Reimbursement Percentage Guide is used, based on the total household income, to determine the reimbursement percentage (see Appendix F). Upon determination of the reimbursement percentage, the Caregiver may choose not to participate in the program. In this case, the Care Manager may bypass the rest of the assessment and complete the Caregiver Assessment Summary (Section 8.B.1.) and

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Caregiver Assessment Outcome section (Section 8.C.1.). In this situation, the Care Receiver should have an NAT completed to determine whether they have unmet needs that may be met through another program.

NOTE: For individuals who are self-employed and report a loss on their federal tax return (a negative earnings amount), enter a 0 (zero) for their gross monthly wage/salary/earnings income amount.

NOTE: Questions 2-12 must have an amount documented for the total monthly amount to be auto-calculated. If there is no income for a specific question, 0 (zero) must be entered.

Question 1: Refused to provide financial information?

Select the appropriate response.

The Family Caregiver Support Act of 2011 (P.L. 1234, No. 204) requires the Caregiver to provide proof of the Care Receiver's household income to ensure that it does not exceed 380% of the poverty level. If the Care Receiver or any household members refuse to provide financial information, the Caregiver/Care Receiver is not eligible for the Caregiver Support Program.

Question 2: Care Receiver's monthly Social Security Income (SS):

Document the gross monthly amount. Exclude Medicare Part B premiums.

Question 3: Care Receiver's monthly Supplemental Social Security Income (SSI):

Document the gross monthly amount.

Question 4: Care Receiver's monthly retirement/pension income:

Document the gross monthly amount.

Question 5: Care Receiver's monthly interest/dividends income:

Document the gross monthly amount.

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Question 6: Care Receiver's monthly public assistance:

Document the gross monthly amount.

Question 7: Care Receiver's monthly VA benefit income:

Document the gross monthly amount. (Aid & Attendance payments from VA are excluded)

Question 8: Care Receiver's monthly wage/salary/earnings income:

Document the gross monthly amount.

Question 9: Care Receiver's monthly net rental income:

Document the net monthly amount.

Question 10: Care Receiver's monthly railroad retirement benefit income:

Document the gross monthly amount.

Question 11: Care Receiver's monthly annuity, trust, estate income:

Document the gross monthly amount.

Question 12: Care Receiver's other monthly income (Document the source of income in Notes):

Document the gross monthly amount. Document details regarding the source of income in Notes.

Question 13: Care Receiver's Monthly Medicare Part B Premium:

Document the total amount.

NOTE: This amount will be deducted from the gross Social Security income when the algorithm calculates the Care Receiver's total monthly reportable income.

Question 14: Care Receiver's Total Monthly Reportable Income:

The total monthly income will auto-calculate from the amounts entered in questions 2-13.

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4.B. OTHER HOUSEHOLD MEMBER'S INCOME (Residing with Care Receiver: *See Chapter for inclusions and exclusions)

If there are multiple members of the Care Receiver's household, provide a breakdown of the total monthly amount with the household member and the amount they receive in the Notes for each question.

Question 1: Monthly Social Security (SS) income of other household members:

Document the gross total monthly amount for other household members. Exclude Medicare Part B premiums.

Question 2: Monthly SSI of other household members:

Document the total gross monthly amount for other household members.

Question 3: Monthly retirement/pension income of other household members:

Document the total gross monthly amount for other household members.

Question 4: Monthly interest/dividend income of other household members:

Document the total gross monthly amount for other household members.

Question 5: Monthly public assistance income of other household members:

Document the total gross monthly amount for other household members.

Question 6: Monthly VA Benefits income of other household members:

Document the total gross monthly amount for other household members.

Question 7: Monthly wage/salary/earnings income of other household members:

Document the total gross monthly amount for other household members.

Question 8: Monthly NON-residential net rental income of other household members:

Document the total net monthly amount for other household members.

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Question 9: Other monthly income of other household members:

Document the total gross monthly amount for other household members.

Question 10: Monthly Medicare Part B Premium of other household member(s):

Document the total monthly amount for other household members.

NOTE: This amount will be deducted from the gross Social Security income when the algorithm calculates the other household members total monthly income.

Question 11: Other Household Members Total Monthly Income:

The total monthly amount will auto-calculate from questions 1-10. Questions 1-10 must have an amount documented for the total monthly amount to be auto-calculated. If there is no income for a specific question, 0 (zero) must be entered. If there are multiple other household members residing with the Care Receiver, provide a breakdown of the total monthly amount with the household member and the amount they receive in the Notes for each question, then add their income together before entering the amount into questions 1-10.

4.C. HOUSEHOLD INCOME

Question 1: Care Receiver's Total Monthly Household Income:

The total monthly income for all household members will auto-calculate.

Question 2: Total Care Receiver Household Annual income:

The total annual income for all household members will auto-calculate.

Document the year on which the financial information is based in the case journal notes, if desired.

Question 3: Percentage of Total Monthly Expenses AAA Reimburses Caregiver (If the total number of individuals residing in the Care Receiver's household is larger than 6 (if Q3.C.3 is "Other"), then Reimbursement Percentage must be calculated manually):

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This represents the reimbursement percentage the AAA will reimburse the Caregiver, and will auto-populate based on the number of residents in the Care Receiver's household (Question 3.C.3.), if six or less, and the total annual household income (4.C.).

If the total number of individuals residing in the Care Receiver's household is larger than six, the Care Manager must calculate the reimbursement percentage manually based on the instructions on the Caregiver Support Program Reimbursement Benefits Table (See Appendix F.2). Document the reimbursement percentage determined based on the Care Receiver's household income in a journal entry in the Caregiver's SAMS case record.

Question 4: Enter Percentage of Total Monthly Expenses AAA Reimburses Caregiver from 4.C.3 above:

For Care Receiver households with six members or less, enter the reimbursement percentage from the previous question into this box.

For Care Receiver households with seven members or more, enter the manually calculated reimbursement percentage into this box.

Question 5: Percentage of Total Monthly Expenses AAA Does Not Reimburse the Caregiver:

This represents the reimbursement/cost share percentage the Caregiver is responsible for paying, and will auto calculate based on the number of residents in the Care Receiver's household (Question 3.C.3.), if six or less, and the total annual household income (4.C.).

If the total number of individuals residing in the Care Receiver's household is larger than six, the Care Manager must calculate the reimbursement percentage manually based on the instructions on the Caregiver Support Program Reimbursement Benefits Table (See Appendix F.2). Document the reimbursement percentage determined based on the Care Receiver's household income in a journal entry in the Caregiver's SAMS case record.

Question 6: Based on the calculated reimbursement percentage, does the Caregiver wish to continue with the assessment for the Caregiver Support Program?

Select Yes or No. If the Caregiver does not wish to continue with the assessment, document details in Notes and continue to the Caregiver Assessment Summary (Section 8.B.1.) and Caregiver Assessment Outcome section (Section 8.C.1.).

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5. CAREGIVER'S SUPPORTS/GENERAL ROLES AND RESPONSIBILITIES

5.A. FORMAL AND INFORMAL SUPPORTS
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Question 1: Check all benefits the Caregiver is currently receiving:

Select the benefits the Caregiver is receiving. More than one choice may be selected.

Question 2: Are there any additional INFORMAL supports that provide assistance or care to the Care Receiver? (Document name(s) and assistance/care provided in the Notes):

Select the appropriate response(s). More than one choice may be selected. Document in Notes the name of the informal support, type of informal support, and the assistance and/or care the informal support provides.

Question 3: Is the Care Receiver receiving care or services from any FORMAL supports? (Document name(s) and care provided in Notes):

Select the appropriate response(s). More than one choice may be selected. Document in Notes the name of the formal support, type of informal support, and the care or services the formal support provides.

5.B. CAREGIVER'S GENERAL RESPONSIBILITIES
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This section assesses the Caregiver's responsibilities and records the Caregiver's perspective of their responsibilities. Details regarding what the Caregiver provides for the Care Receiver must be documented in Notes, where applicable.

Question 1: How long have you been providing the majority of assistance to the Care Receiver?

Select the appropriate response.

If the Caregiver has been providing care for an extended period of time, with no support, there is an increased risk for burnout.

Question 2: Tell me how did you become responsible for the children in your care? (For Grandparents/Older Relative Caregivers of Children only):

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Document how the Caregiver became responsible for their grandchild(ren).

How an older relative became responsible for caring for a child(ren) is important for understanding emotional needs of the Caregiver and identifying possible supports. The parent of the child may be deployed for military duties, or the parent may be deceased or in prison or jail, which the older relative may be grieving. If a Care Manager determines through the assessment that an older relative is grieving the loss of an adult child through death or imprisonment, a referral to or information regarding grief and loss support groups may be appropriate for that Caregiver.

Question 3: Does the Care Receiver have any mental health diagnoses which require monitoring or on-going services? (Document details in Notes):

Select No, Yes or Don't Know (if information not available). Document details in Notes.

Question 4a: Does the Care Receiver have a diagnosis of Alzheimer's disease or dementia?

Select No or Yes. If no, skip to 5.B.5. If the Care Receiver has a diagnosis of Alzheimer's disease or dementia and is age 18-59, additional documentation is required. The Family Caregiver Support Program regulations (Title 6, Chapter 20.32) requires written documentation from a physician or team of physicians indicating that the Care Receiver has a chronic dementia, such as Alzheimer's disease.

Question 4b: Does the Care Receiver require on-going services or supervision due to Alzheimer's disease or dementia? (Document details in Notes):

Select No or Yes. Document details in Notes.

Question 5: Does the Care Receiver exhibit behaviors that require monitoring? (Document details in Notes):

Select all responses that apply. Document details in Notes.

Question 6a: Are you able to leave the Care Receiver alone for any period of time?

Select No or Yes. If Yes, complete question 5.B.6b. If No, skip to 5.B.7

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Question 6b: How long can the Care Receiver safely be left alone?

Select the appropriate response.

Question 7: Do you assist in managing medical appointments for the Care Receiver? (Document details in Notes):

Select No or Yes. Document details in Notes.

Question 8: Do you assist in managing the Care Receiver's medication(s)? (Document details in Notes):

Select No or Yes. Document details in Notes.

Question 9: Do you assist in managing other special medical treatments for the Care Receiver? (Document details in Notes):

Select No or Yes. Document details in Notes.

6. CAREGIVER'S ASSISTANCE

This section assesses how much assistance the Caregiver reports providing for the Care Receiver for activities of daily living (ADLs), mobility, and instrumental activities of daily living (IADLs). There may be more than one response selected for each ADL, level of mobility, and IADL.

The following definitions apply to responses for questions in sections 6.A and 6.B.

None – the Caregiver provides no assistance and the Care Receiver is able to complete the task independently.

Cueing/Coaxing – the Caregiver must cue or coax the Care Receiver to complete a task because the Care Receiver is unable to cognitively process or complete steps to complete the task.

Set-up – the Caregiver sets-up supplies or items because the Care Receiver is unable to complete set-up, but the Care Receiver is able to complete the primary activity independently.

Supervision – the Caregiver must supervise the Care Receiver to assure safety of the Care Receiver.

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Hands-on-Assistance – the Caregiver must provide hands-on-assistance or weight-bearing support for the Care Receiver.

Total Care – the Caregiver must complete the task in its entirety because the Care Receiver is unable to do so.

Arranges Informal Supports – the Caregiver arranges informal supports to assist the Care Receiver.

Arranges Formal Supports – the Caregiver arranges and pays for formal supports needed to assist the Care Receiver.

Other – if “Other,” document details in the Notes section.

Extra Help – the Caregiver requires additional assistance to fulfill their caregiving responsibilities.

6.A. ADL ASSISTANCE (Check all that apply)

Question 1: Identify the assistance the Caregiver provides the Care Receiver for BATHING:

Select all responses that apply. If “*other*,” document in Notes.

Question 2: Identify the assistance the Caregiver provides the Care Receiver for DRESSING:

Select all responses that apply. If “*other*,” document in Notes.

Question 3: Identify the assistance the Caregiver provides the Care Receiver for GROOMING:

Select all responses that apply. If “*other*,” document in Notes.

Question 4: Identify the assistance the Caregiver provides the Care Receiver for EATING:

Select all responses that apply. If “*other*,” document in Notes.

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Question 5: Identify the assistance the Caregiver provides the Care Receiver for TRANSFERS:

Select all responses that apply. If “*other*,” document in Notes.

Question 6: Identify the assistance the Caregiver provides the Care Receiver for TOILETING:

Select all responses that apply. If “*other*,” document in Notes.

Question 7: Identify the assistance the Caregiver provides the Care Receiver for BLADDER CARE:

Select all responses that apply. If “*other*,” document in Notes.

Question 8: Identify the assistance the Caregiver provides the Care Receiver for BOWEL CARE:

Select all responses that apply. If “*other*,” document in Notes.

6.B. MOBILITY ASSISTANCE (Check all that apply)
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Question 1: Identify the assistance the Caregiver provides the Care Receiver with INDOOR MOBILITY:

Select all responses that apply. If “*other*,” document in Notes.

Question 2: Identify the assistance the Caregiver provides the Care Receiver with OUTDOOR MOBILITY:

Select all responses that apply. If “*other*,” document in Notes.

Question 3: Identify the assistance the Caregiver provides the Care Receiver with STAIR MOBILITY:

Select all responses that apply. If “*other*,” document in Notes.

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6.C. IADL ASSISTANCE (Check all that apply)

Question 1: Identify the assistance the Caregiver provides the Care Receiver for MEAL PREP:

Select all responses that apply.

Question 2: Identify the assistance the Caregiver provides the Care Receiver for HOUSEWORK:

Select all responses that apply.

Question 3: Identify the assistance the Caregiver provides the Care Receiver for LAUNDRY:

Select all responses that apply.

Question 4: Identify the assistance the Caregiver provides the Care Receiver for SHOPPING:

Select all responses that apply.

Question 5: Identify the assistance the Caregiver provides the Care Receiver for TRANSPORTATION:

Select all responses that apply.

Question 6: Identify the assistance the Caregiver provides the Care Receiver for MONEY MANAGEMENT:

Select all responses that apply.

Question 7: Identify the assistance the Caregiver provides the Care Receiver for TELEPHONE:

Select the appropriate response.

Question 8: Identify the assistance the Caregiver provides the Care Receiver for HOME MANAGEMENT:

Select all responses that apply.

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7. CAREGIVER'S WELL-BEING

7.A. CAREGIVER'S WELL-BEING

This section assesses how the Caregiver is coping with caregiving, and records what outcomes the Caregiver desires. This section assists the Care Manager with understanding the Caregiver in the caregiving role and identifying appropriate services and supports.

The questions in this section may be sensitive and inappropriate in the presence of the Care Receiver. It is acceptable for the Care Manager to interview the Caregiver in a room separate from the Care Receiver.

Question 1: Do you find it difficult to provide care?

Select No or Yes. If Yes, document details in Notes.

The Caregiver may report physical or emotional difficulty, due to reasons related to the Care Receiver.

Question 2: On a scale of 1-5, are you concerned with your ability to provide care? (Document details in Notes):

Select the Caregiver's response. Document details in Notes.

Question 3: Are you experiencing any of the following challenges in your caregiving role? If yes, check all that apply. (Document details for each challenge in Notes):

Select all the responses that apply. Document details for each challenge in Notes.

Question 4: How would you rate the quality of your relationship with the Care Receiver?

Select the appropriate response.

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Question 5: Has your own health been affected in the last six months because of caregiving?

Select the appropriate response.

Question 6: On a scale of 1-5, how much stress are you experiencing due to your caregiving role?

Select the appropriate response.

Question 7: Do you want to continue to provide care for the Care Receiver?

Select Yes or No. If the Caregiver does not want to continue to provide care for the Care Receiver, document details in Notes. The Care Manager should explore care options for the Care Receiver with the Caregiver. If necessary, provide information regarding placement options and make a referral for a NAT for the Care Receiver.

Question 8: Do you feel as if you need additional information, training, or education to provide care more effectively or to be more knowledgeable in specific areas?

Select No or Yes. If Yes, document details in Notes.

Question 9: Has your role as a Caregiver made positive contributions to your life in any of the following ways? (Document details in Notes):

Select the appropriate responses.

Question 10: Are there any activities that you participate in to maintain or improve their own quality of life (active, entertainment, social, or religious activities)?

Document all activities in which the Caregiver is participating.

The Care Manager should recognize if the Caregiver is or is becoming isolated due to caregiving responsibilities and may use the response to discuss the importance of using respite services or attending support groups.

Question 11: What do you do to cope with being a Caregiver?

Document the Caregiver's reported coping strategies.

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The Caregiver may not be able to identify how they cope with situations. The Care Manager may recognize coping strategies that the Caregiver utilizes during discussion throughout the assessment process. The Care Manager can identify and discuss coping strategies with the Caregiver.

Question 12: What are you doing well as a Caregiver?

Document the Caregiver's reported strengths.

The Caregiver may not be able to identify strengths. The Care Manager may identify strengths during discussion throughout the assessment process and discuss observed strengths with the Caregiver.

8. CARE MANAGER OBSERVATIONS AND ASSESSMENT OUTCOME IMPORTANT - DO NOT QUESTION CAREGIVER!

8.A. CARE MANAGER'S OBSERVATIONS

This section pertains to the Care Manager's observations only and the Caregiver **should not be asked these questions.**

Question 1: What conditions of the caregiving environment cause health and safety risks to the Caregiver and Care Receiver? (Document details in Notes):

Select all responses that apply. Document details in Notes regarding health and safety risks and how the issue is being addressed with the Caregiver.

Question 2: What areas of the caregiving environment impact accessibility? (Document details in Notes):

Select all responses that apply. Document details in Notes.

Question 3: Care Manager's observations or concerns about the Caregiver. (Document details in Notes):

Select all responses that apply. Document details in Notes.

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Question 4: Based on the information provided, is the Caregiver is able to provide and/or coordinate the care and services necessary to maintain the Care Receiver in the community?

Select Yes or No. Document details in Notes any concerns regarding the Caregiver's ability to maintain the Care Receiver in the community and if the concerns were addressed with the Caregiver.

8.B. ASSESSMENT SUMMARY

Question 1: Does the assessed Caregiver meet the definition of Primary Caregiver?

The Primary Caregiver, as identified in Chapter VI, is an identified adult family member or other responsible party, who has primary responsibility for the provision of care required to maintain the physical and/or mental health of the Care Receiver. The Caregiver may not be a paid Caregiver of the Care Receiver and must actively participate in various aspects of care on a regular, but not necessarily, daily basis.

Select No or Yes. If No, document details in Notes.

8.C. ASSESSMENT OUTCOME

Question 1: Based on the assessment, is the Caregiver Support Program the appropriate program to provide support within this caregiving relationship?

Select No or Yes. If no, document details in Notes.

Question 2: Caregiver Assessment Score:

The Caregiver Waiting List Score will auto-calculate based on the Caregiver's support, general roles and responsibilities, and the Caregiver's well-being as identified during completion of the CAT.

Question 3: Caregiver Assessment Score – Enter the value from the previous question:

Enter the value from question 8.C.2

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8.D. ASSESSMENT OUTCOME AUTHENTICATION

This required section must be completed following the completion of the CAT. The CAT is not considered complete until the supervisor has reviewed the Care Manager's entries and completed Questions 8.D.3 and 8.D.4. A review of the CAT by a Registered Nurse (RN) is not required. The Care Manager and supervisor signatures indicate that the information is complete and accurate.

Question 1: Name of the Care Manager competing this assessment:

Document the Care Manager's first and last name.

NOTE: Entry of the Care Manager's name serves as the electronic signature.

Question 2: Date (MM/DD/YYYY) of Care Manager signature:

Using the MM/DD/YYYY format, document the date the Care Manager signed the CAT.

Question 3: Name of Supervisor who reviewed and approved this assessment:

Document the name of the Supervisor who reviewed and approved the CAT.

NOTE: Entry of the Supervisor's name serves as the electronic signature.

Question 4: Date (MM/DD/YYYY) Supervisor reviewed and approved this assessment:

Using the MM/DD/YYYY format, document the date the Supervisor reviewed and approved the CAT.