

OVERVIEW

In 1990, the Pennsylvania General Assembly established a **Family Caregiver Support Program** (6 Pa. Code Chapter 20) in order to assist individuals who assume primary responsibility for the provision of care for functionally dependent older adults and adults with Alzheimer's Disease or other chronic dementia. The program's intent was to encourage Caregiver respite and allow for financial reimbursement for caregiving related services and supplies.

While Pennsylvania's Caregiver Program began in 1990, **the National Family Caregiver Support Act** was not enacted until November 2000 as part of the reauthorization of the federal Older Americans Act (OAA). Known as the **National Family Caregiver Support Program (NFCSP)**, federal funds are provided to the state unit on aging (i.e., the Pennsylvania Department of Aging, hereafter referred to as "the Department") through Title III, Part E of the OAA. In turn, the Department provides federal OAA and state funds (via the Aging Block Grant) to Pennsylvania's network of 52 local Area Agencies on Aging (AAAs) to administer caregiver support services.

Every five years, the U.S. Congress reviews the NFCSP through a process called reauthorization. This process provides opportunities for stakeholders and advocates to recommend changes to improve the program to better serve Caregivers. The most recent reauthorization to the NFCSP occurred in 2016 when several clarifications were made to the program, such as the term "older relative caregiver" replaced "grandparents and older individuals who are relative caregivers".

Similarly, opportunities to improve Pennsylvania's Caregiver Program, better support Caregivers, and improve alignment between the federal and the state program are also regularly pursued. For instance, at the time of its inception in 1990, Pennsylvania's Caregiver Program, which pre-dated the NFCSP, was one of the first family caregiver programs in the country. Over time, however, it was realized that limitations in the program were beginning to constrain its effectiveness which resulted in underutilization of the program.

As a result, steps were taken in December 2011, when the General Assembly passed Act 112 of 2011. One of the highlights of the program changes implemented by Act 112, was that the word "family" was replaced with "Pennsylvania" in the name of the Act. As such, the program became the **Pennsylvania Caregiver Support Act**, paving the way for primary Caregivers, who are not relatives of the Care Receiver, to participate in the program.

By way of this **Caregiver Support Program Chapter**, the Department is exercising its responsibility and demonstrating its commitment to uphold the provisions of federal and state laws in order to provide the AAAs with an infrastructure of program resources and guidance to better support Caregivers in their caregiving role.

The Caregiver Support Program (CSP) provides five categories of supportive services to Caregivers of older adults, individuals with Alzheimer's Disease or other chronic dementia, as well as grandparents and other relatives aged 55 and older who are raising grandchildren or caring for adults with disabilities. Written broadly to provide flexibility and responsiveness to the needs of Caregivers, these supportive services include:

- **Information:** Providing information to Caregivers about available resources
- **Assistance:** Linking Caregivers to available services (i.e., support groups)
- **Caregiver Training:** Assisting Caregivers in making decisions and solving problems relating to their caregiving roles, organizing support groups, and arranging for caregiving training
- **Respite Care:** Providing Caregivers with a temporary break from their caregiving responsibilities
- **Supplemental Services:** Providing, on a limited basis, items or services designed to help complement the care provided by Caregivers.

Overall, Pennsylvania's **Caregiver Support Program** provides resources and assistance to individuals who assume primary responsibility for the provision of care in order to help alleviate the stress associated with caregiving and support the caregiving relationship by focusing on the Caregiver's well-being. Recognizing that Caregiver stress can impact the physical, emotional, and financial health of caregivers, access to respite services is encouraged, and financial reimbursement for caregiving-related services and supplies is allowed. These services are not an entitlement and are subject to eligibility requirements. All other resources for the Caregiver (individual, local, state and/or Federal) shall be considered and utilized before CSP services are provided.

I. PROGRAM ELIGIBILITY REQUIREMENTS

Primary Caregiver

The Primary Caregiver is the one identified adult family member or other responsible person who has primary responsibility for the provision of care, including coordination of care and services, needed to maintain the physical and/or mental health of the Care Receiver. The Caregiver may not receive reimbursement for personally providing caregiving services to the Care Receiver and shall be

actively involved/engaged with various aspects of care on a regular, but not necessarily daily, basis.

A. Eligibility Requirements for Caregivers and Care Receivers

Caregivers and Care Receivers shall be Pennsylvania residents (see Appendix F for a list of acceptable verification documents). U.S. citizenship is not required.

Exceptions may be made by the AAA for Caregivers living in neighboring states on a case-by-case basis. The AAA shall develop a local policy and procedures for their Planning and Service Area (PSA), approved by the Department's Bureau of Aging Services. This approved policy shall be applied consistently for all out-of-state Caregivers. All approved exceptions to the PA residency requirement shall be documented in a journal entry in the Caregiver's record in the Social Assistance Management System (SAMS) titled "CSP - Out-of-State Caregiver Verification", which clearly documents the details of the caregiving relationship (see Appendix D). At a minimum, the SAMS documentation shall include:

- Proximity to Care Receiver's residence
- Frequency of caregiving visits
- Assurance of non-duplication of benefits received by the Caregiver in their home state

Caregivers are not eligible for CSP when one or more of the following apply:

- The Caregiver or Care Receiver receives MA Long Term Services and Supports (MA LTSS)
- The Caregiver has been convicted of a crime relating to abuse, neglect, exploitation or abandonment;
- The Caregiver has been found civilly liable for abuse, neglect, exploitation or abandonment; and
- The Caregiver has been notified that the he/she is an alleged perpetrator in a substantiated report of need for protective services.

A substantiated case of abuse, neglect, exploitation, abandonment as defined in the Act of November 6, 1987 (P.L. 381, No. 79), known as the Older Adults Protective Services Act, as specified in 6 Pa. Code Chapter 15, or pursuant to any other civil or criminal statute regarding an older adult, shall prohibit a

Caregiver from receiving benefits and services outlined in this chapter, unless authorized by the Department to prevent further abuse.

B. Eligibility Categories for Caregivers

1. Caregiver of Individuals Age 60+ or with Alzheimer's Disease or Other Chronic Dementia (State or Federal Care Enrollment)

a. Caregiver

- Age 18+
- Primary Caregiver of an individual age 60+ or with Alzheimer's Disease or other chronic dementia

b. Care Receivers

- Age 60+ **and** must be functionally dependent with at least two (2) Activity of Daily Living (ADL) deficits which require either limited or total assistance (federal program enrollment)
- Age 60+ **and** must be functionally dependent with at least one (1) Activity of Daily Living (ADL) deficit which requires either limited or total assistance (state program enrollment)

OR

- 18-59 years of age with a diagnosis of Alzheimer's Disease or other chronic dementia (state program enrollment)
- Under 18 years of age with a diagnosis of chronic dementia (federal program enrollment)

Written documentation from a physician is required indicating a diagnosis of Alzheimer's Disease or other chronic dementia with an irreversible decline in intellectual functioning and global loss of cognitive function for Care Receivers under age 60. Global loss of cognitive function includes memory impairment involving the coordination of visual and fine motor abilities and at least one (1) of the following:

- Impairment of abstract thinking
- Impairment of judgment
- Impairment of other complex capabilities (language use, ability to perform complex physical tasks, ability to recognize objects or people, ability to construct objects)

- Personality change

c. Living arrangement

- Caregiver and Care Receiver are not required to live in the same residence
- For the purposes of this program, a residence is defined as a living arrangement in which members share common living areas, including the kitchen, living room and/or bathroom

d. Income

- Household income is defined as the total gross income of all persons living in the Care Receiver's residence, with the exception of a minor or dependent student
- Household income must be less than or equal to 380% of the Federal Poverty Level (see Section V - Income)

2. Grandparent/Older Relative Caregiver of Children (Grandparent/Other Older Relative Caregiver Care Enrollment)

a. Caregiver

- Age 55+
- Primary Caregiver of the child(ren)
- NOT the biological parent of the child(ren)
- Related to the child(ren) as the grandparent, stepgrandparent, or other non-parental older relative by blood, marriage or adoption
- Has a legal relationship to the child(ren) such as legal custody, adoption or guardianship, or is raising the child(ren) informally

b. Care Receivers

- Under age 18

c. Living arrangement

- Caregiver and Care Receiver are required to live in the same residence
- For the purposes of this program, a residence is defined as a living arrangement in which members share common living areas, including the kitchen, living room and/or bathroom

d. Income

- Household income is defined as the total gross income of all persons living in the Care Receiver's residence, with the exception of a minor or dependent student
- Household income must be less than or equal to 380% of the Federal Poverty Level (see Section V - Income)

3. Older Relative Caregiver of an Adult with a Disability (Grandparent/Other Older Relative Caregiver Care Enrollment)

a. Caregiver

- Age 55+
- Primary Caregiver of an individual with a disability
- Related to the Care Receiver by blood, marriage or adoption

b. Care Receivers

- Age 18-59 with a non-dementia disability

c. Living arrangement

- Caregiver and Care Receiver are required to live in the same residence
- For the purposes of this program, a residence is defined as a living arrangement in which members share common living areas, including the kitchen, living room and/or bathroom

d. Income

- Household income is defined as the total gross income of all persons living in the Care Receiver's residence, with the exception of a minor or dependent student
- Household income must be less than or equal to 380% of the Federal Poverty Level (see Section V - Income)

II. PROGRAM ENROLLMENT REQUIREMENTS

Caregivers applying for the CSP shall:

- Be assessed using the Caregiver Assessment Tool (CAT)

- Provide verification of financial information for all applicable members of the Care Receiver's household to determine reimbursement percentage (see Section V - Income)
- Provide acceptable proof of PA residency for the Caregiver and Care Receiver (see Appendix F)
- Sign the Conditions of Participation/Certificate of Accountability Form indicating adherence to all program requirements (see Appendix C)

NOTE: Caregivers shall complete and sign a separate Conditions of Participation/Certificate of Accountability Form for each Care Receiver in their care.

Enrollment into CSP shall be determined by the Care Receiver's PSA. If the Caregiver resides in a different PSA or out of state, the default agency in SAMS shall be changed to match the Care Receiver's PSA (see Appendix D).

A. Assessments

1. Caregiver Assessment Tool (CAT)

The Caregiver Assessment Tool is used to identify and record the needs of the Caregiver. It provides an overview of the caregiving relationship and identifies areas where support is needed. The Caregiver and Care Receiver shall both be present in the caregiving environment during the completion of the CAT.

The home visit shall be scheduled and the CAT completed within **10 business days** of the initial referral. The CAT shall be reviewed and signed by the Care Management Supervisor within **10 business days** of the home visit.

The CAT shall be completed **every six months** (by the end of the last month of the care plan period), or anytime there is a significant change in the caregiving relationship or a change in household income/composition. For the Grandparent/Older Relative Caregiver of Children component of the program, a new CAT shall be completed when a Care Receiver turns age 18 if other Care Receivers who are children remain in the home.

If a Primary Caregiver is providing care to more than one eligible Care Receiver, a separate CAT shall be completed for each caregiving relationship. Only Caregivers enrolled in the Grandparent/Other Older Relative Caregiver of

Children component of the program may have multiple Care Receivers, who are children, on one CAT.

2. Needs Assessment Tool-Express (NAT-E)

The Care Receiver shall have a Needs Assessment Tool-Express (NAT-E) completed upon enrollment of the Caregiver into the program. The NAT-E shall be completed by a Care Manager and reviewed by the Care Management Supervisor. Care Receivers who may be eligible for OPTIONS services are subject to the requirements outlined in Chapter IV: OPTIONS Program.

A NAT-E is not required for Caregivers participating in the Grandparent/Other Older Relative Caregiver of Children component of the program. If it appears that the child(ren) may benefit from additional services, a referral shall be made to the appropriate agency (see Appendix F).

B. Care Enrollments

The following three care enrollments are applicable to the CSP:

- CSP - State
- CSP - Federal
- CSP - Grandparent/Other Older Relative Caregiver

Refer to Section I.B. and the CSP Eligibility Quick Reference Chart in Appendix A for information on determining the appropriate care enrollment.

Refer to Appendix D for guidance on how to create CSP care enrollments in SAMS.

C. Wait Lists

Limited funding may result in the establishment of a CSP wait list by the AAA. When the AAA determines a wait list must be established, it shall notify the Department's Bureau of Finance prior to implementation.

Only one wait list shall be maintained for CSP. The wait list shall include Caregivers awaiting enrollment into the program, Caregivers waiting for a Home Modification or Assistive Device, and Caregivers who require an increase in their care plan cost cap.

AAAs shall establish a written wait list policy for their PSA, approved by the Department's Bureau of Aging Services, that outlines the AAA's process for placing and serving Caregivers from their wait list.

Caregivers are placed on the wait list based on their Caregiver Assessment Score (CAS) and the date of completion of the CAT. The CAS is calculated based on information obtained through the CAT. The following areas are factored into the calculation of the CAS:

- Priority Category
- Caregiver's Well-Being
- Care Receiver's Need for Supervision

Caregivers placed on a wait list shall be identified in SAMS and their record shall include a completed CAT and a draft care plan within 30 calendar days of the completion of the CAT. Care Management shall be in "active" status in the care plan, while all other services shall have a status of "waiting".

AAAs shall maintain accurate wait lists in SAMS. The wait list shall be updated any time a Caregiver is placed or removed from the wait list. AAAs shall monitor funding on a monthly basis and redistribute funds as they become available. When funding becomes available, Caregivers are served from the wait list in the order they were placed.

NOTE: Grandparents and Other Older Relative Caregivers of Children or Older Relative Caregivers of an Adult with a Disability cannot be removed from the wait list if expenditures have reached the 10% budget limitation for the Grandparent/Other Older Relative Caregiver component of the program (see Section VI - Administrative Requirements).

Regular contact shall occur with Caregivers on the wait list (refer to Chapter V: Care Management). Caregivers shall be contacted at a minimum, as follows:

- Telephone contact - 3 months
- Reassessment - 6 months
- Telephone contact - 9 months
- Reassessment - 12 months

A new CAT shall be completed if a Caregiver's needs/supports change, or there is a significant change in the caregiving relationship that may affect their CAS.

Documentation of these changes and a recalculation of the Caregiver's CAS are required to advance his/her placement on the wait list.

III. CAREGIVER SUPPORT PROGRAM SERVICES

The following CSP services shall be offered by the AAA to Caregivers participating in CSP. All CSP services shall meet the applicable service standards for the program (see Appendix A). The CSP services may supplement, but not duplicate, services received by Care Receivers through any other formal program.

A. Care Management

Care Management activities are a coordinative link between the identification of Caregiver needs and the timely provision of appropriate services and supports to meet those needs by utilizing all available resources. The role of the Care Manager is to support the Caregiver by addressing identified stressors and other needs through education, training, respite and reimbursement for caregiving expenses.

The Care Manager shall complete a comprehensive assessment, using the CAT, to develop a person-centered plan of care to meet the Caregiver's needs. The Care Manager is responsible for ongoing follow-up and case recording.

All Caregivers who receive CSP services shall be care managed and have Care Management as an active service in their care plan. Care Management can be offered as a stand-alone service to Caregivers who need the support and assistance of a Care Manager and are not receiving other services (refer to Chapter V: Care Management).

At a minimum, regular contact shall occur with Caregivers as follows:

- Telephone contact - 3 months
- Reassessment - 6 months
- Telephone contact - 9 months
- Reassessment - 12 months

B. Benefits Counseling

Benefits Counseling provides information about available services and programs the Caregiver or Care Receiver may be eligible to receive. Care

Managers shall provide individualized counseling and support to assist Caregivers in identifying and gaining access to all available resources and benefits (Federal, State and Local) to meet their specific needs.

NOTE: Resources specific to Caregivers of children can be found in Appendix F.

C. Caregiver Education and Training

The purpose of Caregiver Education and Training is to strengthen caregiving skills and ease the stress of caregiving with special attention to health problems of Care Receivers, coping skills for Caregivers, and the performance of appropriate personal care tasks. Caregiver Education and Training provided or arranged by the AAA may consist of a variety of approaches which may include, but are not limited to, distribution of printed educational materials, referral to web-based resources, and available training opportunities specific to caregiving. Care Managers are encouraged to refer the Caregiver to available resources and to assist in the development of Caregiver support groups as necessary.

D. Caregiver Reimbursement

Reimbursement is available for funds expended by the Caregiver for ongoing expenses for services or consumable supplies directly related and necessary to the care being provided to the Care Receiver, and as authorized in their care plan. Justification for reimbursable expenses shall be documented in a journal entry in the Caregiver's record in SAMS. Caregivers may not receive reimbursement for caregiving expenses paid to a relative.

The AAA shall develop a local policy and procedures for the timely submission, review, approval, and payment of submitted receipts and apply the procedure consistently in all cases. The AAA shall submit their local policy to the Department's Bureau of Aging Services for approval.

At a minimum, it is the responsibility of the Care Manager to:

- Approve a care plan that outlines the specific items and services to be reimbursed
- Obtain the completed Self-Employed/Independent Contractor Declaration Form from the Caregiver, when applicable (see Appendix C)
- Obtain receipts from the Caregiver for items or services purchased

- Obtain the completed Department required Caregiver Reimbursement forms from the Caregiver (see Appendix C) that:
 - Detail the provision of services (days/hours, service provided and by whom) and/or purchase of supplies for the Care Receiver(s)
 - Contain sign-offs by the service provider and Caregiver
 - Include a signed Conditions of Participation/Certificate of Accountability Form (see Appendix C)
- Review and approve all receipts to ensure consistency with the care plan
- Attach completed forms and verified receipts to the Caregiver's record in SAMS

Receipts for monthly expenses shall be submitted to the AAA no later than the 15th of the following month. All Service Deliveries shall be recorded in SAMS no later than the last day of the month following the month in which services were rendered.

If the Caregiver is late submitting receipts, the Care Manager shall contact the Caregiver to determine why the Caregiver is unable to meet the deadline and offer assistance and support. This may include helping the Caregiver to resolve any problems with providers such as contacting provider agencies to request expedited invoicing. Documentation of all circumstances resulting in late submission and efforts made to resolve identified issues shall be recorded in a SAMS journal entry titled, "CSP - Late Receipt Submission" (see Appendix D). If the Caregiver continues to be late in submitting receipts after the documented consultation/intervention of the Care Manager, the AAA *may* terminate the Caregiver from the CSP as per the Conditions of Participation/Certificate of Accountability Form (see Appendix C).

In certain circumstances, AAAs may utilize an agency model of reimbursement. If the AAA chooses to utilize an agency model of reimbursement, this shall be included as part of their local reimbursement policy. This policy shall include the criteria necessary for Caregivers to participate in the agency model. The AAA shall determine, on a case-by-case basis, that it would be an undue hardship for the Caregiver to pay for services and wait for reimbursement. Justification for use of the agency model shall be documented in a journal entry in the Caregiver's record in SAMS prior to authorizing payment directly to a provider. The journal entry shall be titled, "CSP - Authorization for Agency Model" (see Appendix D). Service Allocations and Service Deliveries are required when implementing the agency model of reimbursement (see Appendix D).

Caregiver Reimbursement is permitted for the following services which may include, but are not limited to:

1. Respite Services

Respite Services provide the Caregiver a brief period of regular, intermittent, or emergency relief from normal caregiving duties and responsibilities. Respite Services may include in-home respite, Older Adult Daily Living Services, temporary placement in a Personal Care Home or nursing facility, and summer camp or babysitting for Grandparents and Other Older Relative Caregivers of Children and disabled adults.

Caregivers may accumulate unused financial benefits to facilitate the purchase of more expensive respite care for a period of time that will allow a Caregiver the opportunity to be away for several days of vacation, hospitalization or special emergency absences (see Section IV.B. Accumulation of Benefits).

At the time of enrollment and routinely thereafter, Care Managers shall provide counseling to Caregivers related to respite and encourage the utilization of this service to decrease stress and prevent burnout.

2. Consumable Supplies

Consumable Supplies consist of expendable or disposable items needed on an on-going basis to provide care to the Care Receiver, which are not otherwise covered by other insurance or third party payer. These items may include, but are not limited to, nutritional supplements, incontinence care supplies, therapeutic creams/ointments, or other supplies that provide assistance to the Caregiver. Caregivers are limited to the purchase of two over-the-counter (OTC) medications per month for reimbursement. Consumable Supplies shall only be authorized if the item(s) clearly support the caregiving relationship as documented in a journal entry in the Caregiver's record in SAMS.

3. Supportive Services

Supportive Services are services other than respite care that are directly related and necessary to the care being provided to the Care Receiver as identified in the care plan.

These services include but are not limited to the following:

- Personal care skills training and other Caregiver education services not available directly through the CSP
- Counseling provided to the Caregiver by a certified/licensed professional
- Legal and financial counseling necessary to manage the affairs of the Care Receiver
- Specialized medical transportation services
- Transportation to respite locations

4. Supplemental Services

Supplemental Services are defined as any other service that supports the Caregiver's ability to provide care to the Care Receiver. Services may include, but are not limited to, Personal Care, Personal Emergency Response Systems (PERS), Pest Control/Fumigation Services, etc.

5. Home Modifications

Adaptations/modifications are made to improve Caregiver/Care Receiver safety, increase functionality, improve accessibility, and to assist in the provision of care to a Care Receiver in the home. The "footprint" of the dwelling cannot be changed or altered in any way. The Home Modification cannot be for cosmetic or decorative purposes. Home repairs are not considered Home Modifications and, therefore, not eligible for reimbursement.

NOTE: A stair glide is considered a home modification. If rented, the monthly rental cost of a stair glide shall count towards the Caregiver's care plan cost cap.

The owner of the property, if not the Caregiver or Care Receiver, shall provide a written statement that:

- Approves the work in writing prior to its start
- Indicates that the rent will not increase as a result of the modification
- Indicates whether the owner requires the home to be returned to its original state when the Care Receiver and other occupants move out

The AAA shall keep a copy of this written statement as a file attachment in the Caregiver's record in SAMS. Program funds may not be used to restore the home to its original state if required by the owner.

No less than two bids should be solicited and presented to the AAA to ensure work is completed in the most cost effective and efficient manner. Although a Caregiver is not required to choose the lowest bid, the AAA can only fund the lowest bid amount that meets all local and state building codes and American with Disabilities Act (ADA) standards (see Appendix A).

The Caregiver will be responsible for the difference in cost should they choose the higher bid. If the Caregiver is unable to solicit more than one bid, this shall be documented in a journal entry outlining bid solicitation efforts. The journal entry shall be titled, "CSP - Bid Solicitation" (see Appendix D).

The Care Manager, or AAA designated staff, shall make contact with the Caregiver to verify the work has been completed in a satisfactory manner before reimbursement or final payment is made.

There is a lifetime cap of \$2,000 per Caregiver for the purchase of a Home Modification or Assistive Device, subject to the determined reimbursement percentage (see Section V.C.2).

6. Assistive Devices

Assistive Devices are items and/or aids that assist Caregivers, or enable Care Receivers with functional disabilities, to perform Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs). The Care Manager shall explore all resources available for obtaining or renting assistive devices.

NOTE: The cost of renting Assistive Devices shall count towards the Caregiver's care plan cost cap.

In cases where reimbursement for devices or equipment has been denied or partially paid for by Medicare or other third parties, the device or the non-covered portion can be reimbursed through the CSP. The AAA shall obtain a copy of denial letters and written documentation from the Care Receiver's physician that the device is necessary before approving the purchase of the device. The CSP is to be the payor of last resort.

NOTE: Medicare denials are available electronically to Durable Medical Equipment (DME) providers. A Caregiver may request a copy of the denial from the DME provider to serve as verification. If the Caregiver is unable to obtain the insurance denial, the AAA may contact the DME provider to verify the equipment, supply, or device is a non-covered item. This contact shall be documented in a journal entry in the Caregiver's record in SAMS which includes the date, time, name of DME provider, and name of the contact person and titled, "CSP - Insurance Denial Medical Equipment, Supplies, Assistive Adaptive Devices" (see Appendix D).

NOTE: Hearing aids are allowable on a case-by-case basis with prior approval from the Department's Bureau of Aging Services.

There is a lifetime cap of \$2000 per Caregiver for the purchase of an Assistive Device or Home Modification, subject to the determined reimbursement percentage (see Section V.C.2).

7. Services Specific to Grandparents/Older Relative Caregivers

Services and supplies specific to Grandparents/Older Relative Caregivers may include, but are not limited to, summer camp, extracurricular activities, recreational activities, school supplies and seasonal clothing.

Exclusions to Caregiver Reimbursement

The following services and supplies are not reimbursable under the CSP:

- Prescription medication, including co-pays
- Medical services not covered by insurance (including complimentary and alternative medical services)
- Medical co-payments and deductibles
- Mileage and gasoline for transportation-related services
- Routine consumable household supplies (toilet paper, shampoo, soap, etc.)
- Glasses
- Dentures
- Donations
- Food, including In-Home Meal Service*
- Home repairs and maintenance
- OPTIONS Program cost-share fees

* Baby food/infant formula is allowable through the Grandparent/Other Older Relative Caregiver of Children component of the program.

IV. CSP CARE PLANS

All Caregivers who participate in CSP shall have a care plan completed and approved by the Care Manager outlining the specific items and services related to the caregiving relationship that will be provided or reimbursed, as approved by the AAA. Reimbursement shall not be made for items or services not approved by the AAA and specified in the Caregiver's care plan. Care Management shall be listed as an active service in every CSP care plan.

A. Care Plan Cost Caps

The CSP monthly care plan cost cap is based on the Caregiver's identified needs, actual monthly expenditures for eligible services and supplies, or reasonable anticipated expenses, as determined upon enrollment. The CSP monthly care plan cost cap is \$200. In instances where services above this amount are needed, the care plan cost cap may be increased to a maximum of \$500.

At reassessment, if the Care Manager determines that the Caregiver's expenditures consistently fall below the authorized care plan cost cap amount, the Care Manager shall adjust the approved care plan to reflect the Caregiver's actual monthly expenditures.

Justification of the approved CSP monthly care plan cost cap shall be documented in a journal entry titled "CSP - Care Plan Cost Cap Justification" in the Caregiver's record in SAMS (see Appendix D).

The journal entry shall include the following:

- Current, detailed care plan information to include type of service(s)
- Clear support that the services and supplies are necessary and directly relate to the care being provided to a Care Receiver
- Discussion of all community resources to meet the need for service(s)
- A summary of the caregiving situation that supports the need for services above the care plan cost cap, if applicable

Each Caregiver is allotted one care plan cost cap amount, regardless of the number of Care Receivers. Caregivers with multiple Care Receivers cannot receive a reimbursement benefit amount that exceeds the CSP monthly care plan cost cap.

In instances where a Caregiver or Care Receiver is receiving services in the OPTIONS Program, the CSP care plan costs do not count towards the monthly OPTIONS care plan cost cap.

Care Receivers age 60 and older who meet the eligibility requirements for the OPTIONS Program may receive OPTIONS services with the stipulation that there is no duplication of services provided through the CSP. (see Chapter IV: OPTIONS Program)

B. Accumulation of Benefits

Caregivers are permitted and strongly encouraged to accumulate unused monthly benefits for the purchase of extended respite care or other supportive services that would allow for a longer break from caregiving responsibilities. Planned accumulation of benefits cannot exceed a period of six months.

The accumulated benefits shall be earned on a monthly basis prior to use and cannot be anticipated. Accumulated benefits shall be used by June 30th of each calendar year and cannot be carried over from one fiscal year to the next. In the event of an emergency, any unused, accumulated benefits which have been previously approved for a planned event shall be utilized to cover the unanticipated absence of the Caregiver.

If a plan to accumulate benefits has been developed and approved, Care Managers shall document the approved plan in a journal entry titled "CSP - Planned Accumulation of Benefits" in the Caregiver's record in SAMS (see Appendix D).

V. REIMBURSEMENT DETERMINATION AND APPLICATION

A. Income

The Caregiver's reimbursement percentage is based on the previous year's gross income received by all members of the Care Receiver's household, with the exception of a minor or dependent student. Current year income shall not

be used for this calculation unless there is a significant decrease in current income that would affect the reimbursement amount to the benefit of the Caregiver.

There may be some instances where a Caregiver is unable to produce or verify last year's income for the Care Receiver's household. In these instances it would be acceptable to use current year income; however, this would be an exception and shall be documented in a journal entry titled "CSP - Income Calculation Exception" in the Caregiver's record in SAMS (see Appendix D).

Where significant monthly variations exist, the income amounts will be averaged over a twelve-month period for the purposes of determining eligibility and reimbursement percentage.

Income shall be verified by the Care Manager and a copy of all documents shall be attached to the Caregiver's record in SAMS, both initially and at annual reassessments. The financial situation of the Care Receiver's household shall be reviewed when a change has been reported by the Caregiver.

NOTE: Caregivers are not required to have an ongoing source of income to participate in CSP.

If federal tax return forms have been filed, the adjusted gross income may be used to determine the reimbursement percentage. However, non-taxable income such as Social Security shall be added to the adjusted gross income when determining the reimbursement percentage.

If sale of a home/property occurred, all capital gains shall be declared as income within two (2) years of the sale date even if a State or Federal tax return was not filed. If the proceeds were used to pay for nursing home costs for the Care Receiver or to purchase another residence deeded in his/her name, that portion of the capital gains used to pay for the aforementioned items is not considered income.

If the Care Receiver, or any applicable members of their household, did not file a tax return, use the following list of types of income to be counted when determining the reimbursement percentage:

- Gross Social Security & SSI, including payments received for children (deduct Medicare B premiums)
- Railroad Retirement (RRB1099 & RRB1099R)
- Gross Pensions

- Salaries/Wages/Commissions
- Self-Employment or partnership income
- Alimony, Child and Spousal Support Money
- Taxable Amount of Annuities and IRAs
- Unemployment
- Veterans' Disability Payments
- Cash Public Assistance
- Interest/Dividends/Capital Gains
- Net Rental Income
- Royalties
- Workers' Compensation
- Life Insurance Benefits (death benefits over \$10,000)
- Spouse's income if married, living together
- Gift and inheritance of cash or property over \$300
- Any amount of money or the fair market value of a prize, such as a car or trip won in a lottery, contest, or gambling winnings

The following will **not** be considered as income for the CSP:

- Medicare Part B premiums
- Aid & Attendance payments from VA
- Certain AmeriCorps Vista payments may be excluded
- Property Tax/Rent Rebates
- Damages received in a civil suit/settlement agreement
- Benefits granted under 306c of Workers' Compensation Act
- Food Stamps
- LIHEAP payments
- Black or White Lung Benefits
- Reverse Mortgages

NOTE: The gross earnings of a minor or dependent student do not count as income for the CSP as long as the child is a student. If the child is not a student and their earnings are through the Job Training Partnership Act of 1982, then their income shall be counted but is exempt for 6 months each year as per 55 Pa. Code §181.261.

B. Determination of the Caregiver Reimbursement Percentage

The reimbursement percentage is determined using a sliding scale that covers the range of income from 200% to 380% of the current Federal Poverty Level

(FPL), which is updated annually (see Appendix F). The application of the sliding scale shall occur during completion of the initial CAT, annual reassessment, or when there has been a significant change in countable income that may affect the reimbursement amount.

NOTE: For Caregivers with multiple Care Receivers who live in separate residences, AAAs shall use the reimbursement percentage that is most beneficial to the Caregiver.

Example: A Caregiver provides care for two Care Receivers residing in separate households, one is determined to have a 70% reimbursement percentage and the other is determined to have a 90% reimbursement percentage. The 90% reimbursement percentage shall be used for all expenses for both Care Receivers as submitted by the Caregiver.

C. Application of the Reimbursement Percentage

Reimbursement for expenses are as follows:

1. Services and/or Supplies

Care Managers shall review receipts to ensure they are in accordance with the care plan. If the total amount of the approved expenses is more than the care plan cap, the reimbursement percentage is applied to the care plan cap. If the total amount approved is less than the care plan cap, the reimbursement percentage is applied to the total expenses submitted.

Example: The Caregiver's reimbursement percentage is determined to be 50% and the care plan cost cap is \$200.

- If expenses total \$400 (more than cost cap), the Caregiver is eligible for 50% of the cost cap, or \$100.
- If expenses total \$150 (less than the cost cap), the Caregiver is eligible for 50% of the total amount submitted, or \$75.

If a receipt includes non-reimbursable items, the Care Manager shall circle and calculate only those items eligible for reimbursement, including applicable sales tax. Any coupons and discounts listed on the receipt shall be taken into account when approving the amount of reimbursement.

2. Home Modifications and Assistive Devices

There is a lifetime cap of \$2,000 for each Caregiver for a Home Modification or Assistive Device, subject to the established reimbursement percentage. This includes, but is not limited to, all charges such as estimates, applicable licenses and inspection fees. The Caregiver remains eligible for this benefit until the receipts submitted total \$2,000. The balance will be tracked through service deliveries in SAMS (see Appendix D).

Example: The Caregiver's reimbursement percentage is determined to be 50%:

- If the submitted receipts total \$3,000 (more than the lifetime limit), the Caregiver is eligible for 50% reimbursement, or \$1,000. The lifetime cost cap is met for this Caregiver and there is no additional benefit available.
- If the submitted receipts total \$700 (less than the lifetime limit), the Caregiver is eligible for 50% reimbursement, or \$350. Since the lifetime limit was not met, there is a remaining \$1,300 benefit available, subject to the Caregiver's reimbursement percentage, for use at a later date.

VI. ADMINISTRATIVE REQUIREMENTS

A. Financial Management

The Caregiver Support Program is funded with federal and state dollars. The Federal component is based on 75% federal funds with a state match of 25%. The State component is supported with 100% state funds.

The AAA shall establish a written policy for their PSA, approved by the Department's Bureau of Finance that shall, at a minimum, describe the processes for:

- Tracking the aggregate average monthly expenses reimbursed for all CSP cases to ensure it does not exceed \$300
- Monitoring reimbursements for Home Modifications and Assistive Devices to ensure the lifetime limit for Caregivers is not exceeded
- Reconciling reimbursement checks against service deliveries
- Tracking pre-approved, accumulated benefits within the fiscal year

- Tracking expenditures in both the Grandparent/Other Older Relative Caregiver of Children and Older Relative Caregiver of an Adult with a Disability components of the program to ensure they do not exceed the 10% funding allocation limit
- Identifying responsibilities for the administration of program violations and penalties for fraud:

Caregivers who receive services under CSP are subject to the administrative actions and penalties under 6 Pa. Code, Chapter 20.45 if they commit one or more of the following acts:

Violations:

- Making or causing to be made a false statement or representation of a material fact relating to information affecting eligibility for the benefits of the CSP.
- Submitting false or fraudulent documentation of caregiving expenses for which reimbursement is sought or received.
- Violating 6 Pa. Code, § 20, including a provision which affects the eligibility status of the primary Caregiver, the payment of reimbursement benefits under this Chapter or the refusal to provide requested documentation of eligibility-related information.

Administrative actions and penalties:

- If the AAA determines that a primary Caregiver has violated the act or this Chapter, the AAA has the authority to suspend or terminate services to the Caregiver under this Chapter.
- If the AAA determines that a primary Caregiver has knowingly received financial reimbursement for which the Caregiver is not eligible as a result of violations under this section, the AAA may recover twice the amount of the reimbursements determined to be inappropriate plus interest.
- If the AAA determines that a primary Caregiver has knowingly received reimbursement monies from the CSP by false or fraudulent documentation of eligibility for that reimbursement, the AAA shall request the appropriate district attorney to initiate proceedings against the Caregiver.

B. Funding Allocations

At a minimum, the CSP allocation shall be budgeted on program activities including administration with the following limitations and requirements:

- AAA administration costs shall not exceed 10% of the entire program allocation.
- The AAA's aggregate average monthly reimbursement for all CSP cases shall not exceed \$300. If the AAA's aggregate average monthly reimbursement (based on service deliveries) exceeds \$300, the agency shall limit all new care plans to a \$200 cost cap until the aggregate average reimbursement is \$300 or less.
- At least 55% of the allocated program funding shall be budgeted and expended for reimbursement to Caregivers for services and supplies.
 - No more than 20% of this 55% can be expended for home modifications and assistive devices.
- The entire allocation for both the Grandparent/Older Relative Caregiver of Children and Older Relative Caregiver of an Adult with a Disability components of the program, including administration costs, shall not exceed 10% of the combined total funding from federal, state (match), and local sources.
 - AAAs may submit a request for a waiver of this provision to the Department's Bureau of Finance

Due to these funding requirements and restrictions, this program shall be managed closely for expenditures.

C. Community Outreach Reporting

The AAA is required to enter a service delivery in SAMS for all outreach activities (see Appendix D). These services are for CSP-related activities directed to large audiences of current or potential Caregivers such as disseminating publications, conducting media campaigns, and other similar activities. The services also provide the public with information on resources and services available to the Caregivers within their communities.

D. Use of Volunteers

In carrying out the provision of support services, AAAs shall make use of trained volunteers to expand the provision of the available Caregiver support services; and if possible, AAAs are to work in coordination with organizations

that have experience with established volunteer organizations that have experience in providing training, placement and stipends for volunteers in community service settings (such as organizations that administer Federal service programs administered by the Corporation for National and Community Service).

E. Annual Plan

The AAA is required to submit a CSP Annual Plan to the Department by March 31st for the upcoming fiscal year using the format prescribed by the Department. The CSP Annual Plan provides information on administration, operations, and initiatives. Copies of local policies established in accordance with this chapter shall be included with the submission of the CSP Annual Plan. The plan shall be submitted to the Department's Bureau of Aging Services electronically via the following email resource account: RA-PAAgingServices@pa.gov.

F. Annual Budget

The AAA is required to submit an operating budget, annually upon request, as part of the line item budget to the Department's Bureau of Finance.

G. Appeals

Chapter II outlines the Department of Aging's procedures for the Hearings and Appeals processes.

Resources:

Appendix A – Definitions and Service Standards

- A.1 CSP Eligibility Quick Reference Chart
- A.2 CSP Service Standards

Appendix B – Documentation Requirements (Vacant)

Appendix C – Forms

- C.1 Conditions of Participation/Certificate of Accountability Form
- C.2 CSP Self-Employed/Independent Contractor Declaration Form
- C.3 Caregiver Reimbursement for Services and Supplies Form
- C.4 Caregiver Reimbursement for Personal Care and In-Home Respite Services Form

Appendix D – SAMS Data Entry Requirements

Appendix E – Regulations and Citations

- E.1 6 Pa. Code Chapter 20: Family Caregiver Support Program
- E.2 Older Americans Act of 1965 (as amended in 2016)
- E.3 Pennsylvania Family Caregiver Support Act of 2011

Appendix F – Other Resources

- F.1 Acceptable Proof of PA Residency
- F.2 CSP Reimbursement Percentage Guide
- F.3 Resources for Caregivers of Children