

Cambria County Area Agency on Aging



CAREGIVER SUPPORT PROGRAM

A Handbook for Caregivers

Revised 2017

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CAREGIVER SUPPORT PROGRAM

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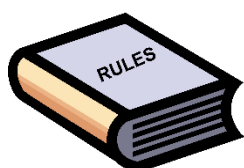
Caregiver Support Program Handbook

INTRODUCTION

The Caregiver Support Program (CSP) is a state and federally funded program designed to assist caregivers of older adults by providing information, counseling, and financial support, including reimbursements for caregiver expenses. Consumable supplies, assistive devices, and modifications to the home may also be reimbursed on a limited or “cost share” basis.

You may be eligible for this program if you are providing care to a person over the age of 60 and that individual meets income eligibility requirements. You and the person for whom you are caring will be assessed by a care manager to see if you meet all requirements for CSP. The basic components of the program are comprehensive assessment, development of a care plan, ongoing care management services as needs arise, benefits counseling, caregiver training and education, and financial assistance.

Please feel free to contact the Cambria County Area Agency on Aging for information and assistance. This handbook will help you understand the program’s requirements, reimbursement policies, and procedures and can be found on Cambria County’s website: www.co.cambria.pa.us. Go to Departments, then to Area Agency on Aging. Under Community Service, look under related documents “For Caregivers”.



How the Program Works

Assessment—A CSP care manager will meet with you in your home and complete a comprehensive assessment of the needs of the caregiver, the care receiver, and the caregiving environment in order to choose the appropriate benefits and services. Income verification of the household income of the care receiver is required at the initial assessment and every year thereafter.

Reassessment—Every six months or as the need arises, your care manager will make a home visit to ascertain if your needs are being met and to make any necessary changes.

What is the Caregiver Support Program?

Older persons usually prefer living at home. Families play a primary role in caregiving and enabling an older relative to remain at home by helping with their daily activities. In 1991 the Pennsylvania legislature passed a law creating a statewide program to help families who are living with and providing care for a relative over the age of sixty (or under the age of sixty with a diagnosis of dementia). In 2000, the federal Older American's Act was amended to include the Caregiver Program that expanded upon the state program by including support for caregivers who are not relatives and who do not live in the same house. Both state and federal programs focus on alleviating some of the burdens of the caregiver so that families have the physical, emotional and financial support to continue providing care.



Who is Eligible?

For the **State Caregiver Program**:

- Care receivers must need help with at least one daily activity.
- The household income of the care receiver is considered in determining the amount of benefits a caregiver may receive.
- Depending on the household income, caregivers may be eligible for all or a percentage of program benefits. This is called cost-sharing.

For the **Federal Caregiver Program**:

- There is no requirement for the caregiver and the care receiver (age 60+) to be related or to live in the same household.
- The care receiver must need assistance with at least two daily activities.
- Only the household where the person needing care is considered for cost sharing.
- Family members age 55 and older providing care to a relative under the age of 18 may be eligible for benefits.

What Kind of Help Can I Get?

- Assessment of the needs of the caregiver and of the older relative.
- Reimbursement to caregivers for some services including respite care which provides relief for the caregiver.
- Financial assistance to help pay for supplies, assistive devices, and for a portion of some home modifications such as wheelchair ramps.
- Education and emotional support.
- Referrals to support groups, organizations and agencies.
- Benefits counseling and assistance in completing benefits and insurance forms.
- Support for primary caregivers who are 55 years or older and a primary caregiver (and living in the same household) for a child under the age of 18, especially if the child has developmental disabilities or is mentally challenged.

Definition of Terms

Several terms in the Caregiver program may be unfamiliar. Please refer to the following descriptions or ask your care manager for further assistance.

- ❖ **AAA**—Area Agency on Aging of Cambria County
- ❖ **Care Receiver**—A person who is aged 60 or older who is functionally dependent on others for hands-on assistance with daily tasks.
- ❖ **Cost Sharing**—Depending on the income of the care receiver's household, payment for services may be a shared responsibility between the caregiver and agency. A standardized sliding fee scale is used to determine the percentage of eligibility of benefits for the caregiver.
- ❖ **Household Income**—The income of all members of the care receiver's household, with the exception of a minor or dependent student.
- ❖ **Income**—The sum of the amounts earned separately as income from wages or salaries, non-farm or farm net self-employment income, interest, dividends, capital gain, net royalty or rental income, Social Security, Railroad or other retirements and pensions, public assistance and all other sources of income.
- ❖ **Primary Caregiver**—The one identified person who is responsible for the provision of care (including hands-on help) to a care receiver who needs help with daily tasks and who does not receive financial compensation for the provision of this care support.
- ❖ **Relative**—A spouse or parent, child, stepparent or stepchild, brother or sister, half-brother or half-sister, aunt, uncle, niece, nephew or first cousin by blood, marriage or adoption.



Description of Benefits

As a caregiver, finding the right program to help you can be like finding the right piece when putting a puzzle together. If the Caregiver Support Program (CSP) is not meeting your needs, call your care manager and discuss other benefits that might be more helpful. While the CSP is unique because it is designed to meet your needs as a caregiver as well as the needs of the care receiver, the needs must be included in the care plan that will be developed between you and your care manager.



Benefits Counseling

Benefits Counseling starts with a family-centered assessment that will identify the kinds of help needed by the care receiver as well as the caregiver's needs and stresses. This assessment forms the basis for the provision of counseling about all available resources and benefits to meet the specific needs of the family. Your care manager is not only trained to assess your care management needs, but is also knowledgeable about a variety of local, state and federal benefits, including tax and rent rebates, energy assistance, transportation, and PACE Plus, a state program that complements Medicare Part D.

Education/Training



Caregiver education is to strengthen caregiving skills and ease the burden of caregiving. Books, pamphlets, counseling, helpful information, and instruction with hands-on training techniques and procedures are available.

Financial Assistance

Help is available on a cost sharing basis to reimburse caregivers for services, consumable supplies, and home adaptations that relate to caregiving needs. The amount of reimbursement will depend on costs, the percentage of reimbursement that you qualify for (based on the household income of the person receiving care), and the amount of benefits available to you. Based on the cost sharing scale, you may be eligible for up to \$500 a month for supplies and services and up to \$2,000 for home adaptations or assistive devices.

The following benefits may be reimbursable:

- ❖ **Services** – As a caregiver you may pay for services that help in caregiving such as bathing, respite (companionship and supervision), transportation, adult day care, in-home hair care, home maintenance activities including house cleaning, laundry, lawn care, snow shoveling, LifeLine programs, ambulance membership, and in-home podiatrist.
- ❖ **Consumable Supplies**- Caregiving supplies that are used (only) by or on behalf of the care receiver may be reimbursable. Some examples of reimbursable supplies include protective underclothing, briefs or other incontinence supplies, bandages and gauze, nutritional supplements, special soaps and ointments, hearing aid batteries, non-prescription medications including aspirin, antacids, analgesic creams, diabetic supplies, sterile gloves, and other supplies approved by your care manager. Original receipts must be presented for reimbursement. Only the caregiver will be reimbursed, not third parties.
- ❖ **Home Modification**- In assessing the need for help, the care manager will assess the care giving environment and make suggestions for modifications. An appropriate home modification will address the safety of the care receiver or reduce the burden of care giving. Examples include wheelchair ramps, widening of doorways for wheelchair access, handicapped modifications to the bathroom hand rails, and grab bars. Home modifications costing \$500 or more require approval in advance and three estimates prior to beginning the project.
- ❖ **Assistive Devices** - are non-disposable items used to assist the care receiver such as a pill box, blood pressure monitor, heating pad, bed pad, egg crate mattress, cane, hearing aid, dentures, stair lift, lift chair, glucose monitor, bath seat, mattress protectors, walker, wheelchair, baby monitor, Hoyer lift, hospital bed, elevated toilet seats, or medically necessary air conditioner. Although other devices may qualify, it must first be determined that funding is not available from another source such as Medicare or insurance. Documentation from a physician may be required stating that the item is medically necessary. All assistive devices over \$100 require pre-approval and three estimates.

The maximum benefit available to help pay for a home modification or assistive device is \$2,000 during the lifetime of the case.

Relatives as Parents & Grandparenting Program

Help for Raising Your Grandchildren or Children Related to You

The Relatives as Parents program is designed to provide assistance to older persons who are caring for children of family members. The child and the caregiver must live in the same household.

The Federal Caregiver Support Program helps the growing number of people over age 60 who are facing the legal, emotional and physical stresses of raising children.

A family member, age 55 and older, who is providing care to a relative under the age of 18 is eligible for special assistance. Program eligibility requirements include:

- ❖ Caregiver must be age 55 or older and the primary caregiver.
- ❖ The caregiver must be providing care to the child through an informal agreement with the parents, have legal custody, or be the guardian of the relative who is not yet 18.
- ❖ The caregiver and the child must live in the same household and be related.
- ❖ The caregiver must meet income requirements, i.e., a sliding fee scale based on the number of persons in the household. Household income must be within 380% of the poverty level.
- ❖ Maximum of one program benefit per household.

Program benefits include:

- ❖ Assessment
- ❖ Caregiver education.
- ❖ Reimbursement for services, respite, equipment and supplies with receipts.
- ❖ Reimbursement for payments made to private paid non-family members.

To receive reimbursement, please follow the reimbursement procedures described in the manual.

Financial Assistance Authorization

As a condition of participation in the program, the primary caregiver must sign a Financial Assistance Authorization. The primary caregiver's signature will attest to the truth of the information provided during the assessment and indicate the caregiver's understanding of the responsibility for compliance with program requirements, especially those which relate to the reimbursement of caregiving expenses and the penalties for violation.

Cost Sharing

Cost sharing means that you may be required to pay a portion of the costs based on your income. Your eligibility will be determined by the cost share table and depends on the care receiver's household income and number of persons residing within the home. State regulations require that AAA receives documentation of your current income and maintains copies of these documents in the case files. Please have copies of these forms and documents available for your care manager.

The maximum benefit available to help with the purchase of caregiving services and supplies is \$200 to \$500 per month which is determined by the caregiving situation, needs, and income eligibility.

The appropriate percentage of the maximum benefit available is applied to the amount the caregiver expended up to the maximum. When the caregiver expenditures exceed the maximum amounts available, the percentage is applied only to the maximum amount. Thus, if a primary caregiver is eligible for 50% of the maximum benefit of \$200 and incurs monthly expenditures of \$400, the most the caregiver may be reimbursed is \$100; that is 50% of the \$200 maximum benefit available.

If the caregiver does not spend the maximum monthly amount for which they are eligible, this amount may be carried over for later use for the purpose of extended respite care only. The carry-over dollars can be used the next month or be carried over for up to six months. No carryover dollars will extend past the end of the fiscal year which is June 30th. Carry-over dollars may be accumulated which would enable the primary caregiver to be away for several days for a much needed vacation, hospitalization, or special emergency absences. Your care manager will keep a running total of carry-over dollars available to the caregiver.

**Cambria County Area Agency on Aging
Caregiver Support Program
Financial Assistance Authorization Form**

Valid from: _____ to: _____ Circle Appropriate CSP: **State** **Federal** **Dual**

Caregiver: _____ Care Recipient: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Percentage of CSP reimbursement responsibility: %____ *Amended: (date)_____ (reason)*

CG: (initial) _____

CM: (initial) _____

Maximum amount of monthly reimbursement (excluding carry over dollars) \$_____

As the Primary Caregiver of the above recipient of care, I certify that I have not been convicted of a crime relating to, or have been civilly liable for abuse, neglect, exploitation, or abandonment of an older adult. I have not been notified that I was determined to be an alleged perpetrator in a substantiated report of need for protective services, under the Older Adult Protective Services Act.

I acknowledge that it is my responsibility to comply with all program requirements regarding cost sharing and financial reimbursement. I understand that if inaccurate information regarding income is given as part of the assessment process, I may be responsible to return all monies inappropriately given to me. I also attest that the information provided is true and accurate to the best of my knowledge. I agree to comply with the program's regulations and restrictions on the reimbursement of expenditures. I understand and agree to relinquish any reimbursements which have been determined as inappropriate, by the CSP Care Manager and/or CSP Supervisor.

I hereby agree that I need the services and supplies that I obtain to assist me in the care of the above mentioned care recipient. I also understand that no payment is authorized, nor will be submitted by me, for reimbursement for **any services rendered by relatives** of the care recipient or myself.

If for any reason I leave the Caregiver Support Program during the term of authorization, I understand that eligibility for reimbursement ends at that time. I agree that I am personally responsible for the payment to the supplier for my share of the cost. I take responsibility for the quantity and quality of services and supplies which I purchase and request reimbursement for from the program.

My signature verifies that I understand the policies, regulations, and procedures of the Caregiver Support Program.

Issued by: _____ Accepted by: _____
Care Manager *date* **Caregiver** *date*

Approved by: _____
Supervisor *date*

Receiving Reimbursement for Caregiving Expenses

The Caregiver Program will reimburse caregivers for caregiving expenses if you pay someone to help care for your loved one. These expenses must be approved in the care plan. Payments to a relative for caregiving are not eligible for reimbursement in this program.

Reimbursement for services and supplies generally occurs on a monthly basis with reported expenses beginning on the first day of the month and ending on the last day of the month.

Because of reporting requirements, all requests for reimbursement should be submitted immediately at the end of the month and should be received by the AAA by the 10th of the month following the expense.

Request for Reimbursement for Services Instructions

The *Request for Reimbursement for Services Form* (page 12) must be completed when you want reimbursement for payment to someone who has provided you with help. Remember that this type of help must have been approved by your Care Manager and included in the Care Plan. In addition, you must be the person identified as the primary care giver. Follow these instructions to complete the form:

- ❖ Record the date that you pay for help in your home.
- ❖ Record when your worker both starts and finishes work, and the total hours worked.
- ❖ Record the amount the worker charges you per hour and the total cost for the hours worked that day.
- ❖ The worker that you have hired must sign each day that help is provided. By signing each day, the worker is affirming that he or she did, in fact, work that day and get paid an hourly amount.
- ❖ Add up and record the total cost of care for the month.
- ❖ The Caregiver's signature must appear on the bottom of the form.

**Cambria County Area Agency on Aging
Caregiver Support Program
Request for Reimbursement for Services**

[illegible]

Total Monthly Cost \$_____

Family Caregiver's Signature

Date

NOTE: All worker's signatures must be legible. If not, the request for reimbursement will be returned to you.

Monthly Request for Reimbursement For Supplies and Assistive Devices Form

Instructions

The Caregiver program will reimburse caregivers for caregiving supplies and assistive devices. To receive the reimbursement, caregivers **MUST** complete the form, *Monthly Request for Reimbursement for Supplies and Assistive Devices* (page 14), with attached signed and dated **original** receipts for the items. The signature on the receipt verifies that the caregiver purchased these items as caregiving expenses for the care receiver.

To complete the form, follow these steps:

- ❖ Print your name where the form states “Family Caregiver”.
- ❖ Print the care receiver’s name after Consumer.
- ❖ Write the month and the year that items were purchased.
- ❖ In the column titled “Items Purchased” list each purchase separately.
- ❖ Beside each item, in the column title “Amount,” record the amount for each item. This amount must match the receipt.
- ❖ In the column, “Supplier or Store of Purchase,” record where each item was purchased.
- ❖ At the bottom of the form, total the amount of the purchases which you have included on this request.
- ❖ All receipts must be original, must clearly indicate the item purchased, and the store or medical supply where the purchase was made.
- ❖ Circle or highlight the items purchased for reimbursement on the store receipts.
- ❖ Sign and date all receipts to verify that the items were purchased as a caregiving expense.
- ❖ Forms and receipts should be submitted by the 10th of the month following the expense month but no later than the last day of the month following the expense.

**Cambria County Area Agency on Aging
Caregiver Support Program
Monthly Reimbursement Request for
Supplies & Assistive Devices**

MONTH/YEAR: _____

Family Caregiver: _____ Consumer: _____

Date	Items Purchased	Supplier or Store of Purchase	Amount

Total Amount _____

Please sign all receipts. Then attach the originals to this Request Reimbursement form. See your Caregiver Handbook for complete instructions. Preapproval is required for some assistive devices.

Home Modifications & Assistive Devices

All home modifications and assistive devices must be pre-approved and, included in your Care Plan Agreement, and related to your responsibilities as a caregiver. Because the purpose of the program is to support you in your caregiving role, the expense must help the person you are caring for and also help you. The program is intended to ease the stress and burden placed on caregivers.

Selecting a contractor is your responsibility because this is a reimbursement program. Obtain a minimum of two or preferably three estimates for all home adaptations. Your care manager may assist you with suggestions, or you may choose to contact contractors of your choice. The contractor or provider cannot be a relative.

In many instances and for safety reasons, we urge you to seek the advice of an occupational therapist to review your plans for adaptations. For instance, if you are considering modifying a bathroom or constructing a ramp, an occupational therapist can review the plans and recommend safe and useful adaptations. The cost for this support may be reimbursed by the program.

Depending on the contractor or provider selected, the Agency may pay the provider directly if you are eligible for 100% reimbursement for the cost and the contractor is willing to invoice AAA. In other instances, you must pay for the modifications or devices, then the Agency will reimburse you for the amount that you are eligible to receive.

Receiving Your Payment

Use the **Request for Reimbursement** form on page 14 and follow the form's instructions on page 13. Your requests will be reviewed for the following:

- ❖ Dates and signatures on receipts and required forms.
- ❖ Help, supplies, modifications, etc. must be included on the **Care Plan/Agreement** form and you must have been eligible for the help during the time you received it.

Our goal is to reimburse you as quickly as possible. However, forms must be completed correctly and must be received in a timely manner. If forms/receipts are not correct, they will be returned to you for completion.

Cambria County Caregiver Support Program Resource Guide

Internet/Websites/Facebook

Family Caregivers and Better Health Care – www.nextstepincare.org
The Care Giver's Voice - www.thecaregiversvoice.com
Caregiver Solutions Magazine – www.caregiversolutions.ca
Caregiver Action Network – www.caregiveraction.org
The Dutiful Daughters Guide to Caregiving – www.judithdhenry.com
Caregiver Information - www.thecaregiverspace.org
Caregiver Stress - www.caregiverstress.com
Geriatric Interest Network of Blair County (GIN) – www.ginblaircounty.org
PA 211 by United Way – www.pa211sw.communityos.org

Medical Equipment

Johns Way – 814-793-0999
Ricky's Wheels – 814-944-6102 – www.rickyswheels.org
Penn Home Medical Supply – 254-4218 – www.pennhomemedical.com
Walnut Medical Supply – 533-0901 – www.walnutmedical.com
Rezk Medical Supply – 344-2080 – www.punxsymed.com
Laurel Medical Supply – 800-338-1702 – www.laurelmedsolutions.com

Transportation

Healthride Plus – 814-948-6510
Medvan – 888-633-9995 or 814-948-6170
Cam Tran – 535-5526

Support Groups

National Alliance on Mental Illness (NAMI) – 888-264-7972 - www.namiswa.org
Indiana Aging Services – 724-349-4500 – www.aging-services-inc.com
CONTACT ALTOONA – 814-946-9050 – www.contactaltoona.com
PA Link – 800-753-8827 – www.aging.pa.gov/local-resources/pa.link
LIFT Program – Johnstown Chamber of Commerce – 814-536-5107 – www.liftjohnstown.org
Depression Support Group – Every Monday - 814-472-4672- www.lakesidechurch.com - Lakeside Church of the Nazarene, Ebensburg
Alzheimer's Support Group – 814-266-7881 - Memorial Medical Center-
www.conemaugh.org/services/support-groups

Cambria County Caregiver Support Program Resource Guide (cont.)

Financial Assistance

Dorothy Day Center – 814-472-3000

POA's/Living Wills/Wills

Cambria County AAA – 814-539-5595 (Income based)

Hospice Organizations

365 Hospice – 814-419-4901

Asera Care Hospice – 814-269-4172

Conemaugh Hospice – 814-534-6100

Interim Hospice – 814-262-8305

Home Nursing Agency – 800-445-6262

Medi Home Hospice – 814-536-1952

Penn Hospice Inc. – 814-419-8218

Southern Care Hospice – 814-944-9724

Windber Hospice – 814-467-3434

Home Health Agencies

Allegheny Lutheran Social Services – 814-443-0854

Alleghenies Unlimited Care Providers – 814-262-9600

Cambria Health Services – 814-495-4484

County Homemakers – 814-371-5500

Guardian Home and Community Service Inc. – 814-686-2790

Helpmates – 814-772-6850

Home Instead Senior Care – 814-254-4077

Home Nursing Agency – 814-472-2005

Homestead Unlimited – 814-266-8321

Homewatch – 814-262-9273

Interim Health Care – 814-254-1230

Nealen Personal Care – 814-322-3401

Resta Home Health – 814-948-2848

Rose Personal Care – 814-539-5075

Senior Life – 814-535-6000

