

## DEPARTMENT OF AGING

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# PROGRAM MEMO

TO: <b>Area Agencies on Aging Directors</b>	NO.: <b>PM 02- 14 (P)</b>
SUBJECT: <b>Family Caregiver Support Program Data Reporting Revisions</b>	DATE ISSUED: May 30, 2002
	EXPIRES: Until Superseded
REFERENCES: <b>Program Memos 01-10 (P), 01-11 (P), and 01-16 (P)</b>	SUPERSEDES: PM 01-11(P), PM 01-16(P)
PROGRAMS AFFECTED: <input type="checkbox"/> All <input type="checkbox"/> Title III-B <input type="checkbox"/> Title III-C1/C2 <input type="checkbox"/> Title III-D <input checked="" type="checkbox"/> Title III-E <input type="checkbox"/> Title V <input type="checkbox"/> CBSP <input type="checkbox"/> MSSP <input type="checkbox"/> Title VII <input type="checkbox"/> ADHC <input type="checkbox"/> Other: _____	
REASON FOR PROGRAM MEMO: <input type="checkbox"/> Change in Law or Regulation <input type="checkbox"/> Response to Inquiry <input checked="" type="checkbox"/> Other Specify: <b>Forms Update</b>	
INQUIRIES SHOULD BE DIRECTED TO: <b>Data Analysis and Regulations Team at (916) 322-1054</b>	

The purpose of this Program Memo (PM) is to issue a revised Family Caregiver Support Program Quarterly Service Report form and a revised Service Matrix. Revisions do not substantively change data reporting requirements of PM 01-11 (P) and/or PM 01-16 (P). These revisions integrate the supplementary data added by PM 01-16 (P) into one Service Matrix and one Quarterly Service Report form.

This PM transmits the following revised documents:

- Family Caregiver Support Program-**Quarterly Service Report** [CDA 272 (rev 07/02)].
- Family Caregiver Support Program-**Service Matrix**

In late November 2001, the California Department of Aging (CDA) approved three new "other services" not identified in the original Service Matrix [see PM 01-16(P)]. The following services were added to the list of available caregiver services at that time.



## Section 5-Supplemental Services

### Peer Counseling- 1 Hour (Registered)

- To provide advice, guidance, and support for caregivers with their caregiving responsibilities. Peer counseling uses the skills and life experiences of caregivers in a self-help approach to mental health. Carefully trained volunteers provide supportive counseling under the close supervision of mental health professionals.

### Translation/Interpretation- 1 Hour (Unregistered)

- To provide bilingual staff to translate/interpret for caregivers (e.g., medical appointments, Social Security, etc.), brochures, or other relevant materials informing caregivers about available benefits.

### Income Support/Material Aid- 1 Occurrence (Registered)

- Arrange for and provide assistance to caregivers in the form of emergency cash assistance or service vouchers for the purchase of goods or services (e.g., personal hygiene supplies, nutritional supplements, utility bills or other caregiver support), as needed, on an emergency basis.

## Reporting Requirements

The Quarterly Service Report form (CDA 272) has been integrated with the Supplemental Quarterly Service Report (CDA 272a) to include all currently available caregiver services. The Supplemental Quarterly Service Report form (CDA 272a) has been eliminated. For your convenience, CDA now has only one quarterly reporting form. Please begin using the revised form for the reporting period beginning July 1, 2002.

The Service Matrix has also been revised to integrate the additional services described above for easy reference.

The Annual Profile Report-CDA 273 has not been modified.

Please note that Peer Counseling and Income Support/Material Aid are registered services, requiring the collection and reporting of demographic profiles on an annual basis (see Annual Profile Report-CDA 273). Translation/Interpretation is an unregistered service, and does not currently require additional caregiver/care receiver profile data collection or reporting.

## Original Signed by Lynda Terry

Lynda Terry  
Director

Attachment

One Time Only Funds  
 Baseline Funds

# Family Caregiver Support Program

<b>Quarterly Service Report</b>	Report Period Ending(Mo/Yr):
	Report Submission Date:

P S A Number:	Name of Agency Reporting:		
	Name of Person Completing Report:	E-mail Address:	Telephone No. (    )

			<b>Total Served*</b>
<b>Section 1 SERVICE INFORMATION</b>		<b>Units</b>	
	Outreach	# Contacts	
	Community Education	# Hours	

<b>Section 2 ACCESS</b>			
	Information and Assistance	# Contacts	
R	Comprehensive Assessment	# Hours	
R	Case Management	# Hours	
	Transportation	# 1-way Trips	
R	Assisted Transportation	# 1-way Trips	

<b>Section 3 CAREGIVER SUPPORT</b>			
R	Counseling	# Hours	
	Caregiver Support Group	# Hours	
	Caregiver Training	# Contacts	

<b>Section 4 RESPITE</b>			
R	Total Respite	# Hours	
	In-Home	# Hours	
	Day Care	# Hours	
	Institutional	# Hours	

<b>Section 5 SUPPLEMENTAL SERVICES</b>			
R	Minor Home Modification	# Occurrences	
R	Placement	# Placements	
R	Homemaker	# Hours	
R	Chore	# Hours	
R	Home Security	# Occurrences	
R	Visiting	# Hours	
R	Assistive Devices	# Single Occurrences	
R	Home Delivered Meals	# Meals	
	Legal Assistance	# Hours	
R	Peer Counseling	# Hours	
	Translation/Interpretation	# Hours	
R	Income Support/Material Aid	# Occurrences	

Family Caregiver Support Program  
**Service Matrix**

<u>Caregiver Criteria</u> Eligible for Title III E Funded Services	<u>Care Receiver Criteria</u> Qualifies the Caregiver to Receive Title III E Funded Services
<b>18 or older</b> Adult family member, or another individual, who is an informal provider of in-home and community care to an older individual. (Older individual is defined as one who is 60 or older). Meets eligibility criteria for Older Americans Act programs, Title III, Part E, Section 372(2).	<b>60 or older</b> Meets eligibility criteria for Older Americans Act programs, Title III, Part E, Section 373(a)(1) and Title I, Section 102(26).
Grandparent or step-grandparent or relative by blood or marriage, who is <b>60 or older</b> , lives with the child, is the primary caregiver (because the parents are unable or unwilling), and has a legal relationship or is raising the child informally. Meets eligibility criteria for Older Americans Act programs, Title III, Part E, Section 372(3).	<b>18 or under</b> Meets eligibility criteria for Older Americans Act programs, Title III, Part E, Section 372(1).

Support Services	Service Categories/Units of Service/Definitions	Reference <sup>1</sup>	Caregiver Profile Data <sup>2</sup>	Care Receiver Profile Data <sup>2</sup>
<b>Service Information</b>	<b>Outreach</b> - 1 Contact Interventions initiated by an agency or organization for the purpose of identifying potential caregivers and encouraging their use of the existing services and benefits. <b>(Note: Units refer to individual, one-on-one contacts between a service provider and a caregiver.)</b>	N 14	N/A	N/A
	<b>Community Education</b> – 1 Hour To educate groups of caregivers about available services.	MIS 09	N/A	N/A

1. References are based on a combination of NAPIS, CBSP, and MIS definitions and have been modified to meet FCSP criteria.

2. Yes indicates collect Caregiver and/or Care Receiver profile data.

Support Services	Service Categories/Units of Service/Definitions	Reference <sup>1</sup>	Caregiver Profile Data <sup>2</sup>	Care Receiver Profile Data <sup>2</sup>
<p><b>Access</b> (Assistance to caregivers in gaining access to services)</p>	<p><b>Information and Assistance</b> – 1 Contact A service for caregivers that: (A) provides the individuals with current information on opportunities and services available to the individuals within their communities, including information relating to assistive technology; (B) assesses the problems and capacities of the individuals; (C) links the individuals to the opportunities and services that are available; and (D) to the extent practicable, ensures that the individuals receive the services needed by the individuals and are aware of the opportunities available to the individuals, by establishing adequate follow-up procedures.</p>	N 13	N/A	N/A
	<p><b>Comprehensive Assessment</b> – 1 Hour To collect information about a caregiver with multiple needs (social, environmental, physical, or mental) and determine the necessary supportive or other appropriate services to meet those needs (may require a home visit).</p>	MIS 32	YES	YES
	<p><b>Case Management</b> – 1 hour To provide assistance either in the form of access or care coordination in circumstances where caregivers are experiencing diminished functioning capacities, personal conditions or other characteristics, which require the provision of services by formal service providers. Activities of case management include assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up and reassessment, as required.</p>	N 06	YES	YES
	<p><b>Transportation</b> – 1 One Way Trip To provide a means for caregivers to go from one location to another.</p>	N 10	N/A	N/A
	<p><b>Assisted Transportation</b> – 1 One Way Trip To provide assistance, including escort, to a caregiver who has difficulties (physical or cognitive) using regular vehicular transportation.</p>	N 09	YES	N/A

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Support Services	Service Categories/Units of Service/Definitions	Reference <sup>1</sup>	Caregiver Profile Data <sup>2</sup>	Care Receiver Profile Data <sup>2</sup>
<b>Caregiver Support</b>	<p><b>Counseling</b> – 1 Hour To provide guidance and casework support for caregivers by trained social workers or other professionals, in order to enable the caregiver to make more effective use of services.</p> <p><b>Caregiver Support Group</b> – 1 Hour Meeting A group of three to twelve caregivers led by a competent facilitator, having the purpose of providing the caregivers with a forum to exchange “histories”, information, encouragement, hope, and support.</p> <p><b>Caregiver Training</b> –1 Contact A workshop or one-on-one session to assist caregivers to develop the skills necessary to perform caregiving activities, including decision making and problem solving.</p>	<p>MIS 07 CBSP 57</p> <p>MIS 18</p> <p>NEW</p>	<p>YES</p> <p>N/A</p> <p>N/A</p>	<p>YES</p> <p>N/A</p> <p>N/A</p>
<b>Respite</b>	<p><b>Respite Care Services</b> – 1 Hour To provide temporary, substitute supports or living arrangements for a brief period of relief or rest for caregivers. It can be in the form of in-home respite, day care respite, or institutional respite for an overnight stay on an occasional or emergency basis. <b>Specify</b> in-home, day care, or institutional.</p>	CBSP 34	YES	YES
<b>Supplemental Services</b> (Complements the care provided by caregivers- Limited to 20%)	<p><b>Minor Home Modification</b> – 1 Occurrence Minor modifications of homes that are necessary to facilitate the ability of caregivers to remain at home and that are not available under other programs.</p> <p><b>Placement</b> – 1 Placement To assist a caregiver in securing appropriate living arrangements.</p>	<p>MIS 01</p> <p>MIS 22</p>	<p>YES</p> <p>YES</p>	<p>YES</p> <p>YES</p>

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	<p><b>Homemaker</b> – 1 Hour To provide assistance to caregivers with the inability to perform one or more of the following instrumental activities of daily living: preparing meals, shopping for personal items, managing money, using the telephone, or doing light housework.</p> <p><b>Chore</b> – 1 Hour To provide assistance to caregivers having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work or sidewalk maintenance.</p> <p><b>Home Security and Safety</b> – 1 Occurrence To provide services for the caregivers’ security and safety screening of their home environment, and by the provision of safety features such as: medical alert, grab bars, lock and deadbolts, smoke and burglar alarms, and emergency cash assistance for one time payment of energy bills.</p> <p><b>Assistive Devices</b> – 1 Single Occurrence To provide for rental or purchase and monthly fee service of electronic communication devices, emergency response equipment, and similar equipment to provide caregiver access to meet emergency needs (does not include telephones). Provides for purchase of items such as body braces, orthopedic shoes, walkers, and wheelchairs.</p> <p><b>Visiting</b> – 1 Hour To visit a caregiver to provide reassurance and comfort.</p>	<p>N 02</p> <p>N 03</p> <p>MIS 36 MIS 15</p> <p>CBSP 39</p> <p>MIS 31</p>	<p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p>	<p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p> <p>YES</p>

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	<p><b>Translation/Interpretation</b> – 1 Hour To provide bilingual staff to translate/interpret for caregivers (e.g., medical appointments, Social Security, etc.), brochures, or other relevant materials informing caregivers about available benefits.</p> <p><b>Income Support/Material Aid</b> – 1 Occurrence Arrange for and provide assistance to caregivers in the form of emergency cash assistance or service vouchers for the purchase of goods or services (e.g., personal hygiene supplies, nutritional supplements, utility bills or other caregiver support), as needed, on an emergency basis.</p> <p><b>Other</b> (Requires prior CDA approval). Send a written request describing the proposed service including: The service name, a precise definition, the unit of measure, and a justification.</p>	<p>MIS 4</p> <p>MIS 15</p> <p>N 15</p>	<p>N/A</p> <p>YES</p> <p>To be determined</p>	<p>N/A</p> <p>YES</p> <p>To be determined</p>

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