



## North Carolina Department of Health and Human Services Division of Aging and Adult Services

Beverly Eaves Perdue, Governor  
Lanier M. Cansler, Secretary

Dennis W. Streets  
Director

### DAAS Administrative Letter No. 11-11

**To:** AAA Directors, Project C.A.R.E. Respite Director  
**From:** Dennis W. Streets *Dennis W. Streets*  
**Subject:** Family Caregiver Support Program / Project C.A.R.E. Collaboration Model  
**Date:** July 11, 2011

Project C.A.R.E. (PC) and the Family Caregiver Support Program (FCSP) have successfully served North Carolina's family caregivers for more than ten years. This past January, a work group was convened to examine the future and sustainability of Project C.A.R.E. A sub-group was later convened to examine the opportunities that could be gained through increased collaboration between both programs. As guiding principles, the sub-group sought to strengthen both FCSP and PC; promote efficiencies and maximize use of program resources; and offer sustainable strategies and sound management structure.

While ongoing collaboration between PC and FCSP staff is successfully happening across the state and evidenced in many ways including caregiver education offerings, outreach to local partners, and caregiver case management, it was determined that a formalized plan and accompanying policy to facilitate ongoing collaboration between FCSP and PC can:

- Improve service delivery to caregivers of people with Alzheimer's or dementia
- Increase program staffs' skills and understanding of Alzheimer's and dementia care and the aging network of providers and services
- Provide benefits for caregivers in counties currently not served by Project C.A.R.E.

In an effort to maximize the impact of the two programs, this letter outlines both policy and best practice guidance of the formalized collaboration plan effective July 2011. The approved collaboration plan is included as an attachment to this administrative letter.

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## **Policy Mandates and Requirements**

### Development of Dementia-Capable Protocol; Referral and Transition Process

The collaboration plan specified the development of a protocol for the initial handling of family caregivers of Alzheimer's or dementia care recipients when seeking information from the Family Caregiver Support Program and its representatives, and a formalized referral and transition process between FCSP and PC. This administrative letter mandates that these elements will be fully developed by DAAS with input from local program staff during fiscal year 2011/12. This protocol and process will be documented in writing, provided in training through combined meetings of PC and FCSP staff, and added to program operations manuals prior to June 30, 2012. A plan for the regional monitoring of the new protocol and referral and transition process will also be included in written documentation.

### Examination of Reporting Practices, Client Assessment Tools, and Policy Parity

In addition to the development of the above protocol and process policy, FCSP and PC program managers will examine similarities and differences in FCSP and PC reporting practices, client assessment tools, and existing policies. Where deemed necessary, one or both programs will make changes to reporting or amend policy. These changes will be included in the written portion explained above and completed prior to June 30, 2012.

### Training of Project C.A.R.E. and Family Caregiver Support Program Specialists

The regional family caregiver support program resource specialists and the Project C.A.R.E. family consultants make substantial contributions to family caregivers. A significant part of what makes persons in these positions successful is a thorough understanding of the aging network and its programs and services as well as the needs and unique challenges of family caregivers. To help each team member clearly understand the positions and best practices found in both programs it is expected that persons in PC will be trained in the FCSP and the aging network and persons in FCSP will be trained in an abbreviated workshop on Project C.A.R.E. This training will be organized by DAAS with input from PC and AAA staff and will be tailored to regions with PC as well as those without PC currently.

### Use of FCSP Respite Funds for Project C.A.R.E. Clients

As of July 1, 2011, "active" PC clients receiving PC funded respite are not eligible for respite funds from FCSP after their original PC activation date as an "active" client. Within 14 days of gaining an active status with PC, a FCSP respite client is to be inactivated in ARMS from the FCSP respite code(s) and no additional units provided. This 14 days is to allow continuity of service where needed for those caregivers receiving regular, pre-arranged respite services. Active FCSP clients who are accepted as "pending" or "wait list" PC status may continue to receive FCSP funded respite as monies are available with funding caps in accordance with the regional FCSP program standards. In situations where a PC active opening is available and a non-FCSP client is identified to fill the opening, the caregiver is not to be placed in FCSP funded respite first to expend these funds before utilizing PC respite funds. The purpose of this policy change is to aid in the equitable administration of limited respite funds available for all caregivers.

This policy change applies to the use of respite funds. Active, wait list, and pending PC clients will continue to be eligible for educational offerings, support groups, special events, and other

caregiver outreach provided through the FCSP. Where there are Supplemental Services needs for all categories of PC clients, the regional FCSP resource specialist will determine the allowance of this expense based on regional practice and funding. All exceptions or special considerations of this policy will be considered on an individual basis by DAAS.

## **Best Practice Guidance and Recommendations**

### Community Outreach, Community Training, and Building Support

Project C.A.R.E. and the Family Caregiver Support Program are both made possible by state and federal funds and administered by NC DAAS through local and regional partnerships with Area Agencies on Aging and others. Both programs serve NC caregivers and are often seeking support from similar organizations. Each program's staff is currently expected to promote their services, reach priority populations, and build partnerships and services on behalf of caregivers. In counties served by both FCSP and PC, this community outreach, training, and support-building specific to caring for individuals with Alzheimer's or dementia should be a dually-shared role with FCSP resource specialists taking the lead position with PC staff offering support. It is also suggested that in counties served by both programs, marketing of caregiver services would include information on both FCSP and PC regardless of which staff member is involved in the marketing of these services. Potential strategies to perform these functions will be provided in combined staff meetings.

### Combined Staff Meetings

DAAS will plan at least one annual PC and FCSP combined staff meeting. These combined staff meetings will cover relevant topics like consumer contributions, working with medical partners, ARMS reporting, etc. Where topics are applicable and would contribute to improved local outcomes, FCSP resource specialists and PC family consultants are expected to share the information with county coordinators and contracted or affiliated providers.