

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Aging and Adult Services

Family Caregiver Support Program
PROGRAM MANUAL



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I. Preface

The National Family Caregiver Support Act was established in November 2000 as part of the reauthorization of the Older Americans Act (OAA). The Act called for the formation of the National Family Caregiver Support Program (NFCSP) and allocated federal monies to the State Unit on Aging in all fifty states through Title III, Section E of the OAA.

The National Family Caregiver Support Act was most recently reauthorized by Congress as part of the Supporting Older Americans Act of 2020.

II. Legal Base

The basis for the Family Caregiver Support Program is defined in Title III, Section E of the Older Americans Act (OAA). This portion of the OAA is referred to as the Family Caregiver Support Act. For further reference this Act is included in Appendix A.

There are no North Carolina laws or statutes associated with the Family Caregiver Support Program. General programmatic and administrative guidelines can be found in the Area Agency on Aging Policy & Procedures Manual and Administrative Letters from the Division of Aging & Adult Services, Director. These Administrative Letters are referenced throughout this manual as it relates to specific programmatic areas and are available in Appendix B.

III. Definitions

assistive technology— any item, piece of equipment, or product that is used to increase, maintain, or improve functional capabilities of an individual with a disability

child—an individual who is not more than 18 years of age

cognitive impairment, Alzheimer’s or related dementia—a chronic and progressive neurological disease that is characterized by memory loss, confusion, behavioral changes, and personality changes which impair daily function

family caregiver—an adult family member, or another individual who is an informal provider of in-home and community care to an older individual

frail—with respect to an older individual in a State, that the older individual is determined to be functionally impaired because the individual—

- (i) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or
- (ii) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or another individual

greatest economic need—the need resulting from an income level at or below the poverty line

greatest social need—the need caused by non-economic factors which include: physical and mental disabilities; language barriers; and cultural, social, or geographical isolation, including isolation caused by racial or ethnic status, that restricts the ability of an individual to perform normal daily tasks or threatens the capacity of an individual to live independently

household—individuals residing in the same household (as a care recipient)

immediate family member—a group of related individuals that fall into the follow categories—spouse, domestic partner, parents, grandparents, children (including biological, adopted, half, and step-children), grandchildren, siblings, and in-laws (mother, father, brother, sister, daughter, and son).

leverage—use to maximize benefit; the FCSP uses collaboration and partnerships to maximize benefits for caregivers; see [Appendix G](#) for further information.

older relative caregiver—a caregiver who is age 55 or older AND lives with, is the informal provider of in-home and community care to, and is the primary caregiver for a child or individual living with a disability; in the case of a caregiver for a child—is the grandparent, step-grandparent, or other relative (other than parent) by blood, marriage, or adoption of the children; is the primary caregiver of the child because the biological or adoptive parents are unable or unwilling to serve as the primary caregivers of the child; and has a legal relationship to the child, such as legal custody, adoption, or guardianship, or is raising the child informally. In the case of a caregiver for an individual with a disability, is the parent, grandparent, or other relative by blood, marriage, or adoption of the individual with a disability

primary caregiver(s)—the identified adult family member(s) or individual (s) who has/have primary responsibility for the provision of care, including coordination of care and services needed to maintain the well-being of the care receiver

respite—intermittent, occasional, or emergency care provided to care recipient in order to provide temporary relief to a family caregiver or older relative caregiver; see below for “temporary”

supplant—supersede or replace; state or local funds have that been appropriated or allocated for the same purpose. Specifically, funds made available through The Family Caregiver Act shall supplement, not supplant other funding sources including other OAA programs.

temporary—a short period of relief, falling into one of three categories relative to FCSP—

intermittent—time off for a specified time to give the caregiver a planned or scheduled break

occasional—time off for a caregiver to attend a special event or necessary obligations

emergency—extended break for caregiver to address an intervening circumstance, such as emotional stress, hospitalization, or health recovery

volunteer—an uncompensated individual who provides services or support on behalf of older individuals and aide the aging network in fulfilling the mission of the OAA

IV. Goals and Objectives

The objective of the FCSP is to provide services that can allow caregivers of older adults and older adults as caregivers to continue caring for their loved one in the community for as long as possible.

The goals of the FCSP are for caregivers to:

1. Be empowered through education
2. Be informed of services available to them that can support their own well-being
3. Be connected to a support system that can help reduce their level of stress, social isolation, and caregiver burden

These goals are achieved through leveraging resources and flexibility at both the regional and local level to provide FCSP services across all five service categories—information, access, training/support, respite, and supplemental services—in all 100 counties in North Carolina.

In the circumstance that there are no other resources available to provide these services, it is expected that the FCSP will be the resource to meet those needs.

V. Service Provision

Caregivers are provided with the following five required areas of service delivery through the FCSP: information, assistance with access, counseling/support groups/training, respite care, and supplemental services. This Section will clarify who these services are provided to and offer a closer look at service delivery.

The caregiver is the client of the FCSP.

By identifying the caregiver as the client of the FCSP, the FCSP differs from other programs administered by the DAAS and area agencies on aging that identify the older adults as the client of the program.

A. ELIGIBILITY

Individuals eligible for FCSP services fall into the following categories:

- **Family caregivers of older adults**
 - **A person of any age providing unpaid care for an older adult age 60 or older, or providing care to an individual with Alzheimer’s Disease or related dementia**

- **Older adults as caregivers**
 - **A relative caregiver (not a parent), age 55 or older, living with and raising a relative child age 18 or under**
 - **A relative or parent, 55 or older, living with and raising an adult child (age 19-59) with a disability**

Note there are special eligibility requirements for Category IV and Category V Services under the FCSP. For these categories, the care recipient must meet the definition of frail, as specified by the Older American’s Act by being either:

- 1) **Unable to perform at least two activities of daily living without substantial human assistance, including verbal remaindering, physical cueing, or supervision. Activities of daily living are: eating, dressing, bathing, toileting, transferring into/out of bed/chair, and ambulation (walking or moving in the home without assistance).**

OR

- 2) **Due to a cognitive impairment or other behaves in a manner that poses a serious health or safety hazard to the individual or to another individual**

B. PRIORITY POPULATIONS AND TARGETING OUTREACH

It is required by the Older Americans Act to give service priority to at-risk older adults including those are frail and at risk of residential facility placement; low-income, socially isolated, or historically underrepresented populations; Native American elders; older adults with limited English proficiency; individuals living in rural communities; and Lesbian, Gay, Bisexual, or Transgender (LGBT) older adults. [Older Americans Act, Reauthorization 2020; North Carolina State Aging Plan 2019-2013, Objective 3.2]

The Family Caregiver Support Act [Older Americans Act, Title III E] further specifies that the Program give priority consideration to the following caregiver populations:

- 1) Persons in greatest social and economic need (with attention to low-income, minority individuals);
 - a. Greatest economic need means the need resulting from an income at or below the federal poverty line
 - b. Greatest social need means the need caused by non-economic factors, which include—physical and mental disabilities; language barriers; and cultural, social, or geographical isolation, including isolation caused by racial or ethnic status; that either restricts the ability of an individual to perform normal daily tasks or threatens the capacity of the individual to live independently

AND

- 2) Older adults providing care to individuals with developmental disabilities

Other special populations for the FCSP include caregivers that are working outside the home and caregivers expending their own funds to pay for care recipient needs.

C. SCOPE OF SERVICES

It is the intention of the FCSP that all five service categories be available to all caregivers. If an agency does not provide the service, they need to be aware of alternative solutions and resources that can meet the caregiver's need, so an appropriate referral is made to another community agency.

In the circumstance that there are no other agencies or resources available to provide these services to eligible caregivers, the FCSP shall serve as the resource to meet the need. [Older Americans Act, Title III, Section E]

- **Category I—Information**

A service for caregivers that provides the public and individuals with information on resources and services available to the individuals within their communities.

TYPES OF SERVICES INCLUDED IN THIS CATEGORY

Community and program advocacy, outreach, assessment, planning, documentation, evaluation and oversight; organization and/or participation in community events (ex: job fairs, health fairs, senior center fairs); program promotion (ex: public service announcements); public information (ex: printing of publications and program brochures)

Administrative Functions: community and program advocacy, outreach, assessment, planning, documentation, oversight, developing public information

Service Provision Functions: organization and/or participation in community events; program promotion

Field Example and Best Practice

This category can be thought of broadly as efforts around sharing information and public outreach.

Information includes things like participation in a community health fair, senior fair, or job fair; creating brochures on caregiver services offered; posting information on AAA's Facebook Page about an upcoming caregiver event.

- **Category II—Assistance with Access**

A service that assists caregivers in obtaining access to the services and resources that are available within their communities. Information and assistance to caregivers is an access service—i.e. a service that is:

- (1) providing individuals with information and services available within their community or state;
- (2) linking individuals to the services and opportunities that are available within the communities; and
- (3) to the maximum extent practicable, establishing adequate follow-up procedures.

TYPES OF SERVICES INCLUDED

Caregiver assessment; care planning; development of emergency preparedness plans; caregiver benefits screen; caregiver options counseling and resource consultation

Administrative Functions: tracking phone calls/emails related to caregiver referrals; researching resources to follow-up with a caregiver

Service Provision Functions: caregiver assessment; developing emergency preparedness plans with a caregiver; caregiver options counseling/resource consultation sessions; benefit screening

Field Examples and Best Practice

A local FCSP provider receives a phone call from a caregiver inquiring about support groups and information about caring for someone with dementia. The FCSP representative provides a list of support groups, contact information for the Dementia Alliance of NC, and enroll them in an upcoming FCSP/PC collaborative session on dementia.

A regional FCSP program helps a new caregiver identify and develop a plan for evacuation in case their care recipient needs to be evacuated in the event of a hurricane. For further resources on emergency preparedness, see Appendix I—Emergency Preparedness Examples.

This category also includes exploring with a caregiver options for sustainable solutions for meeting needs at home, long-term including benefits consultation for other services such as CAP, in-home aide, or Veterans Affairs caregiver supports.

- **Category III—Training, Support Groups, and Counseling**

A key service within this category is training provided to caregivers that will empower them with tools for decision making and problem solving within their caregiving roles. This training can include evidence-based health promotion classes to teach caregivers importance of stress management, health living, and information on how to find resources to assist them in their caregiving journey. Training classes are led by paid staff or volunteers that become certified as master trainers and champions of these programs.

Another service within this category is support groups. These are group sessions that are often volunteer or peer lead offering group support on grief, stress management, and disease specific issues.

Counseling is an individual session provided by a licensed professional to address a specific caregiver need. This type of counseling is intended to allow the caregiver a safe, private setting to address issues related to coping with the emotions of caregiving including frustration, feelings of inadequacy, stress management, and identify other mechanisms for self-care. These are provided via referral to a specific licensed professional.

Programming within this category is often developed and supported through leveraging partnerships with other agencies and organizations.

Services within this category are subject to DAAS Consumer Contributions Policy; see Section V, Part D. of this manual or Appendix D for further information.

TYPES OF SERVICES INCLUDED IN THIS CATEGORY

Caregiver training programs; leading evidence-based health classes for caregivers; organization of support groups; referring caregivers as needed to mental health professional for counseling; workplace caregiver support; caregiver training programs

Administrative Functions: organization of support groups, referring caregivers as needed to mental health professionals for counseling

Service Provision Functions: leading evidence-based health classes for caregivers; conducting workplace caregiver support programs; conducting caregiver training programs

Field Examples and Best Practice

This category presents many opportunities for creativity, leveraging, and partnerships. For example, a health promotion training class may be led in partnership between the FCSP and a community hospital.

A regional FCSP facilitates a support group for caregivers with early-onset dementia.

A local FCSP coordinates Powerful Tools for Caregivers, an evidence-based program designed to empower caregivers to make decisions and understand their roles and choices.

A regional FCSP notices that one of the support group participants has struggled with stress management and has been withdrawing from group discussions more than usual. She shares this observation with the caregiver, they talk, and the caregiver shares there has been another death in the family—adding to her stress and sadness. The FCSP refers this caregiver to a local counselor for further support. The FCSP covers the cost of the initial session.

- **Category IV—Respite Care**

Services that provide caregivers with intermittent, occasional, and emergency supports or living arrangements for care recipients in order to provide a period of rest or relief from caregiving responsibilities.

Intermittent respite: time off for a specified time to give the caregiver a planned or scheduled break

Occasional respite: time off for a caregiver to attend a special event or necessary obligations

Emergency respite: extended break for caregiver to address an intervening circumstance, such as emotional stress, hospitalization, or health recovery

Offering respite services to a caregiver should engage caregivers in decision-making whenever possible and person-centered strategies should be utilized.

Respite care includes:

- (1) In home respite
- (2) Respite provided in a group setting such as an adult day care or “caregiver’s day out” type program
- (3) Residential respite provided by placing the care recipient in a residential setting such as a nursing home or assisted living
- (4) Summer camps or after school programs (for older relatives as caregivers)

In order to be eligible for respite care services through the FCSP, **the care recipient must meet the definition of frail**, as specified by the Older American’s Act by being either:

- 1) Unable to perform at least two activities of daily living without substantial human assistance, including verbal remaindering, physical cueing, or supervision. Activities of daily living are: eating, dressing, bathing, toileting, transferring into/out of bed/chair, and ambulation (walking or moving in the home without assistance).**

OR

- 2) Due to a cognitive impairment or other behaves in a manner that poses a serious health or safety hazard to the individual or to another individual**

All clients receiving respite services under FCSP must be registered in ARMS and units of service, by client reported accordingly. Unit rates comprise the total cost of direct service and the administrative costs necessary to support the service. [DAAS Administrative Letter 14-08]

Respite Service Cap

In order to maximize the limited funding available and provider support to as many families as possible, the DAAS implemented an annual cap on respite care funding in 2011. The intent of the policy was to aid in the seamless delivery of respite services and foster collaboration and flexibility in the approach to serving FCSP clients. As of July 1, 2012, **clients receiving FCSP respite and/or Project C.A.R.E respite may receive up to \$2,500 per fiscal year in assistance through both programs.** This cap does not apply to any other funding through DAAS including Home and Community Care Block Grant (HCCBG). **Representatives of both FCSP and Project C.A.R.E. should work together to establish communication plans and case-by-case review to ensure the respite care cap is not exceeded.** [Administrative Letter, DAAS 12-07].

Paid caregivers and professional caregivers cannot utilize respite under the FCSP. *For example, a residential care facility cannot be granted funds through the FCSP to supplement their own human resources and staffing needs.* Further, respite is intended to provide intermittent, occasional, or emergency relief to a caregiver. It is not intended to be used a supplemental payment source for residential facilities.

Caregiver directed vouchers provide choice in respite. This model of respite allows caregivers to use funds to pay for a care recipient's care at an adult day care program, overnight respite in a facility or their own home, a licensed home care agency or a private individual caregiver of their choice.

For caregiver directed vouchers, the following individuals are NOT eligible to be hired through voucher funds:

- Individuals that live in the same home as the care recipient
- Individuals that have Power of Attorney or guardianship
- Individuals under 18 years of age.
- Immediate family members
 - Defined as spouses, domestic partners, parents, grandparents, children (including biological, adopted, half, and step), grandchildren, siblings, and in-laws (mother, father, brother, sister, daughter, and son)

Examples of caregiver directed voucher packets are included in [Appendix K](#).

For individuals who chose to hire their own caregiver, income tax considerations to share with caregivers is included in [Appendix C](#).

Services within this category are subject to DAAS Consumer Contributions Policy; see [Section V, Part D](#) of this manual or [Appendix D](#) for further information.

TYPES OF SERVICES INCLUDED IN THIS CATEGORY

In-home respite services; respite provided through attendance in a nonresidential program at locations such as senior centers, adult day care centers, and mobile day programs; emergency respite program; residential respite provided by placing the care recipient in a residential setting such as an assisted living or nursing home for a specified period of time; summer camps, after-school programs, or child day care (for older relatives as caregivers); caregiver retreats and caregivers-day-out type programs; group respite; and caregiver directed vouchers

Administrative Functions: documentation and tracking of respite services provided; coordination and/or facilitation of caregiver retreats and days out; determining eligibility of care recipients within this service category

Service Provision Functions: in-home respite; non-residential respite programs; emergency respite; residential respite; summer camps, after-school programs, day care; caregiver retreats; caregiver directed vouchers; group respite

Field Examples and Best Practice

When determining Respite eligibility—see “respite” and “temporary” definitions specified in Section III and cited on page 13.

A caregiver of an older adult providing care in their home 24/7 is increasingly stressed and would like to get out of town to visit a relative out of state. They contact the FCSP in their area and are enrolled into the in-home respite program for occasional respite.

A grandparent (age 55+) is just above the poverty line and does not qualify for Medicaid. They work full-time and are piecing together care for their grandchild over the summer. They contact the FCSP in their area about offsetting the cost to summer camp for one week through the local YMCA.

A caregiver works part-time outside of the home and is trying to address her ongoing anxiety issues through counseling but needs someone to cover her mother’s care (care recipient) the days goes to counseling after work. She is enrolled in her local FCSP caregiver directed voucher program and hires a neighbor to provide care while she is in counseling.

- **Category V—Supplemental Service**

Supplemental Services are items and services that aide caregivers in maintaining their care recipient at home longer.

An important service within this category is assistive technology. Assistive technology is defined as any item, piece of equipment, or product that is used to be increase, maintain, or improve functional capabilities of an individual with a disability. For the purposes of the FCSP, these are items, equipment, and products that can help caregivers maintain or improve a care recipient’s functional capability at home.

No more than 20% of FCSP funding may be used for the category of service.

Services within this category are subject to DAAS Consumer Contributions Policy; see Section V, Part D. of this manual or Appendix D for further information.

TYPES OF SERVICES INCLUDED IN THIS CATEGORY

Home safety evaluations; access to assistive technology; handy man/yard work; home modifications (ex: lift chairs, grab bars, ramps, etc.); personal alert systems; incontinence supplies; liquid nutrition supplement; temporary home delivered meals; transportation; other as approved by DAAS

Administrative Functions: documenting and tracking supplemental services provided; determining eligibility of care recipients for this category of service

Service Delivery Functions: handy man/yard work; assistive technology; home modifications/accessibility; personal emergency response system installation; incontinence supplies; liquid nutritional supplements; home delivered meals (temporary and specific); legal assistance; transportation; and other services as approved by DAAS

Field Example and Best Practice

Services in this category can broadly be thought of as services that modify the home environment or provide consumables in the home that aide the caregiver in keeping the care recipient at home for a longer period. This category of service exemplifies the flexibility of the FCSP.

Some helpful questions for a regional or local FCSP representative to use to help “screen” if something is appropriate for this category are:

- *Is this service needed to allow the caregiver to continue meeting the needs of the care recipient?*
- *Does the care recipient qualify as “frail” according to the OAA definition? See Section V, Part A for frail criteria.*
- *Have all other options for providing this service/item been exhausted?*
- *Will paying for this service be below the mandated 20% funding cap and any other region-specific caps?*

If the answers to the questions above are “yes,” then the service/item is likely an appropriate use of FCSP funding. Consult with Family Caregiver Support Program Consultant at DAAS for case-specific questions.

D. CONSUMER CONTRIBUTIONS

This part of Service Provision is related to the Consumer Contributions Policy and has been consolidated to pertain to the FCSP; **for monitoring purposes the current Division of Aging & Adult Services Consumer Contributions Policy shall be followed.** The policy, in its entirety can be referenced in Appendix D or accessed electronically at: <https://files.nc.gov/ncdhhs/documents/files/consumercontributions.pdf>

The purpose of the Consumer Contributions Policy is to extend the availability of in-home and community-based services administered by the Division of Aging & Adult Services and the North Carolina Division of Social Services (DSS), including the Family Caregiver Support Program. This is achieved in part by soliciting from recipients of specific services a portion of the cost for services rendered based upon their ability and willingness to contribute. **Revenue collected from service recipients (caregivers) will be retained by the local service provider and used to increase services to existing clients and/or provide additional services to others in need of such services.**

For the FCSP Consumer Contributions efforts to be understood by caregivers and successfully carried out, it is pertinent that provider agencies understand and believe in the concept. According to the Older Americans Act, efforts to solicit and collect contributions must be non-coercive, offer choice, and be fairly and consistently administered. **The DAAS Consumer Contributions Policy is intended to ensure that recipients of services are given the opportunity to contribute toward the cost of services rendered.** The decision to share in the cost of services is ultimately the decision of the individual client receiving services (the caregiver).

A. Individuals excluded from this policy—

- **Adults or children receiving services as part of a Protective Services Plan will be excluded from any Consumer Contributions Policy requirements up to a maximum of 12 months.**
- **Children in foster care, children who have been approved to receive adoption assistance, and clients receiving Work First assistance or clients applied for or receiving Supplemental Security Income (SSI) are exempt from the Consumer Contributions Policy when receiving the following FCSP services:**
 - **Adult Day Care (via respite program, caregiver directed voucher)**
 - **Adult Day Health (via respite program, caregiver directed voucher)**
 - **Home Modifications and Repair (via supplemental services)**
 - **In-home aide services (via respite program, caregiver directed voucher)**
 - **Counseling services (via caregiver training/support groups/counseling)**

- **Individuals who receive transportation services funded through the NC Division of Social Services are exempt from the Consumer Contributions Policy. This does not apply to Transportation funded through Home and Community Care Block Grant Services.**
- **Individuals participating in the Senior Companion Program are exempt from the Consumer Contributions Policy.**

B. Prohibited Activities

- **Individuals with incomes that are at or below the federal poverty level should not receive the Recommended Contribution Schedule; these individuals can make a *voluntary* contribution if they wish.**
- **Individual assets, savings, and property should not be considered for the Consumer Contributions Policy.**
- **Individuals will not be denied FCSP services for not contributing to the cost of service. FCSP providers are prohibited from means testing for any service subject to the Consumer Contributions Policy.**
- **Recommended Contribution Schedule is not intended for information and assistance; program promotion; benefits counseling; or caregiver support services—Categories I and II of FCSP Scope of Service.**

C. Service Categories and Related Requirements

The Consumer Contributions Policy applies to specific services administered by the DAAS. The following chart provides an overview of the administrative requirements for such services that fall under the FCSP.

FCSP Service Subject to Consumer Contributions Policy		Administrative Requirements
Category IV Category V	FCSP Respite Services and Supplemental Services *unless the specific supplemental service is listed as another type of service	All recipients of these services shall be provided with the opportunity to voluntarily contribute to the cost of the services received. Upon initiation of the provision of service subject to consumer contributions and at least annually thereafter the FCSP service provider will inform the client (caregiver): 1) The contribution is entirely voluntary and that there is no obligation to contribute. 2) All contributions collected will be used to expand the service(s). 3) Information about the client's participation in consumer contributions shall be confidential. 4) Area agency on aging representative including the telephone number, if there are questions regarding consumer contributions. 5) The total cost of the service (actual or per unit). 6) Services will not be reduced or terminated for failure to contribute. 7) Maintain the completed Provider Assurance Form [Consumer Contributions Policy, Appendix D] in each client's file verifying that the above information was provided to the service recipient or designated representative. Providers serving individuals above the federal poverty line will provide the FCSP client with the Recommended Contribution

		<p>Schedule [Consumer Contributions Policy, Appendix B] showing the recommended contribution amount based on the service recipient's self-declared income.</p> <p>Note: Providers are prohibited from using the Recommended Contribution Schedule with service recipients who are at or below the federal poverty line.</p>
<p>Category III Category V Category V</p>	<p>Caregiver Resource Consultation; Home Delivered Meals (FCSP Temporary) Legal Support (FCSP)</p>	<p>All recipients of these services, regardless of income, will be provided the opportunity to voluntarily contribute to the cost of the service(s) received. Upon the initiation of the provision of service(s) subject to consumer contributions and at least annually thereafter, the FCSP service provider will inform the client (caregiver):</p> <ol style="list-style-type: none"> 1) The contribution is entirely voluntary and that there is no obligation to contribute. 2) All contributions collected will be used to expand the service(s). 3) Information about participation in consumer contributions shall be confidential. 4) Area agency on aging representative including the telephone number, if there are questions regarding consumer contributions. 5) The total cost of the service (actual or per unit). 6) Services will not be reduced or terminated for failure to contribute. 7) Maintain the completed Provider Assurance Form [Consumer Contributions Policy, Appendix D] in each client's file verifying that the above information was provided to the client.
<p>Category III Category IV</p>	<p>Caregiver Training/Support Group /Counseling; Volunteer Respite (FCSP)</p>	<p>All recipients of these services, regardless of income, will be provided the opportunity to voluntarily contribute to the cost of the service(s) received. Upon the initiation of the provision of service(s) subject to consumer contributions and at least annually thereafter, the FCSP service provider will inform the client (caregiver):</p> <ol style="list-style-type: none"> 1) The contribution is entirely voluntary and that there is no obligation to contribute. 2) All contributions collected will be used to expand the service(s). 3) Information about participation in consumer contributions shall be confidential. 4) Area agency on aging representative including the telephone number, if there are questions regarding consumer contributions. 5) Services will not be reduced or terminated for failure to contribute. 6) Maintain written documentation that the above actions are completed [Consumer Contributions Policy, Practice Guidelines].
<p>Category II</p>	<p>Information & Assistance (FCSP)</p>	<p>Solicitation is encouraged, but there are no requirements for this type of service.</p>

D. Recommended Contribution Schedules

The Recommended Contribution Schedule (revised annually and posted electronically by July 1) is a tool used to determine what would be a reasonable and fair voluntary contribution amount based on an individual's household income. **Clients who self-declare as being above the federal poverty line and who also receive one of the FCSP services listed below are required to receive a copy of the Recommended Contribution Schedule at the beginning of service provision, and at least annually thereafter.**

- Respite Services
- Supplemental Services

E. Solicitation of Consumer Contributions

Voluntary contributions are allowed and may be solicited provided that the method of solicitation is non-coercive. To ensure the method of solicitation is non-coercive, solicitation materials distributed to FCSP clients must include the following information:

1. Contributions collected will be used to expand services.
2. There is no obligation to contribute, and contributions are entirely voluntary.
3. Services will not be reduced or terminated for the failure to contribute.
4. Contact information for questions about the Consumer Contributions Policy.
5. Each contribution, or lack thereof, will be kept confidential.

For example, the following methods may be implemented to solicit contributions of FCSP services: brochures, posters, newsletters, or group discussions.

F. Provider Assurance Form

The Provider Assurance Form must be signed and dated by an FCSP provider representative after each discussion about consumer contributions. The documentation should remain in the client record and must be updated annually.

G. Reporting Consumer Contributions

FCSP Providers reporting reimbursements through ARMS will report the net amount of consumer contributions monthly. The net amount of consumer contribution revenues collected will be retained by the service provider and is deducted from the amount of reimbursement due for the month being reported.

E. SERVICE CATEGORIES, ARMS CODES, AND REPORTING REQUIREMENTS

It is essential that there is a well-planned, configured, and understood system for recording and reporting data and other information important to accountability, evaluation, and future development. The FCSP is required to submit data into the State Program Performance Report (SPR) on an annual basis. This was formerly referred to as the National Aging Program Information System Report (NAPIS Report). SPR's contain vital information that helps us document the value of the work done across the FCSP's five service category areas.

This information is first captured in ARMS, and is broken down in the following codes and categories:

- Category I—Information

810's	Code Type	Is DAAS 101 required?	Unit Definition	Required Reporting System	Examples
811	Community and program planning, development/administration	NO	N/A	Budget in ARMS	Administrative time to complete activities—data entry, accounting, monitoring, quality assurance, etc.
812	Information/educational programs, participation in community events	Event; audience size	1 event	ARMS	Health fairs; senior resource fairs; community outreach events
814	Program promotion and public information	Event; audience size	1 activity	ARMS	PSA/radio announcements, social media posts, radio interviews

811: This is a non-unit code but does require budgeting in ARMS. It represents the administrative functions associated with providing information and program promotion. This is often where funding for program staff salaries are reflected. This code may be used by regional or local FCSP representatives.

Costs associated with a specific promotional event or activity should be associated with the event, not in 811.

812: This code represents a one-time event (not a series) that has been organized by a representative of the FCSP. These events could include exhibiting or speaking at community events, workshops, conferences, or exhibitions.

If two regions, or multiple providers within the same region, both contribute time and support to one of these type events only one region or provider is to enter the information about the event to prevent duplication in documentation.

Each month count and report in ARMS the number of activities that were held that month by the FCSP and contracted providers. Also add the total estimated audience size of participants for each of these monthly events. This total estimated audience size is the total number of people attending the events that month for all events combined.

There should be one Site/Route/Worker entry labeled Number of Events and one Site/Route/Worker entry labeled Estimated Audience Size. Each other Site/Route/Worker entries will have one number associated with them each month.

If you have events specific for Older Relatives as Caregiver audiences, you are to create a separate Site/Route/Worker entry titled Number of Older Relatives as Caregivers Events (formerly GRG/RAPP Events) within code 812 as well as the associated Estimated Audience Size for Older Relatives as Caregivers.

For estimated audience sizes exceeding 1000+, enter 999 in ARMs, then track on a separate spreadsheet the actual count. This is needed for annual reporting to the Administration for Community Living on the NAPIS Report. [Appendix H, NAPIS Overage Chart] Each year DAAS is required to report this data to the federal government, compilation data is compiled by regional FCSP staff and sent to DAAS. [Administrative Letter, DAAS 14-08]

814: This code represents public service announcements and paid, in-kind, or donated advertisements and the printing, posting, and/or distribution of marketing materials on behalf of the FCSP. This includes items such as a brochure, social media posts/blog posts, web site updates, radio, television, and/or newspaper articles. This code is to be used for publicizing general caregiver information and advertising upcoming FCSP events.

Each month count the number of activities that were distributed, printed, or completed that month specifically for FCSP and the total estimated audience size of viewers/readers of these same materials. In ARMS, enter these as Number of Activities. For example, the printing of an event flyer—even if 300 were printed—count as one activity. The Estimated Audience Size is the number of these materials that were distributed. If 300 were printed, but only 150 were given out then the audience size would be 150. Enter this in ARMS under Code 814. **There**

should be one Site/Route/Worker entry labeled Number of Events and one Site/Route/Worker entry labeled Estimated Audience Size. [Administrative Letter, DAAS 14-08]

For materials such as newspapers, radio advertisements, and press releases use the circulation number provided by the vendor as the estimated audience size during the month the activity occurred. Web promotion on an AAA, COG, or partner site or page can be used within this code. A viewer count or website analytics report can be used to obtain an estimated audience size for web promotion activities. Material should include reference to the FCSP and/or the AAA to county under this category.

- **Category II—Assistance with Access**

820's	Code Type	Is DAAS 101 Required?	Unit Definition	Required Reporting System	Examples
821	Community and program planning	NO	N/A	Budget in ARMS	Administrative time to complete activities—data entry, accounting, monitoring, quality assurance, etc.
822	Information & Assistance (unregistered)	Contacts Required	1 contact	ARMS	Calls/emails to caregivers to provide information and resources
823	Caregiver resource consultation	YES	1 session	ARMS	Extensive support and coaching to caregivers; developing and implementing care plans/caregiver goals; options counseling to caregivers
824	Develop caregiver emergency preparedness plan	YES	1 session	ARMS	Strategizing with caregiver to plan long-term; identify backup supports and resources in the event of an acute incident or natural disaster

821: This is a non-unit code but does require budgeting in ARMS. It represents the administrative time required to carry out function's association with FCSP information & assistance, caregiver options planning, and developing caregiver emergency preparedness plans. This is where salary and travel costs associated with this category are assigned in ARMS.

822: Individual caregiver contacts by phone, email, and social media are required to be reported under this code. These contacts capture some of the impact FCSP makes in the lives on individual caregivers across the state. Each phone call, email, social media interactions can be counted—even when there are multiple interactions on behalf of the same caregiver.

For example, Caregiver X contacts the FCSP representative at a local AAA in July by email with a series of questions. The FCSP representative researches the inquiries by contacting three local agencies on Caregiver X's behalf. The FCSP representative then responds to Caregiver X. This would be entered as "5" Unregistered I & A Contacts—one email interaction with the first inquiry, three calls to agencies, then one call back to Caregiver X.

The Administration for Community Living requires that these contacts be divided into Caregivers Serving Older Adults and Older Adults as Caregivers (formerly Older Adult Caregivers Serving Children). Each year DAAS is required to report this data to the federal government, compilation data is compiled by regional FCSP staff and sent to DAAS.

[Administrative Letter, DAAS 14-08]

823: If a representative of the FCSP is providing caregiver resource consultations including things like care assessments, caregiver activities such as home visits, or ongoing support to implement a care plan, **a DAAS-101 Client Registration Form is required to be completed.** In many cases, these caregivers will also receive Category IV or Category V services. This service code includes options counseling visits to caregivers completed by individuals that have received options counseling training. It is not required that a staff completing tasks in this code be a certified options counselor, but it is considered a best practice.

824: If a representative of the FCSP is provide care consultation to a caregiver specific to planning for an emergency or natural disaster, **a DAAS-101 Client Registration Form is required to be completed.**

- Category III—Caregiver Counseling, Support Groups, and Training

830's	Code Type	Is DAAS 101 Required?	Unit Definition	Required Reporting System	Examples
831	Community and program planning	NO	N/A	Budget in ARMS	Administrative time to complete activities—data entry, accounting, monitoring, quality assurance, etc.
832	Caregiver counseling	YES	1 session	ARMS	Traditional mental health counseling; grief counseling; stress management; mediation; services provided by a licensed professional
833	Support groups	YES (Sections I, III, VII)	1 session	ARMS	Caregiver support groups, grief groups, disease specific support groups, peer support groups
835	Caregiver training programs	YES (Sections I, III, VII)	1 class session	ARMS	Disease specific education sessions, evidence-based programs, <i>Powerful Tools for Caregivers, Building Better Caregivers, etc.</i>

831: This is a non-unit code but does require budgeting in ARMS. It represents the administrative time required to carry out function’s association with the FCSP’s caregiver training, support groups, workplace caregiver support, and counseling services. This is where salary and travel costs associated with this category are assigned in ARMS.

832: If a representative of the FCSP is screening and referring caregivers and is in turn providing funding for these therapy services, this code should be used. In ARMS, one session counts as one unit. **Completion of the DAAS 101—Client Registration Form is required.**

833: For caregivers that participate in support groups, **completion of the DAAS 101—Client Registration Form Sections I, III and VII are required.**

835: This category encompasses caregiver training programs, often evidence-based classes such as Powerful Tools for Caregivers, Parenting the Second Time Around, or Building Better Caregivers. It can also be programs that FCSP representatives develop themselves on disease specific topics or caregiving issues. **One class is one unit in ARMS, and the DAAS 101—Client Registration Form Sections I, III, and VII are required.**

- Category IV—Respite Care
***Note—codes 842, 843, 846, 847, and 848 are unit-based services; codes 841, 844, 849 are considered non-unit based.**

840's	Code Type	Is DAAS 101 Required?	Unit Definition	Required Reporting System	Examples
841	Community and program administration	NO	N/A	Budget in ARMS	Administrative time to complete activities—data entry, accounting, monitoring, quality assurance, etc.
842	In-home respite	YES	1 hour	ARMS	Personal care services; homemaker assistance; home chore; senior visitor services
843	Community respite	YES	1 day	ARMS	Adult day center; group respite programs; caregiver day outs
844	Caregiver directed vouchers	YES	N/A-- Voucher based	ARMS	Caregiver selects and hires caregiver— individual or agency
846	Residential respite	YES	1 hour	ARMS	Respite rendered in a nursing home or assisted living facility
847	Older relative caregivers-day respite	YES	1 day	ARMS	Summer camps; afterschool day care

840's	Code Type	Is DAAS 101 Required?	Unit Definition	Required Reporting System	Examples
848	Older relative caregivers-hourly respite	YES	1 hour	ARMS	In-home care
849	Other as approved by DAAS	YES	N/A	ARMS	Reviewed on a case by case basis; approval required.

841: This is a non-unit-based code but does require budgeting in ARMS. It represents the administrative time required to carry out function's association with the FCSP's respite programs. This is where salary and travel costs associated with this category are assigned in ARMS.

REMINDER

This category of service requires the care recipient meet the definition of frail; [see page 14 for more information.](#)

The completion of a DAAS 101—Client Registration Form is required for all codes in this service category.

842: This is a unit-based code in ARMS in which **1 hour equals 1 unit of service**. The completion of the **DAAS 101-Client Registration Form is required**.

843: This is a unit-based code in ARMS in which **1 day equals 1 unit of service**. The completion of the **DAAS 101-Client Registration Form is required**.

844: This is not a unit-based code and is specific to the voucher criteria. Completion of the **DAAS 101—Client Registration Form is required**.

846: This is a unit-based code in ARMS in which **1 hour of care equals 1 unit of service**. The completion of the **DAAS 101-Client Registration Form is required**.

847: This is a unit-based code in ARMS in which **1 day of care equals 1 unit of service**. The completion of the **DAAS 101-Client Registration Form is required**.

848: This is a unit-based code in ARMS in which **1 hour of care equals 1 unit of service**. The completion of the **DAAS 101-Client Registration Form is required**.

849: This is a non-unit-based code in ARMS and the completion of a **DAAS 101-Client Registration Form is required**. This code requires **approval by the Family Caregiver Support Program Consultant at DAAS and should be used in circumstances where a caregiver has a respite need that is not otherwise encompassed in other service codes**.

- Category V—Supplemental Service

850's 860's	Code Type	Is DAAS 101 Required?	Unit Definition	Required Reportin g System	Examples
851	Community and program administration	NO	N/A	Budget in ARMS	Administrative time to complete activities—data entry, accounting, monitoring, quality assurance, etc.
853	Handy man/yard work	YES	1 job	ARMS	Removal of buildings/sheds; caulking windows; repairing floors; other issues that present safety concerns if not addressed
854	Assistive technology	YES	1 device	ARMS	*device cannot be covered by insurance
855	Home modification/ accessibility	YES	1 modification	ARMS	Ramps, grab bars, lift device, etc.
856	Personal emergency response alarm system	YES	1 installation	ARMS	Life Alerts; fall sensors; Nest or other system that provides safety monitoring
857	Incontinence supplies	YES	1 package	ARMS	Adult briefs, wipes, bed pads, gloves, etc.
859	Liquid nutritional supplements	YES	2 cans/bottles; 1 serving of thickener	ARMS	Boost, Ensure; thickened liquids
860	Home delivered meals (temp)	YES	1 meal	ARMS	On a limited basis for specific need
861	Legal assistance	YES	1 session	ARMS	Guardianship issues, custody issues
862	Other as approved by DAAS	YES	TBD	ARMS	GRG school supplies, bedbug treatments, unique household needs, etc.
863	Transportation	YES	1 Unit= 1 Way Trip 2 Units= Roundtrip	ARMS	On a limited basis for specific need

REMINDER

This category of service requires the care recipient meet the definition of frail; [see page 14 for more information](#).

The completion of a DAAS 101—Client Registration Form is required for all codes in this service category.

851: This is a non-unit-based code but does require budgeting in ARMS. It represents the administrative time required to carry out function's association with supplemental services. This is where salary and travel costs associated with this category are assigned in ARMS.

852: This is a unit-based code in ARMS in which **1 evaluation equals 1 unit of service**. The completion of a **DAAS 101—Client Registration Form is required**.

853: This is a unit-based code in ARMS in which **1 job equals 1 unit of service**. The completion of a **DAAS 101-Client Registration Form is required**.

854: This is a unit-based code in ARMS in which **1 device equals 1 unit of service**. The completion of a **DAAS 101-Client Registration Form is required**. Assistive technology is defined as any item, piece of equipment, or product that is used to increase, maintain, or improve functional capabilities of an individual with a disability. Note that this cannot be duplicative of a device that is covered through a care recipient's insurance or any other payment source.

855: This is a unit-based code in ARMS in which **1 modification equals 1 unit of service**. The completion of a **DAAS 101-Client Registration Form is required**.

856: This is a unit-based code in ARMS in which **1 installation equals 1 unit of service**. The completion of a **DAAS 101-Client Registration Form is required**. Monthly fees and subscriptions cannot be covered; this is intended for a one-time installation fee associated with a monitoring system.

857: This is a unit-based code in ARMS in which **1 package of briefs/wipes/pads equals 1 unit**. The completion of a **DAAS 101—Client Registration Form is required**.

859: This is a unit-based code in ARMS in which **2 cans or bottles of liquid nutrition equals 1 unit of service or 1 serving of liquid thickener equals 1 unit**. The completion of a **DAAS 101—Client Registration Form is required**.

860: This is a unit-based code in ARMS in which **1 meal equals 1 unit** of service. The completion of a **DAAS 101—Client Registration Form is required**. This service should only be provided by FCSP for a limited time period for a specific reason. The reason (s) why this is not able to be provided through any other means should be documented in the client file.

861: This is a unit-based code in ARMS in which **1 session equals 1 unit** of service. The completion of a **DAAS 101-Client Registration Form is required**.

862: This is a unit-based code in ARMS and the completion of a DAAS 101-Client Registration Form is required. This code requires approval by the Family Caregiver Support Program Consultant at DAAS and should be used in circumstances where a caregiver has a supplemental need that is not otherwise encompassed in other service codes. Previously approved items in this category include GRG school supplies, bed bug treatments, unique household needs; approval is required.

863: This is a unit-based code in ARMS in which a **1-way trip equals 1 unit of service; a roundtrip would be 2 units (home-location-home)**. The completion of a DAAS 101—Client Registration Form is required. This service should only be provided by FCSP for a limited time period for a specific reason. The reason(s) why this is not able to be provided through other means should be documented in the client file.

VI. Funding Overview and Direct Service Waivers

Services through the FCSP are allocated by the Administration for Community Living, a division of the Department of Human Services within the federal government. Funding is authorized to each state and territory through Congress in the Older Americans Act every four years and was last reauthorized in 2016. Title III-E of the Older Americans Act defines the parameters of the FCSP.

The State Unit on Aging (in North Carolina, DAAS) allocates funds to each are agency on aging (16 AAA's). From there, the AAA subcontracts service delivery across the counties in their region to local providers. For FCSP these can be a wide range of providers that include home care agencies, senior centers, non-profit agencies, and aging councils. This service delivery is designed to best meet regional and local community caregiver needs and allow for program flexibility. If there is not a local provider able or willing to provide direct services in a certain county, the AAA requests through DAAS to act as a direct service provider. This process is known as the Direct Service Waiver (Exhibit 13).

VII. Documentation

One of the key elements of documentation required by the FCSP, as well as several other services provided through DAAS, is the DAAS 101—Client Registration Form. This is a

The following are documentation requirements, by service category:

CATEGORY I

There is no required documentation in case record/client file. However, activity counts for codes **812 and 814 must be entered into ARMS at least monthly**. [DAAS, Administrative Letter 14-08]

Best practice: Save a copy of flyers and promotion materials from events; newspaper clippings/ads promoting program; screenshots of social media posts; and sample handouts for your records. This is helpful for AAA internal tracking purposes, as well as DAAS monitoring.

CATEGORY II

For code 822, there is no required documentation in case record/client. However, **Unregistered Information and Assistance (822) contact counts are required to be entered into ARMS at least monthly**. [DAAS, Administrative Letter 14-08].

Best practice: Many FCSP representatives find it helpful to track their contacts on a spreadsheet, call log, or separate notebook from their other work items. This is not required but is often found to be helpful for organization and tracking. A simple template for this is included in Appendix N.

For codes 823 and 824 the completion of a DAAS 101—Client Registration Form (Sections I, III, VII), Consumer Contributions Policy, and documentation of units of service reported are required.

Best practice: Since they codes are used for caregiver resource consultations and emergency preparedness planning, this is often the formalized first contact a caregiver has with the FCSP. This is an opportunity to learn more about the caregiver and their unique circumstances—FCSP representatives can track this information in simple narrative form or case record sheets. Helpful things to document include—reason(s) services are needed, track action/correspondence between caregiver and FCSP, client Bill of Rights, narrative of any decisions made by caregiver related to FCSP services.

CATEGORY III

For code 832, case record/client file documentation is required and should include a DAAS 101—Client Registration Form, confidentiality assurance, documentation/narrative indicating why the counseling service is needed, and documentation (ie—receipt of service provided) of units of service provided and

reported. This is a special category of service designed to support caregiver well-being. There should be a clear narrative to indicate the reasoning behind referring the caregiver to therapy services—i.e. stress and circumstances exceeding needs met through other services such as support groups.

For codes 833 and 835 the completion of a DAAS 101—Client Registration Form (Sections I, III, VII) is required. [DAAS, Administrative Letter 14-08]

Best practice: Caregivers can be apprehensive to provide their Social Security Number for support group settings. This should not be a barrier and a 4-digit identifier can be created by the AAA for ARMS entry.

CATEGORY IV

For the 840-series, case record/client file documentation is required. **At a minimum, this documentation should include a completed DAAS 101-Client Registration Form, signed Consumer Contributions Policy, documentation of frail criteria that is met, narrative in case record indicating why the respite service is needed, and documentation of service type and units provided and reported** (this includes timesheets and fiscal tracking of respite services).

Best Practice: Confidentiality assurance, completed assessment and subsequent reassessments, copy of care plan/service plan signed by FCSP representative and client; narrative documenting communication and decisions made; client Bill of Rights; progress notes; and service termination information as appropriate

CATEGORY V

For all services in the 850/860 series, case record/client documentation is required. **At a minimum, this documentation should include a completed DAAS 101—Client Registration Form, signed Consumer Contributions Policy, documentation indicating how criteria of OAA frail definition is met, narrative in case record indicating why the supplemental service is needed, and documentation of service type and units provided and reported (ex: receipts for supplemental services provided).**

Best Practice: Confidentiality assurance, completed assessment and subsequent reassessments, copy of care plan/service plan signed by FCSP representative and client; narrative documenting communication and decisions made; client Bill of Rights; progress notes; and service termination information as appropriate

VIII. Monitoring Policies and Procedures

The primary goal of monitoring is to identify problems before they result in audit findings or turn into larger issues. The larger purpose of monitoring is to review state, regional, and local programs; applicable regulations; expected results and outcomes; internal controls; and accounting/financial management. Due to the flexibility of the FCSP, each program service delivery varies from region and county. However, there are certain characteristics that must be consistent across local and regional programs, particularly for monitoring purposes include:

- There are no state laws or statutes for FCSP in North Carolina
- FCSP programmatic monitoring is subject to the monitoring procedures outlined in the most current version of DAAS' AAA Policy and Procedures Manual, Section 308 and can be accessed electronically via: <https://www.ncdhhs.gov/documents/section-308-aaa-policies-and-procedures-manual>

As with the Consumer Contributions Policy, please note that this section has been extrapolated from DAAS' Policy and Procedures manual for sections pertinent to the FCSP. **For further detail and official guidance, the DAAS AAA Policy and Procedures Manual, Section 308 should be referenced.**

A. AAA Monitoring of Providers

I. Overview of Monitoring Policy & Procedures

Monitoring tools for the FCSP, along with other monitoring information is updated on an annual basis and is available electronically via:

<https://www.ncdhhs.gov/documents/daas-programmatic-monitoring-tools>

Additional resources available electronically include DAAS' Toolkit for New Monitors, Compliance Monitoring Tools, and general DAAS Monitoring Policies via:

<https://www.ncdhhs.gov/divisions/daas/monitoring>

II. Monitoring Plan—Exhibit 14

The monitoring process for the FCSP begins with completion of the Exhibit 14— identifies which providers will be monitored, by whom, when, along with their Risk Determination. **Each AAA is required to develop criteria for determining risk and implementing a risk-based monitoring plan for each service provider. Risk is reassessed annually. Key factors that influence risk are:**

- **Untrained staff/recent turnover**
- **Identified management weaknesses**
- **Provider is new to a certain service area**
- **Provider is closing out a contract and will no longer provide contracted service.**
- **Unresolved corrective actions**
- **Variances in reporting that are problematic**

Regardless of risk, each FCSP service provider is required to receive an on-site monitoring visit *at least* every 3 years.

On-site monitoring is required if...

- **Non-compliance findings are identified and not corrected by the FCSP provider within the time frame specified on their Corrective Action Plan.**
- **If an FCSP provider is funded by a county and has no recent history of providing the service.**
- **If an FCSP provider is closing out their contract for a specific service and will no longer be providing services in the subsequent year within their AAA region.**

Monitoring activities for the FCSP are required to be listed on Exhibit 14 and is to include each agency that the AAA subcontracts services to, including FCSP services.

III. Contracts, Vendors, and Subcontracts

In general, for standard contracts, the following items are required:

- Contracts are in writing, with all terms in one document.
- Authorized agency representatives must sign and date on the lines indicated on the Signature Page/Signature Line.
- Names and addresses of the subrecipient and the area agency on aging are listed.
- The contract defines the time period the contract serves and includes beginning date and end date. Contracts for FCSP services should not exceed 12 months.
- Funding source must be cited.
- The total amount of the funds to be reimbursed under the contract.
- Geographic service area defined.
- Priority and target populations and eligibility should be listed in the contract.
- Specify how outreach and inclusion of priority and target populations will be achieved in the contract.
- Contract specifies how money will be reimbursed; service units will be listed (ie—“hours,” “units,” etc.)
- The contracts should include reporting requirements—data that is to be recorded, reported, when it is due and to whom it should be submitted.
- Procedure for identifying and creating a wait list for services, and expectations for temporary referral until the service is available.
- A Conflict of Interest statement is required for each private, non-profit entity receiving funding through FCSP.
- Provisions for termination of the contract defined as either by mutual consent or by 30-day written notice to the other party. The termination clause should include provisions that in the event of reimbursement to the area agency on aging is reduced or terminated, the same reduction or termination will follow to the provider.

- Contract includes a provision for how to amend the contract, should changes be needed.
- Reference to program expectations, OAA authority for FCSP, and how it will be monitored.
- All applicable audit requirements should be listed.
- Lobbying, Debarment, Drug Free Workplace policies are required for all providers except federal agencies.
- Tax exempt status letters from the IRS (for non-profits)
- Assurances on:
 - Recipients of Category IV and Category V services meet the OAA standard of “frail”
 - How quality assurance will be monitored
 - Client confidentiality and records access
 - Consumer Contributions Policy
 - Civil rights compliance
 - Americans with Disabilities Act (1990) compliance
 - Rehabilitation Act, Section 504 (1973) compliance
 - Terms of subcontracting (allowed, disallowed, provisions of allowing)
 - Liabilities
 - Insurance requirements
 - Care of property, if applicable

If a Request for Proposal (RFP) is cited in the contract in place of specific service provision information, it must be attached.

DETERMINING THE RELATIONSHIP—PURCHASE OF SERVICE VS. SUBCONTRACTING

Type of FCSP Relationship	Required Monitoring Activity	Frequency
<p>Purchase of Service This is indicative of a vendor agreement. The arrangement for goods and services is provided to support the provision of services. Examples include purchase of resource materials, purchase of in-home aide services, or purchase of assistive device or professional counseling services. Eligibility determination and program administration is not provided under this agreement</p>	<p>Ensure that the goods and/or services were received</p> <p>Verify payment documentation for accuracy</p>	<p>Upon Receipt of Goods/Services</p>
<p>Subcontracting A subcontractor is an entity that has been contracted to do a job within the scope of the service provider’s grant award. The subcontractor is responsible for the same requirements as the service provider, depending on the terms of the subcontract. A key characteristic of this type of relationship is that the eligibility determination and program administration is passed to another entity. A contract or agreement dictates the type of services, service requirements, and individuals who will be determined eligible for those services. Examples include: provision of adult day care, caregiver training, etc.</p>	<p>Ensure that services were provided according to the contract or agreement; upholding OAA standards</p> <p>Verify payment documentation for accuracy .</p> <p>Review service total information and client tracking data to determine if program goals are achieved.</p>	<p>Annually during each fiscal year; prior to June 30th.</p>

Monitoring by the area agencies on aging of the service providers for the FCSP can fall into two separate categories—purchase of service or subcontracting. Below is basic information and instructions; further information about monitoring is available in the [AAA Policies and Procedures Manual, Section 308.]

Examples and Best Practice

Subcontract: Within the context of FCSP subcontracting occurs most frequently with administration of respite services. For example, in one region First Church provides Community Respite. Per their 14A, they provide eligibility determination, service authorization, service provision, assessment and reassessment of clients.

Vendor/Purchase of Service: Mountain Region Area Agency on Aging is in direct service for supplemental services. The FCSP provides adult incontinence products to eligible caregivers in their region for frail care recipients. The AAA uses ABC Medical Equipment to purchase the products. In this scenario the AAA is still responsible for eligibility, service authorization, service provision, assessment and reassessments of clients.

MONITORING THE SUBCONTRACTOR

January 1—June 1: Providers must complete an annual “Subcontractor Performance Evaluation” on all subcontractors and submit to the AAA; there is no specified SPE for FCSP Subcontractors—providers should use the generic SPE form.

September 1—April 30: Providers conduct on-site monitoring visits of subcontracts

DAAS Exhibit 14A Waiver—are to be completed by providers for all subcontracts and submitted to the area agency on aging. These must include the subcontract agency’s full name, type of agency, subcontracted service, updated contact information, and scope of the subcontract.

Scope of subcontract includes—details of what services requirements the provider has placed on the subcontractor and includes items such as:

- Eligibility determination
- Service authorization
- Client assessment/reassessment
- Delivery of service

IV. Scheduling the Visit and Preparing

Once it has been determined that a provider is due to be monitored, scheduling and preparation must begin. Monitoring should be coordinated with the person-in-charge of the agency that is being monitored at least 30 days prior to the visit.

Best practice: provide options for scheduling that are mutually agreeable.

Once a monitoring date is confirmed, the individual that will be monitoring from the AAA can begin gathering materials to take onsite.

Helpful materials for monitoring include: risk assessments, previous monitoring files (to identify provider’s trends), previous non-compliance and corrective action plans,

complaints, subcontractor performance evaluations as needed, contracts, or any other kind of publicly available information (i.e. newspaper articles, social media posts, etc.)

ARMS Reports: ZGA300, ZGA517, and other program specific reports; for a listing of helpful ARMS Reports for FCSP see [Appendix E](#) and ARMS Manual.

It is important to take any items needing follow-up (ex: previous plans of correction not being followed), service-specific monitoring tools, service standards/program guidance, ARMS reports reflecting base sample, consumer contributions tool, audit compliance supplement tools, and Exhibit 14A with subcontractor performance evaluations as needed.

V. Monitoring Reports and Corrective Actions

After you have visited it is required to provide, in writing to the provider a summary of the items reviewed during the visit. The following are required elements for monitoring letters:

- Name and address of the provider
- Funding source and specific program being monitored. **For FCSP monitoring visits, it is required to include the 93.052—Compliance Supplemental Criteria chart in the monitoring letter;** for more information on this see Part V III below.
- Summary of service areas reviewed, and noncompliance identified (if any)

Best Practice: The monitoring letter is an opportunity to communicate formally with the provider on areas of strength, as well as the areas that were found to be out of compliance. It is also an opportunity to commend special initiatives for caregivers initiated by the agency.

Monitoring letters must be submitted back to the provider within 30 days of the site visit. If applicable, a list of non-compliance findings along with the date corrective action is to be received by the AAA. It is imperative that the time frame and action(s) needing addressed be clearly specified in the letter. Once necessary corrective actions are addressed, the AAA must send a close-out letter back to the provider confirming the issue has been satisfactorily addressed.

A corrective action is an acknowledgement that something was done incorrectly and needs to be fixed. Corrective action items must relate to a non-compliance of a program rule, OAA section, or DAAS Administrative Letter criteria area.

REMINDER—Serving Ineligible Clients

An area of common corrective action pertains to individuals found to be ineligible for services through FCSP. Ineligible clients being served must always have units backed out of ARMS. These are always a payback situation; OAA Title III E clearly specifies eligibility criteria and representatives and monitors of the FCSP cannot knowingly allow providers to pay for ineligible clients.

It is important to identify the specifics of the corrective action in the Monitoring Letter and cite the reference to policy, Administrative Letter, or OAA that specifies the area of non-compliance. Note what specific corrective action is required to be done and by what date (typically within 30 days of the letter date). Within the letter, the monitor should include instructions for how the provider is to communicate they have addressed the issue.

Best Practice—It is acceptable and often helpful, to address in the Monitoring Letter how the problem occurred and any steps the provider has already taken to address the issue.

VI. Monitoring Considerations Specific to FCSP

I. Supplemental Criteria Review Table

One aspect of monitoring that is specific to the FCSP is the Supplemental Criteria Review Table—93.052; see [Appendix L](#). The purposes of this element of monitoring, which is the basis of the FCSP Monitoring Tool, are:

To incorporate administrative and fiscal reviews required by federal audit code 2 CFR, Part 200; Subpart E (previously OMB Circular A-133) into one document; see [Appendix L](#).

To have assurance that the monitor certifies each criterion has been reviewed and is or is not in compliance.

This is a requirement for all federal pass through funds (ie—recipients of Older Americans Act funding including the FCSP)

The AAA representative that is monitoring the FCSP should complete the Supplemental Criteria Review Table after the FCSP Monitoring Tool is filled out based on on-site monitoring. This can be done while present on the day of monitoring or after but **must be completed within 30 days of the visit and is necessary to complete the FCSP Monitoring Report. The Compliance Supplemental Criteria Chart must be included in the monitoring letter to the provider.**

REMINDER—Earmarking
 One area of special attention on the Supplemental Criteria Review Table is *#G—Matching, Level of Effort, Earmarking*.
 This is where respite service cap compliance is indicated.

II. Unit Verifications for FCSP Services

As with other DAAS services, FCSP requires that unit verifications be completed at a minimum of at least every other year but can be done more frequently if needed. [DAAS—Exhibit 14].

Special circumstance—if a provider is closing out its contract, the AAA Monitor is encouraged to conduct a unit verification prior to June 30th and the fiscal year-end close-out in order to adjust reimbursements if necessary.

To perform unit verification, it is necessary to create a base sample of clients that will be reviewed during the visit, based on service category. This step is often done prior to the site visit; it is not recommended that this sample be shared with the provider until arrival.

Total Number of Clients Served	Base Sample Size
1-10 clients	All clients served
11-100 clients	At least 10 clients
101-250 clients	10% of clients served
251-500 clients	7% of clients served
501-1000 clients	6% of clients served
1001-2000 clients	4% of clients served
>2000 clients	2.5% of clients served

If 10% of total units reviewed in base sample are ineligible or otherwise deemed appropriate by AAA, the sample must be expanded by at least 15 new names and in a different month.

B. DAAS Monitoring of AAA's

DAAS is required to monitor all AAA's as providers of the FCSP services using a risk-based approach. It is also required that each regional program be monitored at least every three program years.

Monitoring is conducted between February and May. Regional FCSP representatives that are due for programmatic monitoring are notified via their AAA Director from the Lead Monitor for the DAAS. From there, site visits or desk reviews are scheduled based on times of mutual agreement at least thirty days in advance. *A copy of the Monitoring Tool that will be used is provided as a courtesy at the time of site visit confirmation* and is available for electronic access on DAAS' monitoring site identified in Part A of this Section.

Upon arrival, an entrance interview is conducted with the FCSP representative, AAA Director, or both. An overview of the day with projected timeline is shared. For direct service providers the base sample for unit verifications and/or case record review (for non-unit services). Exit interview participants will be identified.

The monitoring visit begins and the most recent version of the FCSP Monitoring Tool is utilized to assure compliance in key areas.

Best Practice—It is helpful for the AAA to have contact logs, example brochures, and relevant handouts prepared in advance of the visit. It is also helpful for case records/client files to be readily accessible once client sample list is provided.

At the conclusion of the site visit, an exit interview will be conducted with the FCSP representative, AAA Director, or both (as identified during entrance interview). Any areas of non-compliance, along with corrective actions will be identified as well as areas of technical assistance, as well as regional program strengths, accomplishments, and special initiatives will be shared by DAAS Family Caregiver Support Program Consultant. The site visit is concluded at this time.

Monitoring Letter's are reviewed internally by DAAS staff upon FCSP Consultant's completion, including Service Operations Section Chief, Lead Monitor, Planning & Evaluation Section Chief, and DAAS Division Director. The letter is then sent to the AAA Director within 30 days of the visit and will include any areas of corrective action and specify what needs to be completed for compliance and specify timeframe for completion.

Corrective actions, if needed are completed by the AAA within the time frame specified in the Monitoring Letter. Any needed compliance is verified by the FCSP Consultant and a Close Out Letter is issued using the same process described for Monitoring Letters.

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