

2013 MnRAAA Service Definitions and Units of Service

Title III-B Supportive Services

Title III-D Health Promotion and Disease Prevention

Title III-E National Family Caregiver Support Program

(Based on MBA 10/20/2008 Revised)

Definitions/Units for Title III-B

01. *Homemaker* (1 hour) (Registered) – Providing assistance to persons having difficulty with one or more instrumental activities of daily living (IADL) such as:
 - a. preparing meals
 - b. shopping for food and other personal items
 - c. managing money
 - d. answering or making telephone calls
 - e. routine housekeeping (dusting or sweeping)
02. *Chore* (1 hour) (Registered) – Providing assistance to persons having difficulty with one or more of the following instrumental activities of daily living (IADL): heavy housework (i.e. laundry, yard work, snow shoveling).
03. *Assisted Transportation* (1 one-way trip) (Registered) – Provision of assistance, including escort, to a person who has difficulties (physical or cognitive) using regular vehicular transportation.
04. *Transportation* (1 one-way trip) – Provision of a means for going from one location to another. Does not include other activity.
05. *Legal Assistance* (1 hour) – Provision of legal advice, counseling and representation by an attorney or other person acting under the supervision of an attorney. Does not include legal education.
06. *Legal Education* (1 session) – A presentation to inform older persons of their legal rights/benefits and how to access the legal system.
07. *Telephone Reassurance* (1 call) – Regular telephone contacts with isolated older persons to insure continued well being of the individual and to provide social contact. Contact is made by volunteers at a prescheduled time on a regular basis.
08. *Counseling* (except Nutrition Counseling) (1 session) – Via interview, discussion, or supportive listening to advise and to enable the older person and/or their family to resolve problems or to relieve temporary stress. May be done on a one-to-one basis or on a group basis and may be conducted by paid, donated and/or volunteer staff. May include Support Planning for Self-Directed Services.
09. *Self-Directed Services* (1 session) (Registered) – Includes self-directed services or goods, both registered and unregistered, with the exception of home delivered and congregate meals, that are purchased directly from individuals (e.g. family, neighbors, etc.), businesses, or organizations as determined and managed by the client or caregiver.

Definitions/Units for Title III-D

01. *Medication Management and Screening* (1 hour) – Prevent incorrect medication and adverse drug reactions. Allowable service includes: One-to-one medication screening and counseling sessions to review medications, identify drug interactions, potential side effects and address individual questions and concerns and referral to physicians. These services are performed by a registered pharmacist, a pharmacy or nurse student intern, a geriatric nurse practitioner or other licensed health professional qualified to administer medications.

Definitions/Units for Title III-E

01. *Counseling* (One session per participant) – Services under the category assist family caregivers in making decisions and solving problems related to their caregiving roles. This includes: individual or family counseling, coaching, support groups, training and education, and self-directed support services. These services may be provided in person, by telephone or via the internet depending on the needs of the caregiver/s.
 - a. *Individual or Family Counseling (Registered service)*. Professional consultation to assist caregivers in making decisions and solving problems related to their caregiver roles. Counseling may include: identification of needs and preferences, development of individualized approaches and plans, developing an informal support network; family counseling, conflict resolution, accessing resources and coordinating caregiver tasks; referrals; exploring personal lifestyle and the impact of caregiving on health status, relationships and finances.
 - b. *Coaching/Consulting (Registered service)*. An individualized support service that equips caregivers with the knowledge, skills and tools to perform their caregiving role.

At minimum, the caregiver coach/consultant service includes a comprehensive caregiver assessment to identify the caregiver's needs and values related to their caregiving role, and development of a customized plan that includes goal setting, and problem solving, coaching, and ongoing support to reach established goals. Support may be provided as education, skills development including self-advocacy, coping and disease management; coaching skills such as cognitive reframing, crisis management, problem solving, family meetings and resource information.

A comprehensive caregiver assessment addresses the caregiver's needs, risk factors, strengths and abilities, and informal support network, as well as, key domains and constructs outlined in ***Caregiver Assessment: Principles, Guidelines and Strategies*** found at:

http://www.caregiver.org/caregiver/jsp/content/pdfs/v1_consensus.pdf

Caregiver coaches/consultants meet state Title III-E Caregiver Coach standards and competencies [Revised 07.05.07], complete the Caregiver Coach basic training using state owned curriculum, and participate in state or locally sponsored coach training.

- c. *Support Groups (Registered service)*. Group sessions that offer caregiver education, information about community resources, or emotional support and networking with other caregivers. Title III-E funded support groups must include an educational component as a part of sessions.
- d. *Caregiver Training and Education*. Individual or group sessions (Registered service) that build caregiver capacity to provide, manage, and cope with caring for an older adult or other eligible person, and promote or preserve their own health and well-being. These services may include training or education on managing risk factors

(e.g., caregiver stress and depression), caregiver role development and identity change, family dynamics, direct care skills, disease management, managing difficult behaviors, communicating with health care providers, navigating health and long-term care systems, building a support network, and financial and legal issues.

- e. *Self-Directed Support Services.* Individual or group (Registered service) professional business consultation sessions that assist caregivers in developing and monitoring a self-directed plan, accessing community resources, employing workers, understanding payroll tax compliance, unemployment and workers compensation, and liability requirements when purchasing self-directed supports with either private and/or public funds.
02. *Respite Care* (1 hour) – (Registered) Services that offer temporary, substitute care, supervision, support, or living arrangements to older persons in order to provide a brief period of relief or rest for informal caregivers. Respite Care includes: (a) in-home respite; (b) out-of-home non-facility respite; (c) self-directed respite.
- a. *In-home Respite* – This includes personal care, homemaker, chore, companion, supervision, or nursing care provided by an organization or agency, or self-directed respite. Trained volunteers may be utilized to provide companionship respite (e.g., assistance with meals, medications reminders and general supervision). Respite volunteers are screened, trained and matched with older adults and supervised by provider.
 - b. *Out-of-Home Non-Facility Respite* – This option may include licensed Adult Day Services, licensed adult foster care, services by a family, friend, neighbor, or volunteer in a non-licensed private residence, or escorted transportation to medical appointments or community activities.
 - c. *Self-Directed Respite* – This includes any of the services listed in items a-c that are purchased directly from individuals (e.g. family, neighbors, etc.) or organizations as determined, and employed and/or managed by the caregiver.

2012 HHS Poverty Guidelines for the 48 Contiguous States and the District of Columbia

<u>Size of Family Unit</u>	<u>Poverty Guidelines</u>
1	\$11,170
2	15,130
3	19,090
4	23,050
5	27,010
6	30,970
7	34,930
8	38,890

•For family units with more than 8 members, add \$3,390 for each additional member. (The same increment applies to smaller family sizes also, as can be seen in the figures above.)

•The information in this table was originally published in the *Federal Register* on January 26, 2012.

EXAMPLE OUTCOME

NEED:

Many caregivers who lack adequate support, information and skills necessary to provide care for their loved ones experience caregiver burnout which shortens the time care can be provided at home.

OUTCOME: # 1

Support caregivers and extend time care can be provided at home by: increasing skills and competency; increasing awareness and access to support services; and reducing caregiver stress.

OUTCOME MEASURE: # 1.1

Document that 75% of caregivers who respond to a survey tool indicate they perceive an increase in their skill and competency after participating in program activities.

OUTCOME MEASURE: # 1.2

Document that 75% of caregivers who respond to a survey tool indicate they perceive an increase in their awareness and access to support services after participating in program activities.

OUTCOME MEASURE: # 1.3

Document that 75% of caregivers who respond to a survey tool indicate they perceive a reduction in stress after participating in program activities.

ACTION STEPS**COMPLETION DATE**

- | ACTION STEPS | COMPLETION DATE |
|---|-------------------------|
| 1. Research and develop educational topics. | 1. 3/31/13 & Ongoing |
| 2. Schedule educational events/secure locations. | 2. Ongoing |
| 3. Develop and implement outreach and marketing activities. | 3. Quarterly & Ongoing |
| 4. Research and develop educational materials. | 4. Ongoing |
| 5. Conduct ## educational events. | 5. 12/31/13 |
| 6. Administer survey tool, document and evaluate results; implement changes if necessary. | 6. Quarterly & 12/31/13 |

Cost Sharing for Title III Service Providers



Minnesota River Area Agency on Aging®, Inc.

Revenue Sources for Title III Projects

- Title III Award
- Applicant Match
- Other Cash / Interest Income
- Participants
 - a. Voluntary Contributions
 - b. Cost Share Revenue ←

Income from Participants

Voluntary Contribution

- "Donation"
- "Suggested Contribution"
- "Contribution Scale"

Cost Sharing

- "Sliding Fee Scale"
- "Cost Share"
- "Co-Payment"

What is the difference?

While both acts of making a contribution or paying a cost share amount is voluntary on the part of participants, the method of solicitation and communication with individuals will vary depending on the service and economic status of the individual.

MBA – Cost Share Conversation with Consumer

- Tell client the full cost of service.
- If person indicates they cannot pay the full cost, tell them there is a cost share scale that can be used and ask the person for their gross income.
- Persons below poverty should be told they can make a contribution.
- Show above poverty person the scale. If person above poverty level does not care to pay cost share amount – indicate they can contribute what they wish.
- Inform that no one will be denied service based on unwillingness or inability to pay.

Income Based Sliding Fee Scale

A	B	C	D	E
Fee as a Percent of Cost of Service	Percent of 2012 Poverty Guidelines	Monthly Income of Care Receiver Living in a One Person 60+ Household or in a Multiple Non-spousal Household	Monthly Income of Care Receiver Living in a Two Person Spousal Household (At least One is 60+)	Respite Service Fee Based on Full Price of \$14.00 per Hour
0	100% of Poverty Level	\$931 or Less	\$1,261 or Less	Voluntary Contribution
10 %	101-150%	\$932 - \$1,396	\$1,262 - \$1,891	\$1.40 per hour
25 %	151-200%	\$1,397 - \$1,862	\$1,892 - \$2,522	\$3.50 per hour
50 %	201- 250%	\$1,863 - \$2,327	\$2,523 - \$3,152	\$7.00 per hour
100 %	250 % +	\$2,328 or More	\$3,153+	\$14.00 per hour

Why Are We Talking About Cost Sharing Now?

- The Older Americans Act(OAA) was amended in 2006 to:
 - Allow for more service types to cost share.
 - Place a greater emphasis on securing revenue.
- New MBA Cost Sharing Policies released in 2011.
- AAA's must guide local Title III funded programs to meet compliance with new MBA policies.

The Following Service Must Implement Cost Sharing in 2012

Title III-B Chore

The Following Services Must Update Their Cost Sharing Policies & Procedures in 2012 to Comply with MBA Policies

Title III-E Respite

&

Title III-E Counseling

(Individual/Family and Coaching/Consulting Only)

The Following Services Must Implement Cost Sharing in 2013

Title III-B Supportive Services:

- Counseling
- Transportation
- Assisted Transportation
- Telephone Reassurances

Title III-D Health Promotion/Disease Prevention Services:

- Medication Management & Screening
(One -on-One Services Only)

When is Cost Sharing Not Required?

These services are exempt from using cost sharing - but most may ask clients for voluntary contributions:

1. Information and assistance, outreach, benefits counseling, or other case management services, and special access services.
2. Ombudsman, elder abuse prevention, legal assistance, or other consumer protection services.
3. Congregate and home delivered meals.
4. Any service delivered through tribal organizations (cannot ask for contribution).

Cost Sharing Not Required - cont.

- Exempt Individuals:
 1. Those with incomes at or below 100 percent of the federal poverty level (however they may be asked for a contribution).
 2. Those receiving services through a Medicaid Waiver Program (CADI, CAC, DD, EW, TBI or MN's AC Program).

Your Title III Project's Plan for Cost Sharing

Write and submit your implementation plan to MNRAAA by June 20th (implementation in 2012) or October 1st (implementation in 2013).

- Establish agency policies.
- Establish Unit Cost and Fee Scale.
- Decide how will you communicate your new policies and new scale.
- Decide how will you collect Cost Share payments.
- Decide will you track what you're collecting.
- Decide how you will evaluate your experience.

Cost Share policies will include:

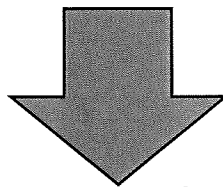
1. Sliding Fee Scale
 - a) Determine the type of gradient scale will you use.
 - b) Determine your cost per unit of service based on:
 - Actual unit cost; or
 - What the market will bear.
2. Allowance for exemptions based on hardship.
3. Declaration of when and how to notify the participants of the policy.
4. Assurance for no denial of service.
5. Cost sharing collection method.
6. Accounting for collected cost sharing fees.

ASSISTED TRANSPORTATION- \$.555/MILE IS BASIS FOR FEE STRUCTURE

Fee as a Percent of Cost of Service	Percent of 2012 Poverty Guidelines	Monthly Income 1 Person 60 years plus in a single or multiple person, non-spousal household	Monthly Income 2 Person spousal household (at least 1 is 60+)	Assisted Transportation Services Fee – Based on cost of \$.555 per mile
0	100% of Poverty Level	Under \$932	Under \$1,262	Voluntary Contribution
10 %	101-150%	\$932 - \$1,396	\$1,262 - \$1,891	\$.056/Mile
25 %	151-200%	\$1,397 - \$1,862	\$1,892 - \$2,522	\$.139/Mile
50 %	201- 250%	\$1,863 - \$2,327	\$2,523 - \$3,152	\$.278/Mile
100 %	250% +	\$2,328+	\$3,153+	\$.555/Mile

Title III PROGRAM BUDGET SUMMARY							
COST CATEGORIES	Chore	Assisted Transportation	TOTAL COSTS	Federal	Other	Third Party	TOTAL SOURCES
				CASH	CASH	IN-KIND	
1. Personnel	1100	1100	2200	1555	100	545	2200
2. Fringe Benefits	10	10	20	10	10	0	20
3. Travel	50	300	350	69	281	0	350
4. Equipment	0	0	0	0	0	0	0
5. Supplies	17	0	17	0	17	0	17
6. Contractual	0	0	0	0	0	0	0
7. Other Costs	13	50	63	0	63	0	63
8. Total Direct Costs	1190	1460	2650	1634	471	545	2650
9. Indirect Cost 0.00%	0	0	0	0	0	0	0
10. TOTAL COSTS	1190	1460	2650	1634	471	545	2650
11. Program Income and Other Cash							
a. Cost Share Revenue	112	197	309		309		309
b. Voluntary Contributions	22	40	62		62		62
c. Interest Income	0	0	0		0		0
d. Other Cash	0	100	100		100		100
12. NET COST	1056	1123	2179	1634	0	545	2179
13. Federal Share (%)	75%	792	842	1634	75%	0%	25%
14. Non-Federal Share (%)	25%	264	281	545			

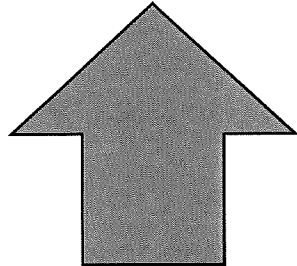
Cost Share Policies and Practices



Communication Plan/Strategy

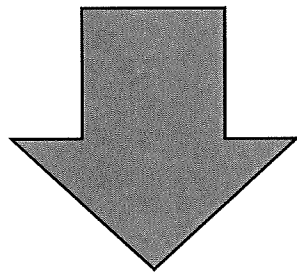
1. How will you inform, train and support front-line staff?
2. Will you include information about the revised policy in your brochure, newsletter or on your website?
3. Which written materials will you provide for program participants?
4. Do you and your staff have an "elevator speech"?

Balancing Competing Values



Increase revenue from clients . . .

- What you do has value!
- Client fees can help you keep your doors open and help you grow – SUSTAINABILITY!



. . . without setting up barriers to participation.

- Don't deny service to anyone based on unwillingness to pay.
- Target your service to low income / most frail.

Tips for Making This Work

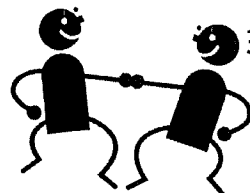
- Get **comfortable** with the idea that what you do has a value.
- Be **confident** of that value.
- Get **comfortable** talking about money.
- **Make sure your staff know** the policies of your organization and the process to implement them.
- **Have staff practice the cost share “elevator”** speech.
- **Complete cost-sharing agreement early** - during intake or as early as possible after intake.

Evaluate

- Record your observations about the impact Cost Sharing has on your program and clients.
- Document.
- Complete Title III Annual Cost Sharing Observations Reporting Form and submit to MNRAAA along with your 2012 4th quarter report.

MOST IMPORTANT MESSAGES OF ALL

- Don't Panic!
- We are here to help!
- MNRAAA trusts you to understand the intent of the policies and to determine how to implement them in your environment.



Contact Information



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SAMPLE NON-DISCRIMINATION POLICY

It is the policy of _____ to provide service to all older persons (60+)/caregivers without regard to race, color, creed, religion, national origin, disability, or sex. The same requirements are applied to all, and there is no distinction in eligibility for, or in the manner of providing services. All services are available without distinction to all eligible program participants regardless of race, color, creed, religion, national origin, disability or sex. All persons and organizations having occasion either to refer older persons/caregivers for services or to recommend our services are advised to do so without regard to the older person's/caregiver's race, color, creed, religion, national origin, disability or sex.

The person designated to coordinate compliance with Section 504 of the Rehabilitation Act of 1973, Older Americans Act of 1965, Minnesota Human Rights Act of 1989, and Americans with Disabilities Act of 1990 and amendments thereto, is _____ who can be reached at _____. Hearing impaired persons are requested to access this number through Minnesota Relay at 711.

NOTE: This, or an equivalent policy statement, should be officially adopted and made immediately effective. A non-discrimination statement must be included in brochures, patient handbooks, newsletters, employee handbooks, and any advertising in the Yellow Pages, local newspaper, radio, TV, etc. A copy should be given to each individual and organization that refers persons to you, and it should be conspicuously posted in your facility and that of providers and sub-grantees (including sites for service delivery).

SAMPLE CIVIL RIGHTS COMPLAINT PROCEDURE

The services, facilities, and benefits of this program are for the use of all older people (60+)/caregiver regardless of race, color, creed, religion, national origin, disability, or sex.

Any individual who feels he/she has been denied the opportunity to participate in this program and wishes to file a complaint of discrimination should write to the following office:

Executive Director
Minnesota Board on Aging
540 Cedar Street
PO Box 64976
St. Paul, MN 55164-0976

Your complaint will receive immediate attention and prompt corrective action as may be necessary will be undertaken. As complainant, you will be informed of the disposition of your complaint as soon as possible.