MINNESOTA RIVER
Area Agency on Aging®

# 2022

# Request for Grant Applications

# And

# Application Handbook

# For

# Older Americans Act Title III-E

# National Family Caregiver Support Program

**APPLICATION/PROPOSAL DEADLINE:** The application must be completed by **4:30 p.m., on Wednesday, September 22, 2021**, at which time the ability to submit via MNRAAA's grant platform will be closed. Late responses are not accepted.

**Direct Questions to**
Rhonda Hiller Fjeldberg, LSW, Grant and Contract Manager
rfjeldberg@mnraaa.org
Responses to questions will be posted on the applicant portal in MNRAAA's grant platform.

**Technical Assistance is Available from MNRAAA's Program Development Staff.**
See Map of MNRAAA service area on page 2 for the Program Developer in your area.

Successful applicants must abide by state EOE policies.

***Mission Statement***
*The Minnesota River Area Agency on Aging provides advocacy, information, resources and assistance so that older adults can maintain the lifestyle of their choice.*

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**IMPORTANT NOTES:**

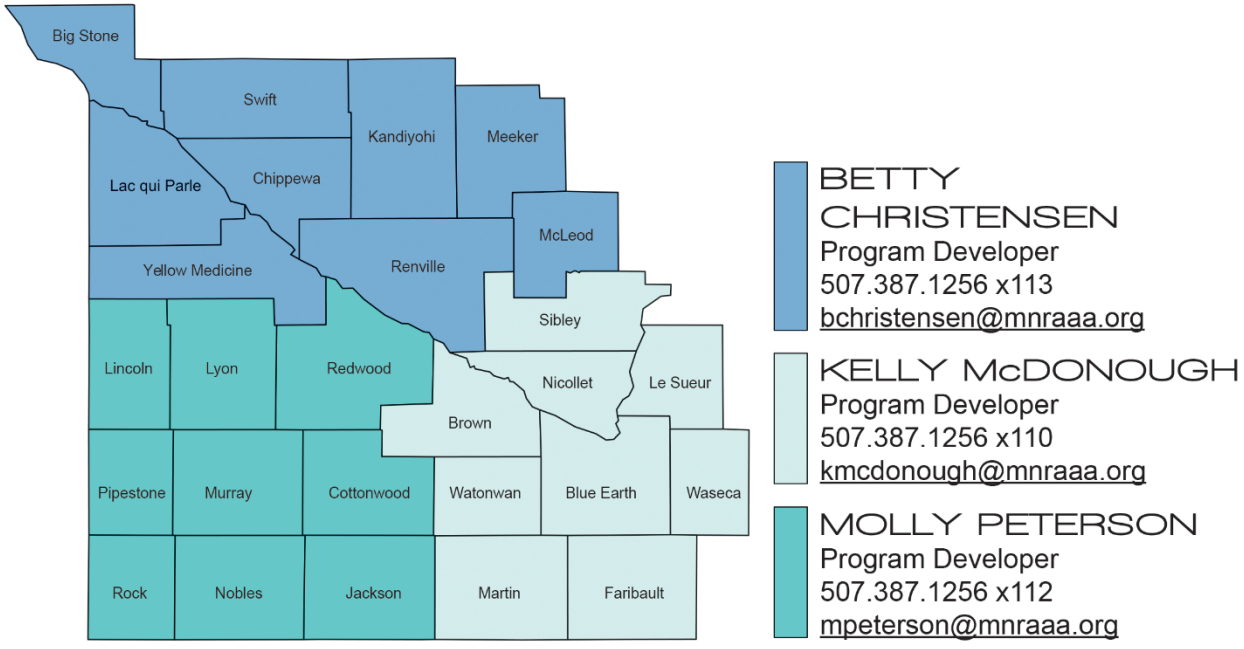
(1) All MNRAAA documents and forms related to the 2022 Title III Funding Cycle can be accessed in MNRAAA's grant platform.

(2) All references to other documents, i.e. Older Americans Act (OAA), Office of Budget and Management circulars, Minnesota Board on Aging's (MBA) Area Agency on Aging Operations Manual, are contingent upon their compliance with the most recent amendments to the Older Americans Act of 1965 and any federal or state laws or circulars that supersede those referenced.

## Appendices



**Program Developers in the MNRAAA service area:**





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# I. General Information

**►This handbook should be used in conjunction with the *Title III Provider Handbook* and the *Cost Sharing Tool Kit for Title III Service Providers*. The *Title III Provider Handbook* should be reviewed in detail prior to submitting a Title III grant application. Frequent references will be made to specific topic areas included in these documents.◄**

## A. Request for Grant Applications

**Title III-E National Family Caregiver Support Services** funding is designed to build an integrated caregiver service system that supports and empowers family and informal caregivers; provides diverse and flexible service options to address caregivers' individual needs and preferences; reduces caregiver burden; and extends the time care can be provided at home.

MNRAAA is seeking providers of the following Title III-E services:

| Title III-E National Family Caregiver Support Program | | | | |
|---|---|---|---|---|
| **Service** | **Unit** | **Definition** | **NAPIS Registered** | **Cost Share** |
| Caregiver Counseling | 1 hour (partial hour may be reported to two decimal places, e.g. 0.25 hours) | A service designed to support caregivers and assist them in their decision-making and problem solving. Counselors are service providers that are degreed and/or credentialed as required by state policy, trained to work with older adults and families and specifically to understand and address the complex physical, behavioral and emotional problems related to their caregiver roles. Title III-E funded Caregiver Consultants will conduct a Caregiver Minimum Assessment with caregivers receiving ongoing support. Caregiver Consultants meet the Minnesota Board on Aging Title III-E Caregiver Consultant Standards and Competencies. This includes counseling to individuals or group sessions. Counseling is a separate function apart from support group activities or training. | Yes | Yes |
| Caregiver Support Groups | 1 hour (partial hour may be reported to two decimal places, e.g. 0.25 hours) | A service that is led by a trained individual, moderator, or professional, as required by state policy, (moderators should have experience working with family, friends and/or neighbors caregiving and older adults, strong interpersonal skills, and access to regular supervision or consultation from a trained professional with comparable training or experience), to facilitate caregivers to discuss their common experiences and concerns and develop a mutual support system. Support groups are typically held on a regularly scheduled basis and may be conducted in person, over the telephone, or online. For the purposes of Title III-E funding, caregiver support groups would not include "caregiver education groups," "peer-to-peer support groups," or other groups primarily aimed at teaching skills or meeting on an informal basis without a facilitator that possesses training and/or credentials as required by state policy. (See also definitions for training and counseling). | Yes | Yes |
| Caregiver Training | 1 hour (partial hour may be reported to two decimal places, e.g. 0.25 hours) | A service that provides caregivers with instruction to improve knowledge and performance of specific skills relating to their caregiving roles and responsibilities and builds caregiver capacity to provide, manage and cope with the caregiving role. Skills may include activities related to health, nutrition, and financial management; providing personal care; disease management; managing risk factors; mental health; navigating long-term care systems and communicating with health care providers and other family members. Training may include use of evidence-based programs; be conducted in-person or on-line, and be provided in individual or group settings. | Yes | Yes |
| Caregiver Respite | | A service which offers temporary, substitute supports, care, supervision or living arrangements for care recipients. It provides a brief period of relief or rest for caregivers. | | |
| Caregiver Respite - In Home | 1 hour (partial hour may be reported to two decimal places, e.g. 0.25 hours) | A respite service provided in the home of the caregiver or care receiver and allows the caregiver time away to do other activities.<br>During such respite, other activities can occur which may offer additional support to either the caregiver or care receiver, including homemaker or personal care services. Trained volunteers may be utilized to provide companionship respite (e.g., assistance with meals, medication reminders and general supervision). Respite volunteers are screened and trained, per Minnesota State Policy, and matched with older adults and supervised by provider. | Yes | yes |
| Caregiver Respite - Out of Home Day | 1 hour (partial hour may be reported to two decimal places, e.g. 0.25 hours) | A respite service provided in settings other than the caregiver/care receiver's home, including adult day care, senior center or other non-residential setting (in the case of older relatives raising children, day camps), where an overnight stay does not occur that allows the caregiver time away to do other activities. This option may be provided on a group or individual basis and includes licensed Adult Day Services, licensed adult foster care, a senior center, services by a family, friend, neighbor, or volunteer in a non-licensed private residence, or escorted transportation to medical appointments or community activities. | Yes | Yes |
| Caregiver Respite - Other Respite | 1 hour (partial hour may be reported to two decimal places, e.g. 0.25 hours) | A respite service provided using Older Americans Act funds in whole or in part, that does not fall into the previously defined respite service categories. Services must contain structured activities, facilitated by an experienced individual. Services may include: virtual respite (may include but is not limited to virtual reality (VR) experiences, virtual tours, and virtual concerts, customized experiences, interactive storytelling, music activities. | Yes | Yes |

## B. Conditions

1. This request is a solicitation for applications and is not to be construed as an offer, a guarantee or promise that Title III funds for the service or goods referred to herein will be awarded by MNRAAA. MNRAAA retains full discretion to abandon the request at any time, for any reason, without liability to the applicants for any damages including, but not limited to, application preparation costs.

2. MNRAAA's grant and contract manager and/or program development staff are available to provide technical assistance in developing applications; however, all responsibility for the development and submission of the application rests with the applicant.

3. The project period is January 1, 2022 – December 31, 2022.

   Title III-E grants are awarded for funding for one year and are subject to renewal for up to one additional year. Approval of grant renewal years is not guaranteed but will be based on a renewal application, past performance, availability of funds, emerging needs/gaps in service, federal, state and local priorities, etc.

4. MNRAAA will only accept Title III-E applications for the services listed in Section A.

5. All applications must propose to provide services in all or a portion of the twenty-seven county service area in order to be funded.

6. MNRAAA will only accept Title III-E grant applications requesting federal funds in the amount of $6,000 or more.

7. A local match of either cash and/or in-kind is required based on a 75% federal (Title III-E) / 25% local (cash and/or in-kind) funding ratio.

8. Applicants seeking funds under Title III-E must submit applications for those funds by using the forms, instructions and format prescribed by MNRAAA. Applications that are incomplete, i.e. do not supply all of the required forms, responses and information, will not be reviewed and will receive no further considerations. MNRAAA reserves the right to waive minor or immaterial irregulatiries.

9. The OAA places a "maintenance of effort" requirement on Title III funding. In general, federal funds should not be used to supplant state or local resources in place prior to the award. Federal funds should be used to expand services, unless otherwise specified in law or regulation.

10. Cost sharing is required for all Title III services *except*:
    a. Information and assistance, outreach, benefits counseling, or other case management services.
    b. Ombudsman, elder abuse prevention, legal assistance or other consumer protection services.
    c. Congregate and home delivered meals.
    d. Any service delivered through tribal organizations.

    See *Title III Provider Handbook, Section II.G.* and the *Cost Sharing Tool Kit for Title III Service Providers* for detailed information on cost sharing requirements.

11. Title III-E providers <u>cannot</u>:

- Mandate a fee or rate; or
- Means test for any service.

In no case shall the grantee deny the provision of service to an individual who is unwilling to participate in cost sharing or make a voluntary contribution. Cost share and voluntary contributions shall be used to expand the service for which the contribution was given.

12. Funded providers should be knowledgeable about payment options other than Title III-E. All primary payers, including third-party payers, Medicare, Medical Assistance, Home and Community-Based Medicaid Waivers, health plans, et.al. should be maximized whenever possible for qualifying participants. Services funded under any of these payer sources are not eligible for payment with Title III funds.

13. The application must indicate any limitation to the applicant's ability to provide services as specified in this request. Any misrepresentation within an application is grounds for disqualification of the entire application and/or termination of any grant agreement resulting from an application containing a misrepresentation. Misrepresentation includes failure to differentiate between current capacity and capacity to be developed.

14. MNRAAA reserves the right to make a determination of capacity without further discussion with the submitting applicant. Therefore, the application should reflect what the applicant is capable of providing. Modification of the application will be accepted only if requested by MNRAAA.

15. Grant awards will be made for applications that are the most advantageous to MNRAAA, the twenty-seven county service area and the persons proposed to be served.

16. Provisions from this request will be incorporated into the grant agreements that result from this competitive process. Each approved application becomes a binding part of the grant agreement and the grantee will be monitored to ensure compliance with the application and the agreement.

17. MNRAAA reserves the right, at any time and at its sole discretion and without penalty, to reject any and all applications and to issue no grants as a result of this request.

18. Title III-E funded projects must abide by all grantee requirements and responsibilities as outlined in MNRAAA's *Title III Provider Handbook.* The handbook includes policies, standards, and procedures for administration of Title III under the OAA of 1965, as amended, United States Code (USC)Title 42, Sections 3001 – 3058 (2016), 45 Code of Federal Regulations (CFR) Part 1321, Minnesota Statutes (MN Stat. Section 16A, B and C, Section 256/975, and 45 CFR Part 75. Grantees must abide by all applicable laws and regulations whether reflected in the handbook or not.

19. Title III-E funded projects must ensure their current and accurate project information is available through the MinnesotaHelp Network™, i.e., Senior LinkAge Line®, www.MinnesotaHelp.info®.

20. Title III-E funded projects providing Coaching/Consulting services must abide by MBA's *Title III-E Caregiver Consultant Standards for Professional Practice*. See Appendix A.

21. Title III-E funded projects must implement and utilize MBA's *Title III-E Caregiver Assessment Questionnaire*. See Appendix B.

22. Title III-E funded projects must abide by all training and caregiver program requirements established by MBA.

23. Title III-E funded projects must participate in MBA's Annual Caregiving Survey process.

24. In specific situations and conditions, any of the policies, requirements, criteria, etc. outlined in this section can be waived by the MNRAAA Board of Directors.

### C. Eligible Persons

An eligible caregiver is:

1. An adult (18+) family member or another individual, i.e. friend or neighbor, who is an informal provider of in-home and community care to:
   - an individual age 60 or older; or
   - an individual, regardless of age, with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.
2. An older relative caregiver (55+) (parent, grandparent, or another relative by blood, marriage or adoption) who lives with and is the primary caregiver for:
   - an individual with a disability*, age 19-59; or
   - a child under the age of 18 (cannot be the parent). *Note: Although caregivers for a child under the age of 18 are eligible for services under the OAA, MNRAAA is not currently funding services to this population.*

     *The term "individual with a disability" is defined in section 3 of the Americans with Disabilities act of 1990 (42 U.S.C. 12102).

Special emphasis must be placed on specific target populations as defined in E. below.

### D. Target Populations

The Title III-E funding program is designed to meet the needs of all eligible caregivers; however, the OAA requires that special emphasis must be placed on specific target populations. Target populations include, but are not limited to: individuals residing in rural areas; individuals with greatest economic need; individuals with greatest social need; individuals at risk for institutional placement; individuals with severe disabilities; individuals with limited English proficiency; and individuals with Alzheimer's disease and related disorders, with particular attention to individuals who are of low-income minority status. See *Title III Provider Handbook, Section I.B.* for detailed information on target populations as defined by the OAA.

## III. Review and Selection Process

### A. Planning Committee

A Planning Committee, appointed by the MNRAAA Board Chair and approved by the board, will make recommendations for Title III funding awards. The Committee has the authority and autonomy to recommend awards based on a variety of factors, i.e., funds available, current funding priorities, funding criteria, application content, applicant interview, past performance (if applicable).

### B. Submission and Review

All applicants are required to submit a complete application, in the format and by the deadline specified by MNRAAA. MNRAAA will undertake a systematic review of the form

and content of the application. The application will be reviewed for mathematical accuracy, programmatic content, and conformity to funding criteria and the Request for Applications.

After such review, MNRAAA will make comments to the applicant. Revisions and/or responses to comments will be required to be completed by a specified date.

All applications will be reviewed by the Planning Committee.

Applicants will be required to attend one Planning Committee meeting, present their proposed project and respond to questions. Based on the application review and the applicant presentation, the Planning Committee will evaluate the applications, develop funding recommendations for each application and submit the recommendations to the MNRAAA board.

The MNRAAA Board will review the Planning Committee recommendations at a regularly scheduled or special meeting. The board will make funding awards based on a review of the Committee recommendations and consideration of applications that are in the overall best interest of MNRAAA, the twenty-seven county service area and the persons proposed to be served. MNRAAA will notify applicants of the action taken by the board and of their right to appeal. MNRAAA reserves the right to reject any or all applications.

## IV. Appeal Procedure

Unsuccessful applicants have the right to appeal a decision made by MNRAAA. An applicant must provide written notice of its intent to appeal to MNRAAA. The Notice of Appeal must be directed to the Executive director of MNRAAA within 10 working days of notification of MNRAAA's decision. The Notice of Appeal must describe the adverse action taken, who took the action, and the reason for believing the action to be in error. No additional information should be included. Notice by electronic media such as facsimile (FAX) transmittal or email will not be accepted. **MNRAAA shall consider an appeal on procedural grounds only and shall not consider issues of merit.**

MINNESOTA BOARD ON AGING

**Title III-E Caregiver Consultant Standards for Professional Practice**
**Minnesota Board on Aging (MBA)**

**These standards will be met or developed through caregiver consultant basic training and continuing education offered by the MBA and Area Agencies on Aging (AAAs).**

**Required Trainings:**

- MBA301: Caregiver Consultant Basic Training
  - MBA201 – 205: Cultural Responsiveness *(select one course)*
- MBA302: Caregiver Assessment
  - MBA201 – 205: Cultural Responsiveness *(select a different course)*
- Caregiver Consultant Basic Training – in person
- MBA101: Dementia Capability Level 1
  - MBA201 – 205: Cultural Responsiveness *(select a different course)*
- MBA 102: Dementia Capability Level 2
  - MBA201 – 205: Cultural Responsiveness *(select a different course)*
- MBA 103: Dementia Capability Level 3
  - MBA201 – 205: Cultural Responsiveness *(select a different course)*
- Dementia Capability Training – in person

**Note:** A Caregiver Consultant may begin consulting only after completion of MBA301: Caregiver Consultant Basic Training, MBA302: Caregiver Assessment, MBA101: Dementia Capability Level 1, MBA102: Dementia Capability Level 2, MBA 103: Dementia Capability Level 3 and Caregiver Consultant Basic Training – in person. Within 1 year of attending the Caregiver Consultant Basic Training, consultants must attend the Dementia Capability Training – in person.

**Standard 1: Professional Qualifications**

Caregiver Consultant shall possess the knowledge, skills, and experience necessary to competently perform caregiver coaching/consulting service activities.

Minimum requirements:

- Bachelor's degree from an accredited program in social work, nursing, counseling, gerontology, health education, rehabilitation therapy, health and human services, or a related degree. *An alternative to a Bachelor's degree is 4 years of experience supporting older adults/families in social services, health care or other relevant settings, or a combination of work and college credits approved by the local AAA.*

- Two years of experience working with family, friends and/or neighbors caregiving and older adults in one-to-one consultation in interviewing, screening/assessment, identifying needs/values, goal setting, planning and evaluation of results.
- Strong interpersonal skills with older persons and professionals required.
- Knowledge of basic medical conditions/diseases common among older adults, family caregiving theories, principles of adult education, and some knowledge of family systems. Care of aging persons, home and community-based services, publicly funded programs, and person-centered and family-centered philosophy and planning.
- Access to regular supervision or consultation from a trained professional with comparable training or experience.

**Standard 2: Ethics and Professional Values**

Caregiver Consultant shall have knowledge of ethics and practice according to the ethical guidelines, principles and standards of their discipline and setting (e.g. NASW Code of Ethics).

- Primacy of client needs and self determination
- Clearly communicates the distinctions between coaching, consulting, psychotherapy and other support professions
- Refers client to another support professional as needed, knowing when this is needed and the available resources
- Meets privacy and confidentiality standards – must comply with local, state and federal mandates related to confidentiality and privacy of client information
- Professional judgement in the use of confidential information shall be based on best practice, ethical and legal considerations (including HIPAA)
- Is trained as a mandated reporter per the Minnesota Vulnerable Adults Act

**Standard 3: Cultural Awareness/Responsiveness**

Caregiver Consultant shall have knowledge and respect for the history, traditions, values, and family systems of client groups, as they relate to home and community-based services, health care services and decision making. The Caregiver Consultant adapts standards of practice to meet cultural norms and values.

- Knowledge, competency and skills to work with individuals and families from a variety of communities including, but not limited to; communities of color, American Indians, Alaska Natives, veterans, LGBT communities, and persons with disabilities.
- Skills to meet the needs of individuals and families with disabilities, and lesbian, gay, bisexual and transgender individuals caregiving
- Awareness of disparities and barriers across cultures and economic groups in gaining access to and funding for home and community-based and health care services

- Responsible for self-reflection regarding the impact of their personal cultural beliefs on their professional and personal life
- Understanding of the intersectionality of historical trauma, cultural beliefs, self-identity, gender, etc.
- Understanding of the community system and knowledge of specific cultural resources available
- Commits to ongoing education and knowledge of the resources for new subsets of populations

**Standard 4: Knowledge Base**

Caregiver Consultant will demonstrate a working knowledge of current theory and practice, keep current on emerging knowledge, trends and best practices and integrate this knowledge into practice.

- Knowledge of coaching philosophy, strategy and techniques, family systems/family dynamics and knowledge of chronic illnesses and/or conditions. Alzheimer's disease and related dementia, management of behaviors and communication, and community resources/referrals. Advocacy development and navigation between home and community-based and health and long-term services and supports (See Competencies)
- *Upon completion of Dementia Capability Training, Levels 1 - 3,* Caregiver Consultant will demonstrate knowledge and strategies for supporting family caregivers of persons with Alzheimer's disease and related dementias. This includes early identification/biomarkers, cognitive screening tools, assessment, communication and behavior management, self-care strategies, intervention plans, and follow up. Research and emerging trends, and best practices.
- Strives to become and remain proficient in coaching functions by critically examining and keeping current with emerging knowledge and evidence-based research.
- Assumes personal responsibility for continuing professional education according to standards of their discipline and setting (e.g. geriatric nurse practitioner).
- Participates in professional development training by the MBA, the AAA or a designated contractor (annually or as offered).

**Standard 5: Assessment**

Caregiver Consultant will gather information regarding client's situation to ascertain individual and family capacity, coping strategies, risk factors and preferences of client.

- Establishes and maintains empathic relationships; sets a tone of alliance.
- Comfort and experience in gathering and assessing social and health histories.
- Knows how to ask questions and probe for clarification.
- Uses strength-based person-centered and family-centered approach.
- Addresses principles and seven domains of caregiver assessment developed by the Family Caregiver Alliance.

- Complies the Minnesota Title III-E Service Definitions for caregiver assessment.

**Standard 6: Goal setting, intervention, planning and follow-up**

Caregiver Consultant shall facilitate the development and implementation of a self-directed action plan with client.

- Develops and maintains an effective plan with the caregiver.
- Uses problem-solving techniques and coaching tools and strategies.
- Provides ongoing education, build self-advocacy skills and provide support.
- Assists caregiver in evaluating outcomes and modifying plan.
- Obtains ongoing feedback from caregiver on process and plan.

**Standard 7: Supporting Self-Advocacy**

Caregiver Consultant will teach the client systems navigation and self-advocacy skills needed to fulfill the plan.

- Advises client on navigating between health and long-term services and supports.
- Teaches self-advocacy skills, such as communicating needs, identifying and resolving problems and making decisions related to the care, provider services and benefits, as caregiver is able and willing.
- Develop collaborative relationships with other health, mental health and allied health professionals, and transfers these relationships to caregiver as able and willing.
- Strives to enhance inter-professional, intra-professional, and interagency cooperation on behalf of the client and family.

**Standard 8: Documentation/Information Movement**

Caregiver Consultant maintains records and provides information updates to persons who need to know.

- Instructs caregiver how to organize and manage essential information (e.g., records, prescriptions, treatments, benefits, financial information, advanced directive, power of attorney for health care).
- Facilitates the flow of information between all "care team" members.
- *Communicates with caregiver's physician to ensure that there is a caregiver designation in the caregiver's medical record and provides updates to the medical care team as to the health and mental health status of the caregiver as agreed upon (with permission).*
- Maintains records or documentation of caregiver services reflecting pertinent client information for assessment, interventions and outcomes in accordance with administrative policies within their organization.
- Complies with privacy and confidentiality standards (Outlined in Standard 2 Ethics and Professional Values – Bullet 4) including obtaining release of information forms.

**Standard 9: Performance Improvement**

Caregiver Consultant shall be part of an ongoing, formal evaluation of their practice to assess quality and appropriateness of serves, to improve practice and to ensure competence.

- Monitors caregiver health and wellness through the caregiver plan with goals (e.g., stress, depression and other wellness measures)
- Incorporates individual feedback into plans on an ongoing basis
- Incorporates feedback from client satisfaction surveys and other methods into service components.

## Caregiver Consultant Core Competencies

I. Coaching Philosophy, Techniques and Strategies

- Coaching history, philosophy, assumptions and skills
- Roles, features, integration of two disciplines
- Theories including person-in-environment, ecological, person-centered planning, solution focused, family therapy, evidence-based practices and mediation/conflict resolution
- Strategies, interventions
- Self-evaluation

II. Family Systems/Influence of aging and caregiving on family dynamics

- Stages of caregiving
- Family dynamics
- Types of caregivers (e.g., spousal, working, long distance); competencies and risks
- How to facilitate a family meeting
- Intergenerational approaches
- Knowledge and empathy about acceptance of dependency

III. Community Resources to assist families, friends and neighbors caregiving

- Public programs
- Linking skills/collaboration activities
- Basic understanding of legal and financial planning tools and when to refer
- Knowledge of laws, regulations and their impact on programs and service delivery
- Understanding of elder abuse and neglect
- Identify gaps in services and develop supplementary services

IV. Normal physical, psychological and social changes in later life and impact on health care

- Normal health, aging and chronic diseases
- Common physical and mental health diagnoses associated with aging
- Chronic diseases, disabilities, sensory losses
- Basic pharmacology and the interactions of medications affecting older adults
- Dementia and related strategies, resources and interventions
- Grief and loss counseling skills; End of life issues
- Disparities across cultures and economic groups in gaining access to health care
- Caregiver health issues - stress, physical ailments, depression, alcohol or substance abuse

- Self-care strategies for individuals caregiving

V. Communication skills

- Principles of adult learning
- Active listening
- Advocacy on behalf of individuals caregiving
- Promotion of client self-expression
- Ability to work with a wide range of ethnic background
- Demonstrates ability to work with strong emotions
- Ability to give clear and direct feedback

VI. Cultural Competency/Responsiveness

- Knowledge of culturally specific programs
- Linking skills/collaboration activities that are culturally appropriate
- Basic understanding of legal and financial planning tools and when to refer, including barriers that LGBT individuals may experience
- Knowledge of laws, regulations and their impact on programs and service delivery, specifically in the immigrant community
- Understanding of elder abuse and neglect
- Identify gaps in services and develop supplementary services for cultural and ethnic communities

VII. Ethics

- Accept and respect the right and need of older adults to make their own choices within the context of the law and safety concerns
- Understand the need to balance risk and safety
- Identify professional boundary issues
- Decision tree for professionals on ethics and decisions (optional)

VIII. Dementia Capability

- Mild cognitive impairment, Alzheimer's disease and other dementias
- Causes of Alzheimer's disease and other dementias
- Anatomical and pathological changes in Alzheimer's disease and other dementias
- The dementia work up
- Cognitive screening
- Health equity in cognitive screening
- New research and clinical diagnostic categories
- Medication treatment for memory loss
- Communication and challenging behaviors
- Care partner emotional wellness

- Living alone with dementia

# Title IIIE Caregiver Assessment Questionnaire

**Contents** **Initials/Date**

## Part I. Caregiving Questions

**What is your most immediate need or concern?**

**How did you hear about this agency/organization?**

☐ **Brochure** ☐ **Newspaper** ☐ **Friend or acquaintance** ☐ **Internet** ☐ **Website**

☐ **Doctor/health clinic** ☐ **Community service/program** ☐ **Other**

**Are you currently employed? (Please describe)**

☐ **Working full-time** ☐ **Working part-time** ☐ **Not Currently Employed**

**Do you live in the same household as the person needing care?**

☐ **Yes**
☐ **No If not, what is the distance between households? _____ miles**

**Is there anyone else living with you or <NOP> that needs your care or time (e.g., minor children, parent, or other dependent)?**

**How would you describe your own health?**

☐ **Excellent** ☐ **Good** ☐ **Fair** ☐ **Poor**

**What illnesses or medical problems do YOU have that limit your ability to provide care, and do what you need to do? (e.g., chronic pain, diabetes, emphysema, Parkinson's, physical disabilities, mental illness)**

**Do you have difficulty getting a good night's sleep, 3 or more times per week?**

☐ **Yes**
☐ **No**
☐ **Sometimes**

**Notes:**

## Activities of Daily Living

**[Note: assistance with two or more ADLs or needs supervision is needed for respite and supplemental services]**

| | |
|---|---|
| **Can <NOP> walk around inside without any help? ☐ Yes ☐ No** | **Can <NOP> bathe or shower without any help? ☐ Yes ☐ No** |
| **Can <NOP> sit up or move around in bed without any help? ☐ Yes ☐ No** | **Can <NOP> use the toilet without any help? ☐ Yes ☐ No** |
| **Can <NOP> comb their hair, shave, wash their face, or brush their teeth without any help? ☐ Yes ☐ No** | **Can <NOP> dress without any help? ☐ Yes ☐ No** |
| **Can <NOP> get in and out of bed or chair without any help? ☐ Yes ☐ No** | **Can <NOP> eat without any help? ☐ Yes ☐ No** |

**Need for Supervision:**

**Does <NOP> have issues with memory, thinking, or the ability to make decisions that result in the need for supervision? ☐ Yes ☐ No**

**Is <NOP> a Veteran? ☐ Yes ☐ No**

**If Yes, do you or <NOP> receive any Veteran's benefits? Please describe:**

**Does <NOP> receive assistance from the county or Medical Assistance ☐ Yes ☐ No (ie., does NOP have a county worker?)**

**What health problems or medical conditions does <NOP> have that need to be managed?**

**What is your comfort level with <NOP's> medications or treatments?**

**Are you satisfied with the amount of information you have been given so far about <NOPs> disease or condition (e.g., dementia, stroke, Parkinson's, etc.)? Or, do you have questions that haven't been addressed yet?**

**☐ Yes ☐ No**

**Please describe:**

**What types of UNPAID help or care are you or <NOP> currently receiving from friends, family, neighbors, people from church, or others in the community? (List person, relationship to CG or CR/type of help/how often).**

**Do you have plans in place for caregiving in the event of an emergency or health care crisis (e.g., who would help/type of help, etc.)? Who would you call?**

**Do you have concerns about <NOPs> safety? (e.g., falls, driving, cooking, wandering, alcohol or drug use, fire arms, self-harm or harm to you)**

☐ **Yes** ☐ **No**

**Please describe:**

**Are there issues that might cause you to consider a higher level of care for <NOP> or a transition into assisted living or a nursing home? (e.g., worsening dementia, falls, incontinence, your physical health, financial or emotional strain, etc.)**

**Have you and <NOP> done any planning for the future? (Check all that apply)**
**(CG = caregiver, NOP = older adult)**

| | | |
|---|---|---|
| ☐ **Advanced directive** | ☐ **CG** | ☐ **NOP** |
| ☐ **Power of attorney** | ☐ **CG** | ☐ **NOP** |
| ☐ **A will, trust, or estate planning** | ☐ **CG** | ☐ **NOP** |
| ☐ **Guardianship/Conservatorship** | ☐ **CG** | ☐ **NOP** |

**Notes:**

## Part II: Caregiver Screen*

*<Please reflect on your experiences and rate your responses to the statements below. It will help us gain a better understanding of your situation and how to work with you meet your needs>*

| **1. As a result of assisting <NOP>, to what extent have the following aspects of your life changed?** | | | | | |
|---|---|---|---|---|---|
| **To what degree have your care responsibilities …** | **Not at all** | **A little** | **Moderately** | **A lot** | **A great deal** |
| **(a) Caused conflicts with your relative?** | 1 | 2 | 3 | 4 | 5 |
| **(b) Decreased time you have to yourself?** | 1 | 2 | 3 | 4 | 5 |
| **(c) Created a feeling of hopelessness?** | 1 | 2 | 3 | 4 | 5 |
| **(d) Given your life more meaning?** | 1 | 2 | 3 | 4 | 5 |
| **(e) Increased the number of unreasonable requests made by your relative?** | 1 | 2 | 3 | 4 | 5 |
| **(f) Kept you from recreational activities?** | 1 | 2 | 3 | 4 | 5 |
| **(g) Made you nervous?** | 1 | 2 | 3 | 4 | 5 |
| **(h) Made you more satisfied with your relationship?** | 1 | 2 | 3 | 4 | 5 |
| **(i) Caused you to feel that your relative makes demands over and above what he/she needs?** | 1 | 2 | 3 | 4 | 5 |
| **(j) Caused your social life to suffer?** | 1 | 2 | 3 | 4 | 5 |
| **(k) Depressed you?** | 1 | 2 | 3 | 4 | 5 |
| **(l) Given you a sense of fulfillment?** | 1 | 2 | 3 | 4 | 5 |
| **(m) Made you feel you were being taken advantage of by your relative?** | 1 | 2 | 3 | 4 | 5 |
| **(n) Changed your routine?** | 1 | 2 | 3 | 4 | 5 |
| **(o) Made you anxious?** | 1 | 2 | 3 | 4 | 5 |
| **(p) Left you feeling good?** | 1 | 2 | 3 | 4 | 5 |
| **(q) Increased attempts by your relative to manipulate you?** | 1 | 2 | 3 | 4 | 5 |
| **(r) Given you little time for friends and relatives?** | 1 | 2 | 3 | 4 | 5 |
| **(s) Caused you to worry?** | 1 | 2 | 3 | 4 | 5 |
| **(t) Made you enjoy being with your relative more?** | 1 | 2 | 3 | 4 | 5 |

| | | | | | |
|---|---|---|---|---|---|
| **(u) Left you with almost no time to relax?** | 1 | 2 | 3 | 4 | 5 |
| **(v) Made you cherish your time with your relative?** | 1 | 2 | 3 | 4 | 5 |

*Montgomery Burden Scale. Source: Montgomery, R.J.V., E.F. Borgatta & M.L. Borgatta (2000)

**Sum Baseline R Score** = (a) ___ + (e) ___ + (i) ___ + (m) ___ + (q) ___ = _____
**R Score = 13-25 High*; 8-12 Medium*; 5-7 Low**

**Sum Baseline O Score** = (b) ___ + (f) ___ + (j) ___ + (n) ___ + (r) ___ + (u) ___= _____
**O Score = 24-30 High*; 18-23 Medium*; 6-17 Low**

**Sum Baseline S Score** = (c) ___ + (g) ___ + (k) ___ + (o) ___ + (s) ___ = _____
**S Score = 17-25 High*; 12-16 Medium*; 5-11 Low**

## CES-D Screen

**2. The following is a list of the ways you may have felt or behaved recently. For each statement, indicate how many days you have felt this way <u>during the past week</u>.**

| **DURING THE PAST WEEK:** | **Rarely or none of the time (less than 1 day)** | **Some or a little of the time (1-2 days)** | **Occasionally or a moderate amt. of time (3-4 days)** | **All of the time (5-7 days)** |
|---|---|---|---|---|
| **a. I was bothered by things that don't usually bother me** | 1 | 2 | 3 | 4 |
| **b. I had trouble keeping my mind on what I was doing** | 1 | 2 | 3 | 4 |
| **c. I felt depressed** | 1 | 2 | 3 | 4 |
| **d. I felt that everything I did was an effort** | 1 | 2 | 3 | 4 |
| **e. I felt hopeful about the future** | 4 | 3 | 2 | 1 |
| **f. I felt fearful** | 1 | 2 | 3 | 4 |
| **g. My sleep was restless** | 1 | 2 | 3 | 4 |
| **h. I was happy** | 4 | 3 | 2 | 1 |
| **i. I felt lonely** | 1 | 2 | 3 | 4 |
| **j. I could not "get going"** | 1 | 2 | 3 | 4 |
| **Total Score** | | | | |

*Source: Center for Epidemiological Studies Depression Scale (CES-D)*

***Sum* Baseline *CES-D Score: 26-40 High*; 19-25 Medium*; 10-18 Low***
**** If scores medium or high a referral to primary care physician is recommended.***

## Part III. Closing Questions

| |
|---|
| **How much time each week do you have to yourself, to get things done, to socialize with family/friends, relax, or for other purposes?** |
| **What would you do more of if you had more time away from caring for <NOP>?** |
| **After our conversation today, what do you think are the most immediate issues or concerns that need to be addressed or that you need some assistance with? What things would you like us to address first?** |
| **Notes/Additional Questions** |

## Part IV. Sample Caregiver Plan

**Name** **Caregiver ID**

**Date of Plan**

**Initial** ☐ **Follow-up** ☐ **3 Month** ☐ **6 Month** ☐ **9 Month** ☐ **12 Month**

## Goals: <At least one goal should focus on caregiver's health>

| | | |
|---|---|---|
| **Goal:**<br><br>**Desired Outcome:**<br><br>**Milestone:** | | |
| **Goal:**<br><br>**Desired Outcome:**<br><br>**Milestone:** | | |
| **Goal:**<br><br>**Desired Outcome:**<br><br>**Milestone:** | | |
| **Caregiver Consultant Responsibility** | | |
| **Caregiver Responsibility** | | |
| **Caregiver Consultant Name** | **Signature** | **Date** |
| **Caregiver Name** | **Signature** | **Date** |

Live Well at Home

# Live Well At Home Rapid Screen© – Family Caregiver

**Screen Date: _____**

| | | |
|---|---|---|
| **1.** | **Does <name of older person (NOP)> need help from someone else to do the following?**<br><br>a) Walking b) Getting out of bed/chair c) Going to the bathroom<br>d) Bathing e) Dressing f) Eating<br><br>**If 2 or more circled → SCORE = 2** | ☐ |
| **2.** | **During the last 6 months, has <NOP> had a fall that caused injuries *or* engaged in behavior problems such as wandering, verbal or physical disruption, or other behaviors that require supervision? Yes No**<br><br>NOTE: "Injuries" means fracture or joint dislocation, head injuries resulting in loss of consciousness and hospitalization, joint injuries that led to decreased activity, internal injuries that led to hospitalization OR 3 or more of any falls<br><br>**IF YES circled → SCORE = 2** | ☐ |
| **3.** | **Does <NOP> have a family member/friend give help when she/he needs it? Yes No**<br>**If NO circled → SCORE = 2** | ☐ |
| **4.** | **Do you feel overwhelmed or stressed because of the care you provide for <NOP>? Yes No**<br><br>**If YES circled → SCORE = 2** | ☐ |
| **5.** | **Have you/<NOP> thought about moving <NOP> to other housing? Yes No**<br><br>**If YES, where has <NOP> considered moving to?**<br>**If answered NURSING HOME or ASSISTED LIVING (i.e., Housing With Services) → SCORE = 2** | ☐ |
| **6.** | **Does <NOP> live alone? Yes No**<br><br>**If YES circled → SCORE = 1** | ☐ |
| **7.** | **Do you or your family have concerns about <NOP's> memory, thinking, or ability to make decisions?**<br><br>**If YES, are you: Very concerned Somewhat concerned**<br><br>**If VERY CONCERNED circled → SCORE = 2**<br>**If SOMEWHAT CONCERNED circled → SCORE = 1** | ☐ |
| | **TOTAL SCORE (Sum of Scores For Items 1 Through 7) =** | ☐ |
| **<u>Score and Risk Category</u>**<br><br>**0 = No Risk 1 = Low Risk 2 = Moderate Risk 3 and Higher = High Risk** | | |