

**Wyoming Respite Voucher Program  
Title III E National Family Caregiver Support  
Program Policies and Procedures**

**I. Introduction to National Family Caregiver Support Program, Wyoming Respite Voucher Program, a pilot program (Albany, Hot Springs, Niobrara, Platte, Washakie and Weston).**

The National Family Caregiver Support Program (NFCSP) provides a multifaceted system of support services for Caregivers and for Older Relative Caregivers. Families are the major provider of long-term care, but research has shown that caregiving enacts a heavy emotional, physical, and financial toll.

Many Caregivers and Older Relative Caregivers who work and provide care experience conflicts between these responsibilities. The Respite Voucher Program can offer respite for caregivers to be temporarily relieved from their caregiving responsibilities via in-home respite, out of home respite (day), out of home respite (overnight) and other respite.

Studies have shown that these services can reduce Caregiver depression, anxiety, stress, and enable them to provide care longer, thereby avoiding or delaying the need for costly institutional care for their loved one.

The Respite Voucher Program will provide respite vouchers only to counties in Wyoming that do not currently have a Title III E provider.

The Respite Voucher Program is a self directed respite care program. The Caregiver will secure a respite care worker for their loved one.

The Respite Voucher Program works in conjunction with other state and community-based services to provide a coordinated set of supports.

Because caregivers have the freedom to hire the respite provider of their choice, the liability issues reside between the caregiver and the provider.

**II. Service Prioritization**

Priority will be given to older individuals with greatest social and economic need, with particular attention to low-income older individuals and older individuals providing care and support to persons with disabilities and to those with Alzheimer's Disease, Dementia and related disorders (as defined in the Older Americans Act, Section 372(b), (1) & (2)):

- Caregivers who are older individuals with greatest social and economic need (with particular attention to low-income older individuals); and
- Family Caregivers who provide care for individuals, of any age, with Alzheimer's

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disease, Dementia and related disorders with neurological and organic brain dysfunction.

### **III. Community Living Section**

The Community Living Section (CLS) is a section within the Wyoming Department of Health's Aging Division. The CLS houses multiple programs, primarily under the direction of the Older Americans Act of 1965, as amended 2020.

### **IV. Contracted Organization**

Once a contractor is awarded the National Family Caregiver Support Program grant funds, they will begin to serve Wyoming's eligible citizens. Title III funds accepted means the Provider will employ a care coordinator to process applications and issue checks for respite.

Staffing Requirements:

Employee(s) - The provider organization shall hire and train the appropriate staff (Care Coordinator) to provide services. The ACC shall meet the following qualifications and requirements:

- Be 21 years of age or older
- High school diploma or GED
- Two years of professional work experience providing social model case management
- Experience in community development and networking
- Effective written and verbal communication skills
- Shall not have been convicted of a felony or a misdemeanor related to abuse, neglect, exploitation, intimidation or abandonment of adults or children.
- The organization must contact the Wyoming Department of Family Services to ensure the person hired does not appear on the Central Registry.

All staff shall have a general orientation completed during the first week of employment and prior to contact. Documentation of this orientation shall be kept in each employee's personnel file.

As of July 1, 2015, Background checks are to be completed for Care Coordinators. The Contracted provider is responsible for the cost of the completion of a fingerprint card and the Division shall pay for the cost of the background check. Background checks shall be handled and processed by the Director of the provider organization, unless the Director of that organization completes the Executive Director Designation for Background Check Results, in order to designate an employee to handle and process background checks.

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Labels will be provided to the provider to submit the fingerprint card to DCI. The provider will then send an email to the Program Manager. When the report is returned electronically by DCI, the Program Manager will send the results via secure email to the Director or their designee. It is recommended that Background Checks be completed every two years for current employees.

The Community Living Section will provide an initial and an annual training to the Contractor's Care Coordinator.

The Access Care Coordinator:

- Will take initial applications via phone and will enter information into the Division's database (AGNES, ROI).
- The award letter will be sent to the Client showing approval, along with a timesheet document that will be given to their designated respite care provider.
- The Coordinator will complete Quarterly evaluations via phone and enter information into the approved database.
- After the respite care has been provided, the respite care provider will return the timesheet document to the Access Care Coordinator. This document will be signed by the respite care worker and the Caregiver. After review of the client's designated respite worker's timesheet, information from the timesheet will be entered into the database (date of service, what type of respite care provided, amount of time of respite provided).
- The contracted provider will then mail the respite care provider payment.

All services provided through the Wyoming Respite Voucher Program are tracked and subsequently reported to CLS via the database. The financial documents and any requested forms or reports shall be submitted through the approved CLS database. All services provided through the Wyoming Respite Voucher Program are to be entered into the database program by the 15th working day of the month. Additionally, submission of all corresponding financial reimbursement documents follow the same deadline.

Fiscal

Expenditures on the report must be actual expenditures for the NFSCP. Only expenditures submitted for respite services, shall be reimbursed. To be paid for services provided through NFSCP the following must be completed: Entry of client's information and the respite care worker's timesheet information into the Division's approved database. All information obtained and needed shall be entered digitally.

Waiting Lists

Waiting lists will be utilized if necessary. Application will be taken on the Caregiver, entered into the database and shown as waitlisted for respite services. A Waiting List Policy and Procedures will be developed by the Contracting Provider. A process

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regarding how eligible participant's names are added and removed from the waiting list will be included in the policy.

#### General Requirements

- All referrals will be contacted within (3) business days.
- Individuals seeking services will be provided with information and if appropriate referrals to other entities within their communities.
- All contacts with NFCSP eligible participants, either by phone or in person, will be documented. The documentation shall include a brief descriptive statement of the interactions, including any service needs identified, alternatives explored and service delivery options offered.
- Contracted providers will ensure appropriate program/financial reporting and budget reconciliation.
- Providers will attend training planned/approved by the Division if ACCs are new hires, 18 months of work experience or less. ACCs who have been an ACC 19 months or longer can attend if they want to.
- Providers will utilize forms and the database as required by the Division.
- Providers will include all information required by the Division. No adjustments to forms or the database will be made.
- Adequate records will be maintained to record and evaluate service provision, to ensure responsible fiscal management, and to provide timely and accurate reports.
- Respite Voucher services shall be promoted through a variety of social service networks (churches, service organizations, schools, professional conferences, etc.)
- Unexpended program income generated by this program will be remitted to the Division within 30 days in the event that the provider no longer provides services under this program.
- Services provided outside of the contract period are not eligible for payment or reimbursement by the Division.
- Providers shall document costing procedures for all service categories and services provided through the NFCSP program.
- Incident Reports, per grantee's internal policy, will be written whenever an incident has occurred. The ACC should inform management regarding incidents. The incident report shall be maintained in a separate folder, not within the eligible participant's folder.
- There shall be an Organizational Emergency Preparedness Plan in place for the organization.

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## Administrative Requirements

Wyoming is a mandatory reporting state (WSS 35-20-111 b) and everyone in their professional and personal capacity should call Adult Protective Services (APS) or law enforcement if there is reasonable cause to suspect abuse, neglect, self-neglect, intimidation, abandonment, or financial exploitation.

- All individuals have a right to choose how they live, where they will live, as long as they have the capacity to consent (WSS 35-20-102) and are able to understand the consequences of their actions. All adult individuals are presumed legally competent unless they have been deemed incompetent by a court. It is essential, however, to guard against allowing a participant to continue to live in an environment or situation that is clearly unsafe. While it is essential to assist people however possible, NFCSP personnel are not expected to assist a person in continuing to live in a situation that is unsafe or to make plans that are unrealistic and unsafe. If the environment is unsafe and staff therefore have "reason to believe" that it is due to self-neglect that this is also a mandatory reportable allegation.
- Comply with all applicable federal and state laws, rules and regulations, and policies and procedures governing Older Americans Act (OAA) programs
- The NFCSP providers shall comply with the Division rules, policies and procedures.
- The NFCSP providers shall have an appeal process in place for eligible participants who do not agree with the determination of ineligibility.
- Eligible participant data records, assessments, and service delivery shall be entered into the database, no later than the fifteenth day after the end of the monthly service period.
- The grantee shall keep the Caregiver's files after termination for the Division prescribed length of record retention in accordance with the requirements of the OAA, or per the grantee's internal policy (whichever is greater). Records in the database will remain in the database. If there are any paper documents retained by the provider, record retention requirements are to be observed.
- Each NFCSP grantee shall develop cost capitations for fiscal control-capitation.
- Requests for an extension during the period, (a report or related document), that is due to the division must be in writing. Email is considered an acceptable written form.
- Staff members paid with funds from the Division are prohibited from accepting any and all individual gratuities, cash, gifts, property, tips, or other incentives from the eligible participant or eligible participant's family.

## Prohibited activities

- Duplication of services.
- Billing the Division, CLS for services paid by another funding source.
- Breach of confidentiality

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- Use of OAA funds to provide Caregiver services to a Caregiver who does not meet the eligibility criteria.
- Provision of NFCSP respite voucher services to individual Caregivers who are receiving services as part of a public program or are being paid by private arrangement services as part of a public program or are being paid by private arrangement to provide care.
- Altering or backdating documentation relating to the NFCSP.
- No OAA program site shall allow any person or organization to attempt to influence the outcome of any Federal, State, or local election referendum initiative or similar procedure through in-kind or cash contributions, publicity or similar activity on the premises of the program site.

The NFCSP contracted provider has been terminated by one of the parties without cause and/or a 30 day written notice was given, there are two possible grant outcomes: Another grantee will take over the responsibilities of the NFCSP. During the transferring of the grant the follow will occur:

- The transferring grantee will inform their eligible participants of the changes in writing fourteen (14) days prior to the contract termination. Included in the letter, but not limited to, will be:
  - The name of the new grantee, contact person and telephone number.
  - Information about potential changes in the provision of services.
  - Assurance that the eligible participant will not be arbitrarily dropped from the program due to the transfer.
  - Informing the eligible participant that a new evaluation and service plan is required and will occur within ninety (90) days of transfer and
  - The date of transfer
  - A list of clients shall be provided by the transferring grantee to the new grantee and the Division's Program Manager 30 days prior to the contract terminating.
  - All equipment purchased with NFCSP funds and required documentation shall be given to the new grantee with approval by the Division
  - The new grantee is allowed ninety (90) days to assess all transferred eligible participants.

The NFCSP will be discontinued because a new grantee could not be contracted to provide the service. A letter will be sent fourteen (14) calendar days prior to the contract termination to the Caregivers informing them:

- Their NFCSP services will be ending on a specific date because there is no grantee available to provide the services
- Refer the Caregiver to the Division, who can assist them to find potential

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- programs
- A client list of eligible caregivers and any caregivers that are waitlisted shall be provided by the grantee to the Program Manager 30 days prior to the contract terminating.
  - The grantee shall keep the Caregiver's file after termination for the Division prescribed length of record retention in accordance with the requirements of the OAA, or per the grantee's internal policy (whichever is greater).

## **V. Eligibility**

The ELIGIBLE PARTICIPANT for the National Family Caregiver Support Program is:

- The Caregiver must be 18 years of age or older.
- The Caregiver(s) is providing care to older individuals aged 60 and older.
- Care Coordination and Counseling can be provided to any Caregiver, living in the State of Wyoming, but Respite Voucher Services funded under the NFCSP can be provided if the Care Receiver meets the definition of frail, 2 ADLs or 2 IADLs.
- Non-citizens are eligible to receive services through the NFCSP. In accordance with Administration on Aging (AoA) guidelines, non-citizens, regardless of their alien status, should not be banned from services authorized by the OAA and administered by the AoA based solely on their alien status.
- The Caregiver does not have to be related to the Care Receiver.
- The Caregiver does not have to live with the Care Receiver.
- Family Caregivers of an individual of any age who has Alzheimer's disease, early onset dementia or related disorders with neurological and organic brain dysfunction.
- The Provider's staff and family members may receive Caregiver services. If the family member is related to the ACC, another ACC will be assigned to that family member.

If a Caregiver is getting paid to take care of the Care Receiver, i.e. Community Choices Waiver, Private pay, by family, they are not eligible for the program.

## **VI. Voluntary Contributions**

Eligible participants shall be provided the opportunity to contribute to the cost of the service: respite voucher program. This contribution enhances the program.

Eligible participants who are unable to pay cannot be denied services or referred to collection agencies but should be reminded the NFCSP depends upon contributions for services provided to them to keep the program running.

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### **VIII. Caregiver Service Plan**

The NFCSP Service Plan is a required document, entered digitally into the database. The service plan will consist of one service: Respite voucher program. The effective dates on the NFCSP Service Plan cannot exceed 12 months. The initial and renewal NFCSP Service Plan shall be done via phone with the Caregiver. The Caregiver shall receive a minimum of two contacts during the first three months on the program and quarterly thereafter. The NFCSP Service Plan shall be reviewed every quarter, (90 days), after the initial review with the Caregiver.

### **IX. Data Entry - Documents**

- AGNES (Aging Needs Evaluation Summary), which includes the ROI (Release of Information). Initial evaluation, pages 1, 2, 3.
- Respite Voucher Award Letter, explanation of respite voucher award.
- Quarterly check in, AGNES page 4 (pages 5 and 6 reserved for future Quarterly).
- NFCSP Service Plan, which will be entered digitally.
- Respite Voucher Program Respite Care Worker Timesheet, date of respite, total number of hours. Timesheet which will have the Respite Care Worker and the Caregiver's signatures will be uploaded into the database in the Documents tab.

### **X. Termination, Denial and Suspension of Services**

#### **Termination and Denial**

- The provider shall consider termination of NFCSP services when continued service to the eligible participant presents an immediate threat to the health or safety of the eligible participant, the provider of the service, or others. The ACC shall inform the Division's NFCSP Manager when termination of services is being considered or has taken place.
- NFCSP services will be terminated when the Caregiver and/or Care Receiver no longer meets the program eligibility requirements, the Caregiver does not utilize the services within 90 days of eligibility, or NFCSP services are no longer appropriate or cost containment is excessive.
- An eligible participant shall be notified, within 14 calendar days, (via a written certified letter), the reason for the denial or termination of services, the right to submit a request for reconsideration, and the reconsideration process.
- The termination letter is not required if the closure is due to the death of the Caregiver or Care Recipient. During the 14 calendar days services will be

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provided unless there is an immediate threat to the health or safety of the eligible participant, the provider of the service or others.

#### Suspension of Services

- The provider may consider suspending service(s) for such reasons, but is not limited to:
- Hospitalization
- An eligible participant shall be notified within five (5) calendar days, via a written certified letter, the reason for the suspension and under what circumstances the suspension may be lifted. The letter should include a contact from your organization and the contact's number.

#### Definitions

- **ACC, Access Care Coordinator** is a person certified by the Community Living Section to provide Care Coordination services for the National Family Caregiver Support program and the Wyoming Home Services program.
- **AGNES**, Aging Needs Evaluation Summary is the Division's evaluation and level of care tool.
- **Activities of Daily Living (ADL)**, A way to rate how eligible participants can perform these personal activities (bathing, toileting, eating, etc.).
- **Caregiver**, is an adult, 18 and older, family member or other individual who is an "informal" provider of in-home and community care of an older individual. "Informal" means that the care is not provided as part of a public or private formal service program.
- **Caregiver Service Plan (CSP)** is the tool used to record what services are to be provided.
- **Eligible Participant**, The Caregiver participating in the NFCSP.
- **Disability** refers to conditions attributable to mental or physical impairment, or to a combination of mental and physical impairment which results in substantial functional limitations in one or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment [see 42 USC 3002 (8)]
- **Federal Fiscal Year (FFY)**. The grant period is twelve months starting October 1 through September 30.
- **Greatest Economic Need**. Means the need resulting from an income level at or below the poverty line (100%) as defined by the Office of Management and Budget and adjusted by the Secretary of Health and Human Services.
- **Greatest Social Need**. Means the need caused by non-economic factors which include—physical and mental disabilities; language barriers; and cultural, social, or geographic isolation, including that caused by racial or ethnic status, that—restricts an individual's ability to perform normal daily tasks; or which threatens his or her capacity to live independently.

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- **Frail**, means, with respect to an older individual in a State, that the older individual is determined to be functionally impaired because the individual, is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or at the option of the State, is unable to perform at least three such activities without such assistance.
- **Incident Report**. Is to document the exact details of the occurrence while they are fresh in the minds of those who witnessed the event. The report must be filled out as soon as possible following the incident (but after the situation has been stabilized). This way, the details written in the report are as accurate as possible.
- **Instrumental Activities of Daily Living (IADL)**. A way to rate how eligible participants can perform these life activities (meal preparation, shopping, managing money).
- **Mon Ami**, the Division's preferred database, where the Grantee will record information into this data system.
- **Respite Providers** must be 18 years of age and can be anyone except immediate family living in the home.
- **Submittable**, the Division's preferred database, where the Grantee will submit financial information for reimbursement.

### **Services for the NFCSP Respite Voucher Program**

All grantees who are awarded the NFCSP contract from the Division are required to offer: Case Management, Information, Assistance, Outreach and Vouchers for respite services.

Required - Information (Service Category and Service) provides individuals with current information on services available within their communities, service delivery is grantee initiated. This service is excluded from entering demographic data because it is recorded by activity. If the grantee presented to the Rotary and there were 55 people there it would be entered into Mon Ami as 1 unit, 55 consumers served.

There are four sub-services under Information and posted aggregately in "Consumer Groups":

- Sub-Service required - Group Education NFCP – Presentations to Kiwanis, Rotary, organizations, etc. who assist those who need assistance;
- Sub-Service required - Health Fairs NFCP – Participating in community health fair to inform people in the community about the Caregiver Program;
- Sub-Service required – Newsletters NFCP – Newsletters to the public who are not on the NFCSP; Newsletters on the website.
- Sub-Service required - Public Education to Families NFCP – Examples of

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promoting the NFCSP and helping individuals identify themselves as Caregivers: ads in the local newspaper, discussing the Caregiver program on the local radio and/or television, disseminating brochures, flyers, etc.

- Outreach NFCP per the AoA's definition is intervention by an agency or organization for the purpose of identifying potential eligible participants (or their Caregivers) and encouraging their use of existing services and benefits. [NOTE: this refers to individual "one-to-one" contacts between a service provider and an elderly eligible participant or Caregiver; a person already on WYHS or a Title III program and receiving services.] This contact is initiated by the grantee.

An example of this Outreach is: A grantee went through an eligible participant list and noted any individual not currently on the NFCSP but would meet the eligibility requirements listed below for the program, which means the person is already on either Title III: B, C1, C2, D or WyHS. The provider sent out an INDIVIDUAL letter to each eligible participant outlining the program and encouraging them to join the program. This is also true if the provider called each person in their eligible participant list who met the requirements for the NFCSP.

- Required – Assistance (Service Category and Service) to Caregivers is an access and care coordination service that provides individuals with information on services available within the communities; links individuals to the services and opportunities that are available within the communities; and to the maximum extent practicable, establishes adequate follow-up procedures. The contact is initiated by the Caregiver.

NOTE: For this service and one sub-services listed below to qualify to be counted the individual on the phone or talking to face to face must be asking about caregiver services or talking about caregiving:

- Taking care of a person over age 60; or
- has a diagnosis of any age of Alzheimer's disease, Dementia and related disorders with neurological and organic brain dysfunction.

Sub-Service - Information on Services to the Caregiver NFCP, (not on the program) is talking to an individual on the phone, in person and informing them of services available within the community and NFCSP. (Unit Type is Per Contact).

The following outlines allowable services under the NFCSP Service Plan categories.

These services are self directed respite care or coordinated by the ACC. Respite voucher payment shall be authorized by the ACC.

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Required - Case Management (Care Coordination on the program): Either in the form of access or care coordination. Activities of case management include evaluating needs, developing care plans, authorizing respite care voucher funds, providing follow-up, re-evaluation as required.

There are six sub-services under Case Management (Care Coordination):

Sub-Service - Evaluation Initial Caregiver NFCP, is the time, hours, spent developing the Caregiver required documentation. All evaluations will be completed over the phone.

Sub-Service - Evaluation Initial – Care Receiver NFCP, if the Caregiver wants respite and/or supplement services, an AGNES needs to be done on the Care Receiver.

Sub-Service - Follow-up of Evaluation – Caregiver NFCP, at least 45 days after the initial start date, a phone call or at any time during the service plan one year period the ACC was in contact with the Caregiver.

Sub-Service - Quarterly evaluation – Caregiver NFCP, every 90 days after the initial start date a phone call or personal visit with the Caregiver will happen to see if there are any changes needed. This can be completed by phone, facetime, etc.;

Sub-Service - Re-evaluation renewal of Caregiver NFCP, annual review which consists of a new service plan, Caregiver evaluation, Caregiver services evaluation and Caregiver assessment tool.

Sub-Service - Re-evaluation renewal of Care Receiver NFCP, if the Caregiver wants to continue care plan required services, respite, an AGNES needs to be done on the Care Receiver annually.

Self Directed Respite (on the program) (Service Category) is services which offer temporary, substitute supports or living arrangements for qualified older adult with at least two Activities of Daily Living (ADL) or Instrumental Activities of Daily Living (IADL) impairments in order to provide a brief relief or rest for family members or other Caregivers. The Caregiver can stay in the house during the respite if he/she chooses or can go somewhere. Relief can be in the form of in-home respite, adult/child day care respite, camps, licensed 18 adult family foster care homes, or institutional respite on an occasional or emergency basis.

Examples of Temporary Respite Care include:

- Intermittent – Time off for a few hours a week and a limited time to give the Caregiver a planned or unscheduled break.
- Occasional – Time off for the Caregiver to attend a special event or get a haircut.
- Emergency – Extended break to address an intervening circumstance, such as a Caregiver with emotional stress or hospitalization and recovery.

There are four sub-services:

- Sub-Service -Adult Day Care (Out-of-Home Respite (day)) is provided on an hourly basis in an Adult Day Care setting.
- Sub-Service - In-Home NFCP (In-Home Respite) is providing respite to the Caregiver, on an hourly basis, in the home of the Caregiver or the Care Receiver.
- Sub-Service - Institutional NFCP (Out-of-Home Respite (overnight)) can occur if the Caregiver needs to leave town for a period of days and needs a place for the Care Receiver to stay while out of town. The Caregiver will make arrangements with the nursing home to accommodate the Care Receiver for that period of time. The Care Receiver may have to meet the nursing home criteria for admittance.
  
- Sub-Service - Assisted Living NFCP (Out-of-Home Respite (overnight)) can occur if the Caregiver needs to leave town for a period of days and needs a place for the Care Receiver to stay while out of town. The Caregiver will make arrangements with the assisted living facility to accommodate the Care Receiver for that period of time. The Care Receiver may have to meet the assisted living facility's criteria for admittance.