Caregiver Assessment Tool Form Instructions

Introduction

The purpose of the Caregiver Assessment Tool (CAT) is to gain an understanding of the Caregiver, the Caregiver's perspective of the caregiving relationship, and the Caregiver's needs. The questions in the CAT facilitate a rapport between the Care Manager and the Caregiver. Any hardships the Caregiver may be experiencing in their caregiving role are documented in the CAT. The CAT will be used to identify supports, training, information, and outcomes to support the Caregiver and the caregiving relationship.

Information obtained during the assessment process enables the Care Manager to identify areas of concern and ways to utilize the Caregiver's strengths while responding to their needs, in the development of their care plan. The CAT will also be used to measure outcomes and determine the effectiveness of the Caregiver Support Program. There is an algorithm integrated into the CAT to assist with priority scoring to be utilized when an Area Agency on Aging (AAA) implements a wait list for the Caregiver Support Program.

The CAT will be completed for the Primary Caregiver. The Primary Caregiver, as defined in Chapter VI: Caregiver Support Program of the Aging Service Policy and Procedure Manual, is the identified family member or other responsible individual who has primary responsibility for the provision of care required to maintain the physical and/or mental health of the Care Receiver. The Caregiver will not receive reimbursement for personally providing caregiving services to the Care Receiver and will be actively involved/engaged with various aspects of care on a regular, but not necessarily, daily basis.

In order to fully assess the Primary Caregiver, the assessment will take place in the caregiving environment. The Caregiver and Care Receiver will both be present during the completion of the CAT; however, it is understood that the Caregiver may not be fully honest in the presence of the Care Receiver and some information may be sensitive and inappropriate for the Care Receiver to hear. In those circumstances, it is acceptable for the Caregiver to be interviewed in a room separate from the Care Receiver.

When logging into the Social Assistance Management System, also known as Wellsky Aging and Disability (SAMS), Care Managers and Care Management Supervisors will ensure they use their individually assigned User ID's and passwords. SAMS utilizes the User ID to record an electronic signature for an individual. The electronic signature in SAMS indicates the information recorded is complete and accurate. Electronic signatures replace the need for hard copy signatures.

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1. INTRODUCTION
1.A. CAREGIVER'S IDENTIFICATION

Question 1: Date of the face-to-face interview for the Caregiver Assessment Tool

Using the MM/DD/YYYY format, document the date of the face-to-face interview with the Primary Caregiver and Care Receiver.

Question 2: Caregiver's Last Name

Document the last name of the Caregiver as it appears on their legal identification.

Question 3: Caregiver's First Name

Document the first name of the Caregiver as it appears on their legal identification.

Question 4: Caregiver's Date of Birth

Using the MM/DD/YYYY format, document the Caregiver's date of birth.

Question 5a: Caregiver's current gender identity (defined as one's inner sense of one's own gender) (Select one)

Document the Caregiver's current gender identity.

Question 5b: Caregiver's sex assigned on their birth certificate at birth (Select one)

Document the Caregiver's sex assignment listed on the Caregiver's birth certificate at birth.

Question 5c: Caregiver's sexual orientation (defined as one's identification of emotional, romantic, sexual, or affectional attraction to another person). (Select one)

Document the sexual orientation of the Caregiver.

Question 6: Caregiver's Ethnicity

Document the Caregiver's ethnicity as described by the individual. Select only one response.

Question 7: Caregiver's Race

Document the Caregiver's race as described by the individual. Select all that apply.

Question 8: Caregiver's Social Security Number (SSN)

Enter the Caregiver's SSN, if available. If unknown, leave blank.

Question 9: Is the Caregiver's household annual income less than 100% of the current Federal Poverty Income Guidelines (FPIG)?

This question applies to all members of the Caregiver's household. The information will be obtained by asking the Caregiver to self-report their gross annual income and verify whether the total amount is at or less than 100% of the Federal Poverty Income Guidelines (FPIG) using the CSP Reimbursement Chart (Appendix F.2 of CSP Chapter).

Select Don't Know (if information not available), No or Yes.

1.B. ASSESSMENT INFORMATION

Question 1: PSA Number Conducting Assessment

Document the appropriate Agency Planning and Service Area (PSA) number.

Question 2: Indicate type of Caregiver Assessment

Document the type of assessment completed, either Initial Assessment or Reassessment. Select only one response.

NOTE: Reassessment of the Caregiver will be completed within the last month of the Care Plan period.

A reassessment will be completed if there is a significant change in the case. A significant change includes a change within the caregiving relationship, including a child

reaching age 18 when children younger than age 18 remain in the home. In these situations, a reassessment will be completed with the Caregiver once the oldest child reaches age 18. The individual will be removed as a Care Receiver from the CAT.

Question 3: Document the name and relationship of other individuals who participated in the assessment.

Document all individuals present at the interview.

1.C. CAREGIVERS DEMOGRAPHICS

Question 1: Does the Caregiver require communication assistance?

Select No or Yes. If No, skip to 1.C.3.

Question 2: What type of communication assistance is required? (Document Details in Notes)

Document the type of assistance the Caregiver requires for communication.

If the Caregiver requires a sign language interpreter, document the type of sign language used in the Notes section.

Use the Notes section to clarify the type of language assistance, such as mechanical assistance (e.g. letter board).

Question 3: What is the Caregiver's PRIMARY language?

Document the primary language understood and used by the caregiver. If not listed, select *Other* and document the primary language in the Notes section.

Question 4: What is the Caregiver's employment status?

Document the Caregiver's employment status.

Full-Time:	32 or more hours per week
Part-Time:	Less than 32 hours per week

Question 5a: Is the individual a Veteran?

Select the appropriate response (No, Yes or Unable to determine).

Question 5b: Is the individual the spouse/widow or dependent child of a Veteran?

Select the appropriate response (No, Yes or Unable to determine).

Question 5c: Is the individual receiving Veteran's benefits?

Select the appropriate response (No, Yes or Unable to determine).

Question 6: What is the relationship of the Caregiver to the Care Receiver?

Document the relationship of the Caregiver to the Care Receiver. Select only one response.

For Grandparents/Older Relative Caregiver of Children – The Caregiver will be age 55 and older and will be the grandparent, step-grandparent, or relative of the child by blood, marriage, or adoption but **NOT** the biological parent.

1.D. CAREGIVER'S RESIDENTIAL ADDRESS

Question 1: Is the Caregiver's postal/mailing address exactly the same as the residential address?
Select No or Yes. Select one response. If No, complete Sections 1.D. and 1.E. If Yes, complete only Section 1.D.

Question 2a: Residential County:

Select the name of the county the Caregiver resides in.

Question 2b: Residential Street Address:

Indicate the street address where the Caregiver resides.

Question 2c: Residential Address Second Line (Apt or Room #, Building or Complex Name, etc.):

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Document the apartment number or room number and the name of the building or complex, if applicable, where the Caregiver resides. Ex: Apt #3 Independence Court

Question 2d: Residential Municipality – REQUIRED (Usually a Township or Borough where the Caregiver pays taxes or votes):

Document the Township or Borough where the Caregiver pays taxes or votes. To look up the municipality go to http://munstats.pa.gov/Public/FindMunicipality.aspx

Question 2e: Residential City/Town:

Document the city/town where the Caregiver resides.

Question 2f: Residential State (2 character limit):

Document the state where the Caregiver resides.

Question 2g: Residential Zip Code:

Document the zip code where the Caregiver resides.

Question 3a: Primary Phone Number:

Document the Caregiver's primary phone number.

Question 3b: Mobile Phone Number:

Document the Caregiver's mobile phone number, if applicable.

Question 3c: Other phone number (Enter additional number where Caregiver can be reached, if applicable):

Document any other ancillary phone number where the Caregiver may be reached.

Question 3d: Email Address:

Document the Caregiver's email address, if applicable.

Question 4: What was the outcome when the Caregiver was offered a voter registration form? (REQUIRED)

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Select only one response.

1.E. CAREGIVER'S POSTAL/MAILING ADDRESS INFORMATION

Question 1a: Postal Street Address:

Document the address where the Caregiver receives mail.

Question 1b: Postal Address Line 2 (optional):

Document additional mailing address information, if necessary, for the Caregiver.

Question 1c: Postal City/Town:

Document the city or town where mail the Caregiver receives mail.

Question 1d: Postal State (2 character limit):

Document the state where the Caregiver receives mail.

Question 1e: Postal Zip Code:

Document the zip code where the Caregiver receives mail.

1.F. CAREGIVER'S EMERGENCY CONTACT

Question 1a: Name of Emergency Contact:

Document the name of the emergency contact for the Caregiver.

Question 2b: Relationship of Emergency Contact:

Document the relationship of the emergency contact to the Caregiver.

Question 3c: Telephone number of Emergency Contact:

Document the telephone number of the emergency contact for the Caregiver.

Question 4d: Work Telephone Number of Emergency Contact:

Document the work telephone number of the emergency contact for the Caregiver.

2. CAREGIVER EXPENDITURES
2.A. REPORTED EXPENDITURES OF CAREGIVER

The Primary Caregiver will expend their own funds to pay for services and/or supplies related to the care of the Care Receiver. Caregivers will be offered the opportunity to receive reimbursement for all allowable expenses, including Home Modifications and Assistive Devices, if eligible. If the Caregiver is not expending their funds to pay for services and/or items related to providing care, the Caregiver will not be enrolled in the Caregiver Support Program. An alternative program, such as OPTIONS, will be explored if the Care Receiver is expending their own funds for services or items related to their care.

Question 1a: Do you currently pay for services to provide care to the Care Receiver?

Select No or Yes.

Question 1b: Document the type of service and estimated monthly cost.

Document any services the Caregiver pays for care of the Care Receiver and the estimated monthly cost. Services may include Respite, Older Adult Daily Living, Personal Care, Personal Emergency Response Systems (PERS), or any other services

Question 2a: Do you currently pay for supplies that directly relate to providing care to the Care Receiver?

Select No or Yes.

Question 2b: Document the supplies purchased and estimated monthly cost.

Document any expendable, disposable or consumable supplies the Caregiver pays to provide care for the Care Receiver, not otherwise covered by insurance or third-party payer, on an on-going basis. Supplies may include, but are not limited to, incontinence care supplies, therapeutic creams/ointments, and wound care supplies.

Question 3: Do you feel that you may need to purchase any Assistive Devices/Technology which directly relates to providing care to the Care Receiver?

Select No or Yes. If Yes, document in the Notes any Assistive Devices or technologies the Caregiver feels may provide relief or assist the Caregiver with fulfilling caregiving duties.

Question 4: Do you feel that you may need to purchase any Home Modifications which directly relate to providing care to the Care Receiver?

Select No or Yes. If Yes, document in the Notes any Home Modifications the Caregiver feels may improve Caregiver/Care Receiver safety, increase functionality, improve accessibility, and assist with the provision of care to the Care Receiver in the home. Home modifications may include a wheelchair ramp, stair lift, or walk-in shower.

3. CARE RECEIVER'S INFORMATION
3.A. CARE RECEIVER'S IDENTITY

***Only ONE Caregiver/<u>ONE Adult Care Receiver</u> dyad per Caregiver Assessment Tool (CAT). If a Caregiver is providing care for a second Adult Care Receiver, recognized by the AAA as a Care Receiver in the Caregiver Support Program, a separate CAT will be completed.**

***Only Caregivers who are Grandparents/Other Older Relative Caregivers of children may have multiple Care Receivers listed on one CAT.**

Question 1a: Care Receiver's Last Name (Adult or Child):

Document the Care Receiver's last name.

Question 1b: Care Receiver's First Name (Adult or Child):

Document the Care Receiver's first name.

Question 1c: Care Receiver's Date of Birth (Adult or Child):

Document the Care Receiver's date of birth.

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*The Care Manager will monitor the children's date of birth. Once a child reaches age 18, the Caregiver is no longer eligible for the Caregiver Support Program. If the Caregiver cares for more than one child, a reassessment will be completed when the child reaches age 18. The individual who reached age 18 will be removed from the CAT.

Question 1d: What is the Care Receiver's current gender identity (defined as one's inner sense of one's own gender)?

Document the Care Receiver's current gender identity.

Question 1e: Does the Care Receiver have a disability as defined by the Americans with Disabilities Act of 1990?

Select the appropriate response.

If unable to determine the Care Receiver's disability status, select "Unknown".

Question 1f: What is the legal status of the CG/CR relationship (Adult or Child):

Select the legal status of the Caregiver/Care Receiver relationship.

None:	No legal status
Guardianship:	A Guardianship, sometimes called a Conservatorship, (Court ordered) is created when a person is named in a will or assigned by the court to take care of incapacitated adults or minor children.
Legal Custody:	Legal custody (Court ordered) is the right and obligation to make major decisions affecting the child, including medical, religious and educational decisions, unless otherwise specified in the Court Order.
Physical Custody:	Physical custody is the right to have the child in your care and the Caregiver has physical possession and control of the child. It refers to the Caregiver with whom the child actually resides.

Power of Attorney (POA):	A Caregiver designated and legally appointed to represent the Care Receiver.
Other:	Legal status not identified in previous selections. Specify in Notes.
Unknown:	Unknown legal status.

Question 1g: Is the Care Receiver's address the same as the Caregiver's address?

Select Yes or No. If Yes, skip to 3.B.1.

Question 1h: Care Receiver's Postal Street Address:

Document the address where the Care Receiver receives mail.

Question 1i: Care Receiver's Postal Address Line 2 (optional):

Document additional mailing address information, if necessary, for the Care Receiver.

Question 1j: Care Receiver's Postal City/Town:

Document the city or town where mail the Care Receiver receives mail.

Question 1k: Care Receiver's Postal State (2 character limit):

Document the state where the Care Receiver receives mail.

Question 1l: Care Receiver's Postal Zip Code:

Document the zip code where the Care Receiver receives mail.

Question 1m: Care Receiver's County:

Document the county where the Care Receiver resides.

3.B. CARE RECEIVERS IDENTITY(S) when Multiple Child Care Receivers for Grandparents/Other Older Relative CSP.

Question 1a: Child Care Receiver #2 Last Name:

Document the Care Receiver's last name.

Question 1b: Child Care Receiver #2 First Name:

Document the Care Receiver's first name.

Question 1c: Child Care Receiver #2 Date of Birth:

Document the Care Receiver's date of birth.

Question 1d: What is the current gender identity for Care Receiver #2 (defined as one's inner sense of one's own gender)?

Document the Care Receiver's current gender identity.

Question 1e: What is the legal status of the #2 Child CG/CR relationship?

Select the legal status of the Caregiver/Care Receiver relationship.

Question 2a: Child Care Receiver #3 Last Name:

Document the Care Receiver's last name.

Question 2b: Child Care Receiver #3 First Name:

Document the Care Receiver's first name.

Question 2c: Child Care Receiver #3 Date of Birth:

Document the Care Receiver's date of birth.

Question 2d: What is the current gender identity for Care Receiver #3 (defined as one's inner sense of one's own gender)?

Document the Care Receiver's current gender.

Question 2e: What is the legal status of the #3 Child CG/CR relationship?

Select the legal status of the Caregiver/Care Receiver relationship.

Question 3: Additional Child Care Receiver(s) information or notes:

Document any additional children that are Care receivers – Last Name, First Name, Date of Birth, legal relationship, and current gender identity for each additional Child Care Receiver (defined as one's inner sense of one's own gender).

3.C. CARE RECEIVER'S HOUSEHOLD COMPOSITION

Question 1: What is the Care Receiver's PERMANENT living arrangement?

Select the Care Receiver's permanent living arrangement.

Question 2: Document the name, age and relationship of each individual who resides in the Care Receiver's household.

Document the name, age, and relationship of each individual in the Care Receiver's household.

Question 3: What is the total number of individuals that reside in the Care Receiver's household?

Select the total number of individuals, including the Care Receiver, that reside in the Care Receiver's household. If greater than six individuals reside in the household, select "other" and document details in Notes.

4. CARE RECEIVER'S HOUSEHOLD FINANCIAL DATA
4.A. CARE RECEIVER'S INCOME

The percentage eligible for reimbursement of approved services and supplies is determined by calculating the total annual income of all individuals who reside in the Care Receiver's household ***for the previous year***. The Caregiver Support Program

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Reimbursement Percentage Guide (refer to Appendix F.2) is used to determine the reimbursement percentage. Upon determination of the reimbursement percentage, the Caregiver may choose not to participate in the program for reimbursement. In this case, the Care Manager may bypass the rest of the assessment and complete the Caregiver Assessment Summary (Section 8.B.1.) and Caregiver Assessment Outcome section (Section 8.C.1.). The Caregiver is eligible to receive Care Management, Benefits Counseling, and Caregiver Education and Training regardless of their reimbursement percentage. The Care Receiver age 60 or older should have a Needs Assessment Tool (NAT) or Needs Assessment Tool – Express (NAT-E) completed to determine whether they have unmet needs that may be met through another program.

NOTE: For individuals who are self-employed and report a profit loss on their federal tax return (a negative earnings amount), enter a 0 (zero) for their gross monthly wage/salary/earnings income amount.

Question 1: Refused to provide financial information?

Select the appropriate response.

The Pennsylvania Caregiver Support Act (amended June 11, 2021, P.L.52, No.20) requires Care Receiver household incomes not to exceed 380% of the poverty level for caregiver reimbursement. If the Care Receiver or any household members refuse to provide financial information, the Caregiver is not eligible for reimbursement through the CSP. However, the Caregiver may benefit from other CSP services, such as Care Management, Caregiver Education and Training, and Benefits Counseling.

Question 2: Care Receiver's monthly Social Security Income (SS):

Document the gross monthly amount.

Question 3: Care Receiver's monthly Supplemental Social Security Income (SSI):

Document the gross monthly amount.

Question 4: Care Receiver's monthly retirement/pension income:

Document the gross monthly amount.

Question 5: Care Receiver's monthly interest/dividends income:

Document the gross monthly amount.

Question 6: Care Receiver's monthly public assistance:

Document the gross monthly amount.

Question 7: Care Receiver's monthly wage/salary/earnings income:

Document the gross monthly amount.

Question 8: Care Receiver's monthly net rental income:

Document the net monthly amount.

Question 9: Care Receiver's monthly railroad retirement benefit income:

Document the gross monthly amount.

Question 10: Care Receiver's monthly annuity, trust, estate income:

Document the gross monthly amount.

Question 11: Care Receiver's other monthly income
(Document the source of income in Notes)

Document the gross monthly amount. Document details regarding the source of income in Notes.

Question 12: Care Receiver's monthly Medicare Part B Premium:

Document the gross monthly amount.

Question 13: Care Receiver's Total Monthly Reportable Income:

The total monthly income will auto-calculate from the amounts entered in questions 2-12. Questions 2-12 will have an amount documented in order to auto-calculate. If there is no income for a specific question, 0 (zero) will be entered.

4.B. OTHER HOUSEHOLD MEMBER'S INCOME (Residing with Care Receiver *see Chapter for inclusions and exclusions):

If there are multiple household members, provide a breakdown of the total monthly amount with the household member and the amount they receive in the Notes for each question.

Question 1: Monthly Social Security (SS) income of other household members:

Document the gross total monthly amount for other household members. Exclude Medicare Part B premiums.

Question 2: Monthly SSI of other household members:

Document the total gross monthly amount for other household members.

Question 3: Monthly retirement/pension income of other household members:

Document the total gross monthly amount for other household members.

Question 4: Monthly interest/dividend income of other household members:

Document the total gross monthly amount for other household members.

Question 5: Monthly public assistance income of other household members:

Document the total gross monthly amount for other household members.

Question 6: Monthly wage/salary/earnings income of other household members:

Document the total gross monthly amount for other household members.

Question 7: Monthly NON-residential net rental income of other household members:

Document the total net monthly amount for other household members.

Question 8: Other monthly income of other household members:

Document the total gross monthly amount for other household members.

Question 9: Monthly Medicare Part B Premium of other household members:

Document the total gross monthly amount for other household members.

Question 10: Other Household Members Total Monthly Income:

The total monthly amount will auto-calculate from questions 1-9. Questions 1-9 will have an amount documented in order to auto-calculate. If there is no income for a specific question, 0 (zero) will be entered. If there are multiple other household members residing with the Care Receiver, provide a breakdown of the total monthly amount with the household member and the amount they receive in the Notes for each question, then add their income together before entering the amount into questions 1-9.

4.C. HOUSEHOLD INCOME

Question 1: Care Receiver Total Monthly Household Income:

The total monthly income for all household members will auto-calculate.

Question 2: Total Care Receiver Household Annual income:

The total annual income for all household members will auto-calculate.

Document the year on which the financial information is based in the case journal notes, if desired.

Question 3: Percentage of Total Monthly Expenses AAA Reimburses Caregiver:

The reimbursement percentage will auto calculate based on the number of household residents (Question 3.C.3.) and the Care Receiver's total annual household income (4.C.2.).

If the Care Receiver's household has greater than six members, the Care Manager will calculate the reimbursement percentage manually based on the instructions on the Caregiver Support Program Reimbursement Percentage Guide (Appendix F.2). Document the reimbursement percentage based on the Care Receiver's household income.

Question 4: Enter Percentage of Total Monthly Expenses AAA Reimburses Caregiver:

Enter percentage listed in question 4.C.3. above.

Question 5: Percentage of Total Monthly Expenses AAA Does Not Reimburse the Caregiver:

The co-pay percentage will auto calculate based on the number of household residents (Question 3.C.3.) and the total annual household income (4.C.2.).

If the Care Receiver's household has greater than six members, the Care Manager will manually calculate the reimbursement percentage based on the instructions on the Caregiver Support Program Reimbursement Percentage Guide (Appendix F.2). Document the reimbursement percentage based on the Care Receiver's household income.

Question 6: Based on the calculated reimbursement percentage, does the Caregiver wish to continue with the assessment for the Caregiver Support Program?

Select Yes or No. If the Caregiver does not wish to continue with the assessment, document details in Notes and continue to the Caregiver Assessment Summary (Section 8.B.1.) and Caregiver Assessment Outcome section (Section 8.C.1.).

5. CAREGIVER'S SUPPORTS/GENERAL ROLES AND RESPONSIBILITIES
5.A. FORMAL AND INFORMAL SUPPORTS

Question 1: Check all benefits the Caregiver is currently receiving:

Select the benefits the Caregiver is receiving. If the Caregiver does not receive any benefits, provide the Caregiver with information for any programs they may benefit from.

Question 2: Are there any additional INFORMAL supports that provide assistance or care to the Care Receiver? (Document name(s) and assistance/care provided in the Notes)

Select the appropriate response(s). More than one choice may be selected. Document in Notes the name of the informal support, type of informal support, and the assistance and/or care the informal support provides.

Question 3: Is the Care Receiver receiving care or services from any FORMAL supports? (Document name(s) and care provided in Notes)

Select the appropriate response(s). More than one choice may be selected. Document in Notes the name of the formal support, type of informal support, and the care or services the formal support provides.

5.B. CAREGIVER'S GENERAL RESPONSIBILITIES

This section assesses the Caregiver's responsibilities and records the Caregiver's perspective of their responsibilities. Details regarding what the Caregiver provides for the Care Receiver will be documented in Notes, where applicable.

Question 1: How long have you been providing the majority of assistance to the Care Receiver?

Select the appropriate response.

NOTE: If the Caregiver has been providing care for an extended period, with no support, there is an increased risk for burnout.

Question 2: Tell me how you became responsible for the child(ren) in your care.

Document how the Caregiver became responsible for the child(ren) in their care.

Understanding how an older relative became responsible for caring for a child(ren) is important in identifying possible supports. The parent of the child may be absent due to deployment for military duties, or the parent may be deceased or incarcerated, which may cause the older relative to be grieving. If a Care Manager determines the older relative is grieving, a referral to or information regarding grief and loss support groups may be appropriate for the Caregiver.

Question 3a: Does the Care Receiver have any mental health diagnoses which require monitoring or on-going services? (Document details in Notes)

Select No, Yes or Don't Know (if information not available). Document details in Notes.

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Question 3b: Does the Care Receiver have any physical health diagnoses which require monitoring or on-going services? (Document details in Notes)

Select No, Yes or Don't Know (if information not available). Document details in Notes.

Question 4a: Does the Care Receiver have a diagnosis of Alzheimer's Disease or dementia?

Select No or Yes. If No, skip to 5.B.5. Select Yes if the Care Receiver is age 18-59 and required documentation was provided. The Caregiver Support Program regulations require written documentation from a physician or team of physicians indicating the Care Receiver has a chronic dementia, such as Alzheimer's disease.

Question 4b. Does the Care Receiver require on-going services or supervision due to Alzheimer's Disease or dementia? (Document details in Notes)

Select No or Yes. Document details in Notes.

Question 5: Does the Care Receiver exhibit behaviors that require monitoring? (Document details in Notes)

Select all responses that apply. Document details in Notes.

Question 6a: Are you able to leave the Care Receiver alone for any period of time?

Select No or Yes. If Yes, complete question 5.B.6.b. If No, skip to 5.B.7

Question 6b: How long can the Care Receiver safely be left alone?

Select the appropriate response.

Question 7: Do you assist in managing medical appointments for the Care Receiver? (Document details in Notes)

Select No or Yes. Document details in Notes.

Question 8: Do you assist in managing the Care Receiver's medication(s)? (Document details in Notes)

Select No or Yes. Document details in Notes.

Question 9: Do you assist in managing other special medical treatments for the Care Receiver? (Document details in Notes)

Select No or Yes. Document details in Notes.

6. CAREGIVER'S ASSISTANCE

This section assesses how much assistance the Caregiver reports providing for the Care Receiver for Activities of Daily Living (ADLs), mobility, and Instrumental Activities of Daily Living (IADLs). There may be more than one response selected for each ADL, level of mobility, and IADL.

None – the Caregiver provides no assistance, and the Care Receiver is able to complete the task independently.

Cueing/Coaxing – the Caregiver cues or coaxes the Care Receiver to complete a task because the Care Receiver is unable to cognitively process or complete steps to complete the task.

Set-up – the Caregiver sets-up supplies or items because the Care Receiver is unable to complete set-up, but the Care Receiver is able to complete the primary activity independently.

Supervision – the Caregiver supervises the Care Receiver to assure safety of the Care Receiver.

Hands-on-Assistance – the Caregiver provides hands-on-assistance or weight-bearing support for the Care Receiver.

Total Care – the Caregiver completes the task in its entirety because the Care Receiver is unable to.

Arranges Informal Supports – the Caregiver arranges informal supports to assist the Care Receiver.

Arranges Formal Supports – the Caregiver arranges and pays for formal supports to assist the Care Receiver.

Other – if “Other,” document details in the Notes section.

Extra Help – the Caregiver requires additional assistance to fulfill their caregiving responsibilities.

6.A. ADL ASSISTANCE (Check all that apply)

Question 1: Identify the assistance the Caregiver provides the Care Receiver for BATHING:

Select all responses that apply. If *“*Other*,”* document in Notes.

Question 2: Identify the assistance the Caregiver provides the Care Receiver for DRESSING:

Select all responses that apply. If *“*Other*,”* document in Notes.

Question 3: Identify the assistance the Caregiver provides the Care Receiver for GROOMING:

Select all responses that apply. If *“*Other*,”* document in Notes.

Question 4: Identify the assistance the Caregiver provides the Care Receiver for EATING:

Select all responses that apply. If *“*Other*,”* document in Notes.

Question 5: Identify the assistance the Caregiver provides the Care Receiver for TRANSFERS:

Select all responses that apply. If *“*Other*,”* document in Notes.

Question 6: Identify the assistance the Caregiver provides the Care Receiver for TOILETING:

Select all responses that apply. If *“*Other*,”* document in Notes.

Question 7: Identify the assistance the Caregiver provides the Care Receiver for BLADDER CARE:

Select all responses that apply. If *"*Other*,"* document in Notes.

Question 8: Identify the assistance the Caregiver provides the Care Receiver for BOWEL CARE:

Select all responses that apply. If *"*Other*,"* document in Notes.

6.B. MOBILITY ASSISTANCE (Check all that apply)

Question 1: Identify the assistance the Caregiver provides the Care Receiver with INDOOR MOBILITY:

Select all responses that apply. If *"*Other*,"* document in Notes.

Question 2: Identify the assistance the Caregiver provides the Care Receiver with OUTDOOR MOBILITY:

Select all responses that apply. If *"*Other*,"* document in Notes.

Question 3: Identify the assistance the Caregiver provides the Care Receiver with STAIR MOBILITY:

Select all responses that apply. If *"*Other*,"* document in Notes.

6.C. IADL ASSISTANCE (Check all that apply)

Question 1: Identify the assistance the Caregiver provides the Care Receiver for MEAL PREP:

Select all responses that apply.

Question 2: Identify the assistance the Caregiver provides the Care Receiver for HOUSEWORK:

Select all responses that apply.

Question 3: Identify the assistance the Caregiver provides the Care Receiver for LAUNDRY:

Select all responses that apply.

Question 4: Identify the assistance the Caregiver provides the Care Receiver for SHOPPING:

Select all responses that apply.

Question 5: Identify the assistance the Caregiver provides the Care Receiver for TRANSPORTATION:

Select all responses that apply.

Question 6: Identify the assistance the Caregiver provides the Care Receiver for MONEY MANAGEMENT:

Select all responses that apply.

Question 7: Identify the assistance the Caregiver provides the Care Receiver for TELEPHONE:

Select the appropriate response.

Question 8: Identify the assistance the Caregiver provides the Care Receiver for HOME MANAGEMENT:

Select all responses that apply.

7. CAREGIVER'S WELL-BEING
7.A. CAREGIVER'S WELL-BEING

This section assesses how the Caregiver is adjusting to their caregiving role, coping with their caregiving-related responsibilities, and records what outcomes the Caregiver desires. This section assists the Care Manager with understanding the Caregiver in the caregiving role and identifying services and supports, such as respite or support groups, and facilitates discussion about such services and supports.

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This section is also used to measure outcomes to determine effectiveness of the Caregiver Support Program.

The questions in this section may be sensitive and inappropriate in the presence of the Care Receiver. It is acceptable for the Care Manager to interview the Caregiver in a room separate from the Care Receiver.

Question 1: Do you find it difficult to provide care?

Select No or Yes. If Yes, document details in Notes.

NOTE: The Caregiver may report physical or emotional difficulty due to reasons related to the Care Receiver.

Question 2: On a scale of 1-5, are you concerned with your ability to provide care? (Document details in Notes)

Select the Caregiver's response. Document details in Notes.

Question 3: Are you experiencing any of the following challenges in your caregiving role? If yes, check all that apply. (Document details for each challenge in Notes)

Select all the responses that apply. Document details for each challenge in Notes.

Question 4: How would you rate the quality of your relationship with the Care Receiver?

Select the appropriate response.

Question 5: Has your own health been affected in the last six months because of caregiving?

Select the appropriate response.

Question 6: On a scale of 1-5, how much stress are you experiencing due to your caregiving role?

Select the appropriate response.

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Question 7: Do you want to continue to provide care for the Care Receiver?

Select Yes or No. If the Caregiver does not want to continue to provide care for the Care Receiver, document details in Notes. The Care Manager will explore care options for the Care Receiver with the Caregiver. If necessary, provide information for placement options and make a referral for a Functional Eligibility Determination (FED) for the Care Receiver.

Question 8: Do you feel as if you need additional information, training, or education to provide care more effectively or to be more knowledgeable in specific areas?

Select No or Yes. If Yes, document details in Notes.

Question 9: Has your role as a Caregiver made positive contributions to your life in any of the following ways? (Document details in Notes)

Select all responses that apply.

Question 10: Are there any activities that you participate in to maintain or improve their own quality of life (active, entertainment, social, or religious activities)?

Document all activities in which the Caregiver is participating.

The Care Manager should recognize if the Caregiver is or is becoming isolated due to caregiving responsibilities and may use the response to discuss the importance of using respite services or attending support groups.

Question 11: What do you do to cope with being a caregiver?

Document the Caregiver's reported coping strategies.

The Caregiver may not be able to identify how they cope with situations. However, the Care Manager may recognize coping strategies the Caregiver utilizes during discussion throughout the assessment process. The Care Manager can identify and process with the Caregiver the approaches which were recognized.

Question 12: What are you doing well as a caregiver?

Document the Caregiver's reported strengths. The Caregiver may not be able to identify strengths. However, the Care Manager may identify strengths during discussion throughout the assessment process and should discuss observed strengths with the Caregiver.

8. CARE MANAGER OBSERVATIONS AND ASSESSMENT OUTCOME
8.A. CARE MANAGER'S OBSERVATIONS

*****IMPORTANT - DO NOT ASK THESE QUESTIONS OF THE CAREGIVER!*****
The questions in this section are related to the Care Manager's observations and should not be addressed to the Caregiver.

Question 1: What conditions of the caregiving environment cause health and safety concerns to the Caregiver and Care Receiver? (Document details in Notes)

Select all responses that apply. Document details in Notes regarding health and safety concerns and how the issue is being addressed with the Caregiver.

Question 2: What areas of the caregiving environment impact accessibility? (Document details in Notes)

Select all responses that apply. Document details in Notes.

Question 3: Care Manager's observations or concerns about the Caregiver. (Document details in Notes)

Select all responses that apply. Document details in Notes.

Question 4: Based on the information provided, is the Caregiver able to provide and/or coordinate the care and services necessary to maintain the Care Receiver in the community?

Select No or Yes. Document details in Notes any concerns regarding the Caregiver's ability to maintain the Care Receiver in the community and whether the concerns were addressed with the Caregiver.

8.B. ASSESSMENT SUMMARY

Caregiver Assessment Tool Form Instructions

Question 1: Does the assessed Caregiver meet the definition of Primary Caregiver (see Chapter VI)?

The Primary Caregiver, as identified in Chapter VI, is an identified family member or other responsible individual who has primary responsibility for the provision of care required to maintain the physical and/or mental health of the Care Receiver. The Caregiver may not receive reimbursement for personally providing caregiving services to the Care Receiver and will be actively involved/engaged with various aspects of care on a regular, but not necessarily, daily basis.

Select No or Yes. If No, document details in Notes.

8.C. ASSESSMENT OUTCOME

Question 1: Based on the assessment, is the Caregiver Support Program the appropriate program to provide support within this caregiving relationship?

Select No or Yes. If no, document details in Notes.

Question 2: Caregiver Assessment Score:

The Caregiver Waiting List Score will auto-calculate based on the Caregiver's support, general roles and responsibilities, and the Caregiver's well-being.

Question 3: Caregiver Assessment Score – Enter the value from the previous question:

Enter the value from question 8.C.2.

IMPORTANT: This information is not auto generated and will be manually entered into the CAT.

Question 4: Care Manager believes the Care Receiver should be referred to other Aging Services Programs

Select No or Yes.

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8.D. ASSESSMENT OUTCOME AUTHENTICATION

This section is required to be completed following the completion of the CAT. The CAT is not considered complete until the Supervisor has reviewed the Care Manager's entries and completed Questions 8.D.3 and 8.D.4. A review of the CAT by an RN is not required. The Care Manager and Supervisor signatures indicate that the information is complete and accurate.

Question 1: Name of the Care Manager competing this assessment:

Document the first and last name of the Care Manager completing the CAT.

Question 2: Date (MM/DD/YYYY) of Care Manager signature:

Using the MM/DD/YYYY format, document the date the Care Manager signed the CAT.

Question 3: Name of Supervisor who reviewed and approved this assessment:

Document the first and last name of the Supervisor who reviewed and approved the CAT.

Question 4: Date (MM/DD/YYYY) Supervisor reviewed and approved this assessment:

Using the MM/DD/YYYY format, document the date the Supervisor reviewed and approved the CAT.