Chapter VI. Caregiver Support Program

OVERVIEW

In 1990, the Pennsylvania General Assembly established a **Family Caregiver Support Program** (6 Pa. Code Chapter 20) in order to assist individuals who assume primary responsibility for the provision of care for functionally dependent older adults and adults with Alzheimer's Disease or other chronic dementia. The program's intent was to encourage Caregiver respite and allow for financial reimbursement for caregiving related services and supplies.

While Pennsylvania's Caregiver Program began in 1990, **the National Family Caregiver Support Act** was not enacted until November 2000 as part of the reauthorization of the federal Older Americans Act (OAA). Known as the **National Family Caregiver Support Program (NFCSP**), federal funds are provided to the state unit on aging (i.e., the Pennsylvania Department of Aging, hereafter referred to as "the Department") through Title III, Part E of the OAA. In turn, the Department provides federal OAA and state funds (via the Aging Block Grant) to Pennsylvania's network of local Area Agencies on Aging (AAAs) to administer caregiver support services.

Every five years, Congress reviews the NFCSP through a process called reauthorization. This process provides stakeholders and advocates the opportunity to recommend changes to improve the program to better serve Caregivers. In 2016, several clarifications were made to the program, such as the term "older relative caregiver" having replaced "grandparents and older individuals who are relative caregivers". In the most recent reauthorization of the OAA, which occurred in 2020, the 10% limitation on total spending on older relative caregivers was eliminated.

Similarly, opportunities to enhance Pennsylvania's Caregiver Program, to better support Caregivers, and align with the federal program are also regularly pursued. For instance, at the time of its inception in 1990, Pennsylvania's Caregiver Program, which pre-dated the NFCSP, was one of the first family caregiver programs in the country. Over time, it was realized that limitations in the program were constraining its effectiveness, which has resulted in underutilization of the program.

As a result, steps were taken in December 2011, when the General Assembly passed Act 112 of 2011 to improve the program and increase utilization. One of the highlights of the program changes implemented by Act 112, was that the word "family" was replaced with "Pennsylvania" in the name of the Act. As such, the program became the **Pennsylvania Caregiver Support Act,** paving the way for primary Caregivers, who are not relatives of the Care Receiver, to participate in the program.

Additionally, in June 2021 Act 20 of 2021 was signed into law, which updated state statutory requirements for the Caregiver Support Program (CSP) to provide greater flexibility for the administration of the program and improve its alignment with the OAA. These changes expanded populations eligible to be served with state dollars, removed prior statutory limitations on the maximum reimbursement amounts available to eligible Caregivers, thus granting the Department authority to determine these amounts, and removed the $300 aggregate limitation, which previously required AAAs to limit reimbursement to $200/month when the AAA's average monthly reimbursement exceeded $300 across its entire CSP caseload.

By way of this **Caregiver Support Program Chapter,** the Department is exercising its responsibility and demonstrating its commitment to uphold the provisions of federal and state laws by providing the AAAs with an infrastructure of program resources and guidance to better support Caregivers in their caregiving role.

The CSP provides five categories of supportive services to Caregivers of older adults with functional deficits, individuals with Alzheimer's Disease or other related disorders, as well as grandparents and other relatives aged 55 and older who are raising grandchildren or caring for adults with disabilities. Written broadly to provide flexibility and responsiveness to the needs of Caregivers, these supportive services include:

- **Information:** Providing information to Caregivers about available resources.
- **Assistance:** Referring and linking Caregivers to available services (e.g., support groups).
- **Caregiver Training:** Empowering Caregivers in making decisions and solving problems relating to their caregiving roles, organizing support groups, and arranging for caregiving training.
- **Respite Care:** Providing Caregivers with a temporary break from their caregiving responsibilities.
- **Supplemental Services**: Providing, on a limited basis, items or services designed to help complement the care provided by Caregivers.

Overall, Pennsylvania's **Caregiver Support Program** provides resources and assistance to individuals who assume primary responsibility for the provision of care in order to help alleviate the stress associated with caregiving and support the caregiving relationship by focusing on the Caregiver's well-being. The CSP recognizes Caregiver stress can impact the physical, emotional, and financial health of caregivers, access to respite services is essential and provides financial reimbursement for caregiving-related services and supplies. These services are subject to eligibility requirements and are not an entitlement.

All other resources for the Caregiver (individual, local, state and/or Federal) will be considered and utilized before CSP services are provided.

Chapter VI. Caregiver Support Program

I. PROGRAM ELIGIBILITY REQUIREMENTS

Primary Caregiver

The Primary Caregiver is the one identified family member or other responsible individual who has primary responsibility for the provision of care, including coordination of care and services, needed 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.

A. Eligibility Requirements for Caregivers and Care Receivers

Caregivers and Care Receivers will be Pennsylvania residents. A list of acceptable documents can be found in Appendix F.1. United States citizenship is not required.

Exceptions may be made by the AAA for Caregivers living in neighboring states on a case-by-case basis. The AAA will develop a local policy for their Planning and Service Area (PSA), approved by the Department's Bureau of Aging Services. The approved policy will be applied consistently to all out-of-state Caregivers. Approved exceptions to the PA residency requirement will be documented in a journal entry in the Caregiver's record in the Social Assistance Management System (SAMS), also known as Wellsky Aging and Disability, titled "CSP - Out-of-State Caregiver Verification", which clearly documents the details of the caregiving relationship (refer to Appendix D.1). At a minimum, the SAMS documentation will include:

- Proximity to Care Receiver's residence;
- Frequency of caregiving visits; and
- Assurance of non-duplication of benefits received by the Caregiver in their home state.

Caregivers are <u>not eligible</u> for CSP when one or more of the following apply:

- The Caregiver or Care Receiver receives Medical Assistance Long Term Services and Supports (MA LTSS).
- The Caregiver has been convicted of a crime relating to abuse, neglect, exploitation or abandonment.

- The Caregiver has been found civilly liable for abuse, neglect, exploitation or abandonment.
- The Caregiver has been notified they are an alleged perpetrator in a substantiated case of abuse, neglect, exploitation, or abandonment as defined in the Act of November 6, 1987 (P.L. 381, No. 79), known as the Older Adults Protective Services Act, as specified in 6 Pa. Code Chapter 15.
- The Caregiver has been notified they are an alleged perpetrator in a substantiated case of abuse, neglect, exploitation, or abandonment as defined in the act of October 7, 2010 (P.L.484, No.70), known as the Adult Protective Services Act.
- The Caregiver has been notified they are an alleged perpetrator in a substantiated case of child abuse as defined in 23 Pa.C.S. Chapter 63 (relating to child protective services).

B. Eligibility Categories for Caregivers

1. Caregiver of Functionally Dependent Individuals Age 60+ or individuals living with Alzheimer's Disease or a Related Disorder (Caregiver Support Program Care Enrollment)

a. Caregiver

- Age 18+
- Primary Caregiver of a functionally dependent individual age 60+ or an individual living with Alzheimer's Disease or a related disorder

b. Care Receivers

- Age 60+ **and** requires either limited or total assistance with at least one (1) Activity of Daily Living (ADL)

OR

- An individual of any age with Alzheimer's Disease or a related disorder

Written documentation from a physician is required indicating a diagnosis of Alzheimer's Disease or a related disorder which is defined as an irreversible and progressive neurological disorder that:

- Causes cognitive and memory impairment, behavioral and psychiatric problems, and the loss of ability to care for oneself,

- Is severe enough to interfere with work or social activities; and
- Requires continuous care or supervision.

c. Living arrangement

- Caregiver and Care Receiver are not required to live in the same residence.
- For the purposes of this program, a residence is defined as a living arrangement in which members share common living areas, including the kitchen, living room and/or bathroom.

d. Income

- Household income is defined as the total gross income of all individuals living in the Care Receiver's residence, with the exception of the gross earnings of a minor or dependent student.
- Household income will be less than or equal to 380% of the Federal Poverty Level (refer to Section V - Income) to receive reimbursement of approved services and supplies.

2. Grandparent/Older Relative Caregiver of Children (Grandparent/Other Older Relative Caregiver Care Enrollment)

a. Caregiver

- Age 55+
- Primary Caregiver of the child(ren)
- NOT the biological parent of the child(ren)
- Related to the child(ren) as the grandparent, step-grandparent, or other non-parental older relative by blood, marriage, or adoption
- Has a legal relationship to the child(ren) such as legal custody, adoption, or guardianship, or is raising the child(ren) informally

b. Care Receivers

- Under age 18

c. Living arrangement

- Caregiver and Care Receiver are required to live in the same residence.
- For the purposes of this program, a residence is defined as a living arrangement in which members share common living areas, including the kitchen, living room and/or bathroom.

d. Income

- Household income is defined as the total gross income of all individuals living in the Care Receiver's residence, with the exception of
  the gross earnings of a minor or dependent student.
- Household income will be less than or equal to 380% of the Federal Poverty Level (refer to Section V - Income) to receive reimbursement of approved services and supplies.

3. Older Relative Caregiver of an Adult with a Disability (Grandparent/Other Older Relative Caregiver Care Enrollment)

a. Caregiver

- Age 55+
- Primary Caregiver of an individual with a non-dementia related disability
- Related to the Care Receiver by blood, marriage, or adoption

b. Care Receivers

- Age 18-59 with a non-dementia related disability

c. Living arrangement

- Caregiver and Care Receiver are required to live in the same residence.
- For the purposes of this program, a residence is defined as a living arrangement in which members share common living areas, including the kitchen, living room and/or bathroom.

d. Income

- Household income is defined as the total gross income of all individuals living in the Care Receiver's residence, with the exception of
  the gross earnings of a minor or dependent student.
- Household income will be less than or equal to 380% of the Federal Poverty Level (refer to Section V - Income) to receive reimbursement of approved services and supplies.

II. PROGRAM ENROLLMENT REQUIREMENTS

Caregivers seeking enrollment into the CSP will:

- Participate in the assessment process
- Provide financial information for all applicable members of the Care Receiver's household to determine the Caregiver's reimbursement percentage (refer to Section V - Income)
- Provide acceptable proof of PA residency for the Caregiver and Care Receiver (refer to Appendix F.1)
- Sign the Conditions of Participation/Certificate of Accountability Form (refer to Appendix C.1) indicating adherence to all program requirements during their initial assessment and at each reassessment

NOTE: Caregivers will complete and sign a separate Conditions of Participation/Certificate of Accountability Form for each Care Receiver in their care

Enrollment into CSP will be determined by the Care Receiver's PSA (refer to Appendix D.1).

A. Assessment

1. Caregiver Assessment Tool (CAT)

The Caregiver Assessment Tool is used to identify and record the needs of the Caregiver. It provides an overview of the caregiving relationship and identifies areas where support is needed. The Caregiver and Care Receiver will both be present in the caregiving environment during the completion of the CAT.

The home visit will be scheduled and the CAT completed within **10 business days** of the initial referral to the Care Manager. The CAT will be reviewed and signed by the Care Management Supervisor within **10 business days** of the home visit.

Caregivers will be reassessed using the CAT **every six months** (by the end of the last month of the current care plan period), or anytime there is a significant change in the caregiving relationship or a change in household income/composition. While a reassessment for the CSP is required every six months, financial information is only required to be provided on an annual basis. Please refer to Chapter III: Assessment.

For the Grandparent/Older Relative Caregiver of Children component of the program, a reassessment will be completed when a Care Receiver turns 18 and other Care Receivers under age 18 remain in the home.

In instances where the Primary Caregiver is providing care to more than one eligible Care Receiver, a separate CAT will be completed for each caregiving relationship. Caregivers enrolled in the Grandparent/Other Older Relative Caregiver of Children component of the program may have multiple Care Receivers under the age of 18 included on one CAT.

B. Care Enrollments

The following two care enrollments are applicable to the CSP:

- CSP - Caregiver Support Program
- CSP - Grandparent/Other Older Relative Caregiver

Refer to Section I.B. and the CSP Eligibility Quick Reference Chart (Appendix A.1) for information on determining the appropriate care enrollment.

Appendix D.1 contains guidance on creating CSP care enrollments in SAMS.

C. Wait Lists

Limited funding may result in the establishment of a wait list by the AAA. When the AAA determines a wait list will be established, it will provide notice to the Department's Bureau of Finance prior to implementation.

Only one wait list will be maintained in SAMS. The wait list will include Caregivers awaiting reimbursement for services and supplies, Home Modifications, or Assistive Devices, and Caregivers who require an increase in their care plan cost cap.

AAAs will establish a written wait list policy for their PSA, approved by the Department's Bureau of Aging Services, outlining the AAA's process for placing and serving Caregivers on their wait list.

Caregivers are placed on the wait list based on their Caregiver Assessment Score (CAS) and the date of completion of the CAT. The CAS is calculated based on information obtained through the CAT. The following areas are factored into the calculation of the CAS:

- Priority Category
- Caregiver's Well-Being
- Care Receiver's Need for Supervision

Caregivers placed on a wait list will be identified in SAMS. Care Management will be in “active” status in the care plan, while all other services will have a status of “waiting”.

AAAs will maintain accurate wait lists in SAMS. The wait list will be updated any time a Caregiver is placed on, or removed from, the wait list. AAAs will monitor funding on a monthly basis and redistribute funds as they become available. When funding becomes available, Caregivers are served from the wait list in the order they were placed.

Regular contact will occur with Caregivers on the wait list (refer to Chapter V: Care Management). Caregivers will be contacted at a minimum, as follows:

- Telephone contact - 3 months
- Reassessment - 6 months
- Telephone contact - 9 months
- Reassessment - 12 months

A Caregiver will be reassessed when their needs/supports change, or there is a significant change in the caregiving relationship which may affect their CAS. Documentation of these changes and a recalculation of the Caregiver’s CAS are required to advance their placement on the wait list.

III. CAREGIVER SUPPORT PROGRAM SERVICES

The following CSP services will be offered by the AAA to Caregivers. All CSP services will meet the applicable service standards for the program found in Appendix A.2. The CSP services may supplement, but not duplicate, services received by Caregivers or their Care Receivers through any other formal program.

A. Care Management

Care Management activities are a coordinative link between the identification of Caregiver needs and the timely provision of appropriate services and supports to meet those needs by utilizing all available resources. The role of the Care Manager is to support the Caregiver by addressing identified stressors and other needs through education, training, respite, and reimbursement for caregiving expenses.

The Care Manager will complete a comprehensive assessment, using the CAT, to develop a person-centered plan of care to meet the Caregiver's needs. The Care Manager is responsible for ongoing follow-up and case recording.

All Caregivers who receive CSP services will be care managed and have Care Management as an active service in their care plan. Care Management can be offered as a stand-alone service to Caregivers who need the support and assistance of a Care Manager and are not receiving other services (refer to Chapter V: Care Management).

At a minimum, regular contact will occur with Caregivers as follows:

- Telephone contact - 3 months
- Reassessment - 6 months
- Telephone contact - 9 months
- Reassessment - 12 months

B. Benefits Counseling

Benefits Counseling provides information about available services and programs the Caregiver or Care Receiver may be eligible to receive. Care Managers will provide individualized counseling and support to assist Caregivers in identifying and gaining access to all available resources and benefits (Federal, State and Local) to meet their specific needs.

NOTE: Resources specific to Older Relative Caregivers of Children can be found in Appendix F.3.

C. Caregiver Education and Training

The purpose of Caregiver Education and Training is to strengthen caregiving skills and ease the stress of caregiving with special attention to health problems of Care Receivers, coping skills for Caregivers, and the performance of appropriate personal care tasks. Caregiver Education and Training provided or arranged by the AAA may consist of a variety of approaches which may include, but are not limited to, distribution of printed educational materials, referral to web-based resources, and available training opportunities specific to caregiving. Care Managers are encouraged to refer the Caregiver to available resources and to assist in the development of Caregiver support groups as necessary.

D. Caregiver Reimbursement

Reimbursement is available for expenses paid by the Caregiver for ongoing services and/or consumable supplies directly related and necessary to the care being provided to the Care Receiver, and as authorized in their care plan. Justification for reimbursable expenses will be documented in a journal entry in the Caregiver's record in SAMS.

NOTE: Caregivers may not receive reimbursement for caregiving expenses paid to a relative.

The AAA will develop a local policy for the timely submission, review, approval, and payment of submitted receipts and apply the procedure consistently in all cases. The AAA will submit their local policy to the Department's Bureau of Aging Services for approval.

At a minimum, it is the responsibility of the Care Manager to:

- Develop a care plan that outlines the specific items and services to be reimbursed
- Obtain a signed Conditions of Participation/Certificate of Accountability Form (refer to Appendix C.1) from the Caregiver for each Care Receiver in their care
- Obtain the completed Self-Employed/Independent Contractor Declaration Form (refer to Appendix C. 2) from the Caregiver, when applicable
- Obtain the completed Department required Caregiver Reimbursement forms from the Caregiver as follows:
  - Caregiver Reimbursement for Services and Supplies Form (refer to Appendix C.3) detailing the purchase of supplies for the Care Receiver(s) and contains the signature of the Caregiver
  - Caregiver Reimbursement for Personal Care and In-Home Respite Form (refer to Appendix C.4) detailing the dates, times, description of services performed, cost, and signatures of the independent contractor and Caregiver
- Obtain receipts from the Caregiver for items or services purchased
- Review and approve all receipts to ensure consistency with the care plan.
- Attach completed forms and verified receipts to the Caregiver's record in SAMS.

Receipts for monthly expenses will be submitted to the AAA no later than the 15th of the following month. All Service Deliveries will be recorded in SAMS no later than the last day of the month following the month in which services were rendered.

If the Caregiver is late submitting receipts, the Care Manager will contact the Caregiver to determine why the Caregiver is unable to meet the deadline and offer assistance and support. This may include helping the Caregiver to resolve any problems with providers such as contacting provider agencies to request expedited invoicing. Documentation of all circumstances resulting in late submission and efforts made to resolve identified issues will be recorded in a SAMS journal entry titled, “CSP - Late Receipt Submission” (refer to Appendix D.1). If the Caregiver continues to be late in submitting receipts after the documented consultation/intervention of the Care Manager, the AAA *may* terminate the Caregiver from the CSP as per the Conditions of Participation/Certificate of Accountability Form (refer to Appendix C.1).

In rare circumstances, AAAs may utilize an agency model of reimbursement for a one-time service with large up-front costs to the Caregiver, such as a Home Modification, where payment for the service would be a financial hardship to the Caregiver. If the AAA chooses to utilize an agency model of reimbursement, this will be included as part of their local reimbursement policy. This policy will include the criteria necessary for Caregivers to participate in the agency model. The AAA will determine, on a case-by-case basis, that it would be an undue hardship for the Caregiver to pay for services and wait for reimbursement. Justification for use of the agency model will be documented in a journal entry in the Caregiver’s record in SAMS prior to authorizing payment directly to a provider. The journal entry will be titled, “CSP - Authorization for Agency Model”. Service Plans and Service Deliveries are required when implementing the agency model of reimbursement (refer to Appendix D.1).

Caregiver Reimbursement is permitted for the following services which may include, but are not limited to:

1. Respite Services

Respite Services provide the Caregiver with a brief period of regular, intermittent, or emergency relief from normal caregiving duties and responsibilities. Respite Services may include, but are not limited to, in-home respite, Older Adult Daily Living Services, temporary placement in a

Personal Care Home or nursing facility, and summer camp or babysitting for Grandparents and Other Older Relative Caregivers of Children and disabled adults.

Caregivers may accumulate unused financial benefits to facilitate the purchase of more expensive respite care for a period of time to allow a Caregiver the opportunity to be away for several days of vacation, hospitalization or special emergency absences (refer to Section IV.B. Accumulation of Benefits).

At the time of enrollment and routinely thereafter, Care Managers will provide counseling to Caregivers related to respite and encourage the utilization of this service to decrease stress and prevent burnout.

2. Consumable Supplies

Consumable Supplies consist of expendable or disposable items needed on an on-going basis to provide care to the Care Receiver, which are not otherwise covered by other insurance or third-party payers. These items may include, but are not limited to, nutritional supplements, incontinence care supplies, therapeutic creams/ointments, or other supplies that provide assistance to the Caregiver. Caregivers are limited to the purchase of two over-the-counter (OTC) medications per month for reimbursement. Consumable Supplies will only be authorized if the item(s) clearly support the caregiving relationship as documented in a journal entry in the Caregiver's record in SAMS.

3. Supportive Services

Supportive Services are services other than respite care that are directly related and necessary to the care being provided to the Care Receiver as identified in the care plan.

These services include but are not limited to the following:

- Personal care skills training and other Caregiver education services obtained by the Caregiver and not available directly through the AAA
- Counseling provided to the Caregiver by a certified/licensed professional
- Legal and financial counseling necessary to manage the affairs of the Care Receiver

- Specialized medical transportation services
- Transportation to respite locations

4. Supplemental Services

Supplemental Services are defined as any other service that supports the Caregiver's ability to provide care to the Care Receiver. Services may include, but are not limited to, Personal Care, Personal Emergency Response Systems (PERS), Pest Control/Fumigation Services, etc.

5. Home Modifications

Adaptations/modifications are made to improve Caregiver/Care Receiver safety, increase functionality, improve accessibility, and to assist in the provision of care to a Care Receiver in the home. The "footprint" of the dwelling cannot be changed or altered in any way. The Home Modification cannot be for cosmetic or decorative purposes. Home repairs are not considered Home Modifications and, therefore, are not eligible for reimbursement.

NOTE: A stair glide is considered a home modification. If rented, the monthly rental cost of a stair glide will count towards the Caregiver's monthly care plan cost cap.

The owner of the property, if not the Caregiver or Care Receiver, will provide a written statement that:

- Approves the work in writing prior to the start
- Indicates the rent will not increase as a result of the modification
- Indicates whether the owner requires the home to be returned to the original state when the Care Receiver and other occupants vacate

The AAA will keep a copy of the written statement as a file attachment in the Caregiver's record in SAMS. Program funds will not be used to restore the home to the original state when required by the owner.

The Caregiver will solicit and present more than one bid to the AAA to ensure work is completed in the most cost-effective and efficient manner. In the instance where the Caregiver is unable to solicit more than one bid, the AAA will record bid solicitation efforts in a journal entry titled, "CSP - Bid Solicitation" (refer to Appendix D.1).

Although a Caregiver is not required to choose the lowest bid, the AAA will only fund the lowest bid amount that meets all local and state building codes and American with Disabilities Act (ADA) standards (refer to Appendix A.2). The Caregiver will be responsible for the difference in cost should they choose the higher bid.

The Care Manager, or AAA designated staff, will make contact with the Caregiver to verify the work has been completed in a satisfactory manner before reimbursement or final payment is made.

There is a lifetime cap of $5,000 per Caregiver for the purchase of a Home Modification or Assistive Device, subject to the Caregiver's determined reimbursement percentage (refer to Section V.C.2).

6. Assistive Devices

Assistive Devices are items and/or aids that assist Caregivers, or enable Care Receivers with functional disabilities, to perform Activities of Daily Living (ADLs) or Instrumental Activities of Daily Living (IADLs). The Care Manager will explore all resources available for obtaining or renting assistive devices.

NOTE: The cost of renting Assistive Devices will count towards the Caregiver's care plan cost cap

In instances where payment for devices or equipment has been denied or partially paid for by Medicare or other third parties, the device or the non-covered portion may be reimbursed through the CSP. The AAA will obtain a copy of denial letters and written documentation from the Care Receiver's physician that the device is necessary before approving the purchase of the device or equipment. The CSP is the payor of last resort.

NOTE: Medicare denials are available electronically to Durable Medical Equipment (DME) providers. A Caregiver may request a copy of the denial from the DME provider to serve as verification. If the Caregiver is unable to obtain the insurance denial, the AAA may contact the DME provider to verify the equipment, supply, or device is a non-covered item. This contact will be documented in a journal entry titled, "CSP - Insurance Denial Medical Equipment, Supplies, Assistive Adaptive Devices" (refer to Appendix D.1). The date, time, name of DME provider, and name of the contact person, at a minimum, will be included.

NOTE: Hearing aids are allowable on a case-by-case basis with prior approval from the Department's Bureau of Aging Services through the Department's Administrative Waiver process.

There is a lifetime cap of $5,000 per Caregiver for the purchase of an Assistive Device or Home Modification, subject to the Caregiver's determined reimbursement percentage (refer to Section V.C.2).

7. Services Specific to Grandparents/Older Relative Caregivers

Services and supplies specific to Grandparents/Older Relative Caregivers may include, but are not limited to, summer camp, extracurricular activities, recreational activities, school supplies and seasonal clothing.

Exclusions to Caregiver Reimbursement

The following services and supplies are not reimbursable under the CSP:

- Any service or supply fully covered by a third-party insurance
- Dental Braces
- Dentures
- Donations
- Food, including In-Home Meal Service*
- Glasses
- Home repairs and maintenance (lawn care, snow removal, etc.)
- Housing and utility costs, including phone bills
- Medical co-payments and deductibles
- Medical Marijuana and Cannabidiol (CBD) Oil
- Medical services not covered by insurance (including complimentary and alternative medical services)
- Mileage and gasoline for transportation-related services
- OPTIONS Program cost-share fees
- Prescription medication, including co-pays
- Routine consumable household supplies (toilet paper, shampoo, soap, etc.)
- Tuition for private schools or higher education institutions
- Items not directly related to the care of the Care Receiver

* Baby food/infant formula is allowable through the Grandparent/Other Older Relative Caregiver of Children component of the program.

IV. CSP CARE PLANS

Caregivers enrolled in the CSP will have a care plan completed and approved by the Care Management Supervisor. The care plan will contain specific items and services approved by the AAA to be provided or reimbursed. Reimbursement will only be made for items or services approved by the AAA and specified in the Caregiver's care plan. Care Management will be listed as an active service in every CSP care plan.

NOTE: CSP care plans will cover a six-month time period. For example, if an initial care plan has a start date of May 17, 2026, the end date will be October 31, 2026. Upon reassessment, the next care plan will have a start date of November 1, 2026.

A. Care Plan Cost Caps

The CSP monthly care plan cost cap is based on the Caregiver's identified needs, actual monthly expenditures for eligible services and supplies, or reasonable anticipated expenses, as determined upon enrollment. The maximum CSP monthly care plan cost cap is $600.

At reassessment, the Care Manager will determine whether the Caregiver's expenditures consistently fall below the authorized care plan cost cap amount. In this instance, the Care Manager will adjust the approved care plan to reflect the Caregiver's actual monthly expenditures.

Justification of the approved CSP monthly care plan cost cap will be documented in a journal entry titled "CSP - Care Plan Cost Cap Justification" in the Caregiver's record in SAMS (refer to Appendix D.1).

The journal entry will include the following:

- Current, detailed care plan information to include type of service(s)
- Clear support that the services and supplies are necessary and directly relate to the care being provided to a Care Receiver
- Discussion of all community resources to meet the need for service(s)

Each Caregiver is allotted one care plan cost cap amount, regardless of the number of Care Receivers. Caregivers with multiple Care Receivers cannot

receive a reimbursement benefit amount that exceeds the maximum CSP monthly care plan cost cap of $600.

In instances where a Caregiver or Care Receiver receives services through the OPTIONS Program, the CSP care plan costs do not count towards the monthly OPTIONS care plan cost cap.

Care Receivers age 60 and older who meet the eligibility requirements for the OPTIONS Program may receive OPTIONS services with the stipulation that there is no duplication of services provided through the CSP (refer to **Chapter** IV: OPTIONS Program).

B. Accumulation of Benefits

Caregivers are permitted and strongly encouraged to accumulate unused monthly benefits for the purchase of extended respite care or other supportive services to allow for a longer break from their caregiving responsibilities. Planned accumulation of benefits cannot exceed a period of six (6) months.

The accumulated benefits will be earned on a monthly basis prior to use and cannot be anticipated. Accumulated benefits will be used by June 30th of each calendar year and cannot be carried over from one fiscal year to the next. In the event of an emergency, any unused, accumulated benefits previously approved for a planned event will be utilized to cover the unanticipated absence of the Caregiver.

If a plan to accumulate benefits has been developed and approved, Care Managers will document the approved plan in a journal entry titled “CSP - Planned Accumulation of Benefits” in the Caregiver’s record in SAMS (refer to Appendix D.1).

NOTE: Accumulated benefits may not be used for reimbursement for Home Modifications and Assistive Devices.

V. REIMBURSEMENT DETERMINATION AND APPLICATION

A. Income

The Caregiver’s reimbursement percentage is based on the previous year’s countable gross income received by all members of the Care Receiver’s

household, with the exception of the gross earnings of a minor or a dependent student. The annual income is averaged over a twelve-month period to determine the gross monthly income.

Current year income will not be used for this calculation unless there is a significant decrease in current income that would affect the reimbursement amount to the benefit of the Caregiver or when a Caregiver is unable to provide last year's income for the Care Receiver's household. In these instances, it is acceptable to use the average of current monthly gross income. This is an exception and will be documented in a journal entry titled "CSP - Income Calculation Exception" in the Caregiver's record in SAMS (refer to Appendix D.1).

Income will be documented by the Care Manager and will be attached to the Caregiver's record in SAMS, both initially and at annual reassessment. While reassessment for the CSP is required every six months, financial information is only required to be provided on an annual basis. Please refer to Chapter III: Assessment.

Caregivers will be encouraged to contact the AAA when there has been a significant change in household income at any point during the life of the case. The Care Receiver's household income will be reviewed when a change has been reported by the Caregiver.

NOTE: Caregivers are not required to have an ongoing source of income to participate in CSP.

If the sale of a home/property occurred, all capital gains will be declared as income within two (2) years of the date of sale even if a State or Federal tax return has not been filed. If the proceeds were used to pay for nursing home costs for the Care Receiver or to purchase another residence deeded in their name, the portion of the capital gains used to pay for the aforementioned items is not considered income.

The following types of income will be utilized to determine the reimbursement percentage:

- Alimony and Spousal Support Money
- Any amount of money or the fair market value of a prize, such as a car or trip won in a lottery, contest, or gambling winnings
- Cash Assistance
- Gift and inheritance of cash or property over $300

- Gross Pensions
- Gross Social Security & SSI
- Interest/Dividends/Capital Gains
- Life Insurance Benefits (death benefits over $10,000)
- Net Rental Income
- Railroad Retirement (RRB1099 & RRB1099R)
- Royalties
- Salaries/Wages/Commissions
- Self-Employment or partnership income
- Taxable Amount of Annuities and IRAs
- Unemployment
- Workers' Compensation

The following will **not** be considered as income for the reimbursement percentage:

- AmeriCorps payments
- Benefits granted under 306c of Workers' Compensation Act
- Black or White Lung Benefits
- Damages received in a civil suit/settlement agreement
- Domiciliary Care (Dom Care) payments
- Federal stimulus payments
- Foster Care and Adoption Subsidies
- Housing allowance for members of religious orders
- Low Income Home Energy Assistance Program (LIHEAP) payments
- Medicare Part B premiums
- Property Tax/Rent Rebates
- Reverse Mortgages
- State Veterans' Benefit Payments as defined under Act 82 of 2020
- Supplemental Nutrition Assistance Program or SNAP (also known as Food Stamps)
- Veterans Affairs Aid & Attendance payments
- Veterans Affairs Dependency and Indemnity Compensation
- Veterans Affairs Disability Payments

NOTE: The gross earnings of a minor or dependent student do not count as income for the CSP as long as the child is a student. If the child is not a student and their earnings are through the Job Training Partnership Act of 1982, then their income will be counted but is exempt for 6 months each year as per 55 Pa. Code §181.261.

B. Determination of the Caregiver Reimbursement Percentage

The reimbursement percentage is determined using a sliding scale that covers the range of income from 200% to 380% of the current Federal Poverty Level (FPL), which is updated annually (refer to Appendix F.2). The application of the sliding scale will occur during completion of the initial CAT, annual reassessment, or when there has been a significant change in countable income that may affect the reimbursement amount. Caregivers with a 0% reimbursement percentage are eligible to receive Care Management, Benefits Counseling, and Caregiver Education and Training.

NOTE: For Caregivers with multiple Care Receivers who live in separate residences, AAAs will use the reimbursement percentage associated with the Care Receiver that is most beneficial to the Caregiver.

Example: A Caregiver provides care for two (2) Care Receivers residing in separate households. One is determined to have a 70% reimbursement percentage and the other is determined to have a 90% reimbursement percentage. The 90% reimbursement percentage will be used for all expenses submitted by the Caregiver for the care of both Care Receivers.

C. Application of the Reimbursement Percentage

Reimbursement for expenses are as follows:

1. Services and/or Supplies

Care Managers will review receipts to ensure they are in accordance with the care plan. If the total amount of the approved expenses is more than the care plan cost cap, the reimbursement percentage is applied to the care plan cost cap. If the total amount approved is less than the care plan cost cap, the reimbursement percentage is applied to the total expenses submitted.

Example: The Caregiver's reimbursement percentage is determined to be 50% and the care plan cost cap is $600:

- If expenses total $700 (more than the cost cap), the Caregiver is eligible for 50% of the cost cap, or $300.
- If expenses total $350 (less than the cost cap), the Caregiver is eligible for 50% of the total amount submitted, or $175.

If a receipt includes non-reimbursable items, the Care Manager will identify and calculate only those items eligible for reimbursement, including applicable sales tax. Any coupons and discounts listed on the receipt will be deducted when approving the amount of reimbursement.

2. Home Modifications and Assistive Devices

There is a lifetime cap of $5,000 for each Caregiver for a Home Modification or Assistive Device, subject to their established reimbursement percentage. This includes, but is not limited to, all charges such as estimates, applicable licenses and inspection fees. The Caregiver remains eligible for this benefit until the receipts submitted total $5,000. The balance will be tracked through service deliveries in SAMS (refer to Appendix D.1).

Example: The Caregiver's reimbursement percentage is determined to be 50%:

- If the submitted receipts total $6,000 (more than the lifetime limit of $5,000), the Caregiver is eligible for 50% reimbursement of the $5,000, or $2,500. The lifetime limit is met for this Caregiver and there is no additional benefit available.

- If the submitted receipts total $3000 (less than the lifetime limit), the Caregiver is eligible for 50% reimbursement, or $1500. Since the lifetime limit was not met, there is a remaining $2,000 benefit available, subject to the Caregiver's reimbursement percentage, for use at a later date.

VI. ADMINISTRATIVE REQUIREMENTS

A. Financial Management

The Caregiver Support Program is funded with federal and state lottery dollars. The Federal component is based on a minimum of 75% federal funds with a state match of 25%. The State component is supported with 100% state lottery funds.

The AAA will establish a written policy for their PSA, approved by the Department's Bureau of Finance that will, at a minimum, describe the processes for:

- Monitoring reimbursements for Home Modifications and Assistive Devices to ensure the lifetime limit for Caregivers is not exceeded
- Reconciling reimbursement checks against service deliveries
- Tracking pre-approved, accumulated benefits within the fiscal year
- Identifying responsibilities for the administration of program violations and penalties for fraud

Caregivers who receive services under CSP are subject to the administrative actions and penalties under 6 Pa. Code, § 20.45 if they commit one or more of the following acts:

Violations:

- Making or causing to be made a false statement or representation of a material fact relating to information affecting eligibility for the benefits of the CSP
- Submitting false or fraudulent documentation of caregiving expenses for which reimbursement is sought or received
- Violating 6 Pa. Code, Chapter 20, including a provision which affects the eligibility status of the primary Caregiver, the payment of reimbursement benefits under this Chapter or the refusal to provide requested documentation of eligibility-related information

Administrative actions and penalties:

- If the AAA determines a primary Caregiver has violated the Act or this Chapter, the AAA has the authority to suspend or terminate services to the Caregiver under this Chapter.
- If the AAA determines a primary Caregiver has knowingly received financial reimbursement for which the Caregiver is not eligible as a result of violations under this section, the AAA may recover twice the amount of the reimbursements determined to be inappropriate plus interest.
- If the AAA determines a primary Caregiver has knowingly received reimbursement monies from the CSP by false or fraudulent documentation of eligibility for the reimbursement, the AAA will request the appropriate district attorney to initiate proceedings against the Caregiver.

B. Funding Allocations

At a minimum, the CSP allocation will be budgeted on program activities including administration with the following limitations and requirements:

- AAA administration costs will not exceed 10% of the entire program allocation
- At least 55% of the program funding will be budgeted and expended for reimbursement to Caregivers for services and supplies
  - No more than 20% of this 55% can be expended for home modifications and assistive devices

Due to these funding requirements and restrictions, the program will be managed closely for expenditures in Accufund.

C. Community Outreach Reporting

The AAA is required to enter a service delivery in SAMS for all outreach activities (refer to Appendix D.1). These services are for CSP-related activities directed to large audiences of current or potential Caregivers, such as disseminating publications, conducting media campaigns, and other similar activities. The services also provide the public with information on resources and services available to the Caregivers within their communities.

D. Use of Volunteers

In carrying out the provision of support services, AAAs will make use of trained volunteers to expand the provision of the available Caregiver support services. If possible, AAAs should work in coordination with organizations that have experience in providing training, placement and stipends for volunteers in community service settings, such as AmeriCorp.

E. Annual Plan

The AAA is required to submit a CSP Annual Plan to the Department by March 31st for the upcoming fiscal year using the format prescribed by the Department. The CSP Annual Plan provides information on administration, operations, and initiatives. Copies of local policies established in accordance with this chapter will be included with the submission of the CSP Annual Plan. The plan will be submitted to the Department's Bureau of Aging Services electronically via the following email resource account: RA-PAAgingServices@pa.gov.

F. Appeals

Chapter II outlines the Department of Aging's procedures for the Hearings and Appeals processes.

Resources:

Appendix A – Definitions and Service Standards

- A.1 CSP Eligibility Quick Reference Chart
- A.2 CSP Service Standards

Appendix B – Documentation Requirements (Vacant)

Appendix C – Forms

- C.1 Conditions of Participation/Certificate of Accountability Form
- C.2 CSP Self-Employed/Independent Contractor Declaration Form
- C.3 Caregiver Reimbursement for Services and Supplies Form
- C.4 Caregiver Reimbursement for Personal Care and In-Home Respite Services Form

Appendix D – SAMS Data Entry Requirements

- D.1 SAMS Data Entry Requirements
- D.2 CSP Services List

Appendix E – Regulations and Citations

- E.1 6 Pa. Code Chapter 20: Family Caregiver Support Program
- E.2 Older Americans Act of 1965 (as amended in 2020)
- E.3 Pennsylvania Family Caregiver Support Act of 2021

Appendix F – Other Resources

- F.1 Acceptable Proof of PA Residency
- F.2 CSP Reimbursement Percentage Guide
- F.3 Resources for Caregivers of Children