

Balancing Incentive Program (BIP) Caregiver Support Program
 Questions and Answers
 January 2016

Section 1. ADMINISTRATION AND MONITORING	
Question	Response
1. Can you provide a list of the ways the AAA may use these funds?	The AAA may expend up to 10 percent to administer the program, which includes staffing to administer the program. In addition to the 10 percent administrative cost described above, the AAA may expend dollars for staffing to implement programs under this grant as outlined in Section 4 of 15-PI-03 (revised).
2. How will this program be monitored?	The program will be monitored following the OAA Title III-E Caregiver Program guidelines. The AAA must maintain and have available for review the information contained in the Balancing Incentive Program (BIP) Caregiver Support Program Caregiver/Care Receiver Required Information Form (revised) included as an attachment to 15-PI-03 (revised). This form will be referred to in future answers as the BIP Caregiver Program Required Information Form.
3. Would we use the same homecare providers used through our III-E program?	YES. You may use the same home care providers as used through your OAA Title III-E program.
4. Does the grant require a sustainability plan?	NO. These funds are for a limited time period – all funds must be encumbered by June 30, 2017 and vouchered for by August 31, 2017. No vouchers will be accepted beyond August 31, 2017.
5. Our OFA does MA home care referrals; 'pushing' this type of client to the Nursing Home Transition and Diversion (NHTD) Waiver Program. If spend down, do a pooled trust. How do these things relate?	If the Caregiver is receiving assistance through the NHTD Waiver, these benefits must be maximized first and the Caregiver's unmet need/request for services documented in the BIP Caregiver Program Required Information Form.
6. What if we opt not to apply for these funds?	If your county opts not to apply for these funds, please send notification to Caregiver@aging.ny.gov and cc Karen Iovino @ karen.iovino@aging.ny.gov no later than two weeks from the date that 15-PI-03 (revised) is distributed.
7. Is this one year of funding or is there any future funding?	This funding is available through June 30, 2017.
8. What will be the revised due date to apply?	The response due date is identified in 15-PI-03 (revised).
9. Who is population in allocation schedule?	The population in the allocation schedule is the 60 plus population as used for the OAA Title III-E Caregiver Program. However, the BIP Caregiver Support

	Program is open to caregivers and care receivers age 18 and over who meet specified eligibility requirements identified in 15-PI-03 (revised).
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Section 2. Data Collection and Reporting

Question	Response
1. What forms/assessment tools are required?	<p>BIP Caregiver Program Required Information Form is required for all program participants.</p> <ul style="list-style-type: none"> - The AAA must fully complete this Form, and the Caregiver must sign the attestation on page three of this Form. - This Form must be maintained and available for monitoring/audit purposes (see Section 1, Question 2). <p>For a Caregiver to be eligible for Respite and/or Supplemental Services, the Caregiver attestation may serve as documentation that the Care Receiver meets the cognitive, mental, Activities of Daily Living (ADL), or Instrumental Activities of Daily Living (IADL) functional limitations, as defined below and on the BIP Caregiver Program Required Information Form.</p> <ul style="list-style-type: none"> • A person who due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to another individual; <p>OR</p> <ul style="list-style-type: none"> • A person who has two ADL needs (eating, dressing, bathing, toileting, mobility, personal hygiene and transferring from bed or chair) without substantial human assistance, including verbal reminding, physical cueing, or supervision; <p>OR</p> <ul style="list-style-type: none"> • A person who has two IADL needs (housekeeping, shopping, preparing meals, managing money, laundry, using transportation, telephoning and taking medication). <p>For information about the Care Receiver: A UAS-NY (completed for a younger person), COMPASS, or other Minimum Data Set (MDS) Assessment that was completed within the past six months may be reviewed and used to fill out the BIP Caregiver Program Required Information Form, or it may be completed by interviewing the Caregiver.</p>

	<p>Minimum Data Set Assessment (COMPASS or similar instrument per 97-PI-01) must be completed if a service provided as Respite and/or a Supplemental Service is:</p> <ul style="list-style-type: none"> • Personal Care Level 1 and/or 2 • Case Management • Home Health Aide Services • Home Delivered Meals • Social or Medical Day Care.
<p>2. What instrument will we use to enter the data into our System – SAMS, Peer Place, etc.</p>	<p>Data may be entered from the BIP Caregiver Program Required Information Form. If a COMPASS, UAS-NY or other form has also been completed, the additional data found on those forms should also be entered into the System.</p>
<p>3. After registering a Caregiver & Care Receiver, is there follow-up monitoring required?</p>	<p>The follow up and monitoring required for this program should follow your current practice for the OAA Title III-E program.</p>
<p>4. The standard assurances say that state vouchers are to be used, but it was verbalized that federal claims forms are to be used. Are vouchers and claims forms different from each other (I'm not a fiscal person)</p>	<p>State voucher forms are to be used.</p>

Section 3. ELIGIBILITY	
Question	Response
<p>1. What will be acceptable forms of Medicaid status verification? What method will the AAA be able to use to verify Medicaid status of the Care Receiver?</p>	<p>After documenting the identity of the Caregiver and Care Receiver, the AAA documents the verification of Care Receiver's Medicaid status as follows on the BIP Caregiver Program Required Information Form: Verification used for Medicaid status:</p> <ol style="list-style-type: none"> 1. Information seen on the Eligibility Card (formerly MA card) 2. AAA calls the LDSS/HRA to confirm eligibility. 3. AAA keeps a record/documentation of the Care Receiver Eligibility Card information and the date and person at the LDSS/HRA who confirmed MA eligibility.
<p>2. The Medicaid recipient receives a written notice of decision from DSS which confirms that the person has Medicaid. Can this be used as the form of verification to be eligible?</p>	<p>Please use method described in response to question 1 above.</p>
<p>3. The HIICAP Coordinator has access to the Medicaid system and the AAA can call DSS and get the required information. Is it the CIN# you're looking for or another number?</p>	<p>Follow procedures as outlined in response to question 1 above. Do not call the HIICAP Coordinator to verify Medicaid status. (The CIN# does indicate or correspond with Medicaid eligibility).</p>
<p>4. Is it possible that we could provide services only to have the expenses denied because a judgment is made that Medicaid services were not maximized, and who would make that decision?</p> <p>How will we be able to determine if the Care Receiver has maximized the Medicaid benefits for a particular service? How do we know they have exhausted all benefits?</p>	<p>It is a possibility that reimbursement for services provided through this grant could subsequently be denied if a judgment is made that not all public benefits were maximized first. Any organization with the designated authority or jurisdiction to make such a determination would have this power. To determine if the Care Receiver has maximized Medicaid benefits it is important to follow the documentation process described below.</p> <p>The AAA documents that the Caregiver has maximized all public benefits (including Medicaid) for his/her Care Receiver as follows on the BIP Caregiver Program Required Information Form:</p> <ul style="list-style-type: none"> • Document Care Receiver's program enrollment through the Caregiver account and attestation, the local Department of Social Services (DSS), Managed Long Term Care (MLTC) or other available sources. • Document that the public benefit services currently being received do not meet the Caregiver's expressed need(s)/request for service(s). • Document the Caregiver's unmet needs that correspond with the services this program offers as outlined in Section 4 of 15-PI-03 (revised).

<p>5. Does “maximizing Medicaid benefits” include applying for and accessing any Medicaid waived services for which the Care Receiver may be eligible?</p>	<p>YES.</p>
<p>6. What Caregivers are eligible to receive services under this program? Is there an age requirement? Is the Program limited to Caregivers of Care Receiver aged 60 and older?</p>	<p>Eligible Caregivers are adults aged 18 and older, including family members, who are providing unpaid direct care and/or support to a care recipient eligible to receive services and supports under this Program. The Care Receivers are adults aged 18 and older and must be Medicaid eligible in order for the Caregiver to receive any services through this Program. This includes:</p> <ol style="list-style-type: none"> 1. All Caregivers of dual eligible clients (those clients currently served by AAAs/or on the waiting list who have been identified as receiving health insurance through Medicaid and are receiving or on a wait list for one or more long term service and/ or support through the AAA). 2. All Caregivers of individuals receiving Medicaid Managed Long Term Services and Supports who are in spend down. 3. NY Connects referrals that meet the description in Section 3 Questions 1.or 2.
<p>7. Does the eligible population include Medicaid clients with a spend-down?</p>	<p>YES.</p>
<p>8. Can a recent UAS plus the attestation replace the Required Information Form?</p>	<p>NO. If a UAS-NY assessment, or a COMPASS was completed within the past six months, it may be reviewed and used to fill out the BIP Caregiver Program Required Information Form, which must be maintained by the AAA for monitoring purposes.</p>
<p>9. If diagnosis is non-dementia related and we are talking about a younger person as the Care Receiver, what assessment would be required? Would they need to meet the same ADL/IADL measures?</p>	<p>For information about the Care Receiver: A UAS-NY (completed for a younger person), COMPASS, or other Minimum Data Set (MDS) Assessment that was completed within the past six months may be reviewed and used to fill out the BIP Caregiver Program Required Information Form, or it may be completed by interviewing the Caregiver. The ADL/IADL or cognitive or other mental impairment measures are a requirement for Respite and/or Supplemental Services. See Section 2. Question 1.</p>
<p>10. Would those involved with community based hospice care be eligible? Specifically, would Care Receivers be eligible for CBLTCS Respite as a supplement to hospice care through this funding?</p>	<p>YES. The same requirement applies that all public benefits must be maximized first and the Caregiver’s documented unmet need could be addressed by the services offered through this program.</p>
<p>11. How is cognitive mental impairment determined?</p>	<p>The BIP Caregiver Program Required Information Form allows for Caregiver-provided information,</p>

	medical assessment or other (e.g., the UAS-NY or COMPASS completed within the past six months).
12. Is there an income limit for Caregivers?	NO. There is no income limit for Caregivers.
13. How can ADLs/IADLs be confirmed. Will Caregiver be able to confirm?	The BIP Caregiver Program Required Information Form will note ADLs and IADLs, and the Caregiver Attestation can be used as confirmation.
14. How will we determine if the Care receiver has full Medicaid benefits or only in receipt of the Medicare Savings Program (MSP) benefit?	After documenting the identity of the Caregiver and Care Receiver, the AAA documents the verification of Care Receiver's Medicaid status as follows on the BIP Caregiver Program Required Information Form: Verification used for Medicaid status: 1. Information seen on the Eligibility Card (formerly MA card) 2. AAA calls the LDSS/HRA to confirm eligibility. 3. AAA keeps a record/documentation of the Care Receiver Eligibility Card information and the date and person at the LDSS/HRA who confirmed MA eligibility. MSP should not be used to verify eligibility.
15. If the Care Receiver is approved but waiting for MLTC to start services, are they eligible for services through this program for that waiting period?	YES. The following documentation process for program enrollment and unmet Caregiver need should be used: The AAA documents that the Caregiver has maximized all public benefits (including Medicaid) for his/her Care Receiver as follows on the BIP Caregiver Program Required Information Form: <ul style="list-style-type: none"> • Document Care Receiver's program enrollment through the Caregiver account and attestation, the local Department of Social Services (LDSS), Managed Long Term Care (MLTC) or other available sources. • Document that the public benefit services currently being received do not meet the Caregiver's expressed need(s)/request for service(s). Document the Caregiver's unmet needs that correspond with the services this program offers as outlined in Section 4 of 15-PI-03 (revised).
16. What if MLTC doesn't provide service because they know we have these BIP funds?	The AAA documents that the Caregiver has maximized all public benefits (including Medicaid) for his/her Care Receiver as follows on the BIP Caregiver Program Required Information Form: <ul style="list-style-type: none"> • Document Care Receiver's program enrollment through the Caregiver account and attestation, the local Department of Social Services (DSS), Managed Long Term Care (MLTC) or other available sources. • Document that the public benefit services currently being received do not meet the

	<p>Caregiver's expressed need(s)/request for service(s) Document the Caregiver's unmet needs that correspond with the services this program offers as outlined in Section 4 of 15-PI-03 (revised).</p>
<p>17. How does this serve persons in Managed Care?</p>	<p>The BIP Caregiver Support Program is designed to provide increased community-based offerings to address unmet Caregiver needs, service gaps or barriers to receiving timely care.</p>
<p>18. A Care Receiver lives with the Caregiver and has Medicaid funded home care Monday thru Friday. The Caregiver has children and meets her mother's needs in the evening and on the weekend. Could we use the BIP Caregiver funds to pay for home care as Respite if the Caregiver wants to attend her child's game, concert, or just to attend a wedding on the weekend?</p>	<p>YES. The BIP Caregiver Support Program is designed to provide increased community-based offerings to address unmet Caregiver needs, service gaps or barriers to receiving timely care.</p>
<p>19. I am concerned about where we would find these clients.</p>	<p>A report from the NYSOFA Client Data System identifying eligible clients will be provided by the NYSOFA Reporting Unit upon request. Other sources may be:</p> <ul style="list-style-type: none"> - Local DSS; - Behavioral health homes; - Specialty MA programs (e.g., HIV Population); - Community Care Transitions Program; - Long Term Care Councils.

Section 4. Services	
Question	Response
1. Is Case Management for Caregivers only or for Care Receivers also?	Case Management is an allowable expense for the Caregiver, and may be an allowable expense for the Care Receiver if the case management is for services for the Care Receiver that are Respite and/or Supplemental Services for the Caregiver.
2. If a COMPASS is completed for the Care Receiver to determine eligibility for services that will be a Respite or Supplemental Service for the Caregiver is the cost covered under this program? Would other tasks managing the services for the Care receiver be covered also as long as they are a Respite and/or a Supplemental Service for the Caregiver?	YES. Tasks managing the services and supports for the Care Receiver are allowable as long as they are a Respite and/or Supplemental Service for the Caregiver and this is documented.
3. Is consumer directed Respite using the EISEP model allowed? This would be helpful due to shortage of home care workers.	YES. Consumer-directed Respite is allowed, and such services must use the EISEP model when using the BIP Caregiver Support Program to fund the service.
4. Is overnight Respite an allowable service?	YES. However, ONLY non-institutional services are allowable through the BIP Caregiver Support Program. Therefore, overnight Respite is allowable in a Medical and/or Social Adult Day Center/Program if it is offered. A Nursing Home or other Institution is not allowable for this program.
5. What will be done for direct assistance to the Caregiver?	Through this program, Caregiver supports and training programs are available to directly assist the Caregiver.
6. Would costs of recruiting, vetting, training volunteers be allowed? For Finger printing? For Friendly Visiting for Respite?	YES. Recruitment, training and performing required background checks are allowable as a program expense as long as properly allocated and documented based on the trained volunteer's/staff's anticipated involvement in delivery of services under the BIP Caregiver Support Program.
7. Can funds be used for education and outreach?	YES.
8. Can funds be used for marketing?	NO. Funds can be used for targeted outreach, not for general advertising.

Section 5. Supplemental Services	
Question	Response
1. Would PERS be allowable?	NO. As specified in 15-PI-03 (revised), PERS is not an allowable expense under the BIP Caregiver Support Program.
2. Can you provide more specifics on Home Modifications? Would a de-humidifier be an acceptable purchase? Would appliance replacement/relocation be allowable under "Other?"	In order for these services to be allowable, they would need to be of demonstrated benefit to the <u>Caregiver</u> . In general, Home Modifications do <u>not</u> include improvements to the home (carpeting, roof repair, central air conditioning), which are not medically necessary or do not promote the participant's independence in the home or community. In general, allowable Home Modifications include installation of: <ul style="list-style-type: none"> - ramps - lifts: hydraulic, manual or electric, for porch, bathroom or stairs (lifts may also be rented if it is determined that this is more cost-effective) - widened doorways and hallways - hand rails and grab bars - automatic or manual door openers and doorbells Bathroom and kitchen modifications, additions or adjustments to allow accessibility or improved functioning, include: <ul style="list-style-type: none"> - roll-in showers - sinks and tubs - water faucet controls - plumbing adaptations to allow for cutouts, - toilet/sink adaptations - turnaround space changes/adaptations
3. May we provide a ramp If a Caregiver identifies it as a need that has not been met through NHTD waiver program but is needed for the Caregiver to move the Care Receiver?	The BIP Caregiver Support Program is intended to benefit the Caregiver. It may not be used for the Care Receiver in lieu of other Medicaid funding such as in an established Medicaid program if/when the Care Receiver is enrolled in the Program. For any expense(s) to be allowable, they must be a demonstrated benefit to the Caregiver.
4. Are congregate meal, HDM, and nutrition education/counseling services available only for the Caregiver? Or are there also situations where the Care Receiver would be eligible for these services?	YES. Congregate meals, home delivered meals, and nutrition education/counseling services are available to the Care Receiver through this program as Supplemental Service(s) to support and supplement the Caregiver.

<p>If a Caregiver who meets all the qualifications for this program is receiving meals already, can they be funded through this program? If a client is currently on an MLTC and they do not provide home delivered meals, is HDM an acceptable service?</p>	
<p>5. What transportation services are eligible: -- For the Care Receiver when transportation is needed to provide Respite services (e.g. SADS)? -- For the Caregiver when transportation is needed to receive Caregiver support, training or counseling? -- For the Caregiver when transportation is needed to receive Respite services (e.g. Care Receiver's care is provided at home and Caregiver needs to get out and, if so, where – shopping, hairdresser, visiting friends, congregate meals?) -- Can transportation include the purchase of gas cards or the reimbursement for cab fare for non-Medicaid funded trips (i.e., non-medical appointments)? Would it apply only for transportation for Care Receivers, or would it also include transportation for Caregivers (e.g., to attend trainings or for any other needed purpose)?</p>	<p>Per the specific questions asked, transportation services are available: YES. YES. YES. YES. Reimbursement for cab fare for non-Medicaid funded trips to non-medical appointments for services being provided in association with this program is allowable.</p>

PROGRAM IMPLEMENTATION EXAMPLES:

Situations where this program could be used:

These examples were provided by a AAA with the question, Would the following be possibilities:

Prorated cost of staff providing Caregiver support groups, training, counseling & case management.

Can we buy food for Caregiver support groups or training events?

Is it correct that funds may be given to contractors? We generally do not do direct services in Nassau County all our services are contracted out except for NY Connects. We will be depending upon our contracted agencies to deliver services such as counseling, training and support groups. If some of our staff were trained to provide support groups to Caregivers, is this considered administrative costs or service costs that can be vouchered for? We are assuming administrative costs would be monitoring, assessment, and fiscal costs. Is this correct?

Are costs to train the trainers considered legitimate expenses?

Are costs for advertising services such as flyers, costs associated with website updates etc. acceptable expenses?

What about travel? We are hoping to provide onsite information and support groups to our target communities which would involve some car travel.

Can we replenish our Caregiver resources-material, books?

Local Alzheimer's Association to conduct an educational series called "Early Stage Engagement" – it is a series of educational sessions meant to provide answers to questions for people concerned about early-stage Alzheimer's disease or related dementia, and their Caregivers. This eight week series includes such topics as how to partner with your physician, legal and financial issues, maintaining a healthy attitude, and taking advantage of community resources.

YES.

These are allowable expenses, except: General advertising is not allowable. Targeted outreach is an allowable use of funds.

Transportation to carry out program activities is an allowable use of funds.

<p>Is Alzheimer’s Association Dementia Capable Training which is a community education program for Caregivers one hour each month on topics such as: Know The Ten Warning Signs, Communication, Managing Challenging Behaviors, Driving and Dementia, Role Changes and Transitions, Personal Care, Managing Grief and Guilt, etc. eligible for funding?</p> <p>These programs would be open to anyone but we would outreach to and target Caregivers whose Care Receiver was on Medicaid.</p>	
<p>Medicaid recipient needing no LTC services except for Caregiver Respite (in which case is the Care Receiver NOT required to maximize all available Medicaid benefits, even when the Care Receiver is eligible for Medicaid services that result in Caregiver Respite?)</p>	<p>YES. These are allowable expenses. DOH suggests to follow the documentation process for program enrollment and unmet Caregiver need (described in DOH’s response to Section 3. Question 4.)</p>
<p>Caregiver needs a source of Respite through a service <u>not provided by Medicaid</u>:</p> <ul style="list-style-type: none"> • Social Adult Day Services • Oversight and supervision (when not in receipt of a waiver providing this service) • Non-medical transportation for Care Receiver • Transportation for Caregiver to sources of Respite, support, training, counseling, case management, congregate meals • Hours/times/days beyond what Medicaid is providing (though once services are “maximized”, will this still be a gap?) 	<p>YES. These are allowable expenses.</p>
<p>Caregiver needs a source of Respite through a service <u>not currently available through Medicaid</u>:</p> <ul style="list-style-type: none"> • Wait period for homecare • Wait period for waivers • No Home and Community Support Services aides available for Medicaid waiver-covered oversight and supervision 	<p>YES. These are allowable expenses.</p>