# Policies and Procedures for Community Living Connections Services for Caregivers

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## I. Introduction

Community Living Connections comprises service providers who link older people, adults with disabilities, and their caregivers to services and provide a continuum of supports that enable people to live in their homes and communities. The Community Living Connections program model includes specialized services that focus on the needs of unpaid caregivers. These services are intended to help unpaid caregivers reduce stress and burden so they are able to continue their caregiving role. These services are known statewide as the Family Caregiver Support Program.

This document is a **supplement** to Aging and Long-Term Support Administration's (ALTSA) Chapter 17, Long Term Care Manual, WACs 388-106-1200 through 388-106-1230, Chapter 74.41 RCW Respite Care Services and other applicable regulations. This document is intended to address areas where local level rulemaking apply to the administration of specialized services for caregivers. It may be most relevant to providers of Tailored Care Assessment and Referral (TCARE®) activities and those who authorizing services. A complete list agencies and language capacity can be found on the Community Living Connections Provider Portal.

This document outlines responsibilities of all parties involved in administering services to caregivers. Service providers may need to develop and maintain additional policies and procedures to guide the operation of their programs.

## II. Caregiver Eligibility Requirements

As defined by federal and state fund sources, eligible caregivers are individuals 18+ who meet the following criteria:

- Provide care or supervision of an adult (18+) with a functional disability (not limited to family members)
- Reside in King County
- Do not receive financial compensation for providing care
- Caregiver or care receiver does not receive a state or Medicaid funded, long-term care service (e.g., COPES, TSOA, personal care services, DDA waiver)
- Care receiver (person receiving care) does not live in a live in a nursing facility, residential care setting, or other long term care facility.

An array of community resources is available to support caregivers. At minimum, caregivers may receive information and assistance. As every caregiver's situation is unique, an in-depth assessment helps determine which additional services would be most helpful. In Washington State, TCARE® is the protocol network providers use to assess the caregiver's situation and recommend activities and specialized services to meet their needs. Services include:

- Training
- Support Groups

- Consultation
- Counseling
- Respite Care
- Housework and Errands
- Supplemental Services

## III. Requesting TCARE® Access

Agencies shall notify ADS Program Specialist and ADS Trainer upon hiring of new TCARE® screeners and/or assessors. The ADS Trainer will provide instructions on next steps.

## IV. TCARE® Steps and Family Caregiver Support Program Services

A detailed description of the TCARE® protocol and procedures can be found in Aging and Long-Term Support Administration's (ALTSA) Chapter 17, Long Term Care Manual .The following guidelines are specific to King County:

### Conflict of Interest

Community Living Connections - Family Caregiver Support Program agencies that refer to their own programs and services must present available options other than their own and record that they offered other options to the caregiver. See **_VI._Documentation.**

### TCARE® Step I: Level of Support

Entry of demographic information in the GetCare/TCARE® system is expected for all clients served. Follow-up is not mandatory at step one but is recommended to support responsiveness to any change in a caregiver's situation.

Available services at Step I include:

- Caregiver Information and Assistance
- One consultation
- Support Groups
- Training
- *Supplemental services of up to $250 one-time only with Exception to Policy (ETP)*. See* **X. Supplemental Services** *and* **XIII. Exceptions to Policies (ETP) and Documentation***.*

### TCARE® Step II: Level of Support

The TCARE® Personal Caregiver Survey is a tool that can be used to screen caregivers for service eligibility.

Available services at Step II include:

- Caregiver Information and Assistance
- Up to three consultations

- Support Groups
- Training
- *Supplemental services up to $500 per year.* See* **X. Supplemental Services**.

### TCARE® Step III: Level of Support

Completion of the TCARE® assessment is expected for caregivers that receive one high or three medium scores in the identity discrepancy, depression or burden scores.

Available Services at Step III include:

- Caregiver Information and Assistance
- Consultation
- Training
- Support Groups
- *Supplemental services up to $1000 per year.* See* **X. Supplemental Services**.
- *Respite Services*
- *Housekeeping and Errands*
- *Caregiver Counseling*

**Annual limits are based on the assessment/reassessment date of the caregiver. Limits are subject to change based on availability of funds.*

## V. Case ownership

Case ownership means that the Caregiver Advocate is the primary contact for the caregiver/care receiver (CG/CR) dyad and is responsible for:

- Completing the TCARE® protocol including screening, re-screening, assessment, re-assessment, and care plan; **and**
- Maintaining client records, progress notes and required documentation in the GetCare/TCARE® system; **and**
- Communicating aspects of the care plan with the caregiver and other service providers assisting Caregiver; **and**
- Maintaining contact with the CG/CR dyad until the case is closed.

TCARE ® case owners are to be identified in the caregiver GetCare client record using the "Case Manager" field under the "Identification" section. In transfers of case ownership, TCARE ® case owners may remove their name upon confirming that another TCARE ® case owner is identified in the client record. A transfer of case ownership may be required when Respite Services need to be authorized. See **Respite Services Case Ownership** for more information.

## VI. Documentation

Documentation should be completed to TCARE® and Family Caregiver Support Program (FCSP) state standards, and ADS GetCare Data Specifications. Documentation for TCARE® case

coordination includes GetCare progress note documentation of key contacts and case updates including but not limited to:

- Assessment, including any additional clarification to explain the caregiver's situation, or if there is a discrepancy between what the caregiver is reporting and what you are observing.
- Care Plan, including confirmation that services and options were discussed. TCARE® *agencies that refer to their own programs or services must record in progress notes that they offered other options to the caregiver.*
- Key referrals made to other providers.
- Completion of home visit or face to face visit, if required, including a note if a care receiver is unwilling to have a home visit take place.
- Exceptional case ownership situation due to language capacity.
- Exceptions to Policy.
- TCARE® case closure with reason.

Documentation should be timely to avoid loss of information. It should also be factual, clear and written in a way that someone unfamiliar with the case could understand, as notes may serve as a guide to another worker. Staff should consider the following questions when reviewing their notes:

- Would you feel comfortable picking up the case from here?
- Would you be okay with the caregiver reading your notes?
- Would you be comfortable reading your notes in a court of law?

## VII. Respite Services

### Overview

The purpose of Respite Services is to provide caregivers with a break. Where available, in-home and out-of-home respite care options can be provided on an hourly and/or daily basis, including 24-hour care for several consecutive days. In King County, the coordination and authorization of Respite Services is performed by an internal ADS program, as well as through contracted providers.

The array of Respite Services covers multiple levels of care including:

- Companionship, supervision and meal preparation
- Help with activities of daily living (e.g., personal care, lifting, turning, transferring, dressing, eating, walking, medication reminders, etc.)
- Tasks such as catheter care, injections, pressure ulcer care, that require licensed medical or health professionals for respite type care such as a Licensed Practical Nurse or Registered Nurse

- Out of home services: Adult Day services where available (socialization, nursing services, rehabilitation, classes and many other activities) or short-term residential facility stays (nursing homes, assisted living, boarding homes and adult family homes)

Respite Services are provided through service providers under contract with ADS. Most Respite Services are provided by home care agencies in an in-home setting, followed by adult day services programs in an out-of-home setting.

The amount of respite available per caregiver is determined by available funds and State funding guidelines. In general, Respite Services are not intended to offer ongoing round-the-clock care or supervision. Respite Services are made available on a sliding-fee basis to eligible participants. See Aging and Long-Term Support Administration's (ALTSA) Chapter 17, Long Term Care Manual for more information.

## Eligibility requirements

Caregivers are able to access Respite Services if they:

- provide a minimum of an average of forty hours per week of care, and/or supervision, or live with an adult who needs continuous care or supervision; **and**
- are assessed in the GetCare/TCARE® system and meet the step III threshold levels determined by state level policy; **and**
- GetCare/TCARE® recommends the strategy to introduce alternate sources for care to provide respite.

Respite Services can be authorized for eligible caregivers whose care receiver resides in geographic areas neighboring King County. This will be assessed on a case-by-case basis by the ADS Program Specialist, see **XIII. Exceptions to Policies (ETP) and Documentation**. The ability to fulfill the service request will depend on whether ADS has a contracted home care provider that serves the care receiver's respective geographic area.

## Respite Services Case Ownership

A transfer of case ownership is initiated upon accepted referral of client to Respite Services, with exceptions due to language or waitlists. This model will regularly be evaluated to assess the effectiveness of offering Respite Services to communities in which English is not their preferred language.

- *East King County Respite Authorizations*

  Chinese Information and Service Center (CISC) will authorize Respite Services for East King County caregiver/care receiver (CG/CR) dyads.
  - If the preferred language of the CG/CR dyad is Spanish, Mandarin, or Cantonese, CISC will maintain case ownership and authorize Respite Services.
  - If the preferred language of the CG/CR dyad is English or another language not listed above, the TCARE ® agency that has staff capacity to communicate with

the dyad in their preferred language will maintain case ownership. CISC will only authorize Respite Services.

- *South King County, North King County, and Seattle Respite Authorizations*
  Chinese Information and Service Center (CISC) will authorize Respite Services and maintain case ownership for CG/CR dyads whose preferred language is Spanish, Mandarin, or Cantonese as capacity allows.
  ADS will authorize Respite Services for South King County, North King County, and Seattle caregivers:
  - If the preferred language of the CG/CR dyad is English, ADS will maintain case ownership and authorize Respite Services.
  - If the preferred language of the CG/CR dyad is not English, the TCARE ® agency that has staff capacity to communicate with the dyad in their preferred language will maintain case ownership. ADS will only authorize Respite Services.

- *Other Circumstances*
  - If the preferred language of the CG differs from the preferred language of the CR, the CG/CR dyad may choose who will be their primary contact and have case ownership.
  - Exceptional situations may arise where multiple TCARE ® agencies have staff capacity to communicate with the dyad in their preferred language. In these situations, the Respite Authorizing Agency may work with the referring TCARE ® caregiver agency to mutually determine case ownership.

## Procedures

### Requesting Agency

- Caregiver Advocate will send request to Respite Authorizing agency and include the request form.

### Respite Authorizing Agency

- Respite Authorizers will receive request from the Requesting Agency.
- If referral is accepted, Respite Authorizers will assume TCARE® case ownership *unless* an exception applies
- Respite Authorizers will communicate with Requesting Agency by email if the case is not accepted.
- Case Owner Respite Authorizer will add their name to "Case Manager" field under the "Identification" section. The Requesting Agency can remove their name from the Case Manager field of caregiver client record, after confirming that new TCARE ® case owner has been identified in the record.
- Respite Authorizers will send an inquiry to Respite Provider with relevant information about the case and Care Plan upon request.
- Respite Authorizers will maintain ongoing communication with Case Owner Caregiver Advocate, including communication regarding inability to provide Respite Services and changes in Respite Service status.

- Respite Authorizers will provide Respite Provider timely communication regarding changes in service provision or client situation.
- If Respite Case closes within a year of service start, Respite Authorizer will refer client back to TCARE® agency as appropriate and desired by caregiver so that caregiver can be offered other supports, and will notify TCARE® agency by email. For example, if caregiver no longer wants Respite Services. Respite Authorizers should use their professional judgment in determining whether referral would be appropriate in other case closure situations.
- Respite Authorizers will document pertinent information in Case Managed Care (CMC), and GetCare/TCARE®.

### Case Owner Agency

- Caregiver Advocate will monitor services and communicate all aspects of the care plan, including respite services, with the caregiver and other service providers assisting Caregiver.
- Caregiver Advocate will maintain ongoing communication with Respite Authorizers, including communication regarding changes that affect respite scheduling such as vacations, hospitalizations, changes in circumstance, etc.
- Caregiver Advocate will communicate with Respite Authorizer when case is closed.
- Caregiver Advocate will document pertinent information in GetCare/TCARE®.

### Respite Provider/Home Care Agency *

- Respite Provider receives inquiry from Respite Authorizer.
- Respite Provider will assign case to available caregiver and notify Respite Authorizer of acceptance of case and start date.
- Respite Provider will communicate with Respite Authorizer if Respite Services are unable to be provided.
- Respite Provider will notify Respite Authorizer of changes in service provision or client situation that affect scheduling or payment, including but not limited to hospitalization or caregiver unavailability.
- Respite Provider will notify Respite Authorizer when a client is being considered for closure or termination.
- Respite Provider will document pertinent information in their system or other state mandated system, depending on fund source.

*This information is provided to facilitate awareness of the roles and responsibilities of all parties involved in provision of Respite. Respite Provider Home Care Agencies are guided by a separate Statement of Work.

### Aging and Disability Services

- Aging and Disability Services staff will populate Case Managed Care (CMC) with Respite Services information including budget, rates, and vendors.
- ADS Fiscal Specialist will review service provider invoice, information in CMC Database, and initiate payment.

### Overnight Nursing Home Stays

Nursing homes are not contracted directly with the respite program; instead, they are reimbursed through a voucher payment. This means that any state-licensed nursing home in King County is a potential overnight respite provider. WAC 388-97-1880 governs how nursing homes are to handle respite clients. Medicaid certified nursing facilities shall not charge more than the Medicaid overnight rate for respite.

### Procedures

#### Respite Authorizing Agency

- If a client requests a nursing home stay, the Respite Authorizer provides options to client, such as DSHS list of facilities in area(https://fortress.wa.gov/dshs/adsaapps/lookup/NHPubLookup.aspx) , and may include other pertinent information to help client make an informed decision.
- Respite Authorizer will notify ADS Program Specialist once a facility has been identified. Program Specialist will advise on rate range and availability of funding.
- Respite Authorizer will negotiate fee with identified facility per ADS Program Specialist guidance, and complete referral and payment paperwork.
- The Respite Authorizer shall enter the Scheduled Episode into the CMC Respite Database.
- Respite Authorizers will document pertinent information in GetCare/TCARE®.

#### Aging and Disability Services

- After the nursing home stay has been provided, Respite Authorizer will gather payment paperwork and send to the ADS Fiscal Specialist.
- ADS Fiscal Specialist will enter information in CMC Database and initiate Payment Authorization via EPAA.

## VIII. Housekeeping and Errands

### Overview

Housekeeping and Errands (H&E) is intended to offer another option for caregivers needing relief or assistance completing housekeeping and errand tasks. Housekeeping and Errands (H&E) Services may be authorized to be performed by contracted service providers for the purpose of:

- Providing housekeeping for household areas normally cleaned by the caregiver
- Transporting a caregiver for purposes that may include brief occasional trips to local stores to pick up prescriptions and/or medical or personal care necessities, and groceries.
- Completing errands for those trips that the caregiver is unable to perform due to caregiving.

### Eligibility

Caregivers are able to access H&E Services if they:

- are assessed in TCARE® and determined to meet the step III threshold levels determined by state level policy

- do not receive Respite Services or Emergency Respite. Clients may not receive both services at the same time. H&E service is not intended to be a supplement to other Respite Services.

Eligibility criteria for H&E is defined by ADS more broadly than eligibility for Respite Services. If an eligible caregiver meets the above criteria, they do not also need to provide a minimum of an average of forty hours per week of care, or live with an adult who needs continuous care or supervision.

H&E services are currently authorized by Respite Authorizing agencies. Transfer of case ownership is not required for H&E services. The amount of H&E hours available per caregiver is determined by available funds.

H&E Services can be authorized for eligible caregivers whose care receiver resides in geographic areas neighboring King County. This will be assessed on a case-by-case basis by the program specialist, See **XIII. Exceptions to Policies (ETP) and Documentation.** The ability to fulfill the service request will depend on whether ADS has a contracted home care provider that serves the care receiver's respective geographic area.

### Eligible Housekeeping and Errand Tasks

Eligible tasks are determined in the Home Care Agency Statement of Work.

Housekeeping tasks may include:

- cleaning kitchens and bathrooms
- sweeping
- vacuuming
- mopping
- dusting
- laundry of the caregiver and/or care receiver
- cleaning ovens
- Once a year washing of interior windows and walls in areas of the home used by the family caregiver and/or care receiver
- Defrosting freezers

Eligible errands authorized for H&E Services may include:

- Trips to the bank with the caregiver
- Trips to the post office with or without the caregiver
- Brief occasional trips to local stores with or without the caregiver:
  - to pick up prescriptions
  - to purchase medical or personal care necessities
  - to purchase groceries

**The caregiver must be present at the time housekeeping services are delivered.**

The H&E service provider may provide tasks in addition to those listed above as requested by the caregiver only with the written authorization of the Caregiver Advocate.

Tasks **NOT** included in H&E Service:

- Personal care tasks (e.g., assistance with ADLs such as bathing, shampooing, or other personal hygiene/ grooming needs)
- Yard Work
- Minor home repairs
- External house cleaning or maintenance
- Splitting/carrying wood
- Pet Care
- Any task that requires skills not usual to a homemaker or requires use of large equipment

### Procedures

#### Case Owner Agency

- Caregiver Advocate will communicate all aspects of the care plan including H&E services, any changes to H&E services, and maintain contact with caregiver until the case is closed.
- Caregiver Advocate will work with caregiver to determine tasks and complete the Housekeeping and Errands Task Sheet.
- Caregiver Advocate will send request to H&E authorizing agency and ensure the care plan, request form, and task sheet are available in the GetCare Electronic File Cabinet.
- Caregiver Advocate will communicate with H&E authorizers any changes that may affect respite scheduling including, but not limited to, vacations, hospitalizations, changes in circumstance, etc.
- Caregiver Advocate will communicate with H&E authorizer when case is closed.
- Caregiver Advocate will document pertinent information in GetCare/TCARE® case notes.

#### H&E Authorizing Agency

- H&E Authorizer will determine eligibility and authorize H&E services on a monthly basis.
- H&E Authorizer will contact a H&E service provider to schedule service.
- H&E Authorizer will submit a copy of the service authorization to the contracted home care agency around the middle of the month for service in the following month.

#### Aging and Disability Services

- Aging and Disability Services staff will populate Case Managed Care with H&E Services information including budget, rates, and vendors.
- ADS Fiscal Specialist will review service provider invoice, information in CMC Database, and initiate payment.

## IX. Emergency Respite

### Overview

Emergency Respite is available for caregivers in a crisis situation and who need help immediately. An emergency exists if the care receiver is alone or about to be left alone due to a

medical emergency or other extenuating circumstances of the caregiver. An example of an emergency is when the caregiver becomes ill or injured to the extent that the caregiver's ability to care for the care receiver is impaired, per WAC 388-106-1230.

Emergency Respite support is intended as an access point for other caregiver support services. It is for caregivers in an emergency situation who are not currently receiving caregiver support through the Community Living Connections network.

Eligible vendors, per WAC 388-106-1215, includes licensed home care agencies or home health agencies, adult day service providers, or nursing homes. Home care agencies must be licensed through the Department of Health for in-home services. Vendors shall provide services in compliance with all applicable state and federal laws, statutes and rules.

The amount of Emergency Respite available per caregiver is determined by available funds and State funding guidelines; it must be used within 1 month of authorization. Caregivers cannot receive Emergency Respite and Housekeeping and Errands (H&E) at the same time.

## Appropriateness vs. Eligibility

Clients who are receiving hospice services and are inquiring about caregiver support are generally not appropriate for Emergency Respite Services. They should be referred to ongoing caregiver support with a network agency. If a Caregiver Advocate or Emergency Respite Coordinator is unsure about the appropriateness of a request for Emergency Respite, they should consult with the ADS Program Specialist.

## Procedures

Emergency Respite Services are authorized by a contracted Community Living Connections agency, known as the Emergency Respite Coordinator.

- A TCARE® screening must be completed in the GetCare/TCARE® system for Emergency Respite clients, either by the referring agency or by the Emergency Respite Coordinator.
- If a caregiver is already receiving H&E, Emergency Respite Coordinator shall direct the referral to appropriate H&E authorizing agency.
- Emergency Respite Coordinator will work with service providers to authorize and arrange for respite care for caregivers in a crisis situation.
- Emergency Respite coordinator will refer caregiver to a Community Living Connections network agency for ongoing caregiver support.
- Emergency Respite Coordinator should inform caregiver that Emergency Respite is part of the Community Living Connections, and they will receive a call from an agency that will offer them on-going caregiver support. Preferably, they will be provided a specific agency or staff person's name.
- Emergency Respite Coordinator is responsible for managing Emergency Respite budget, including verifying services are delivered, paying vendors, and reconciling the respite budget.

## X. Supplemental Services

### Overview

Caregivers in TCARE® process have access to supplemental funds to obtain goods or services to help them in their role.

Supplemental funds are intended to be used after other available fund sources are explored or exhausted (Medicare, Medicaid, health and long-term care insurance, veterans' benefits, friends, family and faith communities. etc.) Prior to referral for supplemental services, Caregiver Advocates are expected to assist caregivers in seeking local, informal and other funding sources like Medicare, Medicaid, health and long-term care insurance, Veteran's benefits, friends, family and faith communities in order to access goods and services. If the timeframe by which a good/service could be obtained via alternate fund source presents safety concerns, agency supervisors have discretion to approve use of supplemental funds to meet the client need on a one-time or short-term basis.

### Annual Limits

Supplemental Services are available to caregivers at TCARE® steps II and III. The annual limits per caregiver are $500 in Step II and $1000 in Step III, based on assessment/reassessment date of the caregiver. A one-time limit of $250 is available to caregivers at TCARE® step I, following an Exception to Policy request. Limits are not compounding. For example, a caregiver who spent $500 at step II, will only have $500 available if they move to step III during that year. Caregivers may receive goods/services until they reach their annual limit, subject to Agency review, approval and budget.

### Eligible Goods and Services

Eligible goods or services are one-time or short-term (recurring over less than three months) purchases that will decrease caregiver workload/burden and increase the likelihood that care receivers will stay independent in the community. **The goods or services must be directly related to caregiving services/supplies (RCW 74.41).** Agencies/supervisors should consider this benchmark when authorizing purchases.

Possible goods/services that can be authorized using Supplemental Service funds include, but are not limited to, the following:

- Caregiver Workshop Series, for example:
  - Powerful Tools for Caregiving
  - Fundamentals of Caregiving
- Wellness Programs (enhanced wellness, enhanced fitness, etc.)
- Equipment and Supplies
  - Grab bars or other bathroom safety equipment

  - Equipment repair
  - Assistive devices, including home safety devices
  - Incontinence supplies or other care supplies (short-term/emergency supply up to 3 months worth without ETP)
  - Other resources recommended for equipment if clients do not have access to a medical provider, including Bridge Ministries (https://bridgemin.org/)
- Caregiver education – for information and skill development
- Care Receiver Education – improve health, strength and self-care
- Financial and Legal Planning
- Specialized Transportation
- Home modifications
- Home Delivered Meals/Grocery Deliveries (for limited transition period after hospitalization)
- Pharmacy Delivery, Medication Education (for limited transition period after hospitalization)
- Rehabilitation Services (e.g., occupational or physical therapy (OT/PT)
  - Other sources of payment recommended for these services: Medicare/Medicaid, health and long-term care insurance, or Veteran's benefits.

Supplemental Service funds cannot be used to pay for:

- Rent
- Utility bills
- Computers
- Major appliances
- Gift cards
- Bed rails
- Art, décor
- Alcohol
- Cosmetic services or supplies
- Automobile purchase, repair, or modification
- Cable TV or internet bills
- Cash or lottery tickets
- Co-pays, waiver cost of care (participation/client responsibility), insurance co-pays
- Entertainment items, e.g., electronics, DVDs, video games, TVs, DVD players, MP3 players, radios, computer software, Bluetooth devices and games
- Recreational or sporting event expenses
- Expenses after death
- Funeral expenses
- Guardianship or payee programs
- Herbal remedies, supplements, or products with marijuana
- Jewelry and watches

- Medical equipment covered by insurance including dental and hearing aids
- Pet items
- Tobacco, vaping, and smoking cessation products
- Vacation expenses
- Gym memberships, gym equipment, weight loss programs, e.g., Nutri-System, Jenny Craig, etc.
- Home modifications that increase the square footage of the home
- Items with ongoing expenses, e.g., cellular phone, storage units. Ongoing expenses are defined as expenses for purchase of a good/service occurring over three or more months.

Exceptions to Policy may be granted if there are extraordinary circumstances, depending on the nature of the request. See **XIII. Exceptions to Policies (ETP) and Documentation.**

## Procedures

### Case Owner Agency

1. Review and identify that the client situation needs a service or item(s).
2. Explore service options and funding alternatives for the identified service or items.
3. Determine the client situation meets supplemental goods/services policy
4. Obtain estimate, bid, or quote in writing from a vendor(s) for the service or item(s).
5. Determine vendor and total cost. Agency can determine which vendors are appropriate to meet the client's specific needs, in accordance with their internal policies.
6. Obtain authorization for the good or service from Agency/Supervisor including:
    - Client information
    - Goods or service description and amount
    - Vendor name, address, phone, tax ID#, Indemnification of City and Agency, Vendor signature (for non-credit card purchases) and date. For example purposes:

      **Vendor Authorized to Provide Goods or Services**

      **Vendor's Name:** **Phone:**

      **Payment Address:** **Tax ID#:**

      "To the extent permitted by law, I shall protect, defend, indemnify and hold the City harmless from and against all claims, demands, damages, costs, actions, and causes for actions, liabilities, judgments, expenses, and attorney fees, including but not limited to injury or death of any persons or the damage to or destruction of property, or the infringement of any patent, copyright, or trademark, arising out of the work performed or goods provided under this contract, to vendor's violation of any law, ordinance, or regulation, except for damages resulting from the sole negligence of the City."

      **Vendor's Signature:** ______________________ **Date:** ____________

      Please sign & fax this form to 206-684-0152 or mail it to this address: Aging & Disability Services, PO Box 34215, Seattle, WA 98124-4315. Please include an original invoice and W-9 form (if applicable).

    - Name of Caregiver Advocate, supervisor approval signature, and date.
7. If/When approved by Supervisor, contact Vendor or service provider regarding needed service or item(s) and arrange for service to begin or item to be purchased and delivered.

8. If Supervisor is not approving the request, Supervisor should meet with the Caregiver Advocate or other responsible staff to discuss the decision and possible alternatives.
9. Confirm receipt of good or service with caregiver. Confirmation can be verbal verification by Agency staff with client, with documented time/date of verification and staff signature.
10. Document steps in GetCare and maintain original documents in agency records (see "Required Documentation" below).

### Required Documentation

- Documentation of Agency Authorization.
- Invoice or Receipt from Vendor
- Verification of receipt of good or service by the client
- Client enrollment and service recording in GetCare
- General Ledger Report
- Documentation of each authorized purchase to accompany the monthly report and invoice, using a template provided by or endorsed by ADS

### Recording in GetCare

• Enter an enrollment for Supplemental Service in GetCare when a good or service is purchased (ongoing with an open-ended date of 12/31/9999). Record 1 Service Unit in GetCare for the client you are assisting when you confirm the client received the goods or service. One service unit is for the transaction which may include multiple items.

• After the items are received, explanation must be added to Caregiver Progress Notes in GetCare including, at a minimum:

- Brief description of the Items received.
- Date the caregiver signed confirming receipt.
- Total amount paid by the Agency for the items

### Resources

- IRS Form W-9: Request for Taxpayer Identification Number and Certification
- Community Living Connections Provider Portal

## XI. Caregiver Counseling

### Overview

Counseling is available for caregivers completing TCARE® step III. Caregiver Counseling is a short-term mental health intervention delivered by a licensed Counseling professional that provides emotional support, assistance with decision-making and problem solving, and coaching on coping skills. The service will be provided by a professional holding one of the following Washington State licensures: psychiatrists; psychologists; psychiatric advanced registered nurse practitioners (ARNPs); psychiatric mental health nurse practitioners-board certified (PMHNP-BCs); mental health counselors; independent clinical social workers;

advanced social workers; and marriage and family therapists. The service may utilize graduate level interns to assist with or counsel participants. Interns must be overseen/supervised by a licensed mental health professional from the listed options above, and a waiver in the form of a letter needs to be submitted to ALTSA via the ADS Program Specialist.

Counseling services may address but are not limited to the following topics: identifying the caregiver's personal strengths and abilities, managing short- and long-term care decisions and planning, alternative ways to express anger or frustration; caregiver journey and identity change, family communication and relationships, and developing strategies to better manage and cope with their caregiver role.

If the caregiver wants their care receiver, family or other individuals to participate in the Counseling, it may be considered by their counselor on a case-by-case basis.

Eligible caregivers can receive up to six Counseling sessions per year at no cost, beginning with their assessment date. Six additional Counseling sessions can be approved annually, at the discretion of Agency supervisors. Additional sessions can be approved at the discretion of the ADS Program Specialist, via ETP.

### Counseling Location

Caregiver Counseling services will be offered at the location based on client preference, including their home, another convenient location, or by phone or confidential virtual platform. All locations must be confidential and safe for both counselor and client.

If a client prefers in-home Counseling, but the agency staff are not available, they should first offer a referral to another Community Living Connections Counseling provider if there are available counselors. If none are available, the client may choose phone or virtual Counseling, or be put on a wait list for in-home Counseling.

### Referral Process for Caregiver Counseling

Counseling is provided by different agencies and counselors, each with their own process. Referral forms and contact information can be found on the Community Living Connections Provider Portal.

### Procedures

#### Case Owner Agency

- Caregivers must be assessed in the GetCare/TCARE® system and determined to meet the TCARE® step III threshold levels prior to a Counseling referral. Caregiver Advocate will communicate aspects of the care plan to Caregiver including Counseling services.
- Caregiver Advocates should complete the agency's form or call the agency's number to begin the referral.
- Caregiver Advocates will communicate with Counseling Agency any changes that may impact service provision, such as case closure.

### Caregiver Counseling Agency

- Counselors will notify referents when Counseling services have begun or if a caregiver has not been reached after three attempts.
- Counselors will communicate with Caregiver Advocate if they are unable to provide Counseling services.
- If additional Counseling sessions are requested, the agency counselor and supervisor must review the needs of the Counseling client for the additional sessions and take into consideration the Counseling waitlist. A progress note documenting caregiver need and additional sessions should be made in GetCare/TCARE® .
- The Counseling agency will maintain a list of Caregiver Counseling clients who get more than 6 sessions. Agency will report on number of clients receiving additional sessions to the ADS Program Specialist at least quarterly along with their Contract Status Report.

## XII. Waiting List Criteria

If a waitlist needs to be established for Respite Services, H&E, Supplemental or Counseling, ADS and the agencies will work together to implement the waitlist. The waitlist order will be based on the State's policy using TCARE® scores (Chapter 17) unless otherwise stated. The ADS Program Specialist will inform other Community Living Connections agency staff when and if a waitlist is started.

In order to reduce or minimize workload, it is helpful to introduce alternate sources for care to the client, such as:

- Informal support
- Volunteer services
- Chore services
- Home delivered meals, groceries, medications

## XIII. Exceptions to Policies (ETP) and Documentation

### Overview

An Exception to Policy (ETP) may be utilized when exceptional cases arise within the TCARE® process. An ETP involves a written approval process between the requesting Agency and the ADS program contact. In order to initiate the request, an Agency TCARE® screener or assessor, authorizer or their supervisor should complete the ETP request form (found on the Community Living Connections Provider Portal), or other form of written communication that includes the requested information, and submit to the designated contact at ADS.

Requesting Agencies should consult with state or local policy to verify that an exception is necessary before submitting a request. Attempts should also be made to use alternate resources, fund sources, or approaches to address the presenting circumstance.

### Case Ownership and ETPs

The Agency completing the request form should be the Agency maintaining Case Ownership (Agency responsible for following the caregiver in the TCARE ® process). Exceptions may apply when the Case Owner is not also the Authorizer of Respite or Housekeeping and Errands (H&E)

services. TCARE® Assessors should keep Authorizers informed of any change in caregiver situation or circumstance which may impact the scheduling or provision of Respite or H&E. If the ETP pertains to the provision of Respite or H&E, the *Respite Authorizer* should work with Assessor and caregiver to consider approaches, determine if an exception is needed, and submit an ETP request form.

## Examples of common scenarios:

- A care receiver is experiencing extreme financial hardship (e.g., high medical expenses) and cannot pay for their share of the cost of the respite care services.
- A caregiver is experiencing an extraordinary situation and needs additional services, supplies or equipment exceeding thresholds specified in state or local policy.
- A Caregiver Advocate is unable to complete an in-home visit for a live-in caregiver.
- A care receiver resides in a geographic area neighboring King County. *Note: Eligibility for caregiver services includes the caregiver's county of residence. While most services can be provided to these caregivers without an ETP, Respite or H&E would need to be considered on a case-by-case basis with ADS. The ability to fulfill the service request will depend on whether ADS has a contracted home care provider that serves the care receiver's respective geographic area.*

## Procedures

### Requesting Agency

- Caregiver Advocate identifies the need.
- Caregiver Advocate explores available resources, fund sources, or approaches and verifies that an exception is needed.
- Caregiver Advocate documents attempts to use other resources or approaches in GetCare/TCARE® case notes.
- Caregiver Advocate completes the ETP request form.
- Caregiver Advocate forwards request to their Agency supervisor for review.
- If local Agency supervisor deems the request is appropriate, the request is forwarded to the designated contact at ADS via secure e-mail, fax, or other mutually determined method.
- Caregiver Advocate confirms receipt of request with ADS contact.
- In accordance with state policy, the Caregiver Advocate should document the exception and what actions were taken to address the situation in GetCare/TCARE® case notes. The date and name of authorizing party's approval of the ETP must also be included in a GetCare/TCARE® case note.

### Aging and Disability Services

- ADS receives a request from the Caregiver Advocate.
- ADS staff will contact the requester if additional information or context related to the circumstance and exception is needed.
- ADS reviews and approves or denies the request.
- ADS communicates the status of request to the requester within ten business days.