Family Caregiver Services for Families of Older Adults

TOPIC
Clarify service options available to support family caregivers under Elderly Waiver (EW) and Alternative Care (AC) programs. Announce the addition of Family Memory Care services.

PURPOSE
Improve access to family caregiver services for persons age 65 years and older.

CONTACT
Submit questions through PolicyQuest.

SIGNED

TERMINOLOGY NOTICE
The terminology used to describe people we serve has changed over time. The Minnesota Department of Human Services (DHS) supports the use of "People First" language.
I. Background

Family caregivers (family, friends and neighbors) are a critical resource for Minnesota’s health and long-term services and supports systems. The presence of a caregiver is shown to improve medical compliance, reduce the length of hospital stays, and prevent or delay nursing facility placement. This unpaid care is valued at $7.8 billion per year in Minnesota, exceeding State Medicaid expenditures. An advantage of supporting caregivers is having stronger, more resilient caregivers who are better able to support older adults. This bulletin reviews EW and AC caregiver services and introduces the new service Family Memory Care.

II. Changes to EW and AC Family Caregiver Services

Three service categories are available to support family caregivers of enrollees. Effective November 1, 2015, Family Memory Care, a coaching and counseling intervention for caregivers of persons with Alzheimer’s disease and related dementias, is available under the EW and AC benefit set.

- Family Caregiver Training and Education
- Family Caregiver Coaching and Counseling with Caregiver Assessment
- Family Memory Care – new service

Below is a summary of service names, codes, service units and frequencies, with a link to current rate limits:

<table>
<thead>
<tr>
<th>Service Name</th>
<th>Procedure Code</th>
<th>Service Unit</th>
<th>Frequency</th>
<th>Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Caregiver Training and Education</td>
<td>S5115 BRASS Code 624</td>
<td>15 minutes</td>
<td>Up to 12 hours, or 48 units, over a 365 day period.</td>
<td>Long-term services and supports rate limits</td>
</tr>
<tr>
<td>Family Caregiver Coaching and Counseling with Assessment</td>
<td>S5115/TF BRASS Code 607</td>
<td>15 minutes</td>
<td>Up to 12 hours, or 48 units, over a 365 day period.</td>
<td>Long-term services and supports rate limits</td>
</tr>
<tr>
<td>Family Memory Care</td>
<td>S5115/TG BRASS Code 607</td>
<td>15 minutes</td>
<td>Up to 20 hours, or 80 units, over a 365 day period.</td>
<td>Long-term services and supports rate limits</td>
</tr>
</tbody>
</table>

- More than one vendor can provide training and education (S5115) so long as the maximum units are not exceeded during a 365 day period. For example, a lead agency might authorize a home care agency to provide training on direct care skills and a caregiver support provider to provide training on Powerful Tools for Caregivers®.
• Lead agencies can bill for one service type at a time: training and education (S5115), coaching and counseling (S5115/TF), or family memory care (S5115/TG).

III. Family Caregiver Services Policy

Family caregivers can include a spouse, adult child, parent, other relatives, in-laws, foster family and other non-relatives who provide direct and ongoing care for EW and AC recipients. Family caregivers do not need to be living in the same household as the care recipient to obtain caregiver services, with the exception of Family Memory Care. The service is authorized in the recipient’s community services and support plan and paid from the monthly service cap.

Family caregiver training and education is individual or group sessions including instructions on treatment regimens, disease management, direct care skills, using equipment and technology, and others to maintain the health and safety of the care recipient. It can also include education about caregiving roles, managing stress, family dynamics, dealing with difficult behaviors, and others as specified in the care plan. Powerful Tools for Caregivers® is an example of a self-care education program that equips caregivers with tools and strategies to better handle caregiving challenges. See the link http://www.mnaging.net/en/Advisor/Caregiver/PowerfulToolsforCaregivers.aspx

Family caregiver coaching and counseling with caregiver assessment is an individualized support for caregivers. Coaching or consulting equips the caregiver with knowledge, skills, and tools for providing self-directed care. Its goals are to improve caregiver health and well-being, and increase coping and self-efficacy skills to improve the quality and duration of care provided. It includes a caregiver assessment to identify needs and strengths, a person-centered plan with goals, coaching, and follow-up on established goals. A caregiver consultant offers education about caregiving roles, strategies for disease management, self-care skills, techniques for managing difficult behaviors, assertiveness and communication skills, and developing an informal support network. To find a caregiver consultant go to www.Minnesota Help.info®, scroll down to the Seniors section, type in the words “Caregiver Consultant”, and select a Search area. Counseling is also an option under this service category. Counseling assists caregivers in making decisions and solving problems related to their caregiving role. It includes an assessment to identify needs and preferences, development of an individualized approach and plans, family counseling, conflict resolution, and problem solving or guidance directly related to providing care to the recipient.

Family Memory Care Intervention (FMC) is a coaching and counseling service to support family caregivers of persons with Alzheimer’s disease and related dementias. The goal of FMC is to improve the ability of caregivers who live with a person with dementia (PWD) to withstand the difficulties of caregiving by improving social support and minimizing family conflict. FMC is a translation of the evidence-based New York University Caregiver
Intervention (NYUCI) developed by Dr. Mary Mittelman and colleagues at the NYU Alzheimer’s Disease Center (Mittelman, Roth, Clay, and Haley, 2007).

**FMC Outcomes to be achieved:**

- Reduced negative impact of caregiving behaviors
- Decreased symptoms of depression
- Enhanced support network composition and effectiveness
- Delay or prevent institutionalization of the person with Alzheimer’s disease

**FMC Components:**

- Two individual sessions with the primary caregiver. An initial session to assess needs and strengths, develop a care plan and plan for the first family meeting, and a final session following the family meetings.
- Four family sessions within the first four months
- Ad hoc counseling to offer support and resources for at least 12 months
- Follow up assessments every 6 months following the family meetings

Alzheimer’s support groups are encouraged but optional.

**FMC Service Requirements:**

- Family caregiver must live in the same household as the PWD
- Caregiver must be the **primary** caregiver
- At least one family member participates in each of the 4 family meetings
- The caregiver reports a physician’s diagnosis of Alzheimer’s disease or a related dementia such as vascular dementia, dementia with Lewy bodies, frontotemporal dementia, Parkinson’s related dementia, or other related disorder.
  - No diagnosis is needed if the caregiver says the PWD has Alzheimer’s disease and the doctor would not do a diagnostic evaluation, or if there is no doctor nearby to provide a diagnosis but who says the person has Alzheimer’s disease
- The PWD has a Global Determination Score (GDS) of 4 or higher. The GDS is administered by a Family Memory Care consultant.
- Primary caregiver can have no physical or mental conditions that would prevent participation.

**FMC Providers** include public health nurses, registered nurses, social workers, rehabilitation therapists, gerontologists, caregiver consultants, memory care consultants, and health educators. Enrolled providers include home care agencies and care or support related organizations such as non-profit social service organizations, voluntary or faith-based agencies, state and local chapter of chronic disease organizations.

**Provider Requirements:**

- Completion of the Caregiver Consultant Basic Skills training offered by the Minnesota Board on Aging (MBA) or Area Agencies on Aging (AAA)
• Have at least one year of experience in family therapy or family-based interventions, or at least one year of experience working with persons with Alzheimer’s disease and related dementias and their caregivers
• Completion of the New York University Caregiver Intervention training
• Completion of the MN Family Memory Care training offered by the MBA

See the link to the MHCP Provider Manual for information about respite care and other EW/AC services that offer a respite “outcome” to caregivers. Examples include adult day, family adult day, and companion services.

LEGAL AUTHORITY

Minnesota Statutes, sections 256B.0915 and 256B.0913
Minnesota Legislation and Bill Status see link http://www.leg.state.mn.us/leg/legis

WEB RESOURCES

• EW/AC Chapter of the Minnesota Health Care Programs (MHCP) manual for standards, qualifications and billing codes link MHCP Provider Manual.
• MinnesotaHelp.info® Caregiver Link to learn about resources in your area –link https://www.minnesotahelp.info/SpecialTopics/CaregiverLink
• Minnesota Live Well at Home – http://www.mnlivewellathome.org/
• ACT on Alzheimer’s – Professionals – Practice Tools http://www.actonalz.org/

Americans with Disabilities Act (ADA) Advisory

This information is available in accessible formats for people with disabilities by calling (651) 431-2590 (voice) or toll free at (800) 882-6262 or by using your preferred relay service. For other information on disability rights and protections, contact the agency’s ADA coordinator.