

ALZHEIMER'S FAMILY AND CAREGIVER SUPPORT PROGRAM – INSTRUCTIONS

INTRODUCTION

The Alzheimer's Family and Caregiver Support Program (AFCSP) was established by the Legislature in 1985 under s. 46.87, Wis. Stats, and is implemented in accordance with administrative rules DHS 68. The Statute requires a **financial eligibility determination** and a **maximum household ability to pay determination**. In addition, counties are required to calculate the **actual service payment** that may be made by the county for each household enrolled in this program, on an annual basis.

Households with yearly income of \$40,000 or less are financially eligible to participate in the program. Under DHS 68.02(10), **household income** means only the income of the person with Alzheimer's disease or dementia and that person's spouse. When the household's yearly income exceeds \$40,000, certain Alzheimer's related expenses can be used to reduce income to \$40,000 or less (See Instructions for Worksheet 2, Part 2).

The financial needs of a caregiver who is not married to the person with Alzheimer's disease should be met through a practice of fair compensation for services (when needed) and fair reimbursement of the caregiver's expenses.

NOTE: In Family Care counties, only individuals who are ineligible for Family Care, or individuals whose Family Care application is being processed can access AFCSP funds provided they are eligible under AFCSP rules. AFCSP funding must be terminated when the individual is found eligible for Family Care and Family Care is available.

AFCSP lead agencies are advised to review the authorizing statute and administrative rules prior to implementing the program.

OVERVIEW OF THE APPLICATION PROCESS

Step 1. Diagnosis

Verify that at least one member of the household or the person who lives in a residential facility has received from a physician a final, tentative or preliminary written diagnosis of Alzheimer's disease or other related irreversible dementia (See Administrative Code DHS 68.02(3). Collect any needed general information (see F-21343E).

Step 2. Financial Eligibility

- a. If the applicant is eligible for any of the programs listed on Worksheet 1, including COP participants with a COP cost-share, complete Worksheets 1 and 4.
- b. If the AFCSP applicant is eligible for COP but does not have a COP cost-share, and for all AFCSP applicants who are not eligible for any of the programs listed on Worksheet 1, complete Worksheet 2, Part 1. Then see sections c and d below.
- c. If line 21 of Worksheet 2, Part 1, shows that the household's total yearly income is \$40,000 or less, proceed to Worksheet 3 to determine the Maximum Household Ability To Pay. If line 21 of Worksheet 2 shows that the household's income exceeds \$40,000, complete Part 2 of Worksheet 2 to determine if there are enough Alzheimer's related expenses to reduce the income to \$40,000 or below. See d below.
- d. Proceed to Worksheet 3 to determine the Maximum Household Ability To Pay; then see Steps 3 and 4 below.

Step 3. Actual Service Payment

For all applicants, determine Actual Service Payment using Worksheet 4.

Step 4. Review Process

Applicants should be advised that income changes that would cause their household total yearly income to exceed \$40,000 should be reported in a timely fashion (within 10 days or less). Similarly, households with income decreases who have a cost-share liability should have their liability reassessed. All cases should be reviewed annually to verify continued eligibility, maximum household ability to pay and service needs. The applicant or his/her representative should sign a new Declaration and Authorization yearly.

INSTRUCTIONS FOR GENERAL INFORMATION (F-21343E)

The General Information form should be used to collect relevant information from all applicants. If the county has already collected this information because the applicant is enrolled in other program(s), a current copy of that program's application or review information attached to the applicable Financial Eligibility Worksheet will suffice.

For new applicants, the Social Security number and/or the Medicaid ID number will be useful in verifying financial eligibility information, if needed. The spouse's and/or guardian's information will show who the contact person(s) are. After completing the AFCSP General Information form, F-21343E (or attaching a copy of similar identifying information), determine financial eligibility.

INSTRUCTIONS FOR WORKSHEET 1—FINANCIAL ELIGIBILITY SCREEN (F-21343A) AND WORKSHEET 2—FINANCIAL ELIGIBILITY DETERMINATION (F-21343B)**Worksheet 1 (F-21343A)**

Applicants who are eligible for one of the programs listed in Worksheet 1 are automatically financially eligible for AFCSP. All that is necessary in these cases is for the applicant or his/her spouse to sign the authorization that allows the agency to verify eligibility. Eligibility can be verified by either contacting the appropriate agency or by making a copy of a current award letter, or a current Homestead Credit Claim, etc. If an applicant is eligible for multiple programs, only one of the listed programs need be verified. These applicants have no cost-share liability so long as they remain eligible for the program(s) listed in Worksheet 1, with one exception: COP participants who do not have a COP cost-share under COP may have a cost-share liability under AFCSP (see instructions at Step 2 of the Financial Eligibility process).

For all other AFCSP applicants who are eligible for one of the programs on Worksheet 1, including COP participants with a COP cost-share, **complete Worksheet 4.**

Worksheet 2 (F-21343B)**Part 1 - Income**

Complete Part 1 of Worksheet 2 for all applicants who are ineligible for any of the programs listed on Worksheet 1.

For purposes of income, whether earned or unearned, **use the gross yearly household income** unless "net" is indicated. Under AFCSP, "household" means the applicant/participant and his/her spouse only. Use figures for the current year (year during which funds will be used). If the current year's income is too uncertain to estimate, use the past year's income.

Other Income (lines 10 and 20) includes income described in DHS 68.02(11), such as interest on savings or on money loaned, income from estates or trusts, royalties, public assistance, certain maintenance payments, child support, family support, veterans' pensions, and educational grants given for living expenses.

If Line 21 is \$40,000 or less, the applicant is eligible; proceed to Worksheet 3 to calculate the cost-share liability. If Line 21 is greater than \$40,000, continue with Part 2 of Worksheet 2.

Part 2 - Estimated Alzheimer's Related Expenses

Use section A, lines 23 through 27, to determine if applicants with income in excess of \$40,000 can be found eligible after subtracting any expenses for the person with dementia or his/her caregiver, provided the expenses are attributable to the Alzheimer's related needs of the applicant/participant [DHS 68.07(3)]. This can be an estimate of anticipated expenses.

Deduct the total amount of these expenses from income; then complete section B. If household income was reduced to \$40,000 or less after taking into account the estimated out-of-pocket expenses mentioned above, the applicant is eligible. Proceed to Worksheet 3 to calculate the cost-share liability. If the household income was not reduced to \$40,000, but the family has been in the AFCSP since 1988 and was found eligible because of the way income was computed then, the applicant continues to be eligible. Proceed to Worksheet 3 to calculate the cost-share. However, if the applicant was not found eligible in 1987 or 1988, the applicant is ineligible for funding.

INSTRUCTIONS FOR WORKSHEET 3 (F-21343C) AND THE UNIFORM FEE SCHEDULE**Worksheet 3 (F-21343C)****MAKING COUNTY SERVICE PAYMENTS AND RECEIVING HOUSEHOLD COST-SHARES**

Counties may choose to make their payments for services and receive their cost-shares from clients on a monthly, quarterly or any other periodic basis that is convenient to the county and to the consumer. In addition, counties may choose to make their service payments without requiring households to share in the costs as a condition of the households' participation in the program. (For example, a household assessed as needing \$300 per month in respite care and determined by the county to have a cost-share liability of \$60 per month, may still receive AFCSP-funded respite care amounting to \$240 per month, even if the household chooses not to pay for the additional respite care amounting to \$60 per month, provided that the county permits this practice.) By choosing to make their service payment "first dollar," counties incur no additional fiscal liability. Use of this "first dollar" option may encourage the participation of some families who might otherwise become discouraged by the cost-sharing requirements and withdraw from the program.

Parts 1 & 2 – Cost Share Determination

These sections are used to determine the cost-share liability for applicants who do not live in a CBRF or adult family home.

Part 1 - Counties with maximum annual service payment of \$4,000:

- **Line 1**—The income figure from line 21 or line 29 of Worksheet 2 is reported here.
- **Line 2**—Court ordered payments paid out of income include child support, alimony and support, maintenance, court ordered restitution, and the like.
- **Line 3**—Subtract court ordered payments entered on line 2 (Part 1) from income listed on line 1 (Part 1) and enter on this line.
- **Line 3a**—Divide amount on line 3 by 12 to get average monthly income.
- **Line 4**—Use this section to determine the number of people in the household. Household means only the person with dementia and his or her spouse [DHS 68.02(10)]. In rare instances, when both spouses living together have dementia, line 4.a. would have a "2" entered instead of "1." On line 4.b. enter "1" if a spouse is present. Do not enter a spouse here if the spouse was already entered on line 4.a.

There may be instances when the person with dementia (and spouse) is responsible for the financial support of a **legal dependent**. These dependents should be included in line 4.c. if they meet three conditions:

- They live in the household, and
- They are legally dependent on the household's income, and
- Have personal income of less than \$200 per month.

Including these dependents recognizes the need for the household to provide income for their support. As a result, the cost-share liability would be decreased.

Legally dependent refers to a relative who obtains more than one-half of his or her support from a person. A common situation of legal dependency occurs with younger Alzheimer's disease or dementia households in which there are school age or younger children living with the family. The federal Internal Revenue Service and the Wisconsin Department of Revenue do **not** consider as legally dependent an adult offspring who is living with one or more parents unless that offspring is either disabled or a student.

If an eligible household contains an adult offspring or other adult relative who serves as a caregiver for the person with Alzheimer's disease, and lives in that household, and obtains more than half his/her support from the parent(s), but is neither a student nor disabled, then the agency should **not** consider that offspring or relative as legally dependent. The agency, however, **may** still adjust the ability to pay downward if not considering an individual to be legally dependent would cause a hardship to the family. See the section entitled "HARDSHIP CASES," on page 4 of these instructions.

- **Line 5**—The Uniform Fee Schedule provide monthly income levels
- **Line 5a**—Multiply line 5 (monthly income) by 12 to get the annual maximum amount to pay. If the participant had a cost share liability in 2010 which was lower than the current amount, then the 2010 amount may be entered on line 5a.

Part 2 - Counties with maximum annual service payment of less than \$4,000 (as stated in the county's current Program Budget Report): Divide the county's maximum service payment by \$4,000 to obtain a percentage rate. Then multiply this percentage rate by the county's maximum service payment. Enter the result here and on line 2 of Worksheet 4.

- Note that in cases of hardship, the ability to pay may be adjusted downward. See instructions below relating to "Hardship Cases."

Part 3

The applicant or his / her representative sign the Declaration / Authorization on an annual basis (at application and at yearly review time).

HARDSHIP CASES

The administrative code for the Uniform Fee System permits a downward adjustment of ability to pay when it can be documented that the cost-share liability will cause a hardship to the family. Some examples of hardships are the forced sale of a home, the forced termination of an educational program of a family member, or the forced departure of a family caregiver (including an adult offspring, other relative or non-related caregiver), which jeopardizes the ability of the person with Alzheimer's disease or dementia to remain in the community.

While a worker may request an adjustment of the cost-share liability for a family, the actual decision should be made by the person with highest county authority for the program, such as a director of human services department or county aging unit. A director may also designate another person in the agency to be authorized to reduce cost-share amounts for hardship reasons.

INSTRUCTIONS FOR WORKSHEET 4 (F-21343D)—ACTUAL COUNTY SERVICE PAYMENT

The purpose of Worksheet 4 is to determine the actual county service payment for a particular household on an annualized basis. These determinations are based on several factors:

- The total cost of goods and services needed by a household to maintain the person with Alzheimer's disease or related dementia in the community;
- The county's maximum annual service payment; and
- The cost of goods and services needed by a household which are also authorized to be funded as reported in the county's current Program Budget Report.

Worksheet 4 (F-21343D)

- **Listing of Goods and Services Needed by Household**— Use this section or a locally developed care planning tool to record the services and goods needed by the household and for which the client and his/her family can be reimbursed. Record the total on line 1.
- **Line 1**—Enter the total cost of goods and services which the county has assessed are needed to assist the person with dementia to remain a member of that household (or a resident of a CBRF or an adult family home). The needs assessment and related costs are required by Wisconsin Statute 46.87(6)(a)1, and DHS 68.08(1). A variety of assessment tools are available. (The COP model assessment is one tool. Other dementia related tools are available.) The assessment should not be restricted to the applicant's household perceived needs; a variety of appropriate service options should be discussed. Though counties may choose to fund only certain services in a given year, the needs assessment of the household must include the goods and services which the county determines the household needs. A listing of the available goods and services appears in DHS 68.06(2).
- **Line 2**—This amount is reported from line 1 or line 2 of Worksheet 3, and represents the cost-share liability.
- **Line 3**—Subtracting ability to pay from total need is consistent with directions provided in the authorizing statutes, s. 46.87(6)(b)1.
- **Line 4**—Enter \$4,000 or the county's Maximum Annual Service Payment as stated in the county's current Program Budget Report.
- **Line 5**—Enter services authorized by the county. These are services listed under DHS 68.06(2). Counties may choose to limit what they will pay for as long as these limitations have been listed in the county's approved Program Budget Report for the year.
- **Line 6**—The lesser of lines 3, 4 or 5 from Worksheet 4 is entered on this line. The amount represents the actual annual service payment to be made by the county on behalf of this household.