

## ALZHEIMER'S FAMILY CAREGIVER SUPPORT PROGRAM WORKSHEET INSTRUCTIONS

### INTRODUCTION

The Alzheimer's Family Caregiver Support Program (AFCSP) was established under § 46.87, Wis. Stats, and is implemented in accordance with WI Administrative Code DHS 68. Law requires a **financial eligibility determination** and a **maximum household ability to pay determination** for all participants. In addition, counties are required to calculate the **actual annual service payment** approved for each household enrolled in the program.

Households with yearly income of \$40,000 or less are financially eligible to participate in the program. Under WI Administrative Rule 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 annual income exceeds \$40,000, certain Alzheimer's related expenses can be deducted to reduce income to \$40,000 or less (See Instructions for Worksheet 2, Part 2).

Financial reimbursement for expenses to a caregiver who is not married to the person with Alzheimer's disease should be met through a practice of fair compensation for time spent caregiving and fair reimbursement of the caregiver's expenses.

**NOTE:** In Family Care counties, only individuals who are not eligible for Family Care or individuals waiting for a Family Care application to be processed can access AFCSP funds, provided they are eligible under AFCSP rules. AFCSP enrollment must be terminated when the individual is enrolled in Family Care.

AFCSP lead agencies are advised to review the authorizing state statute and administrative rule prior to implementing the program. [https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030/68.pdf](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030/68.pdf)

Counties may choose to make payments for services on a monthly, quarterly or any other periodic basis that is convenient for the county and the consumer. In addition, counties may choose to make service payments without requiring households to pay a cost share. However, in order to do this, the determined "ability to pay" amount must be subtracted from the county's approved annual service payment. 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.

If the county chooses to operate the program in this manner, the same practice must be permitted for all program participants. 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 may otherwise be discouraged from participating in AFCSP by the cost-sharing requirement.

### OVERVIEW OF THE APPLICATION PROCESS

#### Step 1. Collect General Information

#### Step 2. Confirm Diagnosis

Verify that at least one member of the household or the person who lives in a CBRF, adult family home or assisted living setting has received a final, tentative or preliminary diagnosis of Alzheimer's disease or other related irreversible dementia from a physician (See WI Administrative Rule DHS 68.02(3)). Verification requires a written and signed diagnosis from the program participant's doctor.

#### Step 3. Determine 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 Worksheet 2, Part 3.

- b. For all other applicants, including those eligible for COP, complete Worksheet 2, Part 1 and 2 to determine income and deduct Alzheimer's or dementia-related expenses. If the household income is \$40,000 or less after deducting Alzheimer's or dementia-related expenses, the applicant is eligible to enroll in AFCSP.
- c. Proceed to Part 3 to create a service plan, determine the applicant's maximum monthly ability to pay, and establish the county's actual service payment.

#### **Step 4. Assess Service Needs and Income Annually**

Applicants must be advised that changes in their income that would cause their annual household income to exceed \$40,000 must be reported to the county agency in a timely fashion (within 10 days or less). Similarly, households that experience income decreases should also report changes so that the cost share liability can be reassessed. All cases must be reviewed annually to verify continued eligibility, determine the maximum household ability to pay and re-assess the family's service needs.

The applicant or his/her representative must sign a new Declaration and Authorization each year.

#### **INSTRUCTIONS FOR GENERAL INFORMATION WORKSHEET [F-21343E](#)**

The General Information form is used to record relevant information for all AFCSP applicants.

To avoid duplication for AFCSP applicants with memory loss and their family members, program coordinators should complete this form using the intake/referral forms supplied by ADRC staff whenever possible. Coordinators should verify the information that ADRC staff forward instead of requiring families to recite the same information a second time

For new applicants, spouse, caregiver and/or guardian information needs to be recorded to show who the contact person(s) is. It is also important to know whether power of attorney for finances or health care has been appointed, and whether it has been activated. After completing the AFCSP General Information form, [F-21343E](#) (or attaching a copy of similar identifying information), the next step is to determine financial eligibility.

#### **INSTRUCTIONS FOR WORKSHEETS 1 & 2 -- [F-21343A](#) and [F-21343B](#)**

##### **Worksheet 1 ([F-21343A](#))**

Applicants eligible for any of the programs listed on Worksheet 1 are automatically financially eligible for AFCSP. All that is necessary to enroll in these cases is for the applicant, his/her spouse or designated caregiver 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 on Worksheet 1, only one of the programs needs to be verified. These applicants have no cost-share liability as long as they remain eligible for at least one of the program(s) listed on Worksheet 1, with one exception: COP participants who do not have a cost-share may have a cost-share liability under AFCSP.

Applicants eligible for programs on Worksheet 1, including COP participants with a cost-share, can skip directly to **Part 3 of Worksheet 2**.

All other applicants must complete all three sections of Worksheet 2.

##### **Worksheet 2 ([F-21343B](#))**

###### **Part 1 - Income**

Complete Part 1 of Worksheet 2 for all applicants not eligible for programs on Worksheet 1.

For purposes of reporting income, whether earned or unearned, use the **gross** annual household income. Under AFCSP, "household" means the **applicant/participant and his/her spouse only**. Use income 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.

**Additional Sources of Income** (lines 10 and 20) includes income described in WI Administrative Rule DHS 68.02(11), such as interest on money loaned, income from estates or trusts, royalties, public assistance, certain maintenance payments, child support, family support, and educational grants given for living expenses.

Proceed to Part 2 to determine the person's Alzheimer's or dementia-related expenses.

## Part 2 - Estimated Alzheimer's Related Expenses

This section helps coordinators estimate anticipated expenses for the person with dementia or his/her caregiver.

Subtract the Alzheimer's or dementia-related expenses from household income and record the sum on line 29. If household income above \$40,000 was reduced to \$40,000 or less after subtracting dementia-related expenses, the applicant is eligible for the program. Proceed to Part 3.

## Part 3 – Services and Goods Needed by Household

Part 3 is a care planning tool for local programs. This is where program coordinators record and approve services and goods requested by the household. It is also where coordinators calculate the allowable annual county service payment. 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 established maximum annual service payment; and
- The cost of goods and services needed by a household which are authorized to be funded in the county's current Program Budget Report.

**Line 1**—Enter the total cost of goods and services that the county has assessed are needed to assist the person with dementia to remain a member of that household. A needs assessment and estimate of costs are required by Wisconsin Statute § 46.87(6)(a)1 and WI Administrative Rule DHS 68.08(1). The assessment should not be restricted to the household's perceived needs or the coordinator's perceived needs. The full range of service options should be discussed, and the needs assessment must include all goods and services which the county reasonably determines the household requires. A list of allowable goods and services appears in WI Administrative Rule DHS 68.06(2).

**Line 2**—The amount on this line represents the cost-share liability.

Figure the cost-share by matching the monthly income from line 21 and the number of persons in household (1 or 1+ spouse) to the columns on the Maximum Monthly Payment Schedule, found at <https://www.dhs.wisconsin.gov/uniform-fee/index.htm>. The dollar amount from the Maximum Monthly Payment Schedule must be multiplied by 12 to compute the annual cost-share.

**Line 3**—Subtract the applicant's ability to pay (cost share) from the assessed need.

**Line 4**—Enter \$4,000 or the county's maximum annual service payment as stated in the county's current Program Budget Report. (Your agency may have chosen a lower dollar amount. Check with the agency supervisor.)

**Line 5**—The lesser of lines 1, 3 or 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.

The applicant or his/her representative must sign the Declaration and Authorization at the end of Part 3 during the annual needs assessment and income verification.

## 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 adult children, other relative or non-related caregiver), which jeopardizes the ability of the person with Alzheimer's disease or dementia to remain living in the community.

The AFCSP coordinator may request an adjustment of the cost-share liability for a family by submitting a request to the person in the county agency with highest county authority for oversight of the program, such as a director of human services department, aging unit director or ADRC director. County directors may choose to designate the AFCSP coordinator or another person in the agency as authorized to approve reductions in cost-share amounts for hardship cases.