



**North Carolina Department of Health and Human Services  
Division of Aging and Adult Services**


2101 Mail Service Center • Raleigh, North Carolina 27699-2101

Tel 919 855-3400 • Fax No. 919 715-0023

Beverly Eaves Perdue, Governor  
Albert A. Delia, Acting Secretary

Dennis W. Streets, Director  
919-855-3400

Administrative Letter No. DAAS – 12-13

To: AAA Directors  
From: Dennis Streets   
Date: July 20, 2012  
Re: Changes in Home and Community Care Block Grant Client Eligibility Policy  
Related to the Registration of Clients under Age 60

Effective July 1, 2012, the Division of Aging and Adult Services (DAAS) and its network of regional and county partners must begin to implement a change in client eligibility determination and client registration to ensure that Home and Community Care Block Grant (HCCBG) services are only provided to clients who are age 60 and older. These changes are required by a recent policy interpretation of the U.S. Administration on Aging (AoA) and apply to any service provided through the federal and state funding in the HCCBG set of services.

The impact of this change will range from modifications in who is registered as the client in ARMS (e.g., caregiver or care recipient), to the termination of current HCCBG clients under age 60, to the termination of clients who will lose their special eligibility status unless this status is based on federal policy.

To mitigate the detrimental effect on clients who will no longer be eligible for HCCBG services; providers will have until October 1, 2012 to fully implement all aspects of this Administrative Letter. Hopefully this will give providers an opportunity to explore other funding options for continuing services or making referrals.

It is essential that HCCBG funds be used to serve people who meet minimum eligibility criteria and to the extent feasible, the high priority target populations identified in the Older Americans Act and state policy. As providers work to implement the policy changes detailed in this letter, there may well be hardships imposed on people we currently serve. We respect that staff time will be needed to counsel clients and make changes in documentation. Your efforts on behalf of the Division and the consumers we serve are appreciated.

## **I. HCCBG services - Which are expected to be affected by this policy interpretation?**

- In-Home Aide Respite (ARMS service codes: 235, 236, 237, 238)
- Group Respite (ARMS service code: 309)
- Institutional Respite (ARMS service code: 210)
- Mental Health Counseling (ARMS service code: 160)
- Nutrition (ARMS service codes: 020, 021, 022, 180, 181, 182)
- Transportation (ARMS service code: 250)

## **II. Existing clients – What does this policy interpretation mean for existing clients?**

AoA's policy interpretation requires that HCCBG clients be (1) age 60 and over and (2) the individual receiving the service directly (the in-home aide service, the ride, the meal, etc.). This means that HCCBG services cannot be provided directly to an individual who is under the age of 60 even if the caregiver currently registered in ARMS is age 60 or over.

The required follow-up will be service specific and is detailed in **Attachment A**. Providers will have until **October 1, 2012** to review existing clients, correct documentation, and make ineligible clients currently receiving HCCBG funded services inactive in ARMS. Providers will need to identify all clients under age 60 and determine whether or not any of them will continue to be eligible for services under the federal rules for special eligibility. For example, family caregivers who are not spouses will no longer be eligible for a home-delivered meal. Spouses under age 60 will no longer be eligible for transportation using HCCBG funds to get to the meal site even though they will be eligible under federal policy to eat a meal at the congregate nutrition program.

In addition, HCCBG respite services provided to caregivers will require a change in the person who is registered in ARMS as the client. Regardless of the caregiver's age, the client registered in ARMS must be the person actually receiving the service. To implement this change in documentation, the Client Registration Form (DAAS-101) must be completed on the care recipient, not the caregiver. The instructions on the DAAS-101 form are being modified to reflect that Section I of the form must be completed on the care recipient, not the caregiver, for all HCCBG services. Providers should review the existing DAAS-101 forms for current clients to determine if any of the individuals listed in Section I are actually caregivers rather than care recipients and then should proceed with documentation changes accordingly.

Providers must determine whether or not the care recipients of respite services are age 60 and older before registering them as the new clients in ARMS. If they are age 59 or younger, they will no longer be eligible for services.

Because the loss of these services may be very hard on the individuals affected, providers are encouraged to review all options for even temporary funding to continue services in order to help these families make adjustments. See **Attachment B** for some possible sources of alternate emergency short-term funding.

### **III. New clients – what does this policy interpretation mean for new client enrollment?**

**Effective immediately**, no new clients under age 60 should be enrolled to receive any HCCBG funded service unless they belong to one of the special eligibility categories for nutrition services detailed in **Attachment A**.

In addition, for HCCBG respite services, providers must enroll only the care recipient who will receive the service directly and that individual must be 60 years of age or older.

### **IV. Next Steps for DAAS**

A revised Client Registration Form (DAAS-101) and accompanying instructions will be posted on the ARMS website to guide providers to register care recipients in Section I of the form.

In addition, DAAS staff will review current HCCBG service standards and monitoring tools to identify revisions needed for consistency with the changes outlined in this Administrative Letter. Although changes to service standards will take some time to complete, it is anticipated that revised monitoring tools, if needed, will be posted in advance of the SFY 2013 monitoring season.

### **V. AAA's Role in Assuring Compliance and Reporting on the Impact of Changes**

*Assuring Compliance* – Per page 6 of the HCCBG nutrition standards, AAAs have the responsibility for establishing the written procedures that providers must follow to maintain documentation in the client record certifying special eligibility for nutrition services. If providers exercise the option of providing meals to special eligibility clients per the federal guidelines, they must maintain documentation per the AAA's requirements.

AAAs monitoring nutrition and other services during SFY 2013 are expected to review this provider documentation during onsite client record reviews. This will be one way of assuring compliance with this administrative letter. For example, AAAs would expect to find that underage spouses authorized to receive meals would not be listed as receiving HCCBG general transportation services after October 1, 2012. When AAAs pull samples for client record reviews and unit verifications during SFY 2013 monitoring, the policy changes regarding services to people under age 60 and the directive to register the person receiving the hands-on care, not the caregiver, should be part of the review. It is recommended that AAAs verify units served after October 1 in order to stay focused on the new policy requirements.

In addition to AAA monitoring, edit checks will be activated in ARMS in SFY 2013 that will prevent a provider from registering a new client under age 60 for any HCCBG service except nutrition services. DAAS is requesting that an edit check be activated in ARMS that will prevent a provider from requesting reimbursement for HCCBG services after October 1 to a person under age 60 unless they are special eligibility nutrition clients.

*Reporting on the Impact of Changes* – As noted above, it is hoped that providers will have some success in finding alternate funding sources during implementation of this policy directive, even if the funding is temporary in nature. To document the effect on clients, DAAS will send an electronic survey to the AAAs. Completed surveys should be returned to Sophia Spencer

([sophia.spencer@dhhs.nc.gov](mailto:sophia.spencer@dhhs.nc.gov)) by **November 1, 2012**. The survey information required will include the following by affected service codes:

- Number of caregivers over age 60 who had to be made inactive for HCCBG services so that services could be tied to the care recipients over age 60
- Number of clients under age 60 made inactive for HCCBG services
- Number of clients under age 60 made inactive for HCCBG services who continue to receive services from the same provider using an alternate funding source
- Number of clients under age 60 made inactive for HCCBG services and referred to other service providers for possible alternate funding.

Questions related to the implementation of this policy directive should be sent to the program consultants identified in **Attachment A** for each service.

**Attachment A:**  
**Service-Specific Guidance for Implementing Changes**

<b>HCCBG Service/ARMS Service Code and DAAS Program Consultants</b>
<p><b>In-Home Aide Respite/ 235, 236, 237, 238</b>            Donna White – 919-855-3432 or <a href="mailto:donna.white@dhhs.nc.gov">donna.white@dhhs.nc.gov</a>            Glenda Artis – 919-855-3412 or <a href="mailto:glenda.artis@dhhs.nc.gov">glenda.artis@dhhs.nc.gov</a></p>
<p>The individual listed in Section I of the DAAS-101 is the client and must be receiving the hands on care (care recipient) and must be age 60 or over. If <u>caregivers</u> are currently registered as the client, they must be made inactive in ARMS for Service Codes 235, 236, 237, or 238. If both the caregiver and care recipient are age 60 or older, register the person receiving the hands on care as the client. <u>Care recipients age 59 or younger</u> are no longer eligible for in-home aide respite services and must be made inactive in ARMS.</p>
<p><b>Group Respite/ 309</b>            Heather Carter – 919-855-3416 or <a href="mailto:heather.carter@dhhs.nc.gov">heather.carter@dhhs.nc.gov</a></p>
<p>The individual listed in Section I of the DAAS-101 is the client and must be attending the group respite program and must be age 60 or over. If <u>caregivers</u> are currently registered as the client, they must be made inactive in ARMS for Service Code 309. If both the caregiver and care recipient are age 60 or older, register the person receiving the hands on care as the client. Any <u>person attending group respite who is age 59 or younger</u> are no longer eligible for group respite services and must be made inactive in ARMS.</p>
<p><b>Institutional Respite/ 210</b>            Heather Carter – 919-855-3416 or <a href="mailto:heather.carter@dhhs.nc.gov">heather.carter@dhhs.nc.gov</a></p>
<p>The individual listed in Section I of the DAAS-101 is the client and must be the one directly receiving the hands on care in one of the appropriate settings and must be age 60 or over. If <u>caregivers</u> are currently registered as the client, they must be made inactive in ARMS for Service Code 210. If both the caregiver and care recipient are age 60 or older, register the person receiving the hands on care as the client. Any <u>person receiving institutional respite services who is age 59 or younger</u> are no longer eligible for services and must be made inactive in ARMS.</p>
<p><b>Mental Health Counseling/160</b>            Heather Carter – 919-855-3416 or <a href="mailto:heather.carter@dhhs.nc.gov">heather.carter@dhhs.nc.gov</a></p>
<p>The individual listed in Section I of the DAAS-101 is the client, must be the one receiving the mental health counseling and must be age 60 or over. If <u>caregivers</u> are currently registered as the client, <b>AND</b> are under age 60, they must be made inactive in ARMS for Service Code 160. Any <u>person receiving mental health counseling services who is age 59 or younger</u> is no longer eligible for services and must be made inactive in ARMS.</p>

## HCCBG Service/ARMS Service Code and DAAS Program Consultants

### **Nutrition/ 020, 021, 022 180, 181, 182**

Audrey Edmisten – 919-855-3418 or [audrey.edmisten@dhhs.nc.gov](mailto:audrey.edmisten@dhhs.nc.gov)

Phyllis Bridgeman – 919-855-3415 or [phyllis.bridgeman@dhhs.nc.gov](mailto:phyllis.bridgeman@dhhs.nc.gov)

Federal rules establish special eligibility for spouses under age 60 and give providers the option to offer a meal (congregate or home delivered) to certain other people under age 60. The policy interpretation in this administrative letter will have no impact on the following categories of clients with special eligibility:

- Spouses under age 60 of an eligible nutrition participant
- Individuals under age 60 providing volunteer services during meal hours
- Individuals under age 60 with disabilities who reside at home with eligible older adults receiving home-delivered meals
- Individuals under age 60 with disabilities who reside at home with and accompany an eligible older adult to the nutrition site
- Individuals under age 60 with disabilities who reside in housing facilities occupied primarily by older adults at which congregate nutrition services are provided.

Although the categories of special eligibility above will not be affected, one category of special eligibility will be affected: family caregivers (regardless of age). The nutrition standards allow a family caregiver of an eligible homebound older adult to receive a home-delivered meal when circumstances indicate that it is in the best interests of the older adult. Family caregivers who do not meet all the criteria for receiving home-delivered meals in their own right will have to be terminated, because they are no longer eligible to receive a home-delivered meal.

### **Transportation/ 250**

Phyllis Bridgeman – 919-855-3415 or [phyllis.bridgeman@dhhs.nc.gov](mailto:phyllis.bridgeman@dhhs.nc.gov)

Leslee Breen – 919-855-3414 or [leslee.breen@dhhs.nc.gov](mailto:leslee.breen@dhhs.nc.gov)

The individual listed in Section I of the DAAS-101 must be age 60 or over. The North Carolina nutrition standards reference a long-standing practice in the state to allow a spouse under age 60 who has special eligibility to participate in the congregate meal program also to ride to the nutrition site with the eligible spouse over age 60. This allowance was based on the federal nutrition policy for special eligibility, but the federal policy does not specifically confer special eligibility for transportation to the nutrition site. Because it is not based on specific federal policy, this practice of allowing the underage spouse receiving a congregate meal to ride to the site using HCCBG transportation funds will no longer be allowed.

Unfortunately, this means that a person under age 60 who continues to have special eligibility to eat a meal at the senior lunch program will no longer be eligible to ride to the site using HCCBG transportation funds. Providers will have until the October 1 deadline to identify clients under age 60 and try to arrange alternate funding for the ride. Because the pick-up and drop-off points for the under age spouse will continue to be the same as for the eligible nutrition participant, it is hoped that counties will find a way to continue to provide rides to both.

## Attachment B: Potential Sources of Alternate Support

- County Departments of Social Services
  - State Adult Day Care Fund (SADCF)
  - State In-Home Fund
- Centers for Independent Living (<http://www.virtualcil.net/cils/query-iandr.php?state=nc>)
- Division of Vocational Rehabilitation (<http://www.ncdhhs.gov/dvrs/>)
- Depending on care recipient's diagnosis, there may be one-time or short term respite or service dollars available through an Association.
  - National Multiple Sclerosis Society, Central NC Chapter (336-299-4136), Greater Carolinas Chapter (919-834-0678)
  - ALS Association, Jim "Catfish" Hunter Chapter (877-568-4347)
- Some organizations also assist with respite or services or may help you locate emergency funds. These funds are usually one-time or short term only.
  - NC Respite Care Coalition ([jane.macleod@nc.eastersealsucp.com](mailto:jane.macleod@nc.eastersealsucp.com))
  - First in Families of North Carolina (for individuals with TBI, intellectual or developmental disabilities) (919-251-8368)
- The Family Caregiver Support Program may be an option for those who are eligible. Contact the Family Caregiver Specialist at your regional AAA.
  - Adult family members or other informal caregivers age 18 and older providing care to individuals 60 years of age and older;
  - Adult family members or other informal caregivers age 18 and older providing care to individuals of any age with Alzheimer's disease and related disorders\*;
  - Grandparents and other relatives (not parents) 55 years of age and older providing care to children under the age of 18; and
  - Grandparents and other relatives (not parents) 55 years of age and older providing care to adults age 18-59 with disabilities.
  - In addition to qualifying as an eligible population above, the Older Americans Act specifies that for respite or supplemental services, care recipients must also meet the definition of "frail" to receive FCSP provided Respite or Supplemental services. Frail means that the older individual is determined to be functionally impaired because the individual—
    - (A) is unable to perform at least two activities of daily living without substantial human assistance, including verbal reminding, physical cueing, or supervision; or
    - (B) 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.

\*With the assistance of the Duke Family Support Program and the U.S. Administration on Aging, North Carolina has further clarified that "related disorders" are diagnoses in the family of dementias and are characterized as being both chronic and progressive.