Caregiver Module Training Manual

COLORADO LONG-TERM SERVICES AND SUPPORTS (LTSS) ASSESSMENT TOOL

COLORADO
Department of Health Care
Policy & Financing

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Caregiver Module – Training

Purpose

The purpose of the Caregiver Module of the Assessment tool is to assess the level of support provided by natural supports*; identify situations when a participant's natural support needs relief or additional support; provide important information about how formal services should wrap around what is otherwise being provided and will continue to be provided; and identify if paid supports should be initiated to relieve the unpaid caregiver providing natural supports.

The purpose of the Caregiver Module of the Assessment Tool is NOT to:

- Collect information that would reduce paid services or supports because a natural support is in place; or
- Determine individual budgets.

To complete this module the assessor will need to ask the participant about natural supports (Section 1) and, if possible, interview the individuals currently providing natural support to the participant (Section 2).

* Natural supports are unpaid supports that are provided voluntarily to the participant in lieu of 1915(c) HCBS waiver services and supports.

Overview of Contents

Many participants rely heavily on friends, family or others for assistance to continue living in the community. The type of assistance provided varies substantially and includes assistance such as (but not limited to) supervision of safety, personal or medical care, behavioral or mental health supports, housekeeping, assistance with managing finances, and provision of transportation. In many cases the caregiver's health may be negatively impacted.

This module contains three sections.

1. **Caregiver Information –** Collects information about who provides unpaid caregiving and the type and frequency of support/assistance provided.
2. **Caregiver Interview –** Contains assessment items that help identify situations in which relief or support is critical for continued informal caregiving.
3. **Recommendations for Assisting Caregiver and Implications for Participant's Support Plan –** The items in this section summarize goals and action steps.

General Instructions for Completing the Module

The assessor should complete this module if one of the following scenarios applies to the participant:

- Initial assessment

- Participant is enrolled in HCBS but the participant's natural supports have changed since the previous assessment

The assessor does NOT need to complete this module with participants already enrolled in HCBS where there have not been changes to natural supports. However, the assessor should review natural supports that are captured in the previous assessment to ensure that any changes are documented.

Special Instructions for Caregivers of Children

This module is intended to be used with caregivers of participants of all ages. For caregivers of children, the discussion should focus on support that is provided that is beyond what is expected of caregivers of a child of a similar age without disability-related issues. All parents/guardians have expected tasks to complete, such as providing age-appropriate ADL/IADL assistance. This module will concentrate on tasks that parents/guardians would not typically have to deal with, such as cleaning a treatment port or operating a Hoyer lift.

This module contains language that pertains specifically to caregivers of children under the age of 18. This language can be found in orange font.

> **Commented [AC1]:** Update after automation

Section Instructions

Section 1: Caregiver Information

This section gathers information about all unpaid and paid caregivers in order to create a total picture about the amount and types of supports provided by individuals and community organizations. This information is valuable for coordinating supports when developing the Support Plan. It is also critical to understanding the capacity of caregivers to continue providing support. Information gathered in this section can come from a variety of sources, including the participant or others providing assistance. This section is used to summarize the type, amount and frequency of unpaid supports provided by others (family, friends, others, etc.).

Assessment Item	Guidance
Section 1: Caregiver Information	
1. Does the participant have assistance in their home? ○ No [Skip to Item 3] ○ Yes	Indicate whether the participant receives support from unpaid or caregiver(s) in his/her home. The assessor may need to reassure the participant that unpaid or paid support is not a "requirement" for receiving services. Tasks or activities a participant may receive support with include: personal care, housekeeping, money management (such as managing household budget, etc.), transportation, health management, safety, or other tasks/activities that assist with community living. The participant may have more than one unpaid or paid caregiver.
2. Code the level of assistance in the participant's home (both paid and unpaid) during the past month. • 05. No assistance received • 04. Occasional/short term assistance • 03. Regular night time	For both unpaid and paid caregivers, identify the average frequency of assistance that was provided to the participant during the past month. If the frequency varied, code based on the usual level of support needed. When responding to 2A (Unpaid) and 2B (Paid), consider support provided by all caregivers of that type. For

Assessment Item	Guidance
Section 1: Caregiver Information	
• 02. Regular daytime • 01. Around the clock	example if Unpaid Caregiver A provides regular assistance during the day and Caregiver B provides occasional/short term assistance, respond "02" **Occasional/short term assistance-** Occasional assistance is infrequent and provided as needed. Short term assistance is provided for a limited time, in response to a temporary change in need. **Regular night time-** Regular assistance is provided consistently and on a recurring basis during the participant's sleeping hours, but may happen on different days or for different amounts of time. **Regular daytime-** Regular assistance is provided consistently and on a recurring basis during the participant's awake hours, but may happen on different days or for different amounts of time. **Around the clock-** The person receives assistance around the clock. Around the clock care refers to assistance that is provided constantly, throughout the entire day.

Assessment Item	Guidance
Section 1: Caregiver Information	
3. Identify Unpaid Support and Paid Family Caregivers- For each unpaid support or paid family caregiver, complete the information set below. Unpaid caregivers include individuals who provide support for activities such as ADLs, IADLs, health management or safety and who are not paid for this support. Use age appropriate guidelines to identify support provided that is beyond what is expected of a caregiver of a child of a similar age without disability related issues.	Item three consists of a table to capture information about the participant's unpaid caregivers and paid family supports, types of support they provide and frequency it is provided, and whether the caregiver is able to continue to provide support. These columns are described in detail below. Note: A paid family caregiver is a family member who is paid to provide support. Payment may be funded through Medicaid, by another family member, or by another source.
Column 1 - Caregiver Information • Name • Preferred Phone Number • Preferred Email **Caregiver is:**	Complete caregiver information. If the participant does not have easy access to the contact information, this can be completed as a follow-up item. For the final item, identify if the caregiver is a regular support source or a back-up support source if the regular

Assessment Item	Guidance
Section 1: Caregiver Information	
☐ Regular support ☐ Back-up support	support is not available. In some cases, a caregiver may be a regular support for some tasks and a back-up support for other. For example, a caregiver may provide support with preparing meals and cleaning the house, but if the regular caregiver is not available they are also able to assist with bathing and dressing. In these cases, both boxes should be checked.
Column 2 – **Distance from Participant** ○ Lives with ○ Within 5-10 minutes ○ 15-20 minutes ○ Longer than 20 minutes **Payment Source** ☐ Unpaid ☐ Waiver ☐ Paid by another source	Distance- Indicate the approximate distance, in minutes, it takes the caregiver to travel from his/her home to the participant's residence. Payment Source- Identify whether the caregiver if unpaid or paid. If paid, identify how the caregiver is paid. If the caregiver provides both paid and unpaid support, select the corresponding payment sources.
Column 3 - Relationship to Participant ○ Spouse ○ Parent ○ Adult Child ○ Other family member:_____ ○ Friend ○ Neighbor ○ Other, specify _____	Indicate the caregiver's relationship to the participant.
Column 4 - Caregiver Help [Check all that apply] ☐ Self-care assistance (for example, bathing, dressing, toileting, or eating/feeding) ☐ Mobility assistance (for example, bed mobility, transfers, ambulating, or wheeling) ☐ IADL assistance (for example, making meals, housekeeping, telephone, shopping, or finances) ☐ Medication administration (for example, oral, inhaled, or injectable medications). ☐ Medical procedures/ treatments (for example, changing wound dressing, or home exercise program).	Indicate all supports that are provided by the caregiver. If the participant is under age 18, identify **only** support provided that is beyond what would be expected of a child of a similar age who does not require disability related support.

Assessment Item	Guidance
Section 1: Caregiver Information	
☐ Management of equipment (for example, oxygen, IV/infusion equipment, enteral/parenteral nutrition, or ventilator therapy equipment and supplies). ☐ Supervision (for example, due to safety concerns). ☐ Advocacy or facilitation of person's participation in appropriate medical care (for example, transportation to or from appointments). ☐ Other advocacy not related to medical care ☐ Assistance with daily (or routine) problem solving ☐ Non-medical transportation ☐ Social opportunities ☐ Other, describe:_____	
Column 5 - Frequency: How Often Assistance is Provided ○ Less than once a month ○ About once a month ○ About once a week ○ 3-4 times a week ○ Once a day ○ 2 or more times per day, less than continuously ○ Continuously	Indicate approximately how often the caregiver provides assistance to the participant. This includes across both paid and unpaid tasks. "Continuously" refers to support that is needed on an ongoing basis (24 hours) to prevent a health and/or safety issue.
Column 6 - Participant would prefer different caregiver ○ Yes, describe:_____ ○ No	Indicate whether the participant would prefer to have a different caregiver or a change in the amount of care provided currently by a caregiver. *For example, the participant may want the current caregiver to provide support for fewer hours.* If yes, the assessor should briefly describe the desired change.
Column 7 – **Likelihood of Continued Assistance** ○ Can continue providing ○ Cannot continue providing ○ Do not know ○ Can increase amount of assistance ○ Need to decrease amount of assistance	Likelihood of continued assistance- Indicate the likelihood that the caregiver can or will continue to provide the same level of assistance. Transition planning- If the caregiver is unable to continue to provide support or needs to decrease the amount of assistance that is provided, a transition may need to be in place to ensure the participant's health and safety. The

Assessment Item	Guidance
Section 1: Caregiver Information	
Does a transition plan need to be developed for the caregiver? ◯ Yes ◯ No	transition plan will be used to inform the Support Plan on where Medicaid supports may be needed to cover support gaps. If a transition plan is not needed, select "No".
Column 8 - Caregiver Needs Training/ Support Services ◯ Yes, describe:_____ ◯ No	Indicate whether the participant and/or caregiver(s) would like the caregiver(s) to receive training and/or support services. *For example, this might include more information/training about how to properly transfer a participant (manual, Hoyer lift, etc.), how to address difficult behaviors, and methods to help with ADLs, such as toileting and bathing.*

Item 3 should be used to capture paid supports that are not funded by Medicaid. If the support is provided through an agency rather than a specific individual, the agency information must be provided.

Assessment Item	Guidance
Section 1: Caregiver Information	

Column 1- Name/Agency Information
 	
• Name
• Preferred Phone Number
• Preferred Email
• Age
• Caregiver is:
  ☐ Regular support
  ☐ Back-up support
	Complete paid caregiver information. If the participant does not have easy access to the contact information, this can be completed as a follow-up item. If the support is provided through an agency rather than a specific individual, provide the information for the agency.
	
	In addition to the contact information, identify if the individual is a regular or back-up support for the individual. The individual may provide regular support with some tasks while providing back-up support for other tasks when the regular support is not available. In this case, both options may be checked.

Column 2- Payment Source ☐ Self-paid ☐ Paid by other family member/ friend ☐ Medicaid ☐ Medicare ☐ Private LTC Insurance	Identify how the support is being funded. Check all that apply.

Assessment Item	Guidance
Section 1: Caregiver Information	
☐ Private Health Insurance ☐ VA ☐ Other	
Column 3- Caregiver Help [Check all that apply] ☐ Self-care assistance (for example, bathing, dressing, toileting, or eating/feeding) ☐ Mobility assistance (for example, bed mobility, transfers, ambulating, or wheeling) ☐ IADL assistance (for example, making meals, housekeeping, telephone, shopping, or finances) ☐ Medication administration (for example, oral, inhaled, or injectable medications). ☐ Medical procedures/ treatments (for example, changing wound dressing, or home exercise program). ☐ Management of equipment (for example, oxygen, IV/infusion equipment, enteral/parenteral nutrition, or ventilator therapy equipment and supplies). ☐ Supervision (for example, due to safety concerns). ☐ Advocacy or facilitation of person's participation in appropriate medical care (for example, transportation to or from appointments). ☐ Other advocacy not related to medical care ☐ Assistance with daily (or routine) problem solving ☐ Non-medical transportation ☐ Social opportunities ☐ Other, describe:	Indicate all areas of support that are provided by the individual/agency.
Column 4- Description of Needs Support is Assisting With	While Column 3 captures high level categories of support, Column 4 should be used to identify the specific assessed needs that the caregiver helps address. For example, *My assessed need is that I have difficulty communicating with*

Assessment Item	Guidance
Section 1: Caregiver Information	
	others. The individual/staff provides support in translating for me when I interact with others.
Column 5- Frequency: How Often Assistance is Provided ❍ Less than once a month ❍ About once a month ❍ About once a week ❍ 3-4 times a week ❍ Once a day ❍ 2 or more times per day less than continuously ❍ Continuously	Indicate approximately how often the paid caregiver provides assistance to the participant. "Continuously" refers to support that is needed on an ongoing basis (24 hours) to prevent a health and/or safety issue.
Column 6- Participant would prefer different caregiver ❍ Yes, describe:_____ ❍ No	Indicate whether the participant would prefer a different caregiver or a change in the amount of care provided currently by a caregiver. *For example, the I want the current caregiver to provide support for fewer hours.* If yes, the case manager must briefly describe the desired change.
Column 7- Will Support Continue ❍ Yes ❍ No If No: ➤ Why will care end:_____ ➤ When will care end:_____	Identify if the source of support will continue during the period covered by the Support Plan. If not, identify when the care will end and why the care will end. This is used to help the case manager figure out whether the support should be included as part of the ongoing plan. Missing information, or answer such as "don't know" does not help the case manager in making this determination. Therefore, if the participant is unsure if it will continue, prompt to find out more information to help pick the best choice. If it is truly unclear whether the support will continue, it may be best to assume that it will not. Likewise, the end dates can be approximate or guesstimates if that is the best available information.

Assessment Item	Guidance
Section 1: Caregiver Information	
	For example, *after June of this year, I will run out of private funds to pay the agency to provide me with transportation to work.*
Column 8- Caregiver Needs Training/ Support Services ❍ Yes, describe ❍ No	Indicate whether the participant and/or caregiver(s) would like the caregiver(s) to receive training and/or support services. If the caregiver would like to, provide a brief description and, as necessary, referrals. *For example, this might include more information/training about how to properly transfer an individual (manual, Hoyer lift, etc.), how to address difficult behaviors, and methods to help with ADLs, such as toileting and bathing.*

Section 2: Primary Caregiver Interview

This section is an **optional** interview with the primary, unpaid caregiver. These items help determine the need for caregiver supports or supports to the participant that would provide caregiver relief.

The caregiver interview is designed to be done privately with the **primary, unpaid caregiver** (not all caregivers). The "primary" caregiver is the caregiver that the participant is most reliant upon. In some situations, primary caregiving may be shared equally (e.g., tasks that are performed by two adult children, or parents of an adult child, etc.). The assessor should use his/her judgment about interviewing more than one person. The caregiver interview does not need to occur at the time of the in-home assessment, but is most helpful if done prior to support planning so the case manager will be aware of a caregiver's relief needs, such as access to respite services or other alternatives such as adult day program services.

The assessor should explain the purpose of the interview and explain the following points before starting the interview:

- **The interview is voluntary.**
- **The caregiver does not need to answer every question/item. He/she may choose to move on to another item.**
- **The purpose of the interview is to find out more about how being a caregiver affects the interviewee and what might be done to provide help or relief to the caregiver.**
- **The interview will NOT affect eligibility for services nor will it reduce service amounts for which the participant is eligible to receive.**

The following script can be used as a guide, but assessors should tailor the explanation to each specific situation.

Example: *This interview is voluntary and will not affect the type or levels of service assigned. It is designed to help us understand how providing caregiving for your mother affects you and whether there are things we could do to relieve some of the stress you might feel. For example, you are currently driving 15 miles to your mother's house every other day to help her with housekeeping and self-care. You also indicated that you are worried about her falling and hurting herself. I'd like to ask you more about how providing this help to your mother and the worry about her safety affects you and discuss what would be of most help to you. I will ask you some questions. If you don't want to answer the question, just let me know and we'll move on to another topic.*

Assessment Item	Guidance
Section 2: Caregiver Interview	
1. Caregiver Name	Name of caregiver being interviewed.
2. About how long have you been providing care for the participant? ◯ Less than 6 months ◯ 6 to 11 months ◯ 1 - 3 years ◯ 3 - 5 years ◯ 5-10 years ◯ More than 10 years ◯ Don't know ◯ Chose not to answer	Indicate the length of time the caregiver has been providing support. In some cases there may be lapses in continuing caregiving. For example, the caregiver may have had personal circumstances which resulted in his/her not providing care. If the lapse is short term or temporary, consider this as ongoing care.
3. How would you describe your own physical health? ◯ Excellent ◯ Good ◯ Fair ◯ Poor ◯ Don't know ◯ Chose not to answer **If rated "Fair," or "Poor" ask this follow up: Do you believe that caregiving is affecting your overall physical health?** ◯ No ◯ Yes	The purpose of this item is to obtain an understanding about health issues experienced by the caregiver. If the caregiver's response is Fair or Poor, staff should use the follow-up item to determine whether the caregiver believes that their below average health is a result of caregiving tasks. Health problems may indicate the need for more relief or support to the caregiver if he/she wants to continue to provide assistance to the participant.
4. How would you describe your own mental health? ◯ Excellent ◯ Good ◯ Fair ◯ Poor ◯ Don't know ◯ Chose not to answer	The purpose of this item is to obtain an understanding about mental health issues experienced by the caregiver. These issues do not need to reach the threshold for a diagnosed condition. For example, the caregiver may simply feel anxious or frequently sad. The presence of mental health issues or feelings of emotional stress may indicate the need for more relief or

Assessment Item	Guidance
Section 2: Caregiver Interview	
If rated "Fair," or "Poor" ask this follow up: **Do you believe that caregiving is affecting your mental health?** ◯ No ◯ Yes	other support to the caregiver is he/she wants to continue providing assistance to the participant.
5. Since you began providing support, are there things that you are unable to do that you either used to enjoy or had plans to do? ◯ No ◯ Yes. Identify _____ ◯ Chose not to answer	This item helps identify the caregiver's losses in regards to the control and enjoyment of his/her own life.
6. Socializing with Others **a) Are you able to spend time socializing, such as visiting with family/friends or attending events in the community that interest you?** ◯ Yes (Skip to Item 7) ◯ No, due to caregiving responsibilities ◯ No, not due to caregiving responsibilities (Skip to Item 7) ◯ Choose not to respond (Skip to Item 7) **b) What are the challenges or barriers that prevent you from socializing with others as much as you would like?**	Document whether the caregiver has opportunities to socialize and engage in the community, and what, if any barriers exist. Often caregivers of people with disabilities become isolated or find it difficult to engage in social activities. This item can provide critical information about supports for the caregiver that need to be arranged.
7. Are there any issues/obstacles that make it more difficult to provide support? ◯ No ◯ Yes – Check all that apply ☐ Decline in own emotional health ☐ Decline in own physical health ☐ Feels increasing need for handling level and intensity of stress ☐ Does not have necessary training/skills ☐ Employment is negatively	Check all that apply, and briefly summarize the responses in the text box.

Assessment Item	Guidance
Section 2: Caregiver Interview	
impacted ☐ Has other caregiving responsibility ☐ Level of caregiving is too difficult ☐ Need (more) breaks from caregiving ☐ Relationship issues with participant or other family members ☐ Substitute decision-making responsibilities ☐ Other financial ☐ Child care for children other than participant unavailable or insufficient for fulfilling family/household responsibilities ☐ Unable to access necessary services ☐ Other: _____ ○ Choose not to answer **Briefly describe issues identified by caregiver:**	
8. **Are you currently receiving any caregiver supports or have you received any in the past?** ○ No ○ Yes – *Check all that apply* ○ Chose not to answer or not interested in any caregiver supports ☐ Caregiver education or conferences ☐ Caregiver counseling ☐ One-on-one training ☐ Respite care ☐ Support group ☐ Faith-based group ☐ Caregiver coach or mentor ☐ Other	For each checked item, indicate whether the caregiver is currently receiving supports and/or has done so in the past. 'Current' means that the activity is ongoing at the time of the assessment. In the case of education and conferences which might occur only periodically, indicate 'current' if the caregiver has been involved in education or training during the past twelve months and intends to continue to seek out opportunities.
9. **As the primary caregiver, do you have anyone in your life who helps you when you need it?** ○ Yes ○ No ○ Chose not to answer	This item helps to determine the presence of back-up supports (personnel) that are available when the caregiver needs it.

Assessment Item	Guidance
Section 2: Caregiver Interview	
10. Can you depend on this person to help you, i.e., is the help routine and available when you need it? ◯ Yes ◯ No ◯ Chose not to answer	This item helps to identify the "reliability" of back-up.
11. If something unexpected happened to you, is there a plan in place for someone to provide caregiving? ◯ No ◯ Yes. If yes, who would that be? _____	This item helps determine if a plan is in place if a caregiver is not available unexpectedly. *For example: The plan may include a list of back-up support providers, including other family, friends, or an agency able to provide intermittent supports.*
12. Are you able to consistently get 5 hours of uninterrupted sleep daily when caring for the participant? ◯ No ◯ Yes ◯ Sometimes ◯ N/A ◯ Chose not to answer	This item helps to identify sleep deprivation caused by providing care.
13. Is there anything that would make it easier for you to provide care for the participant? ◯ No ◯ Yes – Check all that apply ☐ Caregiver Education/Training ☐ Coping with memory care or behavior issues ☐ Help with finances ☐ Direct care ☐ Finding social networks and supports ☐ Finding services ☐ Family relationships ☐ Home modifications ☐ Accessible transportation ☐ Technology and assistive devices ☐ Hiring my own help ☐ Educational/Recreational Overnight activities (e.g., camp) ☐ Respite ☐ Time for myself	Check all identified by the caregiver. The assessor does not need to walk through each response option. Responses can be documented based upon conversation that occurred throughout the assessment process. However, the caregiver might not think about certain types of help, such as training or adaptive equipment to help perform tasks more easily. In this instance, the assessor may want to "call out" the item and ask specifically if this would be something of interest. *For example: Terri, you mentioned that the physical support involved with helping your husband in/out of the bathtub is causing you some back problems. Would you be interested in exploring the possibility of equipment to help with that or changes in your bathroom?*

Assessment Item	Guidance
Section 2: Caregiver Interview	
☐ Self-care techniques ☐ Disease and disease process education ☐ Substance abuse or other mental health education ☐ Transition supports ☐ Other: ____ ○ Choose not to answer	

14. Do you have any concerns about caring for the participant or yourself?
○ No
○ Yes – Check all that apply
  ☐ Help managing care needs (medications, treatments)
  ☐ Finding respite
  ☐ Managing memory or behavioral care issues
  ☐ Dealing with family relationships and communications
  ☐ Social activities and support systems
  ☐ Assistance with legal, insurance or financial issues
  ☐ Home modifications
  ☐ Technology or assistive devices
  ☐ Balancing work
  ☐ Family and caregiving responsibilities
  ☐ Ability to continue to provide care as I age and/or cannot provide the same level of physical assistance
  ☐ Other: ____
○ Chose not to answer
 	
Additional comments about concerns identified:
	Check all identified by the caregiver.
	
	The assessor does not need to walk through each response option. Responses can be documented based upon conversation that occurred throughout the assessment process. However, the caregiver might not think about certain types of concerns such as additional needs presented by the participant or caregiver's deteriorating condition (e.g., dementia, advancing multiple sclerosis, ALS/Lou Gehrig's disease, etc.). In this instance, the assessor may want to "call out" the item and ask specifically if this causes any concerns.

15. Given the person's CURRENT CONDITION, have you ever considered having him/her in a different type of care setting, such as a nursing home, ICF-IDD, hospital, or another care facility for	This item provides some indication about risk of placement. If the caregiver's answer indicates risk, this should flag the need for adequate HCBS so as to avoid or divert placement.

Assessment Item	Guidance
Section 2: Caregiver Interview	
long-term placement? ◯ Definitely not ◯ Probably not ◯ Probably would ◯ Definitely would ◯ Chose not to answer **Additional Comments:**	
16. Identify whether caregiver wants assistance with contacting a community organization for more information or assistance with caregiving. ◯ No. Is already involved with community organization or group ◯ No. Does not want to be contacted ◯ Yes. Wants to be contacted for help with or training in caregiving ◯ Unsure or no response	Indicate caregiver interest in being contacted to receive more information about providing caregiving, caregiver support groups, or other assistance. If interested, the assessor should indicate in referral section (Section 3).

Section 3: Recommendations for Assisting Caregiver and Implications for Participant's Support Plan

This section identifies recommendations intended to support continued informal caregiving and implications for supports needed to assist with meeting the needs of the participant that should be considered in developing the Support Plan. Items 1 and 2 and mandatory. If there is no information identified for Item 1, document "N/A".

Assessment Item	Guidance
Section 3: Recommendations for Assisting Caregiver and Implications for Participant's Support Plan	
1. What is important to the participant and/or parent/guardian regarding informal caregivers? _____	This item includes any goals or outcomes the **participant and/or parent/guardian** would like to see happen. If the participant and/or parent/guardian expresses desired outcomes during the discussion of previous sections in this module, the assessor can bring these back up with the participant and/or parent/guardian and talk about their importance. The assessor may need to prompt the participant and/or parent/guardian. Examples of some discussion or questions that might be posed:

Assessment Item	Guidance
Section 3: Recommendations for Assisting Caregiver and Implications for Participant's Support Plan	
	• *Tom, you indicated you are worried about your wife continuing to provide the level of care she does now. What would you like to see happen?* • *Betty, you mentioned an interest in reducing the number of trips your son makes weekly to help you. What would you like to see happen?* • *Fran, you said you'd like to be more independent from your parents always providing for you. What would that look like?*
2. Support Plan Implications – Participant Supports Needed to Assist in Caregiving or to Make Change in Caregiving Check all that apply. ☐ Equipment and Supplies ☐ Training ☐ Assistance managing care, memory, and/or behavioral needs ☐ Family counseling ☐ Consumer-direct program ☐ Home and Vehicle Modification Services ☐ Support with community integration ☐ Respite Services ☐ Hospice and End of Life Care ☐ Transportation Services ☐ In-home supports (e.g., chore/home making services, personal care, nursing care, etc.) ☐ Day/recreational Services (e.g., adult day care, day habilitation program, other daytime activities, overnight camps, etc.) ☐ Need for obtaining or training on assistive device ☐ Transition supports ☐ Primary support unable to continue to provide same level of support ☐ Other change _____ ☐ None	The assessor should summarize information that will be critical for developing the Support Plan and the authorization of services. Check all that apply.
3. Referrals for Caregiver: Check all that apply. ☐ Caregiver Support Groups	The assessor should summarize any referral needs identified in the assessment. Check all that apply.

Assessment Item	Guidance
Section 3: Recommendations for Assisting Caregiver and Implications for Participant's Support Plan	
☐ Caregiver Training and Education ☐ Family caregiving ☐ Respite ☐ Stress management/self-care (e.g., counseling, training, support group) ☐ Financial and Legal Information Services ☐ Advocacy services ☐ System navigation assistance ☐ Health/Disease Education Services ☐ Insurance Assistance/Information ☐ Mental Health Screening/Evaluation ☐ Primary Health Care Provider ☐ Substance abuse or mental health education ☐ Other _____ ☐ None	If a referral is not listed, use the "other" category at the end of the list and describe the referral.
4. **Next Steps for Caregivers: Include services, supports, and any additional guidance for caregivers for supporting the participant and/or maintaining health and safety.** _____	The caregiver supports will not be identified in the Support Plan unless they have direct implication for providing support to the participant (e.g., authorization of respite). This is an opportunity to document a brief plan for next steps with the caregiver.
5. **Recommended changes, clarifications or other issues: Describe any changes to the items (included changes to training) in this section that the case manager believes will make the items clearer and/or collect more useful information.**	Describe any recommendations for improving the assessment module or training, including adding/removing items or items that require further clarification.