1. **Agency Capacity**

   Our organization was incorporated as an agency September 25, 1962. We are a private non-profit 501-c3 organization and have provided caregiver support and respite services in the state since 1992 when the Department of Human Services determined there was a growing need for family caregiver respite in Minnesota. We are currently providing this much needed service in 22 counties in the state.

   We Care, Inc. has a history of providing quality caregiver services in the Land of the Dancing Sky service area. In 2011, 6007.75 hours of respite care was provided, and 1552 units of counseling was also provided.

   In addition to caregiver support and respite service, our organization also provides senior dining/ meals on wheels services, the senior companion/foster grandparent program and assisted living to older adults in the state of Minnesota.

   We have three advisory councils which are made up of 5-8 members each which includes respite providers, caregivers and professional representation such as social workers, pastors, nurses etc.

   The purpose of the board is to advise and work with the Program Coordinator in accomplishing the delivery of caregiver support and respite services throughout The Land of the Dancing Sky.

2. **Financial Stability**

   To maintain budget control and financial stability within the agency, monthly revenue and expense reports are completed and reviewed. An accrual method of accounting is in place with the caregiver program. Key indicators are also reviewed monthly to see if any trends are taking place throughout the budget year to affect the income and/or expenses. The Program Accountant is responsible for fiscal management and reporting.

   If there were a gap in funding, our agency would seek out financial support from private foundations. Since the Title IIIE dollars became available through the reauthorization of the Older American’s Act, they have been found to be the main source of funding for the caregiver program. Prior to that and even at this current time we have been able to recruit support from private foundations and organizations to enhance the current activities of the caregiver respite program. We have also been very successful at recruiting additional financial sponsorship through local congregations, business and service organizations and individual contributions and will continue to request from these funding sources. We are committed to providing the necessary funding to maintain a high-quality service to seniors as these services are at the core of the agency mission.
Timeline for securing additional funding:

**February 15th, 2018:** The Program Manager and Program Directors will identify a list of potential financial partners in each county of the services area.

**December 31st, 2018:** Regional Staff will investigate the United Way and United Chest organizations in each community and submit proposals for funding as appropriate.

**Ongoing:** The WE CARE, INC. Advancement staff including the grants writer will develop requests to foundations and other local funding sources.

**Ongoing:** The WE CARE, INC. congregational staff will meet with area congregations on behalf of the Caregiver Support and Respite Program to request the direct congregational gifting dollars that are contributed to Us Care, Inc.

We have AC/EW contracts with XYZ Counties. The contracts are renewed each year.

All third-party payers are maximized whenever possible for qualified recipients. Third party payers are billed by the 15th of the month following services by the Senior Program Accountant.

3. **Cost Sharing**

   We Care, Inc. will seek cost sharing revenue with our respite, counseling and coaching services.

   When a referral comes in for caregiver services, the Program Coordinator contacts the caregiver family to make an appointment for an in-home assessment. Part of this initial assessment includes an explanation of the cost sharing procedure and the cost sharing scale. Clients indicate where they fall on the scale and provide their signature so that we know they have an understanding of cost sharing responsibility. Nobody is denied service due to lack of ability to pay and all donations are kept confidential.

   Clients self-report where they fall in the income range and pay the hourly fee indicated on the cost sharing scale. In cases of extreme hardship, a client may be waived from cost sharing on a case-by-case basis with permission from the Area Agency on Aging. Examples of extreme hardship include high medical costs or living expenses.

   Clients will receive monthly reminders of the number of respite hours they receive and the agreed upon cost share amount based on the units of service they have received. No one is denied service due to inability or unwillingness to pay.
All third-party payers are maximized whenever possible for qualified recipients. Third party payers are billed by the 15th of the month following services the Senior Program Accountant.

In December, 2012, WE CARE, INC. conducted staff training on the new cost sharing policy. This training included a script for coordinators to utilize when doing the initial assessment with a new family. It also included training on how to educate the respite volunteers on the cost sharing policy and how to appropriately accept this payment or any other donations from our clients or family members.

When we enroll a family in the caregiver program and they are not accessing services we will follow-up to find out the reasons they are not utilizing services. If it is a financial reason that they are not participating we will work to resolve the issue so they are comfortable in using services.

Any cost share payments collected will be deposited in our local accounts and designated in a separate revenue resource account specified for Regions 1, 2, 4 caregiver services. These payments will be identified on our quarterly reports as cost share payments collected.

The full cost of service is divided by the number of units being projected to serve.

Please see Attachment: 2018 Cost Sharing Scales

4. **Group Sessions Fees**

Program Coordinators have had discussions with participants as to whether or not fees will cause loss of interest and the feasibility of implanting cost sharing for 2018. The majority of participant’s opinion was that it would cause loss of interest and we would have fewer participants in the group sessions.

Program participants felt that support groups are often the first service caregivers utilize. Participants stated that it takes courage to show up and if they are presented with a cost/sharing scale as soon as they arrive it would be detrimental. Participants felt that having a donation bucket would be the best way to get donations. Participants could donate as they wish.

Participants also stated that they felt having participants pay different rates for the support groups and Powerful Tools for Caregivers wouldn’t be received well. They felt it would be better to have a standard rate for everyone.

5. **Subcontracts**

We plan to continue our Alternative Care and Elderly Waiver agreements that we have with each county.
6. **Service Expansion into under-served areas**

We seek referrals from churches, service providers and community members for families who may benefit from caregiver services. This includes low income and or minority clients.

We seek isolated caregivers by working with people who may have contact with these families. An example of those that we contact for referral include postal workers, meter readers, pharmacists, physicians, discharge planners, parish nurses, churches and grocery store workers. In addition, we often find isolated families from community members who attend a workshop or presentation that we are offering.

We are a flexible program with a menu of services and are willing to go anywhere in the counties where services are needed.

We also market our program through the senior linkage line.

7. **Service/Program Delivery Plan**

The WE CARE, INC. Caregiver Support and Respite Program offers support to family caregivers through in-home respite, group respite, caregiver counseling, caregiver coaching, support groups and educational workshops.

**In-home respite** is provided to caregivers who are taking care of family member. The program is designed to respond to the needs and preferences of the caregiver and care recipient.

When a referral comes in for respite care, the program coordinator contacts the caregiver family to make an appointment for an in-home assessment. We try to make the assessment a comfortable and informal visit during which the coordinator asks about the specific situation, needs, and preferences of the caregiver and care recipient. The coordinator explains the sliding fee scale, the client agreement, and the release of information form, all of which are signed by the caregiver. They talk about (and possibly contact) other area providers that might be helpful to the family and together they fill out the NAPIS intake form. The coordinator will offer written information and/or videos pertaining to the chronic illness of the care recipient or various caregiver issues and proceeds to set up an appointment time to bring a trained respite worker to the caregiver’s home for introductions and approval. The caregiver has the opportunity to provide on-the-job training to the respite worker that is specific to the needs of the care recipient and a respite schedule is set up between the caregiver and the respite worker. The WE CARE, INC. coordinator monitors the ongoing relationship and contacts the caregiver a minimum of once a month to make sure that all is well. In most cases, the respite worker becomes an “honorary family member” as time goes by and the relationship grows.

**Caregiver counseling** includes individual and family counseling, caregiver support groups, and educational workshops designed to increase caregiver competency and confidence and
decrease caregiver burden through interaction with other caregivers and opportunities for learning, teaching others, and fellowship.

Individual and family counseling takes place at the request of the caregiver to assist them in making decisions and solving problems related to their caregiver roles. It may include identification of needs, coping strategies, establishing a network of support, discussing the impact of caregiving on health, energy or family dynamics. Other area services may be called in as appropriate and agreed upon by the caregiver.

**Support groups (Caregiver Discussion Groups)** are offered once a month and provide support and fellowship with other caregivers, educational topics, and opportunity to network with people who are coping with many of the same situations. Nobody can really understand caregiving except another caregiver. The peer counseling that takes place during discussion groups is invaluable. Everyone is a teacher. If somebody’s husband is refusing to take a bath, others are there who have already dealt with that situation and can offer practical advice and encouragement. Guest speakers are called in frequently to offer presentations about self-care, good health, stress, and other subjects requested by the participants. The group belongs to the caregivers and they can set the agenda. Most groups like to have a half-hour of education and a half-hour of discussion but this plan may be put aside if one of the group members has had a bad month and needs extra support from the others. Books and videos from our resource library are offered at each discussion group. Participants may check the materials out and return them one month later. Strong friendships grow out of support groups and participants often stay after for individual counseling with the facilitator.

**Caregiver Coaching** provides caregivers additional tools to assist them in their caregiving role. For example:

- Assisting caregivers in setting reasonable, realistic and attainable goals
- Assisting caregivers in developing effective coping skills
- Assisting caregivers in setting realistic boundaries
- Assisting caregivers to identify where they could use additional help
- Assisting caregivers in obtaining additional resources
- Affirm caregivers’ strengths and accomplishments

The Regional Coordinator assists caregivers in assessing their needs, supports, strengths and helps them develop a plan of action. Program Coordinators in Region 1,2,4, have attended the Caregiver Coaching Training.

Caregiver Coaching will be a personalized service that equips family caregivers with the knowledge, skills and tools needed to develop themselves and enrich their role as caregivers. The caregiver coach will assist the caregiver in utilizing available resources, problem solving, identifying strengths and developing effective coping skills.

Some of the specific tasks caregiver coaching can assist caregivers with are the following:
a) Facilitating a family meeting – Assisting families in opening the lines of communication and allowing service providers and families to work together.
b) Assisting caregivers in setting boundaries with the care-receiver, family members and others.
c) Dealing with guilt, anger and frustration – Assisting caregivers in developing effective coping skills.
d) Setting Goals – Assisting caregivers in setting reasonable, realistic and attainable goals.
e) Caregiver coaching services will be offered as one of our menu of services that caregivers can utilize. We will also approach caregivers about this service when doing initial assessments for in-home respite care.

**Group Respite** is a program where families bring their loved one to a facility for group respite care. It is time off for the caregiver and socialization for the care recipient.

Activities include:
- Coffee and conversation
- Crafts, table games, puzzles and cards
- Guided reminiscing and discussion
- Gentle physical exercise
- Movies and old radio shows
- Field Trips
- Various other activities

**Caregiver educational workshops** are held annually for the purpose of building caregiver capacity to provide, manage, and cope with ongoing caregiving. Guest speakers are recruited and topics include living with chronic illness, identity theft, health care advocacy, loss and grief, strategies for improved sleep, stress, self-care, depression, Alzheimer’s disease, Parkinson’s disease, dealing with guilt, and more.

**Powerful Tools for Caregivers** Powerful Tools is a six-week educational program which focuses on the needs of the caregiver. It is for family and friends who are caring for older adults who have Alzheimer’s Disease, Parkinson’s Disease, suffered a stroke or similar long-term health conditions. The class provides participants with the skills and confidence caregivers need to better care for themselves while caring for others.

Many class participants report that they have fewer feelings of anger, guilt and depression and increased confidence in coping with the demands of caregiving. They are also more likely to use community services that help ease their burden.

The class titles are:
- Taking Care of You
- Identifying and Reducing Personal Stress
- Communicating Feelings, Needs and Concerns
Communicating in Challenging Situations
Learning from Our Emotions
Mastering Caregiving Decisions

The Program coordinators are certified trainers for Powerful Tools for Caregiver Courses. In 2019 we are proposing to teach three sessions of Powerful Tools for Caregivers courses.

We are proposing to provide caregiver services in XYZ Counties.

How Services will be Provided for Minority Families
WE CARE, INC. extends to all people regardless of race or national origin. Low-income minorities receive information and outreach the same way as non-minorities. We have had discussions with the Minnesota Board on Aging concerning outreach to Native Americans and they suggested that we let them know that we are available and wish to serve them, then wait and let them come to us if they wish. This culture has great respect for elders and in most cases, families and neighbors provide needed care.

For clients who are Latino or Hispanic we have had our brochure translated into Spanish in order to do outreach into these communities. We also have a Latino staff person in the urban area who has provided training to regional coordinators on the Latino culture and is willing to serve as an interpreter as needed. For clients who have limited English we will seek out interpreters in their native language. We are also fortunate to have on staff with our WE CARE, INC. Refugee Program numerous staff that can lend multicultural skills in working with a variety of ethnic groups.

We make sure that we are offering services to low income caregivers and care recipients by using a sliding fee for determining the cost sharing of respite hours and counseling sessions. There is no means testing and the client self-reports on his/her income range. Support groups are free and workshop registration fees are nominal with scholarships going to any qualified caregiver for whom paying the fee is a hardship. No caregiver is denied any of our services due WE CARE, INC. has extensive cultural competency training for staff which is conducted annually.

Outreach
We seek referrals from churches, service providers and community members for families who may benefit from caregiver services. This includes low income and/or minority clients. Our outreach efforts include, marketing through our micro site, on-going networking with churches, other aging service providers and community groups to keep them updated on our program and comfortable with exchanging referrals as appropriate. We also advertise through media sources such as local newspapers, radio and cable. Workshops often serve as an outreach opportunity because perspective clients who might not be ready to enroll for services will often feel comfortable attending a workshop. Caregivers who are currently enrolled in our program provide valuable outreach through word-of mouth.
We seek isolated caregivers by working with people who may have contact with families. An example for those that we contact for referrals include postal workers, meteor readers, pharmacists, doctors’ offices, churches and grocery store workers. We also market our program through the Senior Linkage Line.

8. **Request of Increase in Funding**

The caregiver support and respite program is requesting an increase in funding because the demand for caregiver services continues to increase each year. Our population continues to grow older and this trend will just continue in future years. We continue to serve the most rural areas of the counties where services are few and far between. It costs our program more for time and mileage.

Finally, in 2018 we were unable to collect $23,661 in units served because we went over the units we contracted for in 2017.

9. **Describe specific activities that will be undertaken to ensure accuracy and completeness of the participant data forms.**

Program coordinators complete an in-home assessment where the NAPIS form is filled out and signed by the caregiver. The program coordinators have received training on NAPIS forms to enhance accurate interpretation of questions. The program manager is monitoring program coordinators regarding the timely and accurate completion of NAPIS forms. Additional training on the NAPIS will occur in December, 2012 at the program coordinators in-service training. A single clerical staff has been assigned the task of managing the Land of the Dancing Sky Area Agency on Aging service area for NAPIS implementation. She informs the program manager and the program coordinator if any forms are missing or incomplete.

10. **Describe the projects plan to maintain and/or increase its level of services to targeted older persons. Describe outreach that will assist in recruiting target participants for the services.**

The WE CARE, INC. Caregiver Support and Respite Program serves informal caregivers who are taking care of family members or other individuals who are 60+ years of age and chronically ill. Preference is given to caregivers and care receivers with the greatest economic need through a cost sharing schedule for caregiver services and a policy of never turning clients away due to an inability to pay. Clients self-report on their income and there is no means testing. If clients have considerable out-of-pocket expenses for prescription drugs or other reasons, fees can be waived with the permission of the Land of the Dancing Sky Area Agency on Aging.

We seek referrals from churches, service providers and community members for families who may benefit from caregiver services. This includes low income and/or minority clients. Our outreach efforts include marketing through our micro site, on-going networking with churches, other aging service providers and community groups to keep them updated on our
program and comfortable with exchanging referrals as appropriate. We also advertise through media sources such as local newspapers, radio and cable. Workshops often serve as an outreach opportunity because perspective clients who might not be ready to enroll for services will often feel comfortable attending a workshop. Caregivers who are currently enrolled in our program provide valuable outreach through word-of-mouth.

We seek isolated caregivers by working with people who may have contact with families. An example for those that we contact for referrals include postal workers, meter readers, pharmacists, physicians, discharge planners, churches, parish nurses and grocery store workers. We also market our program through the Senior Linkage Line.

11. **A description of the project to monitor progress and method of sharing this information with the Land of the Dancing Sky AAA.**

Program progress is monitored through daily and monthly reports that feed into a quarterly report which is mailed to Land of the Dancing Sky Area Agency on Aging at the end of each quarter. The reports document the number of volunteers/volunteer hours and the number of people served with respite care, counseling, support groups, caregiver coaching and training and education.

12. **Volunteer Involvement**

Volunteer recruitment is completed through referrals from churches, fraternal organizations, other services providers, community members and the media.

We also contract with the Senior Companion Program who provides Senior Companions trained to do respite work.

We also utilize AmeriCorps volunteers who each commit 450 hours annually to the respite program.

Each volunteer is screened, completes a background check and attends an eight-hour training session.

Each volunteer receives a volunteer manual which is updated annually to ensure we have the latest information on chronic illnesses etc.:

On-going in-service training and opportunities to attend workshops is provided to staff, volunteers and caregivers.

Volunteers provide respite care; assist us in disseminating information by attending health fairs, doing presentations and hanging posters in their communities.

Volunteer supervision is provided by the caregiver coordinator.
Monthly reports are submitted by volunteers. AmeriCorps volunteers and Senior Companions are required to attend monthly in-service meetings. Finally, to ensure quality services, families and volunteers are called at least once a month to make sure the service is satisfactory.

13. **Collaboration**

Currently, we partner with the following to exchange referrals, share training, and collaborate to bring a better service to caregivers. Our philosophy has always been to collaborate and not compete with other agencies.

*Land of the Dancing Sky staff including the Outreach Specialists and Senior Linkage*
*Meals on Wheels*
*Senior Companion Program/AmeriCorps*
*Living at Home Block Nurse Programs*
*County Social Services & Public Health*
*Retired Senior Volunteer Program*
*Alzheimer’s Association*
*Hospice*
*Churches/Congregations*
*Parish Nurses/ Ministerial Associations*
*Experience Works*
*County Coordinators on Aging*
*Senior Citizens Clubs*
*Senior Nutrition Programs*
*Senior Linkage Line*
*White Earth Community Health*
*White Earth Nutrition Program*
*Community Hospitals*
*Community Clinics*

We work with these organizations by exchanging referrals. Part of our in-home assessment is going through a list of services that are available for caregivers in their community and asking them if they would be interested in receiving more information and if they give us permission we will make referrals to those service providers.

It is important to collaborate efforts to ensure that family’s needs are being met. For example, a family may be utilizing hospice services, services through county social service programs and respite care through our agency.

Family caregivers are often providing 24-hour care for someone and benefit from utilizing as many services that are available to them.

We also collaborate with senior service provider which enables many agencies to pool resources to conduct productive workshops.
We market the Senior Linkage Line through inserts in our workshop packets and encourage clients to use the number during initial home assessments and initiate phone calls. It has always been our philosophy to compliment and collaborate with other community organizations and service providers.

14. **Does your project participate in any evidence based chronic care management or falls prevention programming in the community?**

In 2018 we plan to offer the Powerful Tools for caregivers in Moorhead, Ada, Hallock and Warroad.

<table>
<thead>
<tr>
<th>Workshop Type</th>
<th>Community Name</th>
<th>Location</th>
<th># of Workshops</th>
</tr>
</thead>
<tbody>
<tr>
<td>Powerful Tools for Caregivers</td>
<td>Bemidji</td>
<td>Trinity Lutheran Church</td>
<td>One course with six classes</td>
</tr>
<tr>
<td>Powerful Tools for Caregivers</td>
<td>Park Rapids</td>
<td>Church</td>
<td>One course with six classes</td>
</tr>
<tr>
<td>Powerful Tools for Caregivers</td>
<td>Warroad</td>
<td>Church</td>
<td>One course with six classes</td>
</tr>
<tr>
<td>Powerful Tools for Caregivers</td>
<td>Fergus Falls</td>
<td>Senior Center</td>
<td>One course with six classes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Total Four courses with 24 classes</td>
</tr>
</tbody>
</table>

15. **Please detail your agency's efforts and your agency's collaboration with other agencies to encourage the Consumer Directed Service Model.**

We continue to work with County Social Service Organizations to encourage the Consumer Directed Model through our organization, Partners in Community Supports Program (PICS). PICS, a program within We Care, Inc., have a unique place in the world of social services. Working with organizations and advocates, we create responsive and innovative services for individuals with disabilities, the elderly, people affected by brain injury and their families. Addressing unmet needs, anticipating changes, and enhancing the service delivery system area, are all at the heart of our work.