

## Focus on Texas: Caregiver Assessments

The questions below were asked during the webinar and staff from the Texas Department of Aging and Disability Services (DADS) have provided answers below.

*1) Did SB 271 include an appropriation?*

R: Funding was not appropriated to the Texas Department of Aging and Disability Services (DADS) to implement the provisions of S.B. 271. We are fortunate the outreach and information provisions of the bill work in harmony with activities funded under our Texas Lifespan Respite Care Program, authorized under H.B. 802, 81st Legislature, Regular Session, 2009. In addition, DADS received funding from the Administration on Aging in September 2009 to enhance and expand the coordination and availability of respite services in the state. The objectives for the Texas Lifespan Respite Care Program include: (1) the creation of the Texas Respite Coordination Center; (2) increasing the availability of respite services; (3) implementing a caregiver awareness campaign; and, (4) developing best practices, materials and tools for respite care providers.

To learn more about how these initiatives are working collaboratively, we suggest reading our [Rider 38: Delivery of Caregiver Support Services](#) available through a link on the Family Caregiver Alliance website.

*2) How is the CSQ used in the Medicaid intake process?*

R: When feasible, the CSQ is completed at the time of intake for all community service program applicants, including applicants for Medicaid programs operated through DADS. If the caregiver is not available at the time intake is completed, one subsequent contact is made by the intake specialist. The information is not used in the assessment process for community services programs.

*3) How often does a caregiver have to complete the CSQ and the CAQ?*

R: Participation in the CSQ by the caregiver is voluntary. Regional intake staff attempts to complete the CSQ at the time of intake for all individuals requesting community services. The CSQ is completed only once at intake; however, an individual caring for multiple people could potentially be asked to complete a second CSQ if another individual they provide caregiving to enters the intake process. For each individual intake, the intake specialist assumes the caller has not previously completed the CSQ unless the caller makes the intake specialist aware he/she has previously completed the questionnaire. Completion of the questionnaire is also not a condition of eligibility for home and community-based services (HCBS) or community services programs; therefore, the caregiver is never required to complete the questionnaire if he or she does not wish to do so.

**3) (response continued)**

The CAQ is completed for caregivers receiving Caregiver Support Coordination (case management) under the Older Americans Act when needs are complex and it is the caregiver's first contact with a local area agency on aging (AAA). The state has not established a time frame for reassessment.

**4) How do you capture the change in needs?**

R: When any type of assessment, such as the CAQ, is entered in the statewide client management system for services by area agencies on aging (AAAs), a new assessment is saved in the system rather than the prior assessment being overwritten. Change in needs are captured in the consumer's record using case notes and are reflected in the consumer's care plan, both of which are entered into the client management system.

**5) How is the CAQ used to determine level of need for service distribution when there are limited resources?**

R: The CAQ incorporates Older Americans Act targeting requirements under the National Family Caregiver Support Program, as well as additional targeting areas requested by the AAAs. This was included in the CAQ specifically to address the growing older population in Texas. AAAs anticipated funds available for services will not keep pace with demographic trends.

**6) Has the tool been used for caregivers of folks on Medicaid HCBS waiver programs?**

R: Yes, applicants for HCBS Medicaid waiver programs follow the same intake process as applicants for other community service programs.

**7) Are you using a follow up questionnaire of any type to see how their stress, self care, skills have changed after receiving services?**

R: No, a specific follow-up questionnaire to the CAQ has not been developed.

**8) I'm confused about how items for the questionnaires were created. Were they taken from existing assessment tools or simply influenced by existing assessment tools? Who wrote them?**

R: Questions were influenced by existing assessment tools but not taken directly from these tools. Existing tools were reviewed and analyzed for commonalities and/or questions addressing the data elements required by S.B. 271 and/or the end users needs. An initial draft was developed at the state level by the caregiver program coordinator from the DADS AAA section. Questions were then revised and rewritten by the workgroup over a three-month period of time. Stakeholder groups were also engaged in finalizing the questions included in the CSQ and CAQ.

*9) Do caregivers have to demonstrate a high level of stress or chronic illness before they are referred for services, such as respite? Supports such as respite are most successful when offered early in the caregiving experience, before high stress levels have developed.*

R: No, caregivers do not have to demonstrate a high level of stress or chronic illness to be referred for respite or other service. Feedback we received from AAAs indicates the CAQ has helped both AAA staff and caregivers in identifying early interventions for the caregiver.

*10) In the CAQ Caregiver Skills Assessment, why are caregivers only asked about respite in a facility as opposed to other respite options?*

R: “In-home support services” includes a discussion of other respite options.

*11) If at least 28 percent had concerns about receiving caregiver support, can we assume that over 70 percent did NOT have any concerns? That is fairly high. Did you have a follow-up question for this group about why they had not sought help previously?*

R: No, there is an option to choose “Other.” When “Other” is selected there is an area to describe the caregiver’s concerns about receiving support. The state only recently began the process of analyzing our data. In our presentation we wanted to illustrate a few very high level preliminary data of interest. The Caregiver Needs section does include a question asking what prompted the caregiver to seek help at this stage in their caregiving process.

*12) What percentage of caregivers refused the questionnaire?*

R: For the CAQ and the CSQ, there are options to refuse to answer specific questions. We have not requested AAAs to capture how many caregivers refused to answer the questionnaire in its entirety. The state requires AAAs to administer the assessment for those caregivers with complex needs. Data concerning caregivers who desire to opt out of the CSQ is not available at this time, although the data is collected.

*13) Did the process of developing questions result in more questions added or questions removed because of the difficulty/complexity of getting answers?*

R: In general, the development process resulted in more questions being removed from the CSQ due to expected time constraints of staff who would be expected to administer the instrument, as well as the difficulty of obtaining measurable responses without having to provide further explanations to participants. More questions were also removed from the CAQ in general, but largely because the initial draft was much larger due to the expansive research and survey resources available to us. Other than researching existing tools, wordsmithing took the greatest amount of time. We strived to develop tools that are understandable to non-licensed professional of varying educational backgrounds, who would be applying the tools to an audience of equally diverse backgrounds.

*14) What is the expected frequency of surveying to capture changing needs of caregiving?*

R: The state has not determined a specific frequency for the CAQ; however, AAAs must conduct follow-up with caregivers receiving case management monthly, at a minimum, and more frequently when changing needs are identified. When indicated, the state's functional assessment is updated, as well as the care plan. Because the CSQ does not assess needs, caregiver follow-up is not planned.

*15) What were the time commitments/per client that were needed for staff to complete questionnaires?*

R: The time commitments vary for both the CSQ and the CAQ depending on the competency of the staff person and the level of caregiver involvement in the process. Although a survey of all AAAs has not been conducted, a sampling of AAAs reveals the amount of time to complete the CAQ ranges from 30-minutes to 1-hour.

*16) Are you able to provide copies on what was presented?*

R: The DADS presentation and suggest reading material is posted to the Family Caregiver Alliance website at [http://caregiver.org/caregiver/jsp/content\\_node.jsp?nodeid=2506](http://caregiver.org/caregiver/jsp/content_node.jsp?nodeid=2506).

*17) I'm confused about how items for the questionnaires were created. Were they taken from existing assessment tools or simply influenced by existing assessment tools? Who wrote them?*

R: Questions were influenced by existing assessment tools but not taken directly from these tools. Existing tools were reviewed and analyzed for commonalities and/or questions that addressed the data element required by S.B. 271 and/or the end users needs. An initial draft was completed by the Caregiver Program Coordinator from the Area Agencies on Aging section at the state level. Questions were then revised and rewritten by the workgroup over a three-month period of time. Stakeholder groups were also engaged in finalizing the CSQ and CAQ.

*18) What does DADS stand for?*

R: Texas Department of Aging and Disability Services

*19) Excellent assessment however caregiving isn't just an eldercare but lifespan issue which includes parents of children with special needs who may need lifelong care in addition to "well-spouses."*

R: AAAs serve individuals eligible for services in compliance with Older Americans Act National Family Caregiver Support Program. While this does not capture all caregivers, it has greatly expanded the population eligible for AAA caregiver services.

*20) In Los Angeles County, our potential caregivers speak a multitude of languages. They are not limited to simply English or Spanish. Did you provide the CSQ and CAQ in other languages?*

R: No, not at this time. English and Spanish are the primary languages of our residents. Although Texas residents include people from many cultures and ethnicities, we have not at this time found a need to translate either questionnaire into other languages. Our regional staff and staff of AAAs have available translator services should the need arise. We will entertain requests for written translation to other language in the future to meet the demand; however, because the CSQ is a telephonic survey, staffing issues would also need to be addressed.

*21) I work with grandparents who are the caregiver for their grandchildren. Most are not employed, so would I leave that section blank?*

R: No, you would select “Not Employed.” If a caregiver is not employed, you would still ask the question “Have your caregiver responsibilities ever affected your employment?” It is possible a grandparent felt it was necessary to quit working in order to care for their grandchildren.