

December Webinar

OPERATOR: Welcome and thank you for standing by. At this time, all parties are in a listen-only mode until the question-answer segment at the end of today's conference, at which time you may press star-one on your touchtone phone to ask a question. I would also like to inform all parties that today's conference is being recorded. If you do have any objections, please disconnect at this time. I would now like to go ahead and turn today's call over to Ms. Lacey Boven and Ms. Krissy Hudgens, you may begin.

KRISSY HUDGENS: Thank you.

LACEY BOVEN: Great, thank you. All right. Well, welcome. So my name is Lacey Boven, I am the regional administrator in Region 7 in Kansas City. I serve the states of Iowa, Missouri, Nebraska, and Kansas, and I work with the tribes in this area as well as some previous experience in other Midwest areas. Krissy, do you want to—[unintelligible]—if you do want to introduce yourself quickly.

KRISSY HUDGENS: Sure, my name is Krissy Hudgens, and I work in ACL's central office in the Office of Performance and Evaluation, and I am the data nerd who does all of the things that Cynthia tells me to, to help our Title VI grantees do their jobs better when it comes to data.

LACEY BOVEN: Yay! All right. So we are—you know, thank you for joining us. I know that you are very likely in a very busy time period right now with your applications being due, so we appreciate you taking the time to talk through Part C. You know, and when we say Part C, we want you to think caregiver. The caregivers are the backbone to supporting individuals in the community, and you yourself are or have very likely been a caregiver at one point or another, and so we want to make sure that this opportunity is available for you as you support caregivers. Let's see. All right. So I wanted to do this presentation, like as, you know, I talk with my grantees about Part C, not only do I want you to think caregiver, but I usually get hit back with the reality check about the amount of the grant award and, you know, that that alone makes it difficult to spend funds and manage a program to support the people who are supporting those in need. So today I'm going to use the basics of program management as well as the program requirements for Part C as the framework from a presentation to ensure an understanding of the program and ways to use your funds and hopefully encourage you to either continue applying for those funds, so if you complete you application, or that you consider Part C, if you haven't been participating, or you just are looking for some ways to spend those funds, but this is sort of the framework that we're going to be putting it around. You know, listed are the requirements of effective program management. Not going to hit on all of them throughout my portion of the webinar, but I just want to remind you that having policies and procedures is an assurance and is a required assurance that you are signing when you do your application or your tribal leader is signing that you're doing—when you're submitting your application, but it's also fundamental to effective program management. So the first thing that you want to do is ensure that you have current policies and procedures for your caregiver support program. And if you don't, you can use your grant for the staff time to develop and implement those policies and procedures, training people, and, you know, have a great—a fresh start so you can use your funds. You've got to obligate these funds by the end of

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March, and so it could be a great opportunity to take this time to really ensure that you've got some great policies and procedures in place and a way to use your funds. All right. So planning and organizing; I wanted to start with planning and organizing because, again, it's this opportune timing, this webinar, that it aligns with your Title VI funding application. It's important to identify what you want to accomplish with your Part C funding. Where there is a need for unpaid family caregivers, it's a great time to informally ask them, gather them, do a gathering for your remaining Part C funds if you are current—an active grantee with remaining funds. And once you have an idea for programming around needs, you'll want to identify what it'll take to—and how you get there and how you know you've succeeded, which is where Krissy will come in when we talk about data and evaluation. And, obviously, this will not happen overnight, but it will set a direction for you, and, again, it's a really great time and opportunity to be doing that as you are working on your application. And if I haven't said it enough already, I'll switch to my next slide, which is about the application, you have one week to do it. We want to make sure that, you know, the entire goal of that three-year funding application that is due next week is really about that planning and organizing and making sure that you're managing an effective program. So hopefully you have already completed it and submitted it, and this is just something you're doing in your fun and spare time, but if you haven't, please, please reach out to your regional administrator and make sure that you're working on it. Again, as a friendly reminder, it's due in one week. No late applications are being accepted. This is three years' worth of funding to support your tribal elders and, hopefully, your family caregivers, and should be used as a tool for that effective program management. I don't know if you can access that link, but if you don't have the application for whatever reason, again, feel free to reach out to your regional administrator. So, off the soap box of the application for now, and getting into, again, sort of that framework of programming around need and the opportunity to listen to your elders and your caregivers, so that's a really great way to be using the funds right now if you do have some left over. And then when we talk about funds that are left over, we want to make sure that we address budgeting. A budget is not required as part of your application, but many of your tribal councils will require it internally. We do encourage you to develop a budget as soon as you do know your funding amount, as you've identified the needs and you have some identified program ideas to support caregivers, it's going to be critical that you have a budget to identify what you can and cannot do. Traditionally, our Part C grant has been an area that's been unspent, so hopefully, as we have this conversation, I can identify some areas that you can be spending your money because those funds, again, do need to be obligated by March 31st of next year, which is literally right around the corner. So we are looking for some quick spends at this time, but it's also, again, opportune timing to do some planning and evaluating around your application. So if you have any questions about where you are in spending your Part C funds, check with your internal fiscal team, your financial team to see what you have remaining and what you need to spend, or you can—if it's at a certain level, you may hear from your regional administrator if you have a remaining balance that is high, but, again, just make sure that those are being spent. And hopefully we can identify some areas to help you do that. That's probably part of the reason why you're here and that you need to spend these funds fast, I hear you. Again, I will remind you, review, update, make sure you have policies and procedures that are in place to make sure that you get—and use those funds for the staff time to make sure that you're getting that done. Any refresh to your lending club is always a quick

way to defend funds. Bring in to host some trainings for your caregivers. There's a great one that I'll bring up in the next slide that's quick and easy and it's great for everyone. And hopefully, as we review the requirements, I can identify some more. But if you only had five minutes to be on the webinar, either one, call us if you have specific questions and, two, here's some super quick ideas on getting your money spent fast. So we want to make sure that—preparing for emergency and disaster situations. My colleague, Rhonda Schwartz, is doing a webinar right now also on emergency and disaster planning, but it's a very effective and immediate way to have some trainings for caregivers. We have some checklists available through some various toolkits, and so it can be really quick way to use up some of those funds and bring in—and do something great for everyone in the community. So if that's the take-home message from the webinar, that's going to be fine with me. All right. So I'm going to get into—I'll try to blend some of the requirements and some of the ideas as the remaining portion that I have here. As you are working on your application and identifying if you want to participate in Part C, you do have to have a Part A grant, you do not have to have a Part C grant. But hopefully there's not going to be a reason why you wouldn't want to apply for Part C. There's generally some caregivers who may need some assistance, and hopefully by identifying who those caregivers are and what they may look like can help you decide, yes, I do want to apply for—continue applying for Part C. So there are two types of unpaid caregivers that the program supports, that's the informal provider of care to a frail, older individual—we'll go through what frail means in the presentation—or an older relative caregiver. So this can be a grandparent raising a grandchild or maybe an elder caring for a person with a disability, but just an older relative caregiver. There is no restrictions on how much of your budget can go to either one of those people. But this is going to be the first and definitely not last place that I tell you that these program services are intended for the caregiver, not for the elder who actually receives the care. And that's where it gets sometimes confusing for people, is that your customer actually shifts to being a caregiver versus the elder, even though, ultimately, the elder will benefit. So it gets a little fuzzy, but hopefully, as we move forward in the presentation, we can clear up who you're actually serving here. So we want to make sure that we identify who these caregivers may or may not look like with the you-might-be-a-caregiver-if slide. If you are regularly looking in on a friend or calling a loved one to see how they're doing or if they need assessments, you're a caregiver. If you're helping with any of the routine tasks that someone has to get through to have—they're activities of daily living, such as grocery shopping, helping them with paying bills, or doing some helpful chores, taking them from appointment to appointment. If you're reviewing medications for someone or, you know, with their pharmacist and ensuring that their healthcare is taken care of, attending those appointments with them, or if—sometimes it gets into providing some complex medical care after someone is hospitalized that you care about and they're discharged from a facility, sometimes that level of care increases, and this is really a good area that your caregiver support program can support a caregiver that may be, you know—that's very likely a new situation for them after a recent discharge from a facility. Okay. So when we're talking about informal caregiving, we're talking about somebody who is unpaid family support and they can provide a whole array of support, whether that's emotional, financial, nursing, social, homemaker, really anything. Sometimes that ranges from someone who's providing 24-hour care, you know, in severe need, or sometimes it can be something that's short-term. But, you know, as that quote identified at

the very beginning, you're either going to be a caregiver or you're going to need a caregiver or it can really be intermittent, so the informal caregiving is a pretty broad definition. But what we do want to make sure we identify is what we mean by frail. And this is the federal definition, is that the individual is unable to perform at least two activities of daily living without human assistance, whether that's due to a cognitive mental impairment, some kind of sort of physical need. And I've got the next slide to talk about what those activities of daily living are. So somebody who needs assistance with eating, bathing, dressing, transferring, toileting, or walking or moving around. All right. And, you know, you're likely to know in Indian Country that these are family members, friends, neighbors, members of your church or social club, and that most of those individuals are not identifying themselves as caregivers. They're not going to come into your program and say, I'm a caregiver and I need some assistance. It's just something that you do because it's just what you do, it's what needs to be done, so it's not like they're coming in and saying, I'm a caregiver. So they're not going to make your job super easy when they come in and maybe look for assistance. So when we talk about developing an intake as a potential opportunity for you right now to be using your funds, that's going to be where it comes from. And so I did want to make sure that I included the federal definitions in here for Part C. I think it's required, but this is basically what we had just gone over. But just to make sure that I do acknowledge the section on—that that can be a person who has an Alzheimer's disease or some kind of neurological dysfunction, so make sure that that gets acknowledged, as well as what an older relative caregiver means for that definition. That's actually in the Older Americans Act, but they do have to be age 55 or older, that they do live with and are the primary caregiver for a child or an individual with a disability. Let's see. So, again, talking about the people that you can serve here, grandparent raising grandchildren is a big area of service for some of the programs that we see, whether that's a grandparent or a niece/nephew relationship, but they do have to be that primary caregiver for the child, formally or informally. And, like I said, it is something that is pretty common in this particular grant award to be supporting grandparents raising grandchildren. And a big initiative for the administration right now is helping to identify through some advisory councils, we do have some open information requests right now, so if you—as you're identifying needs and come up with something specific to grandparents raising grandchildren or for caregivers in general, I'll make sure that you do have the information to share your thoughts and feedback specific to how we can best support your program in this request for information. That's just a side note. That currently in the presentation—that's going to have to be something I follow up with. In addition, something that sometimes gets overlooked is the opportunity to serve someone who is caring for someone with a disability. So this is an individual with a disability who is anywhere between 18 and 59, but, again, another sometimes overlooked area of a potential eligible person who may need some assistance in their caregiving role. So some additional examples of caregivers and identifying who they are and who you're going to be serving with this program; so a great granddaughter provides care for a great grandmother who is 80, granddaughter is going on a trip and needs someone to take care of her grandmother while she's away, you can use your Part C grant to help provide for her grandmother while she's away, or a son who provides care for father who has Alzheimer's disease and is having some incontinence issues, your Part C can pay for incontinence supplies. So, you know, when I said earlier that it can sometimes get a little fuzzy, you know, you're buying the incontinence supplies that the—you

know, the caregiver is not going to be the one directly using that, it's going to be the elder, but the support is—and your primary customer is that son and that caregiver. So, you know, because that person is unpaid family support, they are eligible to receive the supplies that you may have available to offer. So, again, caring for—and caring for elders is a traditional activity in Indian Country, they're just doing what needs to be done, so people are not going to come in and say, I'm a caregiver, what can you do to help me, because that would be one of the last things they would ever say, but you know they exist. It's very likely that you yourself are in that position but consider some advertising as a mechanism to be using your existing funds and in areas where they would likely be out in the community, and obviously word of mouth is the best way to find caregivers. You can likely identify some of them in your own community, and often that initial request isn't going to be something that they would be identifying themselves as caregivers, so when you're answer someone's call and doing sort of an intake of what may be useful for them, you'll want to make sure that that staff person is aware of the programs and the services you can offer based on your policies and procedures and the identified needs. And, you know, that intake piece is going to be a critical role. And I'm pretty sure I have a slide on it. So, again, I told you this wouldn't be the last time that I would mention it that the caregiver—the services are for the caregiver, not for the elder who needs the care. It's in order to support those caregivers while they're doing their work so that they can provide those services longer and better and that your direction is to the caregiver. If an elder does not have a current informal caregiver in their life, then Title VI Part C resources are not available to them because your customer is the caregiver, so you wouldn't have a person to be serving in that situation. So we talked about that intake process on when somebody—and very likely a caregiver will be the one reaching out for some assistance for the person that they're caring for, so consider that person who's answering the phone, what they know about your program. Consider some training opportunities for them and making sure that they know and understand what's available, are they able to identify that person as a caregiver, and really ask the questions beyond just making a direct referral to see if that caregiver needs support. Because, generally, that call from the caregiver to your office isn't going to be, you know, I need help, it's going to be, I need help with the person that I'm caring for, and this is there situation and this is what we need for them, so the focus is on the elder or the person that they're caring for, not necessarily what they need to support their role as a caregiver. So sometimes it's about asking some follow-up questions and identifying some of those, so that intake process is a really good area for you to be working on right now, if you do have some leftover funds. All right, so the required services, and when we talk about this framework of the presentation and the basic program management and the required services. So in the following slides, you'll see what the required services are, and there are the five, it is information, assistance, counseling supporting groups, and training are all lumped as one, respite care, and then supplemental services are the five required services. And before I even get started and you go, nope, nope, I'm not going to apply, because part of the presentation is to really make sure that you do, you know, you don't have to be doing these—providing these directly. And they are very likely areas in the tribal service area that are providing these to caregivers or they're providing it and maybe not being intentional about caregiver, so that's where you can support and put the funding in to really build some intention to serve caregivers. So we're going to go through those required services and identify some areas where you could be spending right now. All right, so the first one is

information, and it's that person who's calling and looking for some help, and so obviously that's staff time to answer the calls and make the referrals. It's very likely that, you know, I think—at least probably one in ten of your calls are caregivers, and I may be conservative on that guess, so even just paying back the tribe 10% of your time, if it's you who is the person who's answering and making those caregiver referrals, if you have a caregiver intake that exists and you're completing that with somebody, that is some staff time that you would be doing. Creating some informational brochures on a specific illness or diagnosis or taking some resources that exist, you can do that. Mailings, newsletters, and brochures maybe around areas of self-care for somebody who is, you know, caregiving or putting a section into an existing newsletter is a way to do some quick spends, and making sure that they know about the services that are available in their community, making sure that you know about the services in your community, and the referrals that may result as that conversation continues. So it's a great area to be posting some signs in some of those church bathrooms, but make sure that you do assign the funding to your Part C award. All right, the next one is assistant services. This is more of direct assistance where you're helping someone with an application. You know, again, they're going to say—they're not going to say, I'm the one who needs the help, and it kinda gets in that muddy area because the application is very likely for the person that they're providing care for and not themselves, but you're supporting that caregiver in their role as a caregiver in getting the person that they're providing care for the assistance that they need. So whether that's a Medicaid application, a SNAP application, housing, light/heat, something that's tribally funded, or even going with the caregiver, walking them across the street to a different office and connecting them with the right person that may have a good relationship with can be really, really helpful in getting them some services to support the work that they're doing. So assistance is the second required service and very likely directly done by you or your team. So we broke up the “required service in three”, which is this large category of counseling, training, and support groups. So counseling is exactly what it sounds like, that caregivers may be in a position where they're needing to learn new skills or just talking through some illness progression. This is generally one-on-one on the training or counseling that they may need. Some of that is in the areas of communication or balancing this responsibility as a caregiver. And sometimes that's a resource that's not through you directly but maybe more of a referral and being intentional about collecting the data that—if you support a program financially, that maybe Krissy will get into. So, next, with training, you know, again, some of these caregivers are finding themselves in positions that are new to them, and sometimes it's after a hospitalization and they're doing some pretty advanced medical, you know, like a feeding tube or something along those lines, a catheter that they haven't ever done or maybe someone has a new diabetes diagnosis and they don't know how to do insulin. So you can do a training related to, you know, maybe it's some financial literacy, they're responsible now for making some financial decisions for someone. Again, that disaster preparedness training, we have some great resources available and it's something that can happen really fast. This training area is really something that can be this quick-spend area and really helpful for somebody in their caregiving role. So it can be specific to a chronic illness that they may be doing, nutrition education, some cooking demonstrations that you can combine, you know, do some braided funding with your Part A work or maybe it's just developing some various skills, but it's a really great area to do some of that quick spend if you have a large budget remaining. And then

support groups, generally this is led by like an individual or a moderator, professional, can facilitate some caregiver discussion around some common experiences that they may have as caregiver, and we're developing a mutual support system. The support groups are typically held on a regularly scheduled basis, can be in-person, over the phone, maybe it's something that's online or paying for some membership or something, and it can be—have a range of, you know, maybe there's some support groups for people who are providing care for a person living with dementia or grandparents raising grandchildren, people who are maintaining jobs and are working, or maybe there's—it's somebody who—or several have been providing care to someone at the end of life and maybe they've recently passed and you want to do something in some tribally-specific way to provide a support group for people who may be grieving after their caregiving role. So definitely an option, again, for some fast spends. The supplemental service area, this is things such as home modifications, you know, putting some handrails in. Again, you've got to think, you know, ultimately that does impact the elder, but the services are provided for the caregiver because the caregiver is helping with a shower and installing the handrails helps them in their role with providing a shower. If it's something consumable, like incontinence supplies or maybe Ensure, you know, after a hospitalization or something along those lines. Doing some school supplies or uniforms for the grandparents raising grandchildren, or an older relative caregiver, then they may need some help in purchasing some of those things. The lending closet was one of the areas at the beginning of the presentation that I identified as a quick spend to replenish this. You know, a lot of durable medical equipment, if you have the space, there are several grantees who maintain lending closets or they're lending something out on a short-term basis and either getting it back or not getting it back, so then this is an opportunity then to replenish that. And so they'll use up the rest of their Part C funds to make sure that they have a fully stocked closet of the wheelchairs or walkers or whatever someone may need in a new caregiving role. But you'll want to make sure that you have a procedure outlined on how those things go out, whether they're numbered, and anything like that. Let's see, some homemaker/chore personal services, you know, chopping wood, mowing the lawn, sort of the basics to support what they're doing to support that individual. The last one that I'll talk about and last required is respite, and this is where the bulk of programs do use their funds, based on what's reported in their PPR. So respite is care—provided to the caregiver so that they can have a break. So it can be done in the home or outside of the home, and many programs are using voucher systems where they—so that the caregiver has some say in when that need is identified for them. If they're feeling extremely overwhelmed and they want to use a voucher for a break, then the company will then provide a trained person to help in whatever capacity that may look like. Sometimes this is done through adult day programs, some summer camps for older relative caregivers who may be caring for children, sometimes it's done through in-home services or shopping assistance, but basically it's about providing a break for that caregiver. So then some of the policy considerations because this is the largest area, you want to make sure, if—you know, look into the tribal policies around background checks, on who can provide that respite support, you know, whether it can be somebody who's a family member or a paid provider and how you're going to be doing it and if you're setting any sort of limitations around how many—how much service somebody can get, when that service is provided, so there's just a lot of considerations as you work to develop some policy and procedure in this large service area. So hopefully you've got some ideas on some fast-

spend areas. If you didn't, you can definitely give me a call and we can walk through. If you have a specific idea on supporting caregivers that may be unique to your area, we can certainly talk through that, but definitely consider some coordinating. If that was overwhelming for you and you're like, heck no, I'm not going to be applying for Part C, it is not for me, again, this is a gentle reminder that coordination is required, so you don't have to be the one providing those required services directly in your community, and very likely you wouldn't have funding to support doing all of that, and so you'll need to coordinate. Older Americans Act requires coordination with Title III programs. Area Agencies on Aging should be available in your area. And so, as an opportunity for another quick spend, it would be inviting them, the Area Agencies on Aging, to review what resources they may have, some various programs and training opportunities that they may have and coordinating with them to be using up some of those funds at the end of your fiscal year. And another reminder that these are—you know, you don't want to be paying for a caregiver for an elder who may need a caregiver. Even though that would be an identified need, your customer is the existing caregiver, somebody who is not getting paid for the service that they're providing and the care that they're providing for an elder child or a person with a disability. So while there may be a need, you cannot hire a caregiver for that person with your Part C funds. So that one is off the table, and hopefully we identified who those eligible people are, what the required services are, in the framework of program management. And so, back to that program management piece, as you're thinking through some ideas, hopefully jotted a lot of notes down and you do have some good ideas. Thinking through what would make those successful, when you're talking about quality assurance, making sure that it worked and it was relevant and that you can measure that in some way, and in addition to keeping track of your services that you provided. And especially when it's areas of coordination, sometimes that can get a little tricky, but that's an essential part of the job. And you'll want to make sure that you're maintaining some records on a daily basis that will then become your annual report and just make everyone really happy when you submit a really great, solid program report, which I'm going to transition to Krissy to talk about some of the great updates with your new program report.

KRISSY HUDGENS: Yay, new program report (mini conversation)! I wanted to say really quickly about keeping track of services provided that we are in the midst of trying to—we're trying to create a number of different tools for Title VI to be able to use to collect better data, not just because we want it but because we think it will really help you all do more with your programs and really understand where your programs are doing well or where you might need to shift a little bit in order to get where you want to go with your programs. And one of those things is working on building you a new—like something in Microsoft access and Excel to help you track your daily numbers, so keep tuned for that, you'll be hearing more about it. But, before we go there, let's talk about the PPR. So this, I'm sure you are all very familiar with, is your current PPR, just Part C since we're talking about caregiver today. And as you can see, it's relatively short and to the point. It also is kind of lacking in some information, right? We have, you know, duplicated numbers of people who receive certain services and then the total number of services that they were provided. As I'm sure many of you have also run into, there aren't any definitions currently in the current Part C, so I highly recommend using all of the information that Lacey has provided today to help sort of guide you in terms of what some of these

different things mean. And as we move forward, you will see that we're making changes, and we're going to make this easier for you. And so I want you all to have enough time to ask questions, so I'm going to go kind of quickly but not scary fast. [Technical difficulty] So, okay, why did we update this PPR? Well, we updated it because we heard a lot from tribal leaders about how important data really is these days, especially in Indian Country because, you know, I'm sure you guys have heard this, like, you know, without data, it's much harder to tell your story if there aren't numbers to provide with it. Not saying that the stories themselves aren't important, it just gives it more of an impact if you can show numbers that go with it. The stories are still super important. We also heard a lot from Title VI directors that there was a real lack of consistency between what Title VI was asking for versus what Title III was asking for, as we do have a number of Title VI programs that get both Title III and Title VI funding. So we wanted to make sure that we were aligning those things and so we weren't asking for information and referral over here but information and assistance over there. So making sure that those things were a little bit easier. And then, also making sure that we weren't asking questions in the PPR that we're also getting from the University of North Dakota Elders Needs Assessment and from the n4a Title VI Survey that's done very couple of years. So trying to lighten the load of, you know, asking you all lots of questions because we know you have better things to do, like serving elders and caregivers. So the new PPR is going to be available currently—I'm actually going to put it in the chat, if I can. And you can also find it on Older Indians, you'll see it in the chat, it's underneath the Grants page or the Home page, and then you can get to what the new PPR looks like and all the new definitions. And we're also building a new reporting system that we call OAAPS, and that's actually being built not only for Title VI but also for Title III and Title VI. So everybody, all of our aging grantees, are moving to a new data reporting platform. We've been testing it with Title VI directors, and so far the response is really great. It's easy to use, and it provides you with more resources. For instance, you can have links to resources, you can get to Older Indians from there, you can see the PPR, you can, you know, see a number of different things, and then it also has new features where you can run different kinds of reports. So you can do a two-year comparison or a multi-year comparison, so you can look at your program's data over the last two to five years and see how things have changed over time. And then, also, there is a feature where you can download your what we refer to as legacy data, which is essentially just your old data, and you'll have access to all of your data back to 2009. So the data from 2009 to 2020 will all be there for you to look at. It is currently available to you on the AGID site, but that's not super user-friendly, and this should be much more so user-friendly. So when will the new updated PPR go into effect? That'll be part of the 2020-2023 grant cycle. So you will be expected to report on the elements in the updated PPR for your April 2021 report. So that means not this next one but the one after that, the one that's part of this new grant period. And you can see it through this link here, what the new PPR look like and what the new definitions are, and we'll have a lot more trainings and resources available for you so that you can be ready for that. We're really concerned, we want to make sure that you are collecting the right information at the beginning of the grant, right? So not when you get to the first year and you're like, oh, I wasn't asking those questions. There aren't too many changes in the Part A/B section. There are some things like we ask for outreach activities or we ask for unduplicated number of persons receiving transportation, but the changes aren't as great in Part A/B as they are in Part C. So what are

some of the changes that we made? Well, as I said before, we have aligned the Title VI definitions with those from Title III, not—where it made sense, right? And then the data, quote, unquote, units have been updated, so instead of using—saying units, we refer to hours or persons, just so it's a little bit easier to make sense of. I don't know about you guys, but every time I saw unit, I got confused and had to look it up. And then we've also included examples with the definitions. So there are definitions to each of the terms that we're using at the end of the new PPR, and then there's also like a real-life example. And we'll be looking to hear from all of you to start updating those and make sure that they're capturing, you know, different kinds of scenarios to the extent that we can. And we have added—we've taken away some of the different sort of what we refer to as data elements, different questions, but we've added in 63. And, as I said—well, there are not—we didn't add 63, there's 63 total. And I believe before you had like 42 or something like that. As I said, most of the changes are here in Part C. So, for instance, you can see that we're asking about the total caregivers served, so the unduplicated number of caregivers for elders, the unduplicated number of elder caregivers caring for grandchildren essentially, and then elder caregivers providing care to adults 18 to 59 with disability. And so, we recognize that we've never been explicit before about who are the caregivers you guys are serving. We don't really know, and we think that's really important to be able to report on. And then, along with that, we've updated some of these elements as well, so information services used to be information about services, and you'll see that we're asking for activities now instead of just units. And then we have information and assistance, which was—looking at my old PPR—assistance in gaining access to available services. And then counseling has been updated from individual counseling, and that's in keeping with Title III. And then support group is going to be sessions instead of, I believe it was hours before. Knowing that not every support group timeframe—it should be done in sessions rather than by hours. It's a little bit more flexible that way. And then there's actually going to be, with supplemental services, as Lacey was telling you all of the different categories, we've laid them out in the new system in particular where you can choose like what your service category is, so if it's consumable items, and then we want you all to provide us with a description of what that service is because all of your programs are so different in terms of what's needed and what counts for you as, for instance, a consumable item, and then, you know, unduplicated carryovers. Now, I would also say for this, with consumable items, for instance, you don't have to do like one for, let's say, adult diapers and then another for, you know, every single category necessary, you could list a number of things under consumable items as your description. And then, with respite care, same thing where we basically—you know, currently, we just ask for respite and the unduplicated number of people who received—caregivers who received respite services, and then the total number of hours of respite care given. And this time we're asking, essentially, for the same information but for it to be broken out by type of caregiver, so how many caregivers of elders did you provide respite for and how many hours of respite did you provide to those caregivers, right, and grandparents caring for grandchildren and elders caring for adults with disabilities, so understanding sort of how those services play out. You do not have to be providing services to all of these different types of caregivers. You may not have all of these different types of caregivers. But for those that you do have, we want to know who you are serving and what kinds of services you are providing to them, and in this case, respite. And then, with finance, as Lacey pointed out, we know that our grant amounts are not very

great in the areas, caregiver in particular, and so we know that it costs more oftentimes to run caregiver programs than what we give you. And so, you know, this is not going to be used for audits, it's separate from the 425, but we want to have a sense of how much does it actually cost to run a caregiver program? With that kind of information, we can then make, again, you know, if you have the data, you can make a better argument for what you need and can hopefully therefore get it. So I mentioned the new reporting system, it's called the Older Americans Act Performance System, or we call it OAAPS. Again, it's for Titles III, VI, and VII, and this is sort of like a screenshot of what it looks like. It's very fancy, but I think also user friendly and pretty straightforward. And then this is just sort of a slide letting you know that it's going to be a web-based tool, so just like you have now with the PPR reporting system. Also, if you forget your password, which I know happens all the time, you can just make a new one for yourself rather than having to go through ACL to get your password and your username back and that sort of thing, which is a nice feature. And it will accommodate multiple levels of users, so just like we have now, Title VI grantees can report in, ACL staff can go and do things for you as well in the system, which is a nice feature. We really work to make it as flexible as possible. And then really we do think that it's pretty easy to use and it'll give you all more functionality, and us as well, to sort of run some analysis reports and better understand what's happening with the information that you enter in. And it, you know, some of you may have gotten a call from me or gotten questions from your regional liaisons around, oh, your data looks really different this year than it did last year, that's automatically built into this system, so you'll have an opportunity to address those things for yourself by providing, you know, oh, well, you know, there was a big storm, and so we weren't open for a week or two weeks, and so that's why our count is less this year than it was last year. So that's a nice feature as well. It helps you get to know your data better as well as it helps us. So next steps, we're finishing testing and updating the system. We're going to be providing training and technical assistance around the update PPR. We're also going to be allowing Title VI users some early access to just sort of poke around in the system and get a sense of what it's like before you're asked to report into it. In 2020, we'll continue to provide training and technical assistance, and we'll providing a lot of training and assistance not only on the PPR but on the system as well, how to use it and best practices and that sort of thing. So get ready, there's lot of stuff coming your way. But you don't have to worry about it until next year in terms of the reporting into this. And then I know that Lacey wanted to make sure that you all had some of these resources for caregiver programs. These are national resources where you can get some really great ideas and other kinds of tools that you can use with your caregiver program. And, Lacey, I don't know if there was anything else that you wanted to say about this?

LACEY BOVEN: No, no, I think we can get to some specific questions. I mean, we have like a whole three minutes, so—

[Chuckling]

KRISSY HUDGENS: A whole three minutes, let's open it up!

LACEY BOVEN: But as we do open those lines, I want to make sure that we leave this slide up if you have any questions specific to the PPR updates or changes, Krissy is always amazing and available and a very good friend in Indian Country, and then, of course, you may contact me. That is my direct phone number if you want to talk on the phone or send us an email, however you prefer to communicate, we're more than happy to help. So I think the operator was going to open up our line and we'll see how it goes.

OPERATOR: All right. If you would like to ask a question from the phone line, please press star-one, unmute your line, and record your name when prompted. Your name is required to introduce your question. Again, that is star-one and record your name if you would like to ask a question from the phone. It will take just a few moments for those to come through.

LACEY BOVEN: Good, yeah, so as we're waiting, again, if you don't want to contact either of us, your other regional administrators are also available and more than willing to assist, whether that's specific to your caregiver program or maybe some application assistance, whatever you need, we'll be happy to help. It's a busy time for you guys right now.

KRISSY HUDGENS: Yeah.

OPERATOR: We do have some questions coming through, just a moment here.

LACEY BOVEN: Great!

OPERATOR: Our first question comes from Shelly McClendon(?), your line is open, ma'am.

SHELLY: Good afternoon. I am here in the State of Oklahoma, and I have a couple of questions. One of the slides talked about caring for someone with a disability, and on there, it listed parents. We've always been told that parents are ineligible for assistance through the caregiver program because normally they receive assistance through the state. Can you touch on that?

LACEY BOVEN: That they're receiving—that they're not eligible because they're receiving assistance from the state?

SHELLY: Yes, like they may already be receiving financial assistance or maybe a clothing grant or even respite care through the state, like the State of Oklahoma.

LACEY BOVEN: You always want to be mindful of not duplicating—

SHELLY: Right, right.

LACEY BOVEN: —so, and, you know, it is such limited resources that, if they are receiving that—and so that can—if they are receiving some assistance that you would be potentially duplicating, you can identify that through an intake process.

SHELLY: Okay. I have one more quick question. When it talks about the incontinence supplies or even the emergency response systems, again, we've always been told or instructed that those—that must be listed in your grant and that there has to be a limited time on those. In other words, you can't just say, we're going to offer incontinence supplies, but you could say that you would limit them to one pack of incontinence supplies per month or you could pay the installation fee for a medical alert device, but you can't pay the monthly premium on it. Does that make sense?

LACEY BOVEN: Right. Yeah, that does make sense. And maybe those are state regulations in Oklahoma. That would vary from project to project, and that speaks to the policies and procedures process that you would want to go through and identifying some of the limitations that you may set around the programs or the services that are offered.

KRISSY HUDGENS: That is—this is Krissy—that is generally the idea around Part C funds is that, in general, that you wouldn't use it—that they should be used, quote, unquote, on a limited basis. But as Lacey said, that's for you all to decide what that looks like and your policies and procedures can spell that out, what that means for your program.

SHELLY: Okay, okay. Thank you so much.

KRISSY HUDGENS: I should also note that the slides for the presentation and all of the awesome resources and information that Lacey provided will be available on the Older Indians Website in a couple of weeks, just before I forget to say it.

LACEY BOVEN: Yeah, no, I'm glad you did. I was literally getting ready to say the same thing. It should be available on Older Indians within a couple of weeks. So should we—how many questions do we have in the queue?

OPERATOR: We have seven more questions.

LACEY BOVEN: Wow!

KRISSY HUDGENS: Nice. I'm here for it.

LACEY BOVEN: Krissy, do you want to stay on?

KRISSY HUDGENS: Yeah, I've got nothing more important than this.

OPERATOR: All right. Your line is open, ma'am.

WOMAN: I was actually just getting ready to ask about the slides when—if they would be available by email, but you answered that question already.

KRISSY HUDGENS: Yay!

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LACEY BOVEN: Reading some minds.

[Chuckling]

WOMAN: Thank you.

LACEY BOVEN: If you need them faster than two weeks, you can shoot me an email and we can definitely give you the slides and maybe some additional resources, a condensed version, basically, of the slides and a handout.

KRISSY HUDGENS: And a cheat sheet.

LACEY BOVEN: A cheat sheet with some of the program ideas and services, so.

WOMAN: That would be amazing. I'll shoot an email right now.

LACEY BOVEN: Okay, great.

WOMAN: Thank you.

KRISSY HUDGENS: And those will be available for everyone, right, Lacey? In two weeks, all of that stuff will go up on the Older Indians site.

LACEY BOVEN: Right, yes, everything will go on the Older Indians website, which is a designated resource for you if you haven't taken time to explore that. All of the monthly webinars are on there, the recording, and the presentation material, all of the materials from the National Conference, if you weren't able to attend, so it is a designated resource for you and your program.

WOMAN: Thank you.

OPERATOR: Thank you. Our next question comes from Rhonda Williams, your line is open, ma'am.

RHONDA: Hi, this is Rhonda from the Delaware Tribe in Oklahoma, and I have had a request for caregivers, I have one elder that is 96, and she's been having a bout of pneumonia and was released from the hospital, but our housing is such that they have a one-bedroom duplex. So when I have the caregivers that are staying all night, is there a way you can get some type of bed for them to sleep on through Part C? That's one question.

LACEY BOVEN: Sure, that would likely go under a supplemental service, you know, like—

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RHONDA: It would be something we could loan out again. I mean, you know, once they're done, say—

LACEY BOVEN: Yeah, you could put it in your lending closet. Or, if you feel like you're not going to want that back, it could be a supplemental service that you provide for whoever that caregiver would be.

RHONDA: Okay, and the other question was raised toilets, is that something that we can buy for . . . ?

LACEY BOVEN: Yeah, like a little toilet riser. Usually they're relatively inexpensive and, you know, the only thing that you'll want to keep in mind is once you get into a \$5,000 per unit threshold, you'll need some ACL approval, but I think for both of the items that you identified, you would be under that limit.

RHONDA: Okay, and the only other question, you mentioned supplemental handrails, and are you talking like just for showers or are you talking—

LACEY BOVEN: Yeah, just handrails in general. Yeah, supplemental services is kind of that bucket of—in that required service area, and then handrails was an example.

RHONDA: Is one like outside handrails to help them up two steps or no?

LACEY BOVEN: Yeah, if that, you know, transferring is something that they're helping that person with, yeah.

RHONDA: Right.

LACEY BOVEN: As long as they have an identified caregiver that is receiving the service, all of those examples would be allowable.

RHONDA: Okay, and if the caregiver, and I know this—I think this has been brought up before, but if the caregiver is in the situation where they nor the elder can afford the cleaning supplies for the respite worker, are we allowed to provide any?

LACEY BOVEN: [Muffled] Sure.

RHONDA: I couldn't hear your answer.

LACEY BOVEN: Oh, yes.

RHONDA: Okay, thank you, that's all I have.

LACEY BOVEN: Great, thank you.

RHONDA: Thank you.

OPERATOR: Thank you. Our next question comes from Elaina Seep. Your line is open, ma'am. [Pause, no response] Ms. Seep, please check your mute button.

ELAINA: Yep, I was absolutely on mute. I just gave you guys the secrets to the universe in the first three seconds. [Chuckles] So, hello, I have more of a comment than a question. I just wanted to remind all of the Title VI directors that, as you look at using these caregiver funds out of your Title VI and ACL grants, that you also look at what your state has in terms of waiver programs and waiver services. A lot of elders who need an excessive amount of care may be eligible to be on a Medicaid waiver if they're Medicaid enrolled. It's a little more complicated than just a quick conversation, but it's definitely worth checking on that information. And I know Older Indians has some of that on their website and that there was a manual that they were putting together where we lifted all 50 states and their current waiver services where you could go and look and see what caregiver options are out there. And then, again, every state is going to be different. So, thank you.

KRISSY HUDGENS: Thanks, Elaina.

LACEY BOVEN: Thanks, Elaina. Hopefully, if there is a lot of interest in some of those resources and opportunities, we can maybe coordinate to have a separate webinar or maybe a follow-up webinar or some various opportunities at the National Conference but thank you so much. Great.

OPERATOR: Thank you, our next question comes from Sheena Winsay(?), your line is open.

SHEENA: I already had my question answered, it was about the slides, so sorry, thank you.

LACEY BOVEN: Oh, great. All right! Yeah, they'll definitely be coming out. And I've already seen a couple of emails come through, and I'll be sending those out pretty quickly.

SHEENA: All right, thank you.

OPERATOR: Thank you. Our next question from Terrance Manuelito. Sir, your line is open.

TERRANCE: Oh, hello?

LACEY BOVEN: Hi, Terrance!

TERRANCE: Do you hear me?

LACEY BOVEN: Yeah!

TERRANCE: Oh, hi, good afternoon. So, yeah, I think somebody answered that question, so we're kinda in the same situation with the funding, trying to obligate before March of 2020, and there were some really good ideas on these slides, and I'm going to have to work with Doreen as far as trying to get some of this funding spent before then. But I was just hoping that we could get that information sent to us so we can reference those ideas for future reference, future use.

LACEY BOVEN: Absolutely!

TERRANCE: That's all I really had. I mean, I'm just like overwhelmed with all the different types of funding available. And so, obviously, and then the Title VI application being due next week, too, so, I mean, this is . . .

LACEY BOVEN: Right, yeah, it's a little bit of an overwhelming time, and hopefully this presentation was a good overwhelming that gets you encouraged for Part C in the future.

TERRANCE: Definitely, for sure.

LACEY BOVEN: Yeah, all right! Yay, I'm effective!

[Chuckling]

OPERATOR: Thank you. Our next question comes from Frances Garibay. Your line is open, ma'am.

FRANCES: Yes, can you hear me? Can you hear me?

LACEY BOVEN: Yep.

FRANCES: I wanted to know on the ramps, usually it's going to be an outside ramp, and is there a threshold cost also that we need to be careful about or if it's like over \$5,000, do we need the approval from the area office, how does that work on the threshold?

LACEY BOVEN: Right, so you would need approval from ACL if that unit itself is over \$5,000.

FRANCES: Yeah, because usually it has to be built from the ground and up, and then that also includes an overhang because of the bad weather we have in our area. The snow, and so, you know, \$5,000 would be actually reasonable in building a ramp. And the other thing is I kept waiting for a slide that says what you cannot do with the caregiver grant, and I was wondering if we could possibly buy a vehicle or match a vehicle or lease a vehicle specifically for the caregiver grant so that our worker can go out to their homes and follow up on it, is that possible?

LACEY BOVEN: It's possible, but you'll want to consider how you're meeting the requirements of those five required services because it is a limited pot of money, and so buying a vehicle, it would maybe raise an eyebrow. But, you know, just having a solid answer and ensuring that those five required services are still met in the community, then it should be allowable. And then your other—the other one—oh, so how that process works for something that is over \$5,000, it usually goes through—I think that the process may have changed as a result of a recent reorganization, so I'll have to get it confirmed with the central office team in our D.C. office in terms of how this is going to work, but generally you need three bids for the exact same unit, and then identifying the need, and making the request through your regional support center and then they'll work that out. But just make sure you're not making any purchases until you receive your approval from the office.

FRANCES: Okay. The other way that I can probably do ramps is if I buy the raw materials and have a tribal department put it together, and that would probably be under the threshold, so that's the other option I was going to do for the ramp.

LACEY BOVEN: For sure, yeah.

FRANCES: So that would work. Okay. That's all my questions. Thank you.

LACEY BOVEN: Yeah, thanks for attending.

OPERATOR: Thank you. Our next question comes from Shelly McClendon, your line is open, ma'am.

SHELLY: Greetings again, I have one more question that I jotted down in my notes that I forgot just a minute ago. When you were talking about the different trainings for the caregivers, the finance, the nutrition, the health, that type of stuff, would it be okay to purchase DVDs to be shown in their own homes to support training? A lot of my caregivers work, and so we try to set up maybe one evening through the week that we go to the different caregivers' homes and that's one way that we thought that we could provide training, would be in the homes with DVDs.

LACEY BOVEN: Sure, yeah. I mean, you want to make sure that it's, you know, a professional person, and if that is being done through a DVD and, you know, they have a DVD player option or a computer or something in their home, then, yeah, that would be okay.

SHELLY: Okay. All right. Thank you so much.

LACEY BOVEN: I like all these additional ideas that are coming through.

KRISSY HUDGENS: Hopefully people have stuck around on the line and heard some new ideas. Are there any more questions in the queue?

OPERATOR: Yeah, we have two more, Lahoma Zoti(?), your line is open, ma'am.

LAHOMA: Thank you for taking my call. I have a question in terms of caregiver support. Oklahoma is notorious for tornados, and I was just wondering, could we use a portion of those funds, let's say, a safe room? I don't know if \$5,000 would require the entire cost, but could we use a portion of it? I guess the tribe would have to support the additional cost, maybe, I don't know.

LACEY BOVEN: Right, yeah. I mean, I think it would depend on that location, if it were in your senior center or something, you could probably have a portion, if you do have, you know, dedicated services where caregivers would be in the building and, you know, maybe like 10% of the calendar is devoted to caregiver support, then 10% of that safe room could be designated out of it. But, you know, you're getting into some construction and capital questions that I would feel a little more comfortable with engaging with our internal fiscal team and once you have, you know, a more clearly outlined idea, but generally, I mean, I think that we're dipping into some different territory here because of the capital nature of a building remodel and those sorts of things, so—

LAHOMA: Even if it was, let's say, an existing building, you know, of course 638 regulations and so forth, but if it was an existing building, however it needed upgrade in terms of maybe water coming in from the floor.

LACEY BOVEN: Right, I mean, you need to have a really good case on how caregivers are using the building. But, again, you're getting into some capital—the capital expenses that I'm talking about are defined in the Code of Federal Regulations, and so, you know, I'm not as familiar with that capital section as our fiscal specialists may be. But I think that it's getting in pretty murky there.

LAHOMA: Okay. Would it be possible that, when you contact your person in terms of seeing what the federal regs are, I thought there might be a term called redesign that we might—could utilize to upgrade an existing building since it's not total construction. But, you know, Oklahoma, we just have that problem with trying to get elders into a facility that, if they come in with wheelchairs and so forth, and the, let's say that the doorway is designed for a normal person, but we need to provide a handicap entryway, I'm just wondering if we could utilize the funds for that. So if you don't mind emailing me and, you know, whenever you find out from your contact person, I really would appreciate it, because it is a problem here at Kiowa Tribe.

LACEY BOVEN: Okay. Yeah, and I'll probably work with Derek, your regional administrator and our fiscal specialist to see about some various resources because you got into some ADA-specific questions with, you know, various door widths and making things accessible, and we should have some resources available for that outside of the Title VI Office at the Administration for Community Living. So I think that there are several issues that maybe—that

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you and Derek, and Alice Kelsey and myself, we can work through and identify some potential resources for you.

LAHOMA: I appreciate it. Thank you, ma'am. Have a wonderful day.

LACEY BOVEN: Of course! You too.

OPERATOR: Thank you. Our next question comes from Doreen Wolf. Your line is open, ma'am.

DOREEN: Good afternoon, this is Doreen. I had three questions, but one was answered regarding the PowerPoint presentation, whether that would be available, but that was answered. And my next question is, do you have to be Medicaid eligible in order to receive these services?

LACEY BOVEN: Oh, definitely not, no.

DOREEN: All right. Okay. That's what I wanted to make sure. And this is a hypothetical situation, if we have, let's say, a caregiver, she is taking care of her parents, and she does not live with them but she lives down the road, and maybe she needs new tires for her car, can we provide assistance with the tires for her vehicle since she's running around picking up meds or whatever or taking them to their doctor's appointments?

LACEY BOVEN: Right, I mean, that one is, again, a little bit of a more murky situation. You don't really want to set yourself up for potential issues down the line. You want to have really solid policies and procedures in place for situations like that. So—

DOREEN: And that would include the utility bills also that you mentioned.

LACEY BOVEN: Right, yeah, so, I mean, that would be more of an assistance area to explore some resources that would be available first. Because, again, you're working with limited funding, and you want to make sure that you have exhausted all of your other resources because you want to serve as many people as you can and maximize this funding source. So, you know, I would encourage you to really look for policies and procedures that would outline, using that specific example, you know, it's something that someone could use and would definitely help them in their role, but, you know, it's not 100% of her time and where she's going and taking her car to support her parents.

DOREEN: Right, because she is not living with them—

LACEY BOVEN: Yeah. Sure. Yeah, and most caregivers that are supported by the program are not. Sometimes that's, you know, even longer distance rather than just down the road. And that doesn't disqualify them from being a caregiver. You know, and I'm sure she's doing— providing some really needed support for her parents. But I think that, if you use that situation

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and really identify the policies and procedures that would internal to, you know, [unintelligible] providing the support that she may or may not need based on the resources that you have and really just think, you know, down the line on somebody coming in and saying, well, you bought ties for her, you know, you really have to have everything in order when you're making those types of decisions.

DOREEN: Right. Okay. That's it. Thank you.

LACEY BOVEN: Sure.

OPERATOR: Thank you. And we do have one last question, and that comes from Terrance Manuelito. Your line is open, sir.

TERRANCE: You know, listening to these questions, it seems like we have kinda similar issues, and I don't know if there's a way to create some type of group, I don't know, group blog or something where—

LACEY BOVEN: Like a support group? [Chuckles]

TERRANCE: Like a support group so we can like bounce—like share ideas, share programs or how we can all like benefit off of each other. You know, like it only makes sense. So I don't know if there's a way to do that, especially with all the tribes spread out throughout the United States, but it seems like we're all having the same issues, and I think we need to find a better way to network and work on these things together.

LACEY BOVEN: Yeah, no, I think that having forums available is part of the role of some regional administrator work or some consultations and getting together is a little bit difficult sometimes when there is—you know, you're so well spread out. And you in Wisconsin, you've got a great network specific to the state where you're meeting more regularly, so you can definitely bring that up to some of your colleagues with the [unintelligible] your state and explore resources that they may have. But if you have any sort of specific questions or anything, we can definitely identify and certainly share your request for having a forum like that where you guys can talk to each other with our Central Office. But, I mean, I think it's a great idea. And the more you guys can talk to each other, the better. Thanks, Terrance.

TERRANCE: Yeah, for sure. Thank you.

OPERATOR: Thank you. And I'm showing no other questions from the phone line at this time.

LACEY BOVEN: All right! Well, then I think we should probably end our webinar. Krissy? Sorry for going so much overboard. That was probably me and my overabundance of slides. Krissy warned me about it, to be fair. [Laughs] I did get proper warning. But I really appreciate those who have stuck it through, and, you know, again, we recognize that this timing is a very overwhelming and busy time for you all, if you have questions or think of something, please do

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feel free to reach out to us or your regional administrator or your friendly staff in our headquarter office. But thank you so much for your time, and we will end the webinar.

OPERATOR: Thank you for your participation in today's conference. You may now disconnect at this time. Have a wonderful day.